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ABSTRACT
        This document presents reports of three 1983
workshops held at Clark College in Atlanta on the needs of the
elderly on the southside of Atlanta. The first workshop focused on
the needs of the elderly in the areas of resources, housing and
public safety, transportation, support groups and self-help,
nutrition, and church involvement. The second workshop focused on the
elderly's housing needs in relation to the need for support groups.
Topics covered included present and future needs, managers as support
group facilitators, ombudsman services, and support groups for
independent older adults. The third and final workshop addressed
issues in planning and funding self-help support activities. Topics
covered included proposal research, census data sources, defining
resource needs, and writing the proposal. The document appendices
include a partial list of Atlanta support groups, a bibliography on
support groups, and listings of program speakers and panelists, Clark
College participants, members of the Clark College gerontology
program advisory committee, and materials and resources. (BL)

Preface

During the Spring and Summer of 1983 the Gerontology Program of Clark College organized three workshops that addressed the needs of the Elderly on the Southside of Atlanta. This section of Atlanta has been described as having a large percentage of black elderly persons whose needs are not being adequately met through existing organizations and activities

The initial workshop held from April 7-9 was designed to identify problems and resources on the Southside and contribute to the building of those linkages and organizations needed for effective work with the elderly. Topics included Housing Alternatives, Transportation Services, Role of Churches, Nutrition and Adult Day Care, and the Building of Support Groups.

The second workshop, July 20, 1983, was a one-day session on Housing For The Elderly: The Need for Support Groups. The topics focused on building Support Groups to address problems encountered by older residents. This program was of particular interest not only to the elderly but also their adult children or sponsors, and managers of public and private housing for the Elderly. Sessions included: mobilizing the Elderly, Ombudsman Services, Building Support Groups, and Needs of Housing Managers.

The third workshop was a two-day workshop on Planning and Funding Self-Help projects. It was held August 2 and 3. Sessions provided information and training on the acquisition of resources for Support Group activities. The workshop helped answer questions such as: Where are funding sources? How can they be approached? and How to write a proposal? Participants got proposal writing experience through small group sessions.

Speakers and panelists in all workshops included agency personnel, Clark College faculty, community leaders, and professionals working with the elderly. All sessions were held on the Clark College campus.

These published proceedings are represented through extensive summaries of the most important presentations. They provide a record of the efforts of speakers and panelists and establish a basis for future efforts to improve the lives of the elderly on the Southside of Atlanta. Materials may also serve as a model for the efforts of other communities.

Robert Fishman, Director,
Clark College Gerontology Program

Gretchen Maclachlan, Director
Gerontology Workshops

June, 1984

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Defining Resource Needs: Planning and
Budgeting

Writing The Proposal

AGENDA WORKSHOP

BUILDING SELF-HELP: THE NEEDS OF THE ELDERLY ON THE SOUTHSIDE
OF ATLANTA

April 7 - 9, 1983
Clark College
Vivian Wilson Henderson Center, Room 132
650 Fair Street, S.W.
Atlanta, Georgia 30314

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Thursday, April 7

9:15   LATE REGISTRATION
9:30   INTRODUCTION
        Greetings from Clark College
        Vice President, Dr. Gloria Scott
9:45   PANEL: NEEDS OF AND RESOURCES FOR THE ELDERLY ON THE
                 SOUTHSIDE
        MODERATOR: Dr. Paul Bolster, Assoc. Prof, Clark College
        and State Representative, District 30, Georgia General
        Assembly

        PANELISTS:
        Father H.J.C. Bowden-Chairman - Fulton County Council
        on Aging and Older Atlantans Task Force

        Helen Brehon, Board Member - Older Atlantans Task Force

        Juanita Hill, Coordinator - Aging Connection - Fulton
        County Unit

        Diane Rutherford, Director - Southeast Senior Center

        GROUP DISCUSSION

12:00   LUNCH (On Your Own - List Provided)

1:30   PANEL: HOUSING AND PUBLIC SAFETY, MODELS FOR SELF-HELP
        MODERATOR: Dr. Larry L. Earvin, Chairman - Department
        of Social Science, Clark College

        PANELISTS:
        Stan Citron, Consultant

        Crime Prevention Unit - Atlanta Police Department

        Barbara Rosenberg, Director - Louis Kahn Group Home

        GROUP DISCUSSION

3:00 BREAK

3:15 PANEL: TRANSPORTATION, SPECIAL SERVICES FOR THE ELDERLY
      AND MODELS FOR SELF-HELP
    MODERATOR: Dr. Nathaniel R. Jackson - Asst. Prof.
    Clark College

    PANELISTS:
     Mary Kay Chess, Coordinator of Special Projects -
     Atlanta Regional Commission

     Charles Daniels - Chief Special Services - Metro
     Atlanta Rapid Transit Authority

     Marcha Schechtman, MSW - Coordinator of Volunteer
     Services - Jewish Family Services

    GROUP DISCUSSION

4;45 ADJOURN

Friday, April 8

8:30 CONVENE

8:45 PRESENTATION: IN SUPPORT OF SUPPORT GROUPS
    Miriam Botnick, Volunteer Coordinator - Nursing Home
    Ombudsman and Advisor to the Support Group "Coping
    with Aging"

10:50 BREAK

11:00 PRESENTATION: ENGAGING THE BLACK ELDERLY IN THE SELF-
         HELP PROCESS

    Dr. Irene Luckey, MSW, DSW - Assistant Professor of
    Social Work - Clark College

12:00 LUNCH (On Your Own - List Provided)

1:30 PANEL: NUTRITION AND ADULT DAY CARE
    MODERATOR: Karen Curley-Bew, R.D., Assistant Professor-
    Allied Health Professions, Clark College

    PANELISTS:
     Vivian Minor, Project Director - Nutrition Program for
     Elderly - Senior Services for Metro Atlanta
     Irma Pryor, Project Director - Sunrise Senior Center
     Delores Kearney, R.D., M.P.H. - West End Medical Center

    BREAK

3:00   PANEL: HOW CHURCHES CAN BE INVOLVED IN SELF-HELP
                 FOR THE ELDERLY
         MODERATOR: Anita Curry-Jackson, MSW, Coordinator for
         Social Work Field Instruction, Clark College

         PANELISTS:
         Ruby Bailey, Coordinator - Comprehensive Services for
         the Elderly and Handicapped, Senior Citizens Services
         of Metropolitan Atlanta
         Rev. Andrew T. Parker, Jr., Executive Director - Urban
         Training Organization of Atlanta
         Rev. Robert Stovall, Pastor - Fort Street United
         Methodist Church

4:45   ADJOURN

Saturday, April 9

9:30   CONVENE AND DIVIDE INTO SMALL WORKING GROUPS TO PLAN
        SELF-HELP ACTIVITIES:

Groups	Group Leaders
Housing	Stan Citron/Larry Larvin
Transportation	Nathaniel Jackson
Involving the Church	Ruby Bailey
Support Group	Gretchen Maclachlan/Carolyn French, Administrative Director, Alzheimer's Disease and Related Disorders Association
Nutrition	Karen Curley-Bew
Public Safety	Paul Bolster

11:45   RECONVENE FOR REPORTING AND WRAP-UP

12:30   ADJOURN

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentations of panel on needs and resources for
the elderly.

NEEDS AND RESOURCES FOR THE
ELDERLY ON THE SOUTHSIDE

Dr. Paul Bolster, Associate Professor, Clark College
and State Represenatitve, District 30, Georgia General
Assembley served as moderator. Panel members were:
Father H.J.C. Bowden, Chairman of the Fulton County Council
on Aging and Older Atlantans Task Force; Ms. Helen Brehon,
Board member of the Older Atlantans Task Force;
Ms. Juanita Hill, Coordinator, Aging Connection, Fulton
County Unit; and Ms. Diane Rutherford, Director of the
Southeast Senior Center.
Father Bowden began by reporting the results of a
needs assessment that had been presented to the Fulton
County Commission. According to this analysis, 84,702
individuals over the age of 60 lived in Fulton County in
1980. This age group represents 14.4 percent of the total
Fulton County population, the highest 60 plus concentration
in the seven county Atlanta region and accounts for 44
percent of the regions older population. It is also note-
worthy that in comparison with any other county in the
metropolitan area Fulton County has both a greater number
and larger percentage of blacks, low income minority
persons and Hispanics over 60 years of age. Also, compared
to other metro area counties, a greater percentage of older
persons in Fulton County are handicapped, live below the
poverty level, receive SSI or are over the age of seventy-
five. "The association between these characteristics and
significant aging problems has been documented over and
over--poor health, coupled with a lack of access to appro-
priate and sufficient quality health care, economic inse-
curity and inadequate means to purchase needed goods and
services, personal and political vunerability, social and
economic discrimination, a lack of adequate housing and
transportation. All these follow the demographic profile
of older Fulton County residents in superlative proportions."
The role of the county council on aging is to bring
together older individuals and to bring together organiza-
tions of elders and agencies serving the needs of the aging
for the purpose of determining, articulating and advocat-
ing the interests of the county's older population. In a
complex and heterogeneous urban setting, it has a further
potential of uniting and focusing, under a large county-
wide umbrella, the vast and diverse community of older

citizens and aging advocates whose activities might otherwise have no formal communication or coordination. The Fulton County Council on Aging was organizaed in 1973 and later incorporated as a private, nonprofit organization in response to the need for a coordinating and advocacy body to provide a mechanism through which local residents, groups and agencies can work to assist the elderly in Fulton County.

Today, the need for such a council is perhaps even greater, for federal, state and local community allocations for human services programs are being reduced. Special interest groups have become more competitive for those resources that are available. Economic pressures accentuate intergenerational conflict and at the same time the greying of America insures both larger numbers and greater proportions of elders in our population in coming years.

The Fulton County Council on Aging has received some financial support from the Fulton County Commission. Nevertheless, its existence has been precarious. According to Father Bowden, it is important that citizens be made aware of where we are and where we are going and how the public needs to be involved in what we are doing. In regard to Atlanta's Southside, he indicated that according to at least one recent survey the largest concentration of black elderly in Atlahta was in this section of the city. For these persons there is almost no day care, there are few nutrition centers and transportation and health care services for the elderly is inadequate. According to Ms. Helen Brehon, there are on Atlanta's Southside approximately seven high rises which take care of people wanting to live there. Among the major needs were outreach programs to inform those who live alone of available services and emergency numbers and to provide them with a source of communication. Also needed were better transportation services and additional nutrition centers.

Ms. Rutherford and Ms. Hill combined their presentation to identify needs and describe the service programs of the Senior Citizens Service of Metropolitan Atlanta. Their needs list was developed from public meetings held by the Atlanta Regional Commission and surveys. Included were health related services, transportation services, economic security, Senior Center services, safety and security, housing services, advocacy services and information and referral services.

Ms. Hill explained that the Senior Citizen Services of Metropolitan Atlanta is designed to provide varied programs for Seniors; the overall purpose is to help mobilize community resources that impact on priority needs of the elderly, to assist in the development of plans and programs for the prevention and treatment of community problems, and to help implement these plans and programs by creating the necessary resources in the community. Also they assist the elderly to live independently and remain in their own homes as long as possible, and involve elderly volunteers in

meaningful community resources. Senior Citizens Services administers programs in the areas of program development and advocacy, nutrition and home delivered meals, Retired Senior Volunteer Program, the Golden Age Employment Program service, information and referral service, comprehensive services to the elderly and handicapped, and Sunrise Center, an adult day care program.

The Golden Age information and referral service is the aging connection for Fulton County. As an information and referral service it tries to help those 60 years of age and older and their family members to find necessary resources to solve their problems. Information is provided by telephone, mail, walk-in, and community outreach. Recent community involvement activities included attendance at community meetings, participation in the energy assistance program, distribution of cheese, butter, smoke detectors, and coordination of Annual Red Cross Health Fairs.

Transportation services rank as a major need of the elderly. Transportation is provided for persons 60 years of age or older so that they may get to and from community facilities to apply for services, reduce isolation and promote independent living. There are services available to people in their homes but there are not enough. Senior Citizens Services has an outreach program that goes into homes and tries to identify needs.

Supportive services are those services designed to help the elderly remain in their own homes. They are homemaker services, light housekeeping, personal care, essential shopping and meal preparation. Two agencies, Nutrition Services and the Fulton County Department of Family and Children services provide such services in Fulton County. Chore services which include minor repairs, yard work and minor painting to maintain the house are available; weatherization programs provide insulation and caulking; the International Brotherhood of Electrical Workers (IBEW) does emergency electrical repairs. Additional supportive services provided are minor repairs such as fixing handrails, home nursing care, limited transportation, and home delivered meals. also available is emergency assistance to pay utility bills and rent and provide clothing or food , and telephone reassurance--a service designed to call people at a certain time each day and check on their well-being.

Personal care homes are facilities (building or group of buildings) in which two or more beds and other services such as meals and personal care are provided for nonfamily ambulatory adults. There are three types of personal care homes: homes for 2-6 people, group personal care homes for 7-15 people and congregate meal personal care homes for 16 or more people. A list of such homes that cater to the elderly is provided through the information and referral program.

A list of public housing facilities in the Southside was given. These are primarily the Senior high rises that

house those capable of independent living. Most of the facilities have a waiting list, and if a person is seeking housing in a high rise they should apply seven to twelve months in advance. The information and referral service also helps the elderly and their families find nursing home beds and helps with the selection of a nursing home facility. Another resource in the Southside are the Senior Centers providing meals, counseling, outreach, education, creative arts, leadership development, health and supportive services. Home delivered meals also are available in the Southside area. The employment services and the Retired Senior Volunteer Program (RSVP)serves those 60 years of age or older with inadequate social security. The program provides technical assistance and a place to discuss older worker issues. First, preference is given to the unemployed and the underemployed. Job placement in the public and private sectors for fulltime and part-time positions, job development, counseling and referral are provided to residents of Fulton County. RSVP is an organization for older people wishing to become involved in the community. One must be 60 years of age or older, retired or semi-retired. Volunteers are used in such places as day care centers and hospitals. Some of their activities include making lap robes and bibs for nursing homes, working as tutors, monitoring cafeterias and working in offices and music departments. Services to protect the elderly from neglect and abuse are the Adult Protective Services, Department of Family and Children Services and a project called the Elderly Abused and Neglected. It is designed to increase public awareness about the nature and existence of abuse among the elderly and develop community resources for those persons that have been abused.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentations of panel on housing and public safety
for the elderly.

HOUSING AND PUBLIC SAFETY
MODELS FOR SELF-HELP

The panelist were Mr. Stan Citron. Consultant;
Ms. Barbara Rosenberg, Director of Louis Kahn Group Homes;
and Ms. Juanita Smith, Ms. Edna Mayberry and
Ms. Florence Lamarr of the Victimization of the Elderly
Team, Atlanta Bureau of Public Safety, Dr. Larry Earvin
of Clark College served as moderator.

According to Mr. Citron, those over 75 years of age
represented the fastest growing segment of the elderly
population. Therefore, societal pressure was bound to
increase for more housing and better supportive and
personal care services. He stated that the elderly's housing
environment held an enormous degree of social and psycho-
logical significance for them. This was one reason why
most studies indicate that 80 percent of the elderly would
choose to stay in their homes even under conditions of
recurring illness.

Citron also identified different types of living
environments. Included were independent, semi-independent,
semi-dependent and protective living along with nursing
homes. In theory, a person could move through each type
of housing assuming increasing dependence in old age.
This, Citron indicated, was unlikely. While Atlanta has
plenty of high rises and nursing homes, other types of
housing are insufficient to meet the needs of the elderly.
Also, how one gets into a certain type of housing depends
on age, income, marital status, closeness of family ties,
and health status.

In regard to income, Citron indicated that sufficient
housing and services are available to the rich due to their
ability to pay. The poor qualify for some government pro-
grams, but there is little assistance for the middle income
elderly in regard to their housing and social service
needs.

Most elderly seeking housing are not married. Married
elderly tend to live in their own homes. The older the
age group the higher the proportion of women within that
category. By age 60-70, people are interested in health
maintenance, from 70-80, there is some loss of physical
function and over 80, the elderly generally require health

Management in the form of personal care services and home delivered meals.

Citron indicated that most elderly persons maintain strong ties to their families. For example, the idea of nursing home care was often initiated by doctors and other health professions personnel. The inclinations of most families is to care for the elderly family member at great physical and financial strain. The idea of the elderly being dumped into nursing homes and then abandoned by their families was largely myth.

Generally, the kinds of housing available to the elderly include:

1. Home ownership--over 75 percent of the elderly own their homes comprising one-fourth of the total U.S. home ownership. Many elderly who attempt to maintain their homes are unable to do so because of rising cast relative to income. Therefore, on the whole, the elderly tend to have substandard housing.

2. High rises--these are public and private facilities, all are HUD regulated requiring one to pay 25-30 percent of income for housing. Private high rises may charge for meals with required enrollment in meal programs; they may also furnish fewer supportive services. Public high rises are tied into other government service agencies so that more supportive services become available to the elderly.

3. Congregate living--this emerges out of a Washington-based concept designed to provide housing and some personal care services such as meal preparation. Currently, there is no congregate living for middle and low income elderly in Atlanta.

4. Boarding homes--these institutions house the semi-dependent. Generally, the quality of boarding homes in Atlanta is poor; the better ones cost $500-700 per month.

5. Group homes--these are put together by an agency and arrangements for a certain number of people to live there are made in advance. A small staff (homemaker, social worker and visiting nurse) is provided and some personal care services are available. This type of housing would be appropriate for the fairly independent elderly and those needing to be with others.

6. Shared homes--an agency mathces people (usually the elderly), with excess housing space with someone in need, not necessarily an older person.

7. Foster homes--elderly are placed in such housing as a protective measure. There are not many in georgia but where available they can work for some persons.

8.   Personal care homes--these must be licensed but in Georgia there are no statewide codes to enforce. They are now included under the Georgia "Long Term Care Act," so they can be monitored by the ombudsman. Local health departments are responsible for inspecting personal care homes and determining if licenses should be revoked. Two hundred are licensed in Georgia.

There are other concerns related to housing for the elderly. These include: (1) home rehabilitation funds; low interest loans are available from the city of Atlanta with no payment required for ten years unless the house is sold; (2) a reverse annuity mortage or equity conversion program which would allow an elderly person with a home worth $50,000 to receive a loan in the amount of the equity of the home to use for medical expenses or living expenses if SSI were inadequate. The loan would be repaid if the house were sold; (3) weatherization services which are available to SSI and AFDC recipients and those with certain income limits; (5) another low interest loan program, using CBDG funds, to allow the homeowner to make repairs if the house is in violation of the housing code.
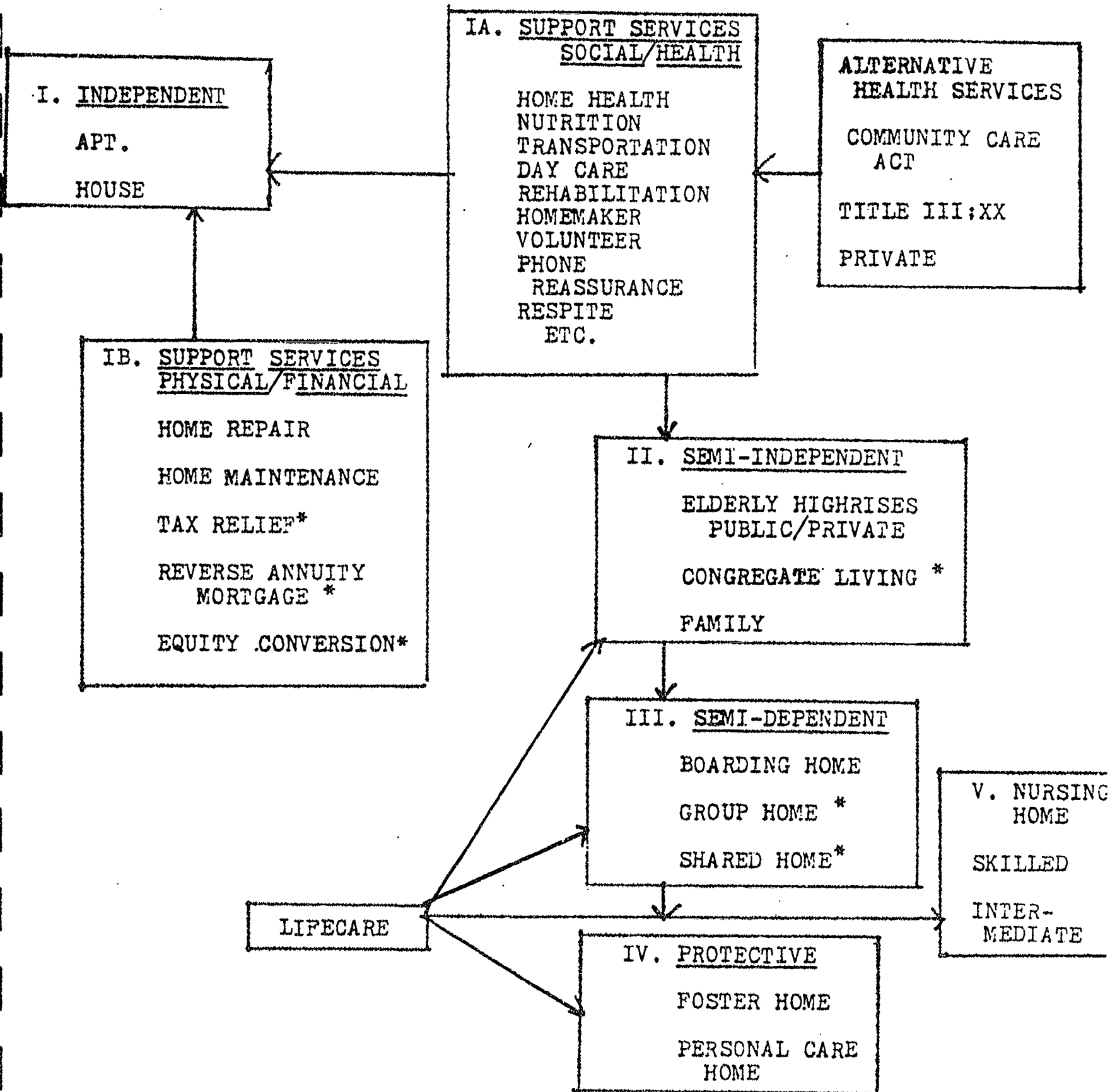
In her presentation Ms. Rosenberg described the Louis Kahn Group Home as a licensed personal care home, with 24 hour supervision, that was not based on the medical mod 1. Louis Kahn Group Home, now governed by Group Home, Inc., a constituent agency of the Atlanta Jewish Federation, grew from a pilot project started by the National Council of Jewish Women. Therefore, the home reflects Jewish values although three of the residents are not Jewish. The staff is comprised of a director, social worker, two cooks, house cleaner and visiting nurse. The residents maintain their own lifestyles and activities. Other activities are provided but they are not structured. Group and individual counseling is provided and quarterly meetings with resident and family members are held. Some federal funding, through the Atlanta Regional Commission, is provided for meals and transportation.

In their presentaion, members of the Victimization of the Elderly Team indicated that they are available to provide such services as: (1) seminars on rape, burglaries, confidence games, mugging, larceny, and shoplifting, (2) programs to emphasize security in high rises and apartments, and (3) crisis intervention counseling for elderly victims of crime. When doing presentations, the team tries to make a news item the focal point in order to get the elderly involved and talking. The presentations are made on a monthly basis and the elderly tend to call back because they are familiar with team members.

In a 1982 survey on the types of crimes committed against the elderly, the Bureau of Public Safety found some common problems. Many elderly persons reported that their checks were being stolen. Others complained of being approached by con artist after cashing checks. In some

instances, elderly persons would cash their checks, go
shopping and leave their money in the shopping cart.
Despite these findings most respondents did not want volunteer
escorts because they did not trust strangers.

"ELDERLY HOUSING - OPTION/ALTERNATIVES"
BUILDING SELF-HELP: The Needs Of The Elderly
CLARK COLLEGE
APRIL 7, 1983
STAN CITRON

IA. SUPPORT SERVICES
SOCIAL/HEALTH

HOME HEALTH
NUTRITION
TRANSPORTATION
DAY CARE
REHABILITATION
HOMEMAKER
VOLUNTEER
PHONE
  REASSURANCE
RESPITE
  ETC.

ALTERNATIVE
HEALTH SERVICES

COMMUNITY CARE
ACT

TITLE III;XX

PRIVATE

I. INDEPENDENT

APT.

HOUSE

IB. SUPPORT SERVICES
PHYSICAL/FINANCIAL

HOME REPAIR

HOME MAINTENANCE

TAX RELIEF*

REVERSE ANNUITY
  MORTGAGE *

EQUITY CONVERSION*

II. SEMI-INDEPENDENT

ELDERLY HIGHRISES
PUBLIC/PRIVATE

CONGREGATE LIVING *

FAMILY

III. SEMI-DEPENDENT

BOARDING HOME

GROUP HOME *

SHARED HOME*

V. NURSING
HOME

SKILLED

INTER-
MEDIATE

LIFECARE

IV. PROTECTIVE

FOSTER HOME

PERSONAL CARE
HOME

* While it is necessary to develop more fully all options/alternatives
  for the elderly, the author feels that these options either do not
  exist in the Atlanta area, or are grossly underdeveloped (according
  to national efforts)

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentations of panel on transportation services
for the elderly.

TRANSPORTATION, SPECIAL SERVICES FOR
THE ELDERLY AND MODELS FOR SELF-HELP

Dr. Nathaniel Jackson, Assistant Professor, Clark
College, served as moderator. The panel included
Ms. Mary Kay Chess, Coordinator of Special Projects,
Atlanta Regional Commission; Mr. Charles Daniels,Chief
Special Services, Metropolitan Atlanta Rapid Transit
Authority(MARTA); and Ms. Marsha Schechtman, Coordinator
of Volunteer Services, Jewish Family Services. Ms. Chess
explained that the area agency on aging (Atlanta Regional
Commission) gets funding to provide transportation services
through Title III of the Older Americans Act. The funds
are used to transport the elderly to and from Senior
Centers. With federal funds dwindling, there has been an
effort to coordinate transportation services, by social
service agancies, through participation in STAR(the
Specialized Transportation for the Atlanta Region).
Current participants i clude: Grady Memorial Hospital,
Atlanta Housing Authority and Senior Citizens Services.
Funds from the Atlanta Housing Authority and Grady
Hospital are used to provide medical transportation
services. Funds from Fulton County, the City of Atlanta,
Title III of the Older Americans Act and social services
block grant (through Senior Citizens Services) are used
to transport the elderly to and from Senior Centers.
There is a need for additional funds.
     Ms. Chess described three transportation self-help
models that had been used to serve the elderly. Model One
was Friends in Service Here (FISH). The program used vol-
unteers to provide transportation for the elderly. In
Dekalb County request are taken via an answering machine;
then a volunteer calls the senior citizen back and connects
him with the appropriate volunteer. This is usually a one
time service. The concept started in Oxford,England, was
bought to the United States in 1964 and spread through the
church community.
     Model Two was used by the YMCA in Washington,DC.
There were a number of organizations that had vehicles that
were not being used during part of the day. A number of
the vehicles were pulled together into a pool to provide
the elderly with transportation for medical and shopping trips.

Volunteers were again used as drivers. The program did not
move great numbers of people but it was successful. She
cautioned that you would need to make sure that you had
qualified drivers and also would need to structure the
service so that priorities, such as medical visits, were
scheduled first.

Model Three was started by the Council for the Jewish
Elderly. After identifying the need, they designated a tar-
get area, solicited funds within the Council, purchased
several vehicles and also used volunteer drivers. They
provided grocery shopping services only.

Ms. Chess emphasized the need for advocacy and the
sharing of concerns with both government and business.
One favorite approach was through participation on various
advisory boards.

According to Mr. Charles Daniels MARTA (Metro Area
Rapid Transit Authority) had made commitments to serve the
elderly and the handicapped. Results of a 1972 transit
riders survey found that 9.9 percent of the total trips
made were by persons 60 years of age or older. In 1975,
a survey of older and handicapped travelers indicated
that an estimated 26,800 person used MARTA. In 1974, the
MARTA Board of Directors established a written policy,
"Special Transit Services for the Elderly and Handicapped,"
and voted to provide special services within budget limi-
tations. In 1975, the MARTA Elderly and Handicapped
Advisory Committee was established. In 1975, Special Services
started the E-Bus and the L-Bus.

The E-Bus (Elderly Bus) was designed primarily to
connect concentrations of elderly residents with a single
major attraction such as a shopping center. The E-Bus
serves 45 high rises and runs once or twice a week. Efforts
are made to have a minimum of 30 people using the bus
for a given trip. E-Bus use is scheduled through informal
agreements with administrators of the facilities. The E-Bus
is scheduled on a regular recurring basis.

The L-Bus (Lift Bus) was designed primarily for the
physically handicapped, person who could not use the exist-
ing bus system. The objective was to increase the mobility
of affected persons to places of employment, schools and
training centers, hospitals, shopping centers and other
facilities. The L-Bus operates on a curb to curb basis
over a scheduled route; there is no weekend service.
Requests for the L-Bus are taken by telephone with the poten-
tial user giving such information as travel purpose, date,
hours, pick-up point and destination. Daniels also stated
that the MARTA bus system could be improved but that the
rail system was totally accessible.

Ms. Schechtman described the DART or Dial a Ride
Transportation program. The program was part of Jewish
Family Services and served only the Jewish community. The
program was started about four years ago when the need for
transportation was identified. The program initially used

volunteers but was not successful because it lacked a fulltime coordinator. In regard to program development, she stated that the first nine months were spent in planning the program. Planning was the most important phase. A planning program was developed that included the recording of information on planning, recruitment, publicity, statistics, mileage forms, job descriptions, miscellaneous information about the elderly to help the volunteers and other decisions that needed to be made.

The program has three sets of volunteers, DART dispatchers, DART drivers and Sisterhood Chairpeople (volunteers from a sisterhood group from the synagogue that help the committee recruit volunteers and do publicity). The driver is available on Tuesdays and Thursdays. Drivers are provided orientation, given a job description, must have personal car insurance and license, and are required to attend follow-up meetings. DART is specifically for essential (medical, legal, banking, coming to the agency) needs. The driver is required to pick up the client, take them to their appointment, drop them off if there is to be a long waiting period and return them to their home. Clients are charged $1.00 per trip and the money comes back into the program. Presently the program is looking for funding and a fulltime coordinator. Drivers keep statistics sheets and record the mileage, identify the client, record the amount of money collected and the amount of time spent volunteering. This information is to be used to secure funding. The role of the dispatcher is to screen calls and literally ask people what was their means of transportaion before DART. This is to make sure that those in need are served. The dispatcher works at the office from Monday to Thursday and makes up cards on all callers. Clients are asked to give at least 24 hour notice and the information requested includes name, address, telephone number, and emergency contact. The program only deals with abulatory persons. The program is publicized primarily through the synagogue. Word of mouth and advertisement in stores and newspapers with large Jewish clientele also are used. The program fills about 30 request a month.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9, 1983

SUPPORT GROUPS AND SELF-HELP FOR BLACK ELDERLY

Miriam Botnick, Volunteer Coordinator - Nursing Home Ombuds-
man and Advisor to the Support Group "Coping with Aging", and Dr.
Irene Luckey, MSW, DSW - Assistant Professor of Social Work -
Clark College, made presentations concerning this subject.

One of the major concerns of our April workshop was the
creation and development of Self-Help by means of Support Groups.
Although the Southside of Atlanta was chosen as the target area
the principles and techniques suggested by seminar speakers have
implications for other communities.

Support groups are small groups of people whose members
provide support to one another in the face of chronic problems.
Members usually have common difficulties and receive support,
encouragement, and assistance from other members in learning
how to deal with them effectively. Support groups among the
aging population are sorely needed because of the increased
stress that elderly individuals face on a daily basis.

Aging Support Groups in particular help to evaluate and de-
fine problems, find the best solutions to problems, educate and
inform as to medical, social, and legal aspects of aging, tell
about outside resources, and make referrals to those who can
give additional help. These organizations are concerned not only
with the elderly themselves but also the families of the aged.

Among Support Group models, there are two we emphasize here:
first, a broad umbrella organization and second, a wheel model
with radiating spokes.

Broadly   based umbrella type support groups are the most
popular and are recommended by professionals, especially in
initial stages to draw people together.

Careful planning is a critical first step in developing any
broadly - based support group. There is a need for a professional
or non-professional facilitator, concerned with the welfare of
older people, who must be sensitive to the needs of families,
and have a strong sense of commitment. It has been suggested that
Support Groups have at least two people available who are capable
of running the group.

Starting a support group is eased if one can find a sponsor
such as a civic or service group.   In Atlanta, for example, the
Coping With Aging Support Group is sponsored by the Service Guild
of Atlanta.

General guidelines are as follows: meet once a month, pro-
vide an activity, and allow time for discussion of individual
concerns through sharing. A critical point to keep in mind is
that the individual is the most important part of a support
group. Never lose sight of the individual's needs while working
with the total organization.

In planning programs, keep in mind that support groups are
both a learning plus a sharing experience. Therefore, having
speakers at meetings is often appropriate. Relevant topics
might include: How to live with death and dying, Loss and be-
reavement, Home care services available in Atlanta, Alzheimer's
Disease, coping with the aging of a family member, a panel on
resources available in Atlanta, motivating the elderly, the care
of the caretaker, how to plan a funeral, how to buy a plot,
arthritis, strokes, drugs, long term care ombudsman program,
personal care homes in Atlanta, holiday stress, and wills and
legal advice.

The organization should meet in a centrally located place
available in your area. Possibilities include the local com-
munity center, libraries, banks, and possibly a shopping center.
Remember to use a place where parking is easy. Consistency as
to day, time, week, place, helps people remember. One and one-
half hour for the formal part of the meeting is enough. The
personal touch is important including phone calls to participants.
Public Relations is important. Use newspaper, radio, TV and other
available media. Have a resource table, name tags, and refresh-
ments. Be sure to get lists of those attending including addresses
and phone numbers. Have group members indicate what they want
for future topics and speakers.

Other types of support groups have been utilized effectively.
An alternative model to the one presented above is to address
problems directly by utilizing the elderly as a resource in
educating their peers. For example, a project in New York City
trained low income, black elderly to provide information and re-
ferral services to their peers in Senior Centers about cold
weather, housing, and energy problems. The project was designed
to train a total of twenty four individuals broken down to six
low-income, black elderly persons in each of four Senior Centers
in New York City. As "Energy Aides" they provided basic infor-
mation to their peers on coping with cold weather problems.
Individuals selected were volunteers between the ages of 65 and
74 and all retirees. Training topics included: preparing your
home for cold weather, ways to keep warm, nutrition in cold
weather, tenants rights, utilities and Energy Financial Assistance
Programs.

Each center had a minimum of six sessions with a one hour
average for each session. The professional's role was to pro-
vide a framework for discussion. After completion of the training
program, the Energy Aides made presentations to all Senior Citizens

at the Center. The newly trained Energy Aides provided the in-
formation to their peers regarding services, programs, and
techniques discussed in training sessions. They also partici-
pated in the development of a manual containing the basic infor-
mation and procedures for coping with energy-related cold
weather problems.

In conclusion, Support Groups are important. Although both
models shown here have proved effective they should be adapted
to different people, times, and places depending on circumstances.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentation by panel on nutrition and the elderly.

NUTRITION AND ADULT DAY CARE

Karen Curley-Bew, R.D, Assistant Professor, Allied
Health Professions, Clark College, served as moderator.
Panel participants were Ms. Vivian Minor, Project Driector,
Nutrition Program for the Elderly, Senior Services for Metro-
politan Atlanta; Ms. Irma Pryor, Project Director, Sunrise
Senior Center; and Ms. Delores Kearney, R.D., M.P.H.,
Westend Medical Center. Ms. Minor described the nutrition
programs provided through the Senior Citizens Services.
The nutrition program is one of the larger programs and
provides services to persons 60 years of age or older that
reside in the city of Atlanta or Fulton County. They may
be SSI or AFDC recipients. The nutrition program for the
elderly is funded through Title III of the Older Americans
Act, Title XX of the Social Security Act, the City of
Atlanta, Fulton County and the United Way. In addition to
serving those sixty years of age or older, the program
tries to reach those who desire socialization or involve-
ment in community activities, person who lack mobility to
shop and prepare food for themselves, and persons who are
not motivated to eat properly.

Also noon meals in a congregate setting are provided.
They are provided five days a week at centers where people
may receive other supportive services. Other services may
include arts and crafts, nutrition education, leisure time
activities, outreach services to identify those persons
who are isolated and do not know what services are available,
welfare counseling, legal services, and recreation trips.
The centers are open four hours each day, 10:00-2:00 p.m.

Home delivered meals are provided for persons age 60
or older, SSI recipients, income eligible, and permanently
or temporarily disabled. The emphasis is placed on serving
the elderly; however, some persons under 60 are served based
on need.

The homemaker component provides help to persons
needing some personal care services. Priority is given to
serving those receiving home delivered meals. It was ex-
pected that funding would soon become available for a home
repair and rehabilitation service. This would permit the
elderly to have minor repairs, such as fixing a screen
or changing a light bulb, completed.

The second presentation concerned adult day care.
Ms. Pryor stated that adult day care was a limited service

and that it was expensive. It was designed to serve the more disabled older persons, whose children were having a hard time maintaining them at home due to senility or stroke. It was also intended for older persons who lived alone and needed socialization.

Ms. Pryor described the Sunrise Senior Center as a partial Senior Center providing adult day care. However, the major goal was to reduce inappropriate institutionalization by providing community-based care in a neighborhood setting. The Center helps to prevent neglect and abuse and helps people to achieve self sufficiency. Activities include individually structured activities, group structured activities, and daily activities. Social services are emphasized such as helping people to go to and from the bank pay bills, get food stamps, manage finances, and obtain legal and health services. Transportation is provided to and from the Center and for medical treatment on a limited basis. Help with limited personal care is given in such areas as personal hygiene, taking medication and shopping. Some help with housing is provided.

Ms. Pryor stated that the Center receives a number of referrals from the Department of Family and Children Services, the Protective Services Division. Persons attending the Center must be able to feed themselves and use toilet facilities.

In the third presentation, Ms. Kearney, a public health nutritionist, discussed her duties so that persons working with the elderly would know how to utilize the services of a nutritionist. One of her functions was to provide individual nutrition patient counseling. Most of the elderly have some need for a therapeutic diet. Most are on a low sodium diet, diabetic diet, or weight reduction diet. Many elderly just do not meet their basic nutrition needs for the day because of poor appetite. Some elderly show up after suffering a gradual weight loss. Generally, something is wrong when they begin to fall below their ideal body weight.

As part of her function, she works with people on food budgeting. Many elderly are on low or fixed incomes and they need to be very thrifty with their food budgets. Ms. Kearney works with them on managing their food resources; helping with shopping hints. Elderly persons are also referred to other resources such as food stamps. Some are not aware that they qualify and some do not want to apply because of the feeling that there is a stigma attached to getting food stamps. They are also referred to Senior Centers if they are having trouble getting an adequate daily meal. Arrangements for home delivered meals also may be made. Sometimes referrals are made to a social worker when nutirional problems are related to other household problems such as saving food money to pay fuel bills or finding that fuel has been cut off so that they can not cook.

Basically, Ms. Kearney does nutrition counseling at the Westend Medical Center and at two Senior Centers in the

Westend section of Atlanta. Additionally, individual nutrition counseling can be secured at Atlanta Southside Community Health Center, Grady Memorial clinic, W.T. Brooks and Northwest Grady Clinic, and the Fulton County Health Department on a limited basis.

Frequently, a person will come in with an immediate need for food and they are referred to the community food banks (the Atlanta Food Bank). The Atlanta Food Bank coordinates the distribution of food to local food pantries (usually churches) where it is distributed to those in need.

Ms. Kearney's second major function is providing group nutrition education classes. She goes to Senior Centers and other sites to teach a nutrition education class once a month. Nutrition education is a support service under the nutrition programs for the elderly. While some people question the value of nutrition education, many elderly people are receptive to the information provided. As their health and other aspects of their life change so do their nutritional needs. Many elderly have medical problems that are related to nutrition. These include poor dental health, obesity, high blood pressure, diabetes, anemia and gastrointestinal problems, all of these conditions require understanding of nutritional needs. Many elderly are using medication that affects nutritional status. Medication can affect appetite and how nutrients are absorbed. Sometimes there are foods that should be avoided or increased depending on the medicine prescribed. In addition, the elderly are susceptible to nutirion misinformation and need to know what is correct so that they can more wisely spend their food dollars.

In recommending expanded nutrition education, Ms. Kearney recommends that a registered dietician teach the classes, but if one is not available others who might teach include home economists and nutrition students. However, in such cases a registered dietician should be consulted to monitor what is being taught. A good time to schedule classes is after the noon meal. She also suggested teaching the elderly what foods were appropriate for their health and what foods were not as opposed to teaching the value of certain nutrients.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9, 1983

Presentation by the panel on church involvement
with the elderly.

HOW CHURCHES CAN BE INVOLVED
IN SELF-HELP FOR THE ELDERLY

Panel participants included the following:
Ms. Anita Curry-Jackson, Assistant Professor, Clark
College; Ms. Ruby Bailey, Coordinator, Comprehensive
Services for the Elderly and Handicapped, Senior Citizens
Services of Metropolitan Atlanta; Rev. Andrew T. Parker Jr.,
Executive Director, Urban Training Organization of Atlanta;
Rev. Robert Stovall, Pastor, Fort Street United Methodist
Church. During introductory remarks, Ms. Curry-Jackson
stated that the church had supplied recreational, educa-
tional, economic and political needs for the community.
We know that some of the concepts related to self-help,
such as benevolent societies, really emerged out of the
church. The church has tied together Christian doctrine
and social activism. It is important to examine and hear
how churches are invovled in self-help programs for the
elderly.
    The first presentation was made by Ms. Ruby Bailey.
She stated that Comprehensive Services were involved in
providing program assistance to nursing homes, community
groups, and other people developing viable programs
(for the elderly) in the community. Since 1978, Compre-
hensive Services had worked with the churches to develop
one or two day enrichment programs involving church members
and community people. The programs started with 15 people
and ended by serving 40 people two days a week, providing
enrichment programs such as Bible study trips. There are
now programs in 12 churches with support provided by other
churches so that approximately 25-30 churches are involved
in self-help programs. She indicated that self-help
activities are coordinated among churches in the community.
She recommended that conference participants begin to look
at their own churches to determine what types of programs
they could provide for the elderly and whether or not their
buildings are conducive to having the elderly present
(i.e. accessibility of transportation and existence of ramps
for wheelchairs).
    Ms. Bailey also discussed the development of the
Southside Shepherd Center. The Center still in the planning
phase, is based on the Shepherd Center that grew from the

efforts of Dr. Albert Coles at the Central United Methodist
Church in Kansas City, Missouri. His concept was one in
which churches would get together to do something about the
elderly. Presently the Center seeks funding; there is hope
that soon the Southside Shepherd Center will become part
of the national Shepherd Center netwrok. The program will
be co-sponsored by the United Methodist Church.

The second presentation was made by the Rev.
Andrew Parker Jr. He stated that the rapid increase in the
number of older people has left society unprepared. He
indicated that a growing portion of the population is
post productive and post reproductive. Much of the popula-
tion is no longer in the work force. The church should be
deeply concerned with the problems of the aging because
more aging persons are affiliated with religious bodies
than with any other kind of organization. Today's aging
phenomenon is probably one of the most significant develop-
ments in 2,000 years. While people are living longer due
to better health, medicine, nutrition, and environment, they
also have more leisure time due to computers and automation.
As a result, we have all kinds of social problems. Older
people have lower incomes, less adequate housing, worse
health and larger hospital bills than younger people in
the population. Nearly fifty churches indicate that churches
do not have a clear picture of the relation of organized re-
ligion to older people. In Parker's view religiousity
does not necessarily increase with age, religion is the
key to life in old age, religious faith and its expression
for many people may be the only instrumar; through which
they can sustain their dignity and sense of worth in spite
of the losses and disability of aging. However, there is no
data to indicate how much religion influences the adjust-
ment to aging.

Sixty to seventy percent of older people have some
type of active relationship to a church or synagogue, but
few older people hold positions of leadership in the church.
On the whole, the church is doing very little to meet the
needs of older people.

What can the churches do? Rev. Parker stated that the
church has two primary functions. One is to minister to the
psychic and emotional needs of people; the other is to
deal with the political issues of the community. It was
essential for churches to have ministers who cared. Ministers,
social workers and others working with the elderly must
have the appropriate attitude. They must not withhold
emotional support or be overprotective. The issue of training
people to work with the elderly must be raised in churches
and seminaries.

Also, churches must identify the needs of the elderly,
develop a philosophy, and make a plan for helping them.
Rev. Parker stated that church involvement in helping the
elderly was usually through a housing (high rise) program
which he referred to as "geriatric deathboxes." In contrast,

there were usually no programs to support the health or spiritual well-being of the residents. Also, less than five percent of the elderly live in housing for the elderly, most data indicated that deinstitutionalization and living at home is more beneficial. Churches should sustain an interest in their older members. Also, churches must serve as active agents in good community planning for the elderly. Churches should support and use community resources.

The third presentation was made by Rev. Stovall. He referred to the elderly of his congregation as "keenagers." The programs at Fort Street United Methodist Church included linkages with other community groups of older persons who meet at the Church on Mondays and Tuesdays for fellowship. They have a meal which they prepare. A major problem is getting men involved in the program. Additionally, through the Comprehensive Services program, the activities of the group have been enhanced by having speakers and resource people come in and provide useful information.

Workshop Agenda

CLARK COLLEGE, GERONTOLOGY PROGRAM

HOUSING FOR THE ELDERLY: THE NEED FOR SUPPORT GROUPS

July 20, 1983, Wednesday

Vivian Wilson Henderson Center, Room 132
650 Fair Street, S. W.
Atlanta, Georgia 30314

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8:30 a.m.   INTRODUCTION AND PURPOSE OF THE WORKSHOP
        Dr. Robert Fishman, Director Gerontology Program
        Gretchen Maclachlan, Director, Gerontology Workshops

8:45   GREETINGS FROM CLARK COLLEGE

9:00   SUPPORT GROUPS AND HOUSING FOR THE ELDERLY: PRESENT
AND FUTURE
        Dr. Herbert Karp, Director of Medical Services,
           Wesley Homes and Director of Program in
           Geriatric Medicine and Professor of Neurology,
           Emory University

9:45   MANAGERS AS SUPPORT GROUP FACILITATORS AND AS SUPPORT
GROUP PARTICIPANTS
Panel of Managers of Housing for the Elderly
        Moderator: Dr. Nathaniel Jackson, Clark College,
           Social Science Department
        Edward Riley, Manager, U-Rescue Villa
        Gene Tunnell, Ph.D. Executive Director,
           Campbell-Stone
        Bessie W. Knight, Acting Resident Manager,
           Friendship Towers

10:45   NEED FOR SUPPORT GROUPS AND OMBUDSMAN SERVICES
        Moderator: Anita Curry-Jackson, Clark College,
           Social Welfare Program
        Miriam Botnick, Volunteer Coordinator, Nursing
           Home Ombudsman
        D. E. Smith, Assistant Director, Project SHAPE,
           Spelman College
        Rebecca Hynson, resident of John O. Chiles
           Residence for the Elderly

11:45   LUNCH BREAK

1:00 p.m.   SUPPORT GROUPS FOR INDEPENDENT OLDER ADULTS
              Marea Jo and George Milner, Co-directors of
                  Bereaved Partners and Center for Growth Un-
                  limited

2:00   BREAKOUT GROUPS TO DISCUSS MODELS FOR SUPPORT GROUPS

              GROUP FOR: GROUP FACILITATORS:
              Elderly   Anita Curry-Jackson
              Families and Adult   Miriam Botnick
                Children
              Managers of Elderly   Dr. Nathaniel Jackson
                Housing

3:30   REPORTING FINDINGS OF BREAKOUT GROUPS

4:00   Adjourn

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20, 1983

Presentation by Dr. Herbert Karp, Director of Medical
Services, Wesley Homes and Director of Program in Ger-
iatric Medicine and Professor of Neurology, Emory
University.

SUPPORT GROUPS AND THE NEEDS OF THE
ELDERLY PATIENT: PRESENT AND FUTURE

According to Dr. Herbert Karp, medicine has lagged in re-
cognizing the emerging problem of an aging population. Only now
is this issue beginning to receive the attention it deserves on
the part of the medical profession. Not until 1977 did a branch
of the National Academy of Science Institute on Medicine examine
relevant demographic trends affecting age and decide that there
was a need to modify training programs in academic institutions
and medical schools and other institutions where courses geared
to health professionals are taught. In 1982, the American As-
sociation of Medical Colleges completed a survey of academic
programs and developed recommendations concerning curricula on Aging in
medical schools. Schools of Nursing, Denistry, Public Health,
and other Health Profession   Schools are following suit; some
may actually be a bit ahead of the medical profession. At
Emory University's Medical School, an affiliation with Wesley
Woods (Homes) has developed recently for the first time with the
creation of a program in Geriatrics and Geriatric medicine. The
site for this program will be Wesley Woods and the Atlanta Vet-
erans Administration's Medical Center and Grady Hospital. It
should be noted that Branon Towers in East Atlanta and Epworth
Towers in Southwest Atlanta are a part of Wesley Woods; in addition
there are residential facilities in North Georgia, in Athens and
in Augusta. In October, the V.A. Hospital in Atlanta will begin
to admit patients to an extended care facility. Personnel at the
Hospital have prepared a proposal for support of an educational
and research program. The main thrust is placed on Support Groups
and concentrates primarily on environmental changes, (on architecture)
in collaboration with the School of Architecture at Georgia Tech.
        The activity at Grady Hospital will be primarily an out-
patient clinic; this is now in its formative stages. Beginning in
October, a residency experiment will be made available to residents
in internal medicine. In the future, everyone in the medical pro-
gram at Emory University and affiliated hospitals will have ex-
perience dealing with the aging either at Wesley Homes or the
Atlanta V.A. Hospital. Another aspect of the program will be to
provide instruction for undergraduates in the pharmaceutical needs
of the aged (the effects of drugs on the aged in contrast with their
impact on other age groups including the young).

    In his remarks, Dr. Karp moved to apply certain principles
of analysis to groups that he utilizes with his clinical patients.
    Physicians, managers, and other health professionals must do
more to provide support to the families of elderly patients. The
family can make observations that are just as significant as those
of the physician in regard to meeting the patient's needs. Also,
in gathering useful information, Physicians and other profession-
als must look at aging and the diseases of aging from the perspect-
ive of the family and other support groups.
    In examining the background to the Biology of Aging we must
recognize those variables that are predictable with aging. We can
modify them and lessen their effects but we cannot remove them.
They include the following:

1. A Loss of Strength in the muscles closest to the body;
    thigh and hip muscles tighten. This will show up in
    climbing and sitting in low chairs. Shoulder muscles
    are also affected. The process of deterioration cannot
    be changed but can be slowed down by exercise.

2. Temperature control problems occur with aging. The
    sweat mechanism changes. The elderly are subject to
    frustration and heat stroke in the heat of the summer.
    They may complain that they are too hot or too cold.
    Their heat and cold controls are not functioning ef-
    fectively. Support Groups should be used to inform
    housing managers and family members about the needs
    of the elderly with regard to control of temperature.
    In cold weather, the elderly may require higher temp-
    eratures than other family members.

3. Senses of taste and smell deteriorate; taste buds
    deminish. This can lead to serious disorders in
    nutrition. The elderly might not eat properly be-
    cause there is no food taste. Their seasoning of food
    might be distorted because of changes in their sense
    of taste.

4. Bones and joints require exercise. Bones respond to
    activity by getting stronger. An inactive person's
    bones will get soft and are subject to fractures. Add
    age to this and you will see why a minor fall or slip
    by an older person results in a bone fracture.

5. Nervous System changes are reflected in reduced sensory
    imput as to taste, smell and touch. The loss of ability
    to handle small objects is just one example of sensory
    disorders. They cannot carry on the same motor skills
    as when they were younger. Vision and hearing loss is
    common. Elderly persons may develop cataracts. There
    are certain functions that go on in the brain that the
    elderly are not able to process as quickly as when they
    were younger. Improper lighting and other things that
    hinder eyesight only add to the frustrations of the
    elderly.

        The same is true of their hearing. Older persons
    who normally do not have a hearing problem may encounter
    distractions in holding a conversation (i.e., loud

noises, children playing). Their motor skills are not what they used to be. Whether in the church, in a family setting, in the nursery, hearing of the elderly can be impaired by loud distracting noises.

6. Changes of memory in the elderly are common. While Alzheimers Disease often begins with changes in memory, one must remember that memory loss in itself is not associated with any serious disease of the brain but rather may be viewed as benign senescent forgetfulness. Most important is the realization that the aging organs (brain, heart, lung, liver) are extremely vulnerable to change. Any superimposed function (disease) can cause serious danger. A mild infection in the chest can cause pneumonia. In regard to medication, a good rule of thumb is to use as few medications as possible and as mild a medication as possible. Check with the physician about medication (if problems develop altering their habits) to see if the medication that is used has a bearing on the patient's problem of declining health. Any medication that is effective carries the risk of causing side-effects.

Because of the mobility of society, Support Groups (defined as people organized to support patient needs) are becoming more central to problems of the aged. In examining Support Groups there are some relevant questions to be considered. How can we characterize support groups? What kinds of support groups are available to patients? What kinds of support should we try to give to patients? How can we use a careful analysis of Support Groups in designing the kind of support that the patient needs?

Now in dealing with families, we often construct what is called a genogram. We try to characterize the nature of the family or those people who are going to be intimately involved with the patient. So it is really a kind of inventory to see who is available to support the patient, to characterize the kinds of people who are involved in providing support, and what their reaction is to the problems of the aging individual.

The goal should be to match the needs of the patient with available support groups rathen than to randomly assign a patient to a support group. It is a matter of trying to match client and support in an appropriate manner.

I have tried to identify the various types of people encountered primarily through families. I have not had experience in dealing with community support groups. But in starting a group, here is a list of people who may become involved.

1. The "facilitator" - The person who needs to have the patient dependent on him/her to feel adequate.

2. The Victim - The person who is consumed in emphasizing his own problems, a result of having to deal with an elderly family member.

3. The Escapee - The person who is skillfully able to shift the blame for problems they are having on another member of the family or support group member.

4. Manager - A great organizer who can line up things for
    others but who cannot do much himself.
5. The Caretaker - Somebody who will actively take charge
    and give care to the patient.

These are five qualities of people in support groups that are
in a position to give support. In some cases, with counseling,
the "facilitator" can become a caretaker; the victim along with
the escapee is the hardest of all to change. They represent dis-
orders of support.

There are ways to further evaluate support groups. Once the
support group is changed you need to see whether the support group
is compatable with the patient or whether it is in constant con-
flict with the patient. A very rigid support group with specific
rules can create conflict with the patient in addition to chang-
ing his need for effective support.

Tangible evidence of support for families ranging from the
simplest to the most complex includes:

1. Checking-up to make people feel that we are aware
    of them. A simple call or dropping in to see how
    the person is doing is an appropriate activity.
2. Legal Support to try and help the patient work out
    his legal problems. A patient who is losing control
    needs to know about good administrative and legal
    help including power-of-attorney and guardianship.
3. Support of Personal and Nursing Care to make every
    effort to maintain the patient at home for as long
    as possible. The idea is to let him stay in familiar
    surroundings.

Dr. Karp indicated that contrary to common assumptions the
greatest source of stress for the caretaker tends to be impaired
sleep and daytime wandering. Both of these problems require con-
stant surveillance of the elderly patient. Other problems en-
countered include physical aggression, falls, personality changes
and incontinence.

Dr. Karp emphasized that the common view that the elderly
require less sleep than the rest of us is simply not accurate.
The key to efficient sleep for everyone is relatively uninterrupted
sleep. For a variety of reasons, the elderly often suffer from in-
terrupted sleep at night; an indication of this is the tendency
of some older persons to fall asleep during daytime hours when
placed in a relatively comfortable environment.

Any assessment of the elderly patient has to include an
evaluation of the total environment including available supports.
In Geriatrics, assessment tools must include not only classical
data from physical examinations and patient history but the
support patients are likely to require as they grow older.

Presentation edited for distribution by staff of Clark
College Gerontology Program.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20,1983

Presentations from the panel of housing managers
on housing for the elderly

MANAGERS AS SUPPORT GROUP FACILITATORS
AND AS SUPPORT GROUP PARTICIPANTS

Panel participants included Mr. Edward Riley,
Manager of U-Rescue Villa, Dr. Gene Tunnell, Executive
Director of Campbell-Stone, and Ms. Bessie W. Knight,
Acting resident manager of Friendship Towers.
Dr. Nathaniel Jackson of Clark College served as moderator.
In his introductory remarks, Dr. Jackson pointed out
that the April workshop: had indicated the need for
support groups both on the part of elderly residents
in high rises and their families as well as the managers,
especially those in public facilities. Therefore, the
purpose of the panel was to explore the role that
managers can play both as support group facilitators
and as support group participants.
Mr. Edward Riley, a public housing manager with
the Atlanta Housing Authority, primarily discussed
the support group that existed at U-Rescue Villa. It
has a tenant association funded by the residents. The pur-
pose is to provide a variety of services and an outlet
so that residents can express themselves. Examples include
counseling in cases of death and maintaining a choir to
keep people active. U-Rescue Villa management also
utilizes "building captains." These floor leaders are
residents, recommended by the tenant association, trained
to provide information to other residents on a repetitive
basis. Floor leaders are responsible for knowing who is or
who is not sick on their floor and teaching residents about
such things as fire drills, the emergency system and avail-
able community resources. According to Riley, public
housing is geared to people able to care for themselves.
At U-Rescue Villa, there are no medical facilities.
Dr. Gene Tunnell, manager of Campbell-Stone, a
private, nonprofit, religiously affiliated facility, pri-
marily discussed two areas considered crucial to Senior
Citizens, the emotional need area and the functional need
area. Support groups were needed to help residents handle
such problems as unresolved grief, loss of a spouse or
child, loss of a home or personal possessions, and loss
of physical capability (their independence.) In the
functional need area, people learn how to accept or cope

with the problems associated with aging.

In addressing the problem of putting support groups in place, Dr. Tunnell indicated that a managers role might be that of facilitator, for example persuading a Board of Directors or HUD that a support group should be funded. However, not all managers are well suited to lead a support group; for this a skilled person should be selected to provide leadership.

Dr. Tunnell identified two additional problems: (1) the difficulty in convincing residents or their adult children that the family member was no longer capable of independent living and should be moved to another facility such as a nursing home, and (2) getting adult children involved in the care of the family member. He felt that support groups were important for adult children as well as for residents.

Ms. Bessie Knight, Acting manager for Friendship Towers, stated that support groups were a good idea generally, but that they were not needed at Friendship Towers. Instead, the residents had a community club that sponsored such activities as prayer meetings, bingo, and quarterly birthday parties. Ms. Knight emphasized that she tried to deal with the tenants individually and handled family problems and rent collection. There is an on site social worker to handle problems related to sickness.

During the question and answer session, Dr. Fishman stated that managers, in the April session, had indicated that they faced a multiplicity of problems and that support groups for residents was one means of responding. He also cited the perception expressed by several managers that they were sometimes overwhelmed with tenant problems and would benefit themselves from a support group. He noted, however, that Ms. Knight did not appear to feel this need for herself or residents of Friendship Towers and he wanted to know what accounted for the difference. In response, Ms. Knight stated that managers needed to deal with tenants individually and that some managers created their own problems. Mr. Riley said that his main problem was dealing with paper work (about 75 percent of his job). He felt this limited his time to manage and effectively deal with tenant needs. Although the Housing Authority was computerizing many procedures, he felt it would be a couple of years before the paper work would be controllable.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20,1983

Presentations from the panel on support groups and
Ombudsman services.

THE NEED FOR SUPPORT GROUPS
AND OMBUDSMAN SERVICES

Panelist included Ms. Miriam Botnick, Volunteer
coordinator, nursing home ombudsman; Ms. D.E. Smith,
Director of Project SHAPE,Spelman College; and
Ms. Rebecca Hynson, resident of John O. Chiles Residence
for the Elderly. Ms. Anita Curry-Jackson of Clark College
served as moderator. Ms. Botnick's presentation defined
an ombudsman program and identified the necessity for
support groups for the residents and their families.
She defined an ombudsman as a citizen's representative
who investigates complaints, reports findings, and
achieves reasonable settlements. The main function of an
ombudsman is to protect the rights of individuals by
investigating and resolving problems and grievances, pro-
viding information, and working with institutions, organ-
izations and agencies to increase the responsiveness to the
people they serve. Residents living in senior developments,
especially high rises, were a group likely to benefit from
ombudsman services. Such older residents have little con-
tact with the outside world around them and often feel
that they lack control over their own lives. Their most fre-
quent complaint is "lack of transportation." Without trans-
portation they are unable to go to the doctor, their
church, or shop for clothing, food or medicine. An ombuds-
man organization could advocate and address the need for .
transportation and hopefully solve this need. Such an
organization would receive, investigate and attempt to
resolve problems and complaints of seniors in high rises.
They could answer questions and provide information on all
the services that Atlanta has available to seniors.
They could promote community education and awareness of the
needs of seniors living in high rise facilities. They could
identify issues and problem areas and recommend needed
changes in facilities, and most important of all they
could help start both resident and family support groups.
They could help with problems concerning health services
and drugs, when it is time to go into a nursing home,
medicare benefits and other insurance needs.
These were the considerations behind the establish-
ment of the Atlanta Long Term Care Ombudsman Program.

Its purpose is to help people who reside in nursing homes and their families. In 1978, the Older Americans Comprehensive Act required state agencies on aging to establish and operate long term care ombudsman programs. In 1979, Georgia passed a state law, "The Ombudsman Program Within Long Term Care Facilities." This Act promotes community involvement in long term care and acts as a complaint resolution process for the residents. The aging section of the Department of Human Resources administers a state long term care ombudsman program which includes a number of community programs sponsored by area agencies on aging and is funded, primarily, by Title III of the Older Americans Act. The main object of the program is to improve the quality of life for long term care residents. This would be the same function of an ombudsman for high rise residents.

Ms. Botnick also stressed the importance of support groups. Along with possible physical problems, h .. rise resi nts may have trouble adjusting to a new wa, of life. This .s where support groups are of the greatest importance; they provide a means by which people may share their feelings. Such support groups can be valuable both to older residents and their adult children who are provided with needed information on how to help their parents and themselves in adjusting to changes in their lives. An example of such a support group is "Coping with Aging." Coping with Aging, a support group started by Ms. Botnick, is used as a learning experience and a sharing time.

The next presentaion was made by Ms. Smith of Spelman's Project SHAPE. Project SHAPE is an informational and self-help project and is charged with getting the elderly (55 years of age and older) to take the initiative for their own health care. This is done by going into the community and conducting a series of workshops at different sites. The Project identifies people who are outside the aging network, who do not live in high rises or attend Senior Citizen Centers, and who, therefore, do not have access to services.

The Project concentrates in five areas: (1) nutrition, (2) physical fitness, (3) stress control, (4) accident prevention, and (5) medicine use (over the counter and prescription grugs). These issues are dealth with in workshops held once a week for 12 weeks. Workshops are lead by a training team consisting of retired adults and students. Retired adults and two people from the target area help to plan the program so that the residents from the target area can continue the services after the workshops stop. Briefly, the program plan is as follows: (1) going into an area, (2) completing workshops, and (3) forming support groups. Each workshop follows a similar pattern. We determine the needs of the participants by explaining the program and asking participants what they would like to do in the various areas. The last part of the workshop provides a

physical fitness activity. Exercises are demonstrated follow-
ed by a lecture relating the exercise to a daily activity
such as "combing your hair." Also, participants do the
exercises. Another part of the physical fitness activity
is a game that involves a physical fitness element. A third
part of the program is the individualized consultation be-
tween the participant and members of the team. We felt that
people would be willing to communicate individually but not
in a group setting. A very important part of the program
were the support groups established after the conclusion
of the workshops. It is felt that the more aware people
are about health problems, the healthier they will be.

        The final presentation was made by Ms. Rebecca Hynson,
a 93½ year old member of the Council on Aging. Ms. Hynson's
presentation primarily consisted of biographical informa-
tion. She emphasized that her "secret to youth and health"
were her strong religious beliefs and her determination to
remain active and independent. One problem she identified
was the loss of convenient bus transportation, making it
difficult for her to do her banking and shopping. She was
optimistic throughout her presentation, but felt that some
senior citizens,"don't know what happiness is, are mad with
the world ..." and that nobody, managers or anyone else
can help them. Again she returned to her religious beliefs
as the most important element in her life and ended the
presentation by singing a hymn.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20, 1983

Presentation by Marea Jo and George Milner, Co-directors
Bereaved Partners and Center for Growth Unlimited

SUPPORT GROUPS FOR INDEPENDENT
OLDER ADULTS

The presentation by the Milners has general significance to
older adults living independently within their community but is
especially relevant to persons living in High Rises. They began
by raising the question as to what constitutes independent living?
The answer is to be able to take care of yourself on a day to day
basis, be capable of maintaining your apartment or home, be able
to get around without assistance, and to be cognitively aware of
events on a daily basis.

According to the Milners, several factors threaten this in-
dependence, the most significant, however, being the emergence of
changes in one's health. A decline in health creates dependency;
include the loss of spouse loss of income, and loss of family
(through death, relocation or other changes).

It is at this point that the need for support groups emerges.
The purpose of a support group is to help the individual maintain
independence and avoid dependency.

According to the Milners, there are two broad types of or-
ganization. The first is to bring everyone with an interest in
support together and to afterwards sort out everyone's special
needs and move to small groupings. The second possibility, and
the type towards which the Milners are oriented, is to identify
people with specific needs and problems and have an organization
formed to deal with that need. In this regard, there are two pos-
sible formats. One involves a structured time frame in which a
specific need is met after which the group disbands. Here, goals
and activities are developed in the form of a specific package.
A schedule of meetings and speakers is established; information
and coping mechanisms are provided within a relatively structured
framework. The second format is represented through an ongoing
permanent Support Group with people coming in as needed.

The Milners have identified seven different types of specific
Support Groups categorized according to need. They emphasize that
the role of the service provider is to help people determine which
category deals with their problem but that people must determine
these needs. In certain cases, groups may already be functioning,
operational and effective.
   1. A Common Support Group is a Wellness or Health Enrich-
       ment group. While individuals should identify their
       needs from a list of items, topics typically would in-
       clude physical health, diet and nutrition, exercise,

mental health, and independent living. Such a group might also help encourage people to continue as vital members of their community. Symbolic activities (such as Pledge of Allegiance or common worship) may serve the function of helping people maintain or develop ties to the community and society. The key is to allow individuals to identify their symbolic needs and the means by which they are to be met. The goal is for group members to become less dependent on service providers, and become more aware and responsible for meeting their needs.

2. Disability or Deficit groups are established to cope with impairment or physical limitations. Disabilities may include impairment of hearing, of vision, or of mobility. The greatest problem among older persons is a deficit in one's hearing. Typically persons with a loss in hearing are the last to admit their problem. The disability group may have speakers and discussions about physical limitations and how people can best cope.

3. A group for Widowed or Bereaved Partners or a Hospice movement (to work with the terminally ill) is often needed. These are not solely for older persons though most members are over fifty years of age. One group for which the Milners recently provided leadership included some people who lost a spouse through divorce. For these individuals a Support Group helped them deal with their anger and regain a sense of personal identity. Potentially, such groups might include not only spouse survivors but other family members. In many cases, the problem of loss is exacerbated because people may withdraw and isolate themselves from the social networks to which they formerly belonged. The Milners emphasized the importance of taking notice of death through formal announcements, informal discussion, and the memorial service. These activities help give significance to the life of the deceased.

4. In a High Rise or a Community, newcomers may need a Support Group. Otherwise they may be isolated. Many older persons who have moved to a High Rise need to replace their former social network but have lost their friendship making skills, exacerbated by a physical deficit (especially loss of hearing). A Support Group can help them avoid the danger of permanent isolation.

5. Special Interest Support Groups frequently help meet the needs of older men who otherwise find themselves in an isolated situation. Whether common interests are in sports or gardening, they provide a basis for self-esteem and social support.

6. Social Sharing groups meet the social and intimacy needs of many older adults. These are fairly easy to start in High Rises. Once begun, the service provider leaves the maintenance of the group to the residents.

7. <u>Advocacy or Special Concern</u> Support Groups help keep older persons involved in the community and help them affect specific public policies. Examples include Alzheimers groups, Grey Panthers, AARP, political action groups, and volunteer interest organizations.

In their presentation, the Milners discussed five techniques of organization building.

1. They recommend at least seven to ten people for a Support Group. With fewer than five, problems of absence at meetings further reduces participation thus threatening the group's survival.
2. Groups need to acquire community resources. Local businesses (including restaurants) might be asked to help sponsor a group, or provide refreshments or a meeting place.
3. The facilitator (service provider) who helps start the group should not be expected to do everything. Ultimately, leadership must come from group members for the long term health of the organization.
4. Publicity is important. Members should make notices and post them. Notices including print size should be large enough for everyone, including the visually handicapped, to read. When a meeting is called, people should be reminded (perhaps through a telephone squad) on the day of the meeting.
5. The development of information as to program resources is essential. This includes possible program topics and speakers with expertise, books and audio visual resources, and activities. The facilitator can develop appropriate lists and once started turn them over to the leaders of the group.

In response to questions, the Milners indicated that mixed high rises should encourage participation by the non-elderly in some cases. They also indicated that it is sometimes useful to link High Rises to other community institutions including churches or other High Rises. Where relevant, the adult children of the elderly should participate. This is especially important for elderly newcomers or for those with health related or physical disability problems.

Presentation edited for distribution by staff of Clark College Gerontology Program.

Workshop Agenda

CLARK COLLEGE, GERONTOLOGY PROGRAM

PLANNING AND FUNDING YOUR SELF-HELP SUPPORT ACTIVITY

August 2 and 3, 1983, Tuesday & Wednesday

Vivian Wilson Henderson Center, Room 132
650 Fair Street, S. W.
Atlanta, Georgia 30314

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August 2

9:00 a.m.   INTRODUCTION
            Dr. Robert Fishman, Director Gerontology Program

9:15   SUMMARY OF PREVIOUS SELF-HELP WORKSHOPS
            Gretchen Maclachlan, Director, Gerontology Workshops

9:30   PREPROPOSAL RESEARCH
            Dr. Nathaniel Jackson, Assistant Professor,
               Social Science Department, Clark College

10:15   CENSUS DATA SOURCES FOR THE ELDERLY POPULATION
            Joe Reilly, Information Services Specialist,
               U.S. Bureau of the Census

11:15   BREAKOUT GROUPS:
            Facilitators:
                        Anita Curry-Jackson, Coordinator for
                           Field Instruction, Social Welfare
                           Program, Clark College

                        Dr. Larry Earvin, Chairman
                           Social Science Department,
                           Clark College

                        Dr. Nathaniel Jackson

12:15   LUNCH BREAK

1:30   DEFINING RESOURCE NEEDS: PLANNING AND BUDGETING
            Dr. Larry Earvin

2:30   FUNDING YOUR SELF-HELP PROGRAM PANEL
            Jane Hopson, Assistant Director, Metropolitan Atlanta
               Community Foundation
            Beth Morgan, Coordinator Contracts and Administration,
               Aging Division, Atlanta Regional Commission
            Midge Taylor, Associate Coordinator, Fund for
               Southern Communities

3:00 p.m.   BREAKOUT GROUPS

4:30   Adjourn

August 3

9:00 a.m.   BREAKOUT GROUPS

9:45   WRITING THE BODY OF THE PROPOSAL
             Jane L. Dawkins, Associate Professor, Business
                Education Department, Clark College

11:00   BEAKOUT GROUPS

11:45   PUTTING THE PROPOSAL TOGETHER, APPLICATION, AND FOLLOW
                THROUGH
             Jane L. Dawkins

12:15   REPORTING: SHARING THE RESULTS OF EACH BREAKOUT GROUP

12:45   WRAP-UP AND PLANS FOR REVIEWING YOUR PROPOSAL
             Gretchen Maclachlan

1:00   Adjourn

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation By Dr, Nathaniel Jackson, Assistant
Professor, Social Science Department, Clark College.

PREPROPOSAL RESEARCH

Two major reasons for writing proposals were given:
(1) to plan, and (2) to secure funds. In the first instance
a proposal helps a person think through some particular
program he is interested in providing. In the second
instance, proposals are generally wrtitten to secure fund
for a particular program, service or activity that an
agency or group thinks should be provided to the public.
Dr. Jackson defined a proposal as an invitation to a
funding source requesting that they come in and share
their resources to help provide a service. Depending on the
situation, a proposal may take several forms. One type is
a complete full-length proposal. It includes a statement
on what the service provider would do, the nature of the
problem, why the problem needs to be addressed, how the
problem will be addressed, how much money would be needed
and finally an evaluation, a way of determining how well
the service was provided.
Another type of proposal, which is more in the form
of a letter or prospectus, would give a funding source
some idea of what the organization was about, what types
of problems the agency handled, and briefly indicate how the
agency might address a problem. It may not be as detailed
as the full-length proposal, but both types of documents
are designed to show funding sources what an organization
or group can do to address a particular problem that has
been identified in the community.
A proposal has several parts. The first part is pre-
proposal planning and research, the second part is identi-
fying appropriate funding sources, the third part is
writing the body of the proposal and the fourth part is
putting the proposal together. The booklet, "Writing Action
Proposals," indicated the need to be aware of the application
procedures. Each proposal has a certain amount to "boiler-
plate" material (material indicating who you are, your
agancy address, congressional district and other kinds of
information that would go with any proposal). The next
thing one should do is go through all of the rules and
regulations attached to material sent with the proposal
to insure that everything was covered that was required
to complete the proposal. Finally, you need to make sure

that all pages are in consecutive order. This prevents a
funding source from disregarding the proposal because they
did not know, "what (pages) went where."

Preproposal Planning

One has to plan to write a proposal and this is done
in the preproposal planning stage. Dr. Jackson indicated
that one of the factors generally affecting the preproposal
planning stage is time. If you work with an agency or
group that writes proposals all of the time you receive,
from government agencies, what are referred to as a request
for proposal (RFP's). Generally, when an RFP is received,
there is only a short time, two to three weeks, in which
to put together a proposal and there may be a feeling that
the preproposal planning stage is unnecessary. However,
preproposal planning may be the most important phase in
writing a proposal,but it is often the stage to which
people give the least amount of attention. It is often the
reason that people do not get proposals funded. You have
to know what you are going to do before you construct a
proposal. so despite the tight time schedules a sufficient
amount of time should be devoted to preproposal planning.
Time should be set aside to plan and brainstorm through a
proposal before you attempt to write it.
During the preproposal planning phase three questions
need to be answered:
1. What are you going to do?
2. How are you going to do it? How are you going to
   do what needs to be done to put together this
   proposal?
3. Why are you going to do it?
In proposal writing it is necessary to understand why some-
thing is being done because it allows you to be creative.
When you understand the purpose and relationship of the
various parts of the proposal then you can use your imagina-
tion and creativity to strengthen the idea that you are
presenting to a funding source. You can take things from
one part of the proposal, rephrase them for another part
of the proposal if you understand what you are doing.
Four things were to be accomplished during the pre-
proposal planning stage:
1. Identify and narrow the problem.
2. Conduct a literature review.
3. Conduct a community resource search.
4. Develop a prospectus.
Identifying the problem (taking the initial idea and
narrowing it in such a way that a funding source would
understand and appreciate the difficulty of the problem)
can be accomplished by answering several questions. The
questions are:
1. Who are the people who have the need, how would
   you describe them?

2. How many are there?
3. How many people are you planning to deal with?
4. What is your target population, what is their age, sex, and economic condition?
5. Does the location affect the need?
6. Does the place in which the people live have some bearing on their need?
7. Will there be transportation problems?
8. Are there important facts that are unique to a specific group?
9. How does the target group compare to the rest of the population?

In answering these questions, the proposal writer should be specific, particularly in identifying the target group and the number of people to be served. How do you answer the questions that are going to narrow and more clearly define the problem? You go to the Census Reports, for they are probably the key place to find the answers. A second way to answer the questions is to talk with people who have worked with or provided services to the target group you have identified. Identification of the problem is done in such a fashion because the funding sources only consider problems to be real when they are supported by hard data and documentation. Hard data usually means numbers or some percentages and the Census Reports are the best source for getting the numbers needed on the target population. Additional sources of documentation include concrete examples taken from a newspaper or an interview with an expert who has worked with or served the target population or community.

The problem has to be identified and the questions answered because funding sources often consider a problem valid only when it can be documented--when they can see numbers, the type of problem you are dealing with, the number of people who need services and exactly why this group is different from the population at large.

Next a literature review must be conducted. A literature review must be done whether you are writing a research or action proposal. The purpose for doing the literature review is to determine what others have done to meet the needs of your target group. You have to document that you know something about the problem, you need not be an expert but you must be able to demonstrate that you know what is going on in the service area. A literature review is completed by looking at material (books, articles, reports) to find out what has been done in the area. Two major sources are the Monthly Catalog of U.S. Government Publications. This document and its supplements contain a listing of all the reports that the U.S. Government has published within the course of a year. These reports may have come from universities or government agencies but they are indications of what has been done in your area of interest. It is fairly easy to track down these reports.

Another important source is the <u>Human Resources Abstract</u>.
Abstracts are useful when writing a proposal because they
tell the name of the publication and what is in the publi-
cation. If you consult an abstract before looking up a
piece of literature, you can determine whether or not it
say something about the problem you are writing about.
The best place to find information (sources) for a litera-
ture review is a depository library. A depository library is
a university or public library that has been designated by
a congressman in that state to receive government publica-
tions and major documents. Depository libraries in the
Atlanta area include Woodruff Library in the Atlanta
University Center, Atlanta Public Library, Georgia State
Library, and the libraries at Emory and Georgia Tech. The
literature review is relevant to the proposal as it helps
to determine: (1) what services have been offered, (2)
what are the program goals; how are services provided and
what are the results. Finally funding sources look at the
literature review to determine if your proposal is up to
par in terms of what other people have done in providing the
service.

When conducting a community resources search, you are
trying to determine what resources are available in your
community to do what you are trying to do. The purpose is
to determine what is available in the area to meet the
needs of the target group. We conduct the community resources
search by: (1) putting together a list of agencies that
serve the target population, (2) consulting other sources
such as churches that may serve the target population, and
(3) checking with the local regional planning agency
(Atlanta Regional Commission). This agency is responsible
for coordinating services in the area and should be aware
of what services exist in the community. A community re-
sources search is necessary to: (1) learn what local
approaches are being used, (2) identify and approximate
the cost of the service you are planning to provide, (3)
locate potential funding sources, (4) determine how many
groups are already providing services to the target group,
and (5) make sure that you are not duplicating services.
You must be able to report on local approaches in your
proposal, construct a budget that is adequate and reason-
able, and convince a funding source that your request is
unique. A community resources search can provide the in-
formation to help you do these things.

The last activity in the preproposal planning stage is
developing a prospectus. More funding sources are beginning
to request a prospectus before they will allow you to sub-
mit a full proposal. A prospectus is a summary of what
you are going to do. It does not include all of the detail
of a full proposal. It pulls together the statement of the
problem, what you have learned from the literature review,
and what you have learned from the community resources
search. Developing the prospectus helps to bring the results

of the planning process into sharp focus. It provides an
opportunity to step back and look at what has been done,
put it in perspective and to see where you are heading in
terms of producing a complete proposal. You pull together
all of the parts and write a summary of the statement of
the problem, literature review and community resources
search. The relevance of the prospectus is that generally
funding sources prefer to read a prospectus to determine
if this is a problem for which they will provide funding.
More government agencies are starting to request a pro-
spectus.

The prospectus also can be used to get additional
input from those people who have already been involved in
the planning of the proposal. It can help them look at
what they have done and revise it. The prospectus is use-
ful, in terms of doing the entire proposal, as it gives
people who have not had input into the planning of the
proposal but who would be affected by it an opportunity for
input. If you are going to provide a service to a partic-
ular population you might get someone from th. target group
to read what you are planning to provide. Most funding
sources want to know whether or not the people affected
have had some input into the proposed project. The pro-
spectus provides the opportunity to demonstrate that they
have. The document should be limited to two to four pages.

The last thing you have to decide as a group is who
will coordinate the proposal. Generally, a proposal is put
together by a group but there may be one person in your
organization who has the initial task of thinking it
through. Afterwards, tasks are assigned and each person
writes part of the prospectus or proposal. Finally someone
takes all the parts and rewrites the document.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation of Mr. Joe Reilly, Information Service
Specialist, U.S. Bureau of the Census.

CENSUS DATA SOURCES FOR THE ELDERLY POPULATION

According to Mr. Reilly, Census data is not the
easiest type of information to use and as we progress
from the 1980's to the 1990's it will become more
complicated. Considering the changing social structure
of the country, the Census Bureau changes many of the
ways that it collects data from year to year. It is
important to know some of the limitations. His presen-
tation dealt with obtaining Census data and applying
it in preparing a proposal for the elderly.

In preparing a block grant or proposal you have to
identify a target group or service area. First consult
your data sources which most likely will be Census
Bureau information. The census data examples which Mr. Reilly
used in his presentation pretained primarily to the
Atlanta metropolitan area or was national data.

The Census Bureau collects data on government units,
such as the city, county, and state and also for defined
statisical units such as census tracts, blocks, and
neighborhoods. When preparing a proposal you have to show
how your service area differs or compares with some other
area. Only at the time of the decennial census (taken every
tenth year ending in zero, e.g. 1980) is information on
small geographic areas such as Southeast Atlanta avail-
able. For the nine year interim information that would
show trends in the elderly population is collected and
gathered only at the national level.

Mr. Reilly explained that the Atlanta Standard
Metropolitan Statistical Area (SMSA) had changed from a 15
county metropolitan area to an 18 county metropolitan area.
So a proposal writer may be limited somewhat in making
comparisons because all the 1980 Census publications that
have been published are for the 15 county area. In the
future statistics will be made available for the 18 county
area.

For preparing grants for different communities with-
in the metropolitan area, the most common areas that you
will deal with are the city block or block group. The block
data is for a city block and the block group data is for
an aggregation of blocks. The important distinction between

them is that more detailed information is available for block groups. When the Census is taken we use two different types of forms. We send out the short form to every household and then usually a sample of households of one in six also gets a long form questionnaire. For most of your proposals you will be interested in such characteristics as the income in the area, the educational level, and the poverty level; that information is obtained only from the long form questionnaire. This means that you do not have this at the block level because the sample is not large enough. Therefore, you will be working with the block group, the smallest area for which income, education, and occupational data are available.

When block groups are added together, the next geographic level that you will be able to work with will be the census tract. A census tract is an area of around four thousand persons, on the average, in population. The census tract is one of the most useful areas as a building block for your proposal. The boundaries within the city have remained relatively stable from Census to Census.

Since the 1980 data shows you what took place at one point in time, you usually choose another point in time for comparison to show whether we are progressing of declining. It is very easy to compare the same census tract in 1980 and 1970 to get an idea of what has taken place in your particular area. (Census tracts change somewhat but they are very easy to identify and reaggregate because they maintain the same identification numbers. If they split or change decimal points are added to the identification to facilitate reaggregation to the same area that existed 10 years ago.)

The smallest geographic area for which you will find something in printed reports at least as published by the Census Bureau, is the census tract level. Block group and block information are available either on microfiche or computer tape. The microfiche is usually available at libraries.

When using census data to prepare a proposal and illustrate trends in the elderly population, you might look at population growth between decades and separate the data into white and black population groups. You have to show that different groups have distinct characteristics. Another way to look at the information is to divide it into age cohorts. This approach could help you show what will happen in the future in your service area. An illustration of the use of age cohort data for planning follows.

The elementary school population across the country dropped in 1970 but we are now experiencing another upturn in birth rates and the elementary school population will be increasing. High school population, due to low birth rates ten to fifteen years ago, are dropping during the 1980's. You see the results of fluctuations in birth rates when Atlanta area school boards propose to close high schools or change the high schools into elementary schools.

Now you can take this data further and break it into age groups. You can chart it through the young adult years, ages 18-24, and so on and see that the population is getting older.

Planning for the Elderly Population

When you look at the elderly population, which is probably the fastest growing group in the country, you remember the time period after World War II when we experienced the baby boom. Well, that tremendous impact is going to really hit us around the turn of the century when many of the baby boom babies reach the 55 years or older age group. Looking at the 65 to 74 year old group you see it grew by 25 percent in the sixties and by 15 percent in the seventies. The segment that is growing the most rapidly is the 75 and older age group which grew by 32 and 34 percent in the sixties and seventies decades, respectively. If you separate out the 85 and older age grouping, you find it has grown even faster than the other two as far as percentage change from decade to decade.

Each segment of the elderly population has distinct characteristics. Definitions of the elderly vary; some groups define it as 65 plus, others say 62 plus or 60 plus. However, it is important to take the data, separate it by age to show the changes taking place in the area.

A second illustration of the impact of the continued growth in the elderly population is on federal expenditures such as social security and medicare. Currently annual expenditures for social security total 120 billion dollars and for medicare 24 billion dollars. All ages will be affected by the growth in these expenditures as the elderly population grows. By the year 2050 over 20 percent of the population will be 65 years or older whereas presently about 11 percent are over 65.

Other statistics that might be needed in preparing a proposal include the number of families headed by females. Many elderly women live alone, and charting the percent of female-headed households can show the impact on a community of their receipt of government services such as AFDC, food stamps, and public housing. Another important statistic is the percent of your target group at or below the poverty leve...

When working with statistics on the elderly population you must consider, when identifying data sources and collecting data, that you will need to know:

1. Sex ratios--the ratio of men per 100 women or females per 100 males. As the age increases the female percentage also increases. The 85 plus population is primarily female and they have different needs from a predominantly male population.

2. Life expectancy tables--for example, if you have
   X number of people in your service area that are
   65 plus, by referring to life expectancy tables you
   can project how many years you can expect to pro-
   vide the service. Also there are distinct differences
   in the life expectancy rate for males and females
   and for blacks and whites.
3. Ethnicity--the white population is older than the
   black population or other minorities. This is
   important in identifying the composition of a
   service area. You can look at population totals
   or percentages of totals by race.

When writing a proposal you will have to decide how you
want to present the data. For example, in identifying the
number of people that you want to serve, you can give raw
numbers (X number of people 65 plus live in this area), but
raw numbers may be misleading. When you look at states with
the largest number of elderly, you find the most populous
states such as New York. When you look at those states with
high percentages of elderly, you find states with smaller
total populations such as Kansas and Nebraska.

Additional statistics to be reviewed include:
1. Living arrangements by sex--females tend to live
   longer and subsequently move from living with
   husbands to living in single-person households.
   Men are shown to live with spouses and less
   often alone since they die younger than women.
2. Labor force participation rates--what percent
   of the population is actively in the labor force.
   Labor force participation is dropping as people
   retire earlier.
3. Improvements in the income of the elderly--how
   many are at or below the poverty level.

Housing Data. The use of housing data helps to
identify for the elderly such things as whether they have
adequate kitchen facilities, complete plumbing facilities,
telephone service, or air conditioners, the percent of
income paid for housing, access to motor vehicles, and
overcrowding.

A Census publication, "Reference on Statistics on the
Aging Population," listed the types of data available includ-
ing:
1. Total population (counts)--most reports include
   data on the total number of the population.
2. Age groups--data on the elderly is broken out by .
   65 years or older, 65 to 74, 74 to 84. If you
   also want to include ages 62 to 64 then you
   would have to take basic tables and do separate
   calculations.

The most frequent query pertaining to the elderly
population is the identification of the number of elderly
in an area who have a certain handicap. The only data that
the Census Bureau collects about disability is as it relates

to transportation use for the elderly population. Statistics on the visually or hearing impaired will probably have to be obtained from the state (e.g. the Georgia Department for Human Resources) or nationally from the National Center for Health Statisitcs unless you have your own data base.

Data for small areas is mostly contained on computer tape or microfiche. Refer to a Census publication, "Data for Small Communities," (page 9).

Resources for Census Data--Where to Get It

- Census Bureau Regional Office (in Atlanta telephone 404-881-2274)--provides technical assistance to persons or agencies who are writing proposals and have a definite idea. By working with the person or group Bureau personnel can show them what sources to use.
- "Neighborhood Profiles" based on the 1980 census data will be available in September 1983. This information applies to neighborhoods identified by the Atlanta Regional Commission and the City of Atlanta. The profiles will contain both universe (100 percent) and sample data on the neighborhoods including the elderly population. Consult the City of Atlanta's Planning Department or the public library for this data.
- Other sources that receive census data and also analyze data are: (1) the Atlanta Regional Commission, (2) University of Georgia Computing Center, and (3) the Georgia State Office of Planning and Budget.

As a final, but important, note Mr. Reilly stated that annual national updates (surveys) are made on population characteristics such as age, poverty, and income. The proposal writer should be aware of aggregate changes in order to project the possible effect on the local area.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation by Dr. Larry Earvin, Chairman, Social
Science Department, Clark College.

DEFINING RESOURCE NEEDS: PLANNING AND BUDGETING

During introductory remarks, Dr. Earvin defined
grantsmanship as knowing funding sources, knowing the
kinds of things they are interested in supporting and
establishing dialogue with funding sources so that they
will know you.

Planning and Budgeting in the Proposal Process

Preliminary proposal, prospectus or preapplication are
names given the document that grantees submit to a funding
source prior to submitting a full-fledged proposal.
Developing the preliminary proposal is a useful process in
helping to answer the following questions:
1. What is the problem?
2. Who would be the focus?
3. Why is it important to focus on one group rather
   than another?
4. Is it reasonable to concentrate on that group?
When beginning a proposal, one must examine the staff time
and resources available to assemble it. Someone must be
selected to take the lead in coordinating, writing and
refining the document.

Proposal Planning Prerequisites

Funding prerequisites include several steps that the
inexperienced often ignore.
A. Pull together relevant information about your
   organization and its capacity to provide services.
   Describe what you do and how long you have been
   doing it. Also, provide an idea of your success
   rate in providing services.
B. The legal status of the organization is important.
   Frequently, for government funding sources, it
   is necessary to be incorporated or have a tax
   exempt (nonprofit) status. Such status may
   determine grantee eligibility.
C. A proposal may require preapplication so check
   preapplication requirements. When preapplication
   is required, there are usually deadlines for

submission of the preapplication. If the
funding source responds positively to the pre-
application, another deadline must normally be
met when submitting the full proposal. One needs
to be aware of what the deadline means. For example,
must the proposal be postmarked by a certain date
or received at a certain time?

D.   There is a need to identify who (person or office)
will be responsible for the management and report-
ing of expenditures.

Planning and Funding Strategies

The source from whom you are going to request funds
for a specific activity is a major question. The following
methods were identified:

1.   Total funding--the grantee ask a funding source to
pay the total cost for the activity. There would
be no grantee contributions. This however, is, the
most difficult type of funding as sources want to
see some demonstration that the grantee is putting
up something for the program they want funded.

2.   Matching contribution--the grantee is required to
make some contribution to the funding of the
activity such as providing a cash contribution
to the project, paying indirect costs or over-
head, or providing in-kind contribution (services
or facilities that reduce the amount to money
spent by the project to accomplish its goals).
This method is dominant among federal funding
sources.

3.   Future program funding--the funding source wants
to know whether or not the grantee will be able
to continue the service after the funding stops.
This is a key element and grantees are required,
in most applications, to describe what will
happen when funding stops.

Key questions about the funding strategy are as follows:

Q.   What is the best (funding) strategy?

A.   If you can identify a single source that funds
your area go to that source first. If the first
source will only partially fund then you have to
shop around. Sometimes funding from an initial
source is based on your getting a matching grant.

Q.   How much time is involved between submitting a
proposal and getting an answer?

A.   It varies, but six months is not unusual.
Foundations will generally accept proposals
throughout the year but may have a preferred time
which is usually before or after a meeting of the
Board of Directors.

Funding Sources

The funding sources listed were: Federal, state and local governemnts, foundations and corporations, local businesses and churches. Information and descriptions of the various grant programs available from the Federal government can be found in the Catalog of Domestic Assistance, Federal Register, and Commerce Business Daily. Information on state and local government programs can be obtained by knowing people in key positions (i.e. state representaives, council- men). Information on foundations could be found in The Foundation Directory, which lists foundations with assets of one million dollars or more or that made grants totaling one-half million dollars within a year. The founda- tions are listed by states and other information includes officers, geographic location served, types of projects funded, and the average size of grants. One can trace small- er fondations through handbooks on local philanthropic organizations. All references are available at depository or university libraries.

Budgeting

Key aspects in the development of the proposal are cost and reasonableness. Your request for funds must be considered reasonable. In developing the budget, take into account personnel needs for the project, administrative and management needs, material and space needs. Also, be clear about the services you will provide, the level of need and community support that is required.

Several items to be considered in constructing a budget are personnel expenses (wages,salaries,and fringe benefits), travel expenses (local and out-of-state), non-personnel costs (facilities and equipment), supplies, communications costs (postage and telephone service), publication and dissemination costs, insurance and bonding costs, and cost of a Certified Public Accountant for audit purposes.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation by Ms. Jane Dawkins, Assistant Professor,
Business Education Department, Clark College.

WRITING THE BODY OF THE PROPOSAL

According to Ms. Dawkins, whenever you write you must
remember to answer the five W's--who, what, when, where and
why. Specifically, in proposal writing one must consider
who reads the document, how much detail is required,
whether jargon or detailed explanations are to be used, and
how familiar is the funding source with the topic? Other
questions to consider are: What ideas are to be included?
Do the ideas coincide with the proposals purpose? Do you
really want to use facts and figures, and if so what
sources (i.e. census data, publications, questionnaires,
interviews) will be used? In writing the proposal, five
steps must be followed:
1. Define the purpose and the problem.
2. Consider who reads the document.
3. Choose ideas to include.
4. Collect material
5. Interpret material.
6. Write, revise and proofread.
In a review of Writing Action Proposals, Ms. Dawkins
indicated that whatever the proposal, the writer must first
identify the problem to be addressed and develop a state-
ment of the problem. She raised some key questions related
to the problem.
1. What are the major causes of the problem?
2. What are the major consequences of the problem?
3. Why was the particular problem chosen?
4. Who has been involved to date in formulation
of the idea and design?
5. Why is the project needed at this time?
6. What has been done?
7. What efforts have been previously made to
secure funds?
Secondly, the target group must be identified and defined
with the purpose. Target groups might be identified
through the use of census data or through canvassing the
community.
The next part of Ms. Dawkin's presentaion was to work
through the development of goals and objectives. This was
accomplished through the workshop exercise, a project to
maintain housing for the elderly with the assistance of a

corps of volunteers. The goal was to provide repair and
chore services to fifty homes at the poverty level in the
Pittsburg area of Atlanta. Objectives were identified (a
breakdown of what was to be done, who was to do it, when
was it to be done, according to what time schedule, and
extent of services).

Within the first three months we would identify fifty
homes through agency referral and community canvassing,
develop a form for determinig need, and develop a contract
to repair and provide services to the homes identified.
Also, within the program year we would provide a maximum
of $1,000.00 in home repairs and chores per home.
Each objective was broken down into method, timetable and
evaluation. Project administration and costs were dealt
with under objectives.

Ms. Dawkins identified other key points in putting
any proposal together.

1. Data used to present facts and figures (i.e.
   census data) could be attached in the appendix.
2. Get some idea about the proposal format by
   looking at proposals that were funded.
3. Use 8½ X 11 inch paper; type on one side; and
   paragraphs are usually double-spaced.
4. Use headings that will lead the reader through
   the proposal.
5. Have someone (preferably someone not involved
   in the program) proofread the proposal.

Partial Listing of Support Groups in Metro Atlanta Area

1. "Coping With Aging" - C.O.P.E.

    Meets 2nd Wednesday Monthly - 7:30 p.m.
    1745 Peachtree Road, NW
    For information call: Miriam Botnick, 586-0095

    Free community service sponsored by Service Guild, Inc., that
    offers a support group, community information. Makes agency
    referrals and provides a telephone support system.

2. Helping Older People Effectively - H.O.P.E.

    Meets 1st Tuesday Monthly - 7:00 p.m.
    Glenn Memorial United Methodist Church
    School Bldg., Room 9, Emory University Campus
    1652 N. Decatur Road
    For information call: Elizabeth Fairleigh, 262-2700

    Designed to give information to older persons wanting to stay
    in their own homes or apartments, to the family of persons
    living in nursing homes, and to family members who want to
    maintain their parents in their own home.

3. Concern for Aging, Clayton County

    Meets 1st Thursday Monthly - 7:30 p.m.
    Morrow United Methodist Church
    5985 N. Main Street
    For information call: Patricia D. Simmons, 284-9613 or
                           Jo Ann Carmichael, 991-0111, Ext. 370

    Provides a support system for persons with aging relatives.
    Has professional speakers followed with discussions.

4. "Self-Help Group for Aging"

    Meets 4th Wednesday Monthly - 7:30 p.m.
    Homes of Group members
    For information call: Mary Mackinnon, 873-5601 or 658-2692

    Sponsored by First Presbyterian Church, Atlanta.
    Offers support system for persons with concerns about aging
    relatives and community information. Quarterly program meeting.

5. <u>Alzheimer's Disease and Related Disorders</u>

Various groups organized geographically and meeting on monthly basis. For general information, call Deborah Sullivan, 377-9901 or 378-4172

In addition to holding quarterly Chapter meetings, monthly support groups (rap session) are held to provide an opportunity for discussion on problems in caring for family members with Alzheimer's disease, and a sharing of ideas and resources.

MATERIALS AND RESOURCES ON SELF-HELP

Clearinghouses and their publications

●   The National Self-Help Clearinghouse, 33 West 42nd Street,
New York, NY 10036 Phone: (212) 840-8460

Its publications include:

Self-Help Reporter, a newsletter, $10.00 annually (5 issues)

Training Self-Help Groups Among Older Persons, A Training
Curriculum Among Older Persons, by Frances J. Dorg. $15.00
Contains material on organizing in four areas: Health,
Consumer Education, Safety, and Homebound/Handicapped; how to build
Seld-Help groups; and understanding and dealing with aging.

How to Organize a Self-Help Group, by Andy Humon. $5.00

Planning Self-Care Programs: Some Resources for Health Agen-
cies and Community Groups, by Nancy Milio. $5.00.

●   The Self-Help Center, 1600 Dodge Ave., Suite S-122, Evanston,
IL. 60201   Phone: (312) 328-0470

The Center performs research, organizes workshops and con-
ferences, provides consultants, maintains a telephone information
service on self-help, and has published the following:

Explorations in Self-Help and Mutual Aid, edited by Leonard
Borman (1975), proceedings of the first Self-Help Exploratory
Workshop. $5.00.

Miscellanceous Publications

Helping People to Help Themselves: Self-Help and Prevention,
editor Leonard Borman, The Haworth Press, 28 East 22nd Street, New
York, NY 10010. $20.00

Self-Help Groups for Coping with Crisis, by Morton A. Lieberman,
Leonard D. Borman and Associates, Jossey-Bass, Inc. Publishers,
433 California Street, San Francisco, CA 94104. $17.95

Generations, Quarterly Journal of the Western Gerontological
Society, Fall 1982.   Issue on Alzheimer's Disease and Related
Disorders, articles on forming Self-Help Groups including:

Lisa P. Gwyther, "Caregiver Self-Help Groups: Roles for Pro-
fessionals".

Warren Easterly,"ASIST: A Model Program of Family Support".

Voluntary Action and Older People, An Annotated Bibliography,
(Publication # 2898308), order from National Council on Aging,
600 Maryland Avenue SW, West Wing 100, Washington, DC 20024. $3.00.

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