

A Training Manual
For The
Administration And Management
Of Self-Help/Mutual-Help
Senior Citizen Centers By Volunteers

PROJECT AND TRAINING DIRECTOR:

Mrs. Victoria Peralta, MSW, ACSW
Assistant to the Welfare Commissioner
Philadelphia Department of Public Welfare



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FOR
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SENIOR CITIZEN CENTERS BY VOLUNTEERS**

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PREFACE

The Port Richmond Senior Citizen Center is a fine example of an active, vibrant, and alive senior center which is managed and controlled in all aspects by older persons who participate in its programs and assume responsibilities for its day-to-day operations. This center clearly demonstrates the capacity of older persons to plan, manage, operate, and create their own center programs and activities.

Why should this be of special note? Older persons are survivors; they are veterans of managing their own lives; they have coped with many complicated social, psychological, physical, environmental, and economic problems as they have aged. Managing the social, interpersonal, and community activities at a senior activities center may call for special skills and training such as that described in this manual, but it is not beyond the scope of many senior citizens who are in good health and able to commit the time and resources that are required.

Let's not, however, confuse "self-help" with the absence of need for financial support. The costs of operation of the Port Richmond Senior Citizen Center--heat, light, repairs, electricity--are provided by the City of Philadelphia; congregate meals are also donated by the City of Philadelphia. (Contributions for meals are used for program costs.) This center probably has an overhead budget which is not unlike other senior centers in the state; it is in its staffing and program costs where the major impact of "the self-help/mutual-help" concept is felt.

Center participants willingly assume responsibility for regular tasks usually performed in other centers by paid nutrition aides, maintenance personnel, program staff, intake and clerical staff. Its leadership, the officers and a strong governing board, make its decisions. Members plan and staff the regular and special events. The traditional role of a Center Project Director is carried out by the officers of its governing body. One City-funded full-time staff person serves as a facilitator to those managing and operating the Center programs; invaluable support and counsel are also provided on a part-time basis by Victorina Peralta, ACSW, City of Philadelphia, Assistant to the Welfare Commissioner, Department of Public Welfare.

The training which took place at the Port Richmond Center was exciting and stimulating to observe; it helped create an even greater sense of both autonomy and responsibility. Active community participation and the assumption of responsibility for regular volunteer service at any age calls for recognition, training, retraining and continued support for those so engaged to remain effective. This training has started the process at Port Richmond and provides a model for other similar groups of seniors who, finding host-environments, can build their own programs.

We wish the Port Richmond Senior Citizen Center continued success in its development.

Nancy T. Gerlach, Director
Planning, Philadelphia Corporation
for Aging

ACKNOWLEDGEMENT

This training manual is in many ways a tribute to older Americans everywhere in general; to older Pennsylvanians in particular and specifically to the officers and members of the Port Richmond Senior Citizen Center. For indeed, they are people with talents, skills, and expertise which they have acquired from life itself. They are our country's fastest growing natural resources, one we have neglected to tap to the fullest and even subtly ignored at times!

The officers and members of Port Richmond Senior Citizen Center have contributed to the substance of this manual. We owe our appreciation and gratitude to the Executive Committee members whose dedicated leadership gave us inspiration: Mr. Ed Gordon, President; Mrs. Stella Cole, 1st Vice-President; Mrs. Midge Volz, 2nd Vice-President and Mr. George Mack, Public Relations Officer, as well as to many others, whose names are too many to be mentioned.

This endeavor was also fortunate to have received the full support and cooperation of the:

- ... Faculty members, who developed the syllabus for their particular module and supported our training goals and objectives.
- ... The Panel of Reviewers, who reviewed our training materials and this manual for clarity and accuracy of contents, process, methodology, and format.
- ... To the Pennsylvania Department of Aging for its encouragement and support.
- ... To Mr. Rodney Johnson, Philadelphia Managing Director, and to Mrs. Irene Pernsley, Welfare Commissioner, for their support and encouragements.
- ... To Mrs. Nancy Gerlach and Steven Bell of the Philadelphia Corporation who helped us in our literature search for reports of senior citizens operating and managing senior centers on their own (They found that the use of elderly volunteers running centers was the closest model identified.). To Mr. Rodney Williams, Executive Director of the Philadelphia Corporation for Aging, for his support and encouragements.
- ... To my staff: Mr. Robert Ordo, who provided the staff support to this project; to my hardworking and dedicated secretary, Miss Mary Daniels, and to Mrs. Louise McCahill, my Administrative Assistant, who did the artwork for the manual.
- ... To many others who contributed in various ways in making this undertaking possible.

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INTRODUCTION

This Self-Help/Mutual-Help Training Manual is a significant achievement. It proves the premise that given the opportunity, senior citizens will volunteer their wisdom, leadership, skills and talents to assume willingly the responsibility for and use their expertise to operate and manage by themselves a senior citizen center.

The training model delineated in the Manual illustrates how the older persons, the officers and members of the Port Richmond Senior Citizen Center, in a neighborhood of Philadelphia, Pennsylvania, with minimal guidance learned how to autonomously administer their own center. It is a process that is recommended by the Philadelphia Department of Public Welfare which, with many senior citizens and professionals of several disciplines, all working and learning together, succeeded in this untraditional, non-theory community based educational effort.

Today senior citizens at Port Richmond plan, develop, implement and evaluate their programs, services, and activities, and raise the funds to conduct them. They have broadened their knowledge of public and private resources and how to use them effectively and efficiently while recognizing political, financial and budgetary implications. On a day-to-day basis, they are the staff for the center, providing intake, clerical and record-keeping services, in-house building maintenance, and the conducting of their programs in this happy place. While there are other ways to have the operations of a senior citizen center managed, the method contained herein, which affords the opportunity to the senior citizens themselves is, we believe, worthy of consideration in other locales.

My gratitude goes to the Commonwealth of Pennsylvania Department on Aging which funded the project, to the Administration of the City of Philadelphia which encouraged and supported this effort, and to the many citizen participants, faculty members, the panel of reviewers and to the Project and Training Director, Mrs. Victorina Peralta.

Mrs. Irene F. Pernsley
Welfare Commissioner
City of Philadelphia

TRAINING PHILOSOPHY

This training model is based on the philosophy that in general older people, if given the opportunity and proper guidance, can manage, administer, and operate their own senior center using the self-help/mutual-help approach.

The rationale for this philosophy is that older persons are survivors and they are veterans in managing their own lives. They therefore have basic knowledge in management and administration gained from life itself. That knowledge can be reinforced, expanded and improved in order that it can be used effectively and efficiently in the day-to-day operation of a self-help/mutual-help senior center.

TRAINING GOALS AND OBJECTIVES

The overall goal of this training model was to facilitate and enable the leadership at the Port Richmond Senior Citizen Center to strengthen, expand, and improve their management, administration, and day-to-day operation using the self-help/mutual-help approach at the center.

The three-fold objectives are:

- 1) To recruit and train at least 50 senior citizens at Port Richmond Senior Citizen Center for leadership roles within two months.
- 2) To locate and actively involve at least 20 senior citizens in the community who do not belong to Project: HEAD* Clubs within three months.
- 3) To improve and expand the programs, activities, and services at the center, using the six-point program in Project: HEAD*.

*Project: HEAD - Helping Elderly Adults Direct is a self-help/mutual-help project which mobilizes churches/synagogues in neighborhood-based programs.

TRAINING MODEL AND MATRIX

THE TRAINING MODEL

This training model used the andragogical approach; by this is meant that the training was non-theory in nature. It elicited the basic knowledge of the trainees through inquiry such as:

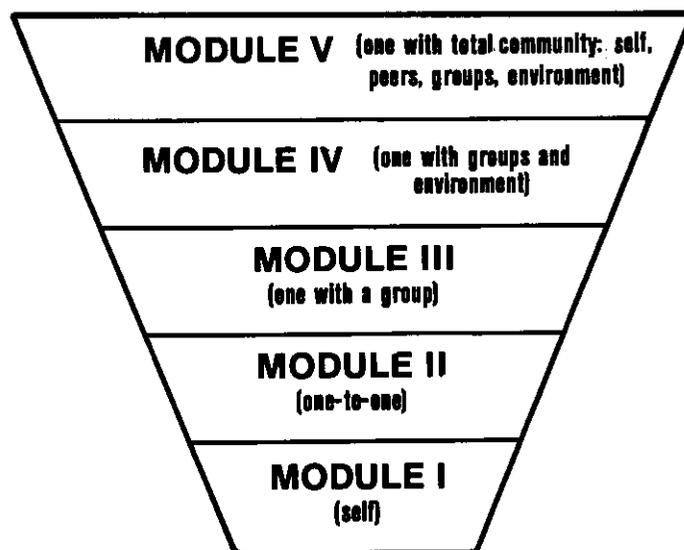
- ... What do you know about the aging process?
- ... What do you know about leadership?
- ... What do you know about community resources?
- ... What do you know about program planning?
- ... What do you know about management?

The andragogical approach is the opposite of the pedagogical approach; the trainer reinforces accurate information and corrects any inaccurate information.

Through these "what-do-you-know" questions, the trainees shared what they knew about the subject matter in a free discussion with and among each other.

THE TRAINING MATRIX

The following matrix illustrates the progressive interlinking and continuity of the model. The matrix starts at the bottom depicting a small universe--oneself. It progresses to a bigger universe--oneself in relation with another person (one-to-one); the third module deals with a wider "world"--a specific group of community resources (one with a specific group). The fourth module focuses on a still broader universe (one with groups) and finally the fifth module expands to the fullest--oneself in relation to the total community: self, peers, community and environment.



The trainers worked in pairs: a professional and a senior citizen worked as a team in each of the five modules.

This training model has five distinct modules, namely:

MODULE I: THE AGING PROCESS

Yes, I am here but who am I? What is happening to me psychologically, socially, and physically? What do all these mean to me?

Rationale: To enable trainees to understand themselves better as aging persons.

MODULE II: TOOLS OF LEADERSHIP

Yes, I am older, but what are the things I have learned from life itself? How can I use the things I learned in my relationship with others at the center? What is left in me in spite of and because of my age, that I can share to help improve the quality of life?

Rationale: To enable trainees to understand and better accept their peers and others, so that more positive relationships can be facilitated, through their leadership.

MODULE III: COMMUNITY RESOURCES: TAPPING, DEVELOPING, AND MAINTAINING THEM

Yes, I have something to offer, but can I do the job alone? What resources are open to me? How can I use them effectively?

Rationale: To enable trainees to become more aware of various community resources so that they (trainees) can be enabled to use them effectively and efficiently.

MODULE IV: PROGRAM PLANNING, DEVELOPMENT, IMPLEMENTATION AND EVALUATION

Yes, I have my talents, skills and know-how; how do I use them in developing sound programs, services and activities at the center? How can I make sure that these programs, services and activities benefit not only me but also others?

Rationale: To increase the trainees' abilities in program planning, development, implementation, and evaluation.

MODULE V: COLLABORATIVE AND COOPERATIVE MANAGEMENT OF A SELF-HELP/MUTUAL-HELP SENIOR CENTER

Yes, I am actively involved at the center, but what does my involvement mean? Do I understand collaborative and cooperative management? What is it? How is it achieved? What part do I play and where do I fit in?

Rationale: To increase the trainees' knowledge and skills in self-help/mutual-help approaches in the management of the senior center.

GENERIC FORMAT, METHODOLOGY AND PROCESS

PROCESS

Each of the trainers adhered to the following format, methodology, and process with very slight variations.

FORMAT

The professional trainer introduced each module by stating its objectives clearly. (Please refer to objectives in each module.)

Each module had four distinct unit segments. A five-minute mini-lecture was presented by the professional trainer. The mini-lecture gave the basic introduction for the subject matter in order to stimulate discussions.

The units of activity were interchanged at frequent intervals between the professional and senior citizen trainer. In the presentation, opportunities were created, without pointing to the fact, to review the input of the proceedings and knowledge acquired from each of the preceding modules.

These unit mini-lectures were intermingled with:

- ... Small group discussions; the class was divided into small groups (no more than 10 to a group). The small group did some brainstorming on the "What do you know about" questions related to the subject matter. Each time a small group discussion was held, the group selected a new recorder and a new leader. The leader facilitated the discussions and the recorder recorded the highlights of the discussions. At the end of the training all participants had the opportunity of being a leader and a recorder.
- ... Class discussions--The recorder in each small group reported to the class the discussions they had. The trainers reinforced and expanded correct information; inaccurate or wrong information was corrected and clarified.
- ... Role-playing--Situations related to the subject matter were used in the role-playing.
- ... Group singing and body dynamics--(Please refer to Appendix B on pp. 54 to 59.)

PROCESS: MUTUAL RESPONSIBILITIES

Trainer's Responsibilities

The trainers in each module listed on the blackboard the knowledge each group generated. This was done in most cases by the senior citizen trainer.

The professional trainer organized the knowledge generated into a cogent, brief and practical manner. The trainers summarized the correct knowledge presented by the group. Any misinformation was corrected and clarified.

Additional information was provided jointly by the professional trainer and the senior citizen trainer.

The trainers clarified in each module what the information means in a clear, concise and brief manner.

Illustrations were created by the trainers either through role-playing and/or through further discussions in what the correct information was, the significance of that information and how it can be used efficiently and effectively within the center setting.

At the conclusion of each unit segment, the trainers summarized all the correct information in clear, concise, simple language.

Trainees' Responsibilities

The trainees responded to the "What do you know about. . .?" questions. For instance, in the question, "What do you know about the aging process? each trainee was asked to write five things he/she knew about it. This was done in small group discussions.

Each trainee had to accept the role of a small group discussion leader and the role of a recorder at least once during the training.

This afforded all trainees the opportunity to learn by "doing."

The training was done in 20 hours; four hours per training module with two fifteen-minute learning intermissions in each module.

There were no coffee breaks; the trainees chose to have learning intermissions in the form of group singing and body dynamics.

MODULE I: THE AGING PROCESS

Objectives of Training

The trainees will be able to:

- ... Increase their knowledge of the aging process basically in four aspects: psychological, social, biological and medical.
- ... Increase ability to understand and accept themselves as aging persons.
- ... Distinguish better the difference between myths and realities about aging.

Contents

This module focused on four aspects in the aging process, namely: 1) psychological, 2) social, 3) biological, and 4) medical.

Mini Lecture: Unit 1 - Psychological Aspects

The aging process is the change which occurs in all forms of life with the passing of time. Generally, most of us feel and think of aging as a process in which only deterioration and degradation of the body and mind occur. However, that process has both positive and negative aspects.

We can perhaps best compare life to money or savings we have in the bank. The longer we keep the money in the bank, the more interest it accrues with time.

Aging is a state of the mind and our state of mind influences our behavior.

Activity

Trainees were asked to answer the question - "What do you know about the psychological aspects of aging?" Psychological aspects of aging was defined as "feelings, attitudes, perceptions or desires dealing with the mind (mental)." Trainees were asked to divide into small groups of no more than 10 in each group. A group leader chosen by the group facilitated the discussion and a recorder noted the discussions. In response to the question, trainees were asked to list what they knew within five minutes in two separate columns, namely: positive column and negative column.

Outcome of Activity

Each group came up with a list of negative and positive aspects which they shared with the total class.

The trainers consolidated the list and the following is an example:

NEGATIVE

- Loneliness
- Depression
- Forgetfulness
- Regrets
- Guilt feelings
- Loss of memory
- Boredom
- Stagnation
- Disengagement

POSITIVE

- Feeling of release from responsibilities
- Freedom to relax and enjoy
- Opportunity to learn new things
- Luxury of reminiscing
- Privilege to "mend my ways"
- Relief from remembering too many things
- Opportunity for new ventures
- Generativity
- Engagement

Summary

Aging is a state of the mind.

Aging has its positive aspects.

Aging has its compensatory aspects; its negative aspects can be made positive.

Mini Lecture: Unit 2: Social Aspects of Aging

As human beings we are entitled to three levels of socialization at any age: socialization with self, socialization with another person, and socialization with a group or with groups.

We are all social beings; we cannot live alone. We need all three levels of socialization.

What do you know about the social aspects of aging?

Activity: Role Playing

Socialization with oneself: A dialogue with oneself.

Socialization with a person: Two friends planning to go shopping together.

Socialization with a group: Having lunch together.

After the role-playing, the group discussed what they saw.

Outcome of Activity

What do you know about the social aspects of aging?

"There is nothing wrong with talking to oneself once in a while, but if done all the time it can be a problem."

"We all need socialization and the center is the best place to do it; we can socialize with one another." "As older people, we need to socialize with both young and old so that we can continue to grow."

"My grandchildren give me opportunities to socialize with the young."

"Birthday parties are a good means for socialization."

"Eating has its social aspects also."

"If we do not go out and socialize we can end up being institutionalized."

... Shopping with a friend is a good way to socialize.

... A lot of stereotyping about aging negates social life of the elderly.

... Loss of social roles and need to find new roles, socially exists.

Summary

Socialization is a very important aspect in life, especially as we grow older. This is so because loss of social roles can lead to depression and isolation, then institutionalization. There is need to find and create new social roles. The senior center is one of the best places for older people to find new and creative social roles.

Mini Lecture: Unit 3: Biological Aspects of Aging

We all age biologically, by this is meant that the human body is continually changing from the time the egg is fertilized until the body has passed through life's long and complicated journey to its end. During this time, the tissues that compose the body cells and organs of the body are being remodeled each moment of every day of our lives. There is an on-going "wear and tear" as well as on-going repairs taking place in our human body at all times.

Activity

Group brainstorming sessions on "What do you know about the biological aspects of aging" were led by the trainers. Biological aspects were defined as "the science and art of life: it is the art of living as it relates to the changes which occur in our body." The trainees came up with some basic know-how about the subject matter and the trainers wrote them on the blackboard. Accurate knowledge was reinforced and inaccurate information was clarified and corrected.

Outcome of Activities

The knowledge shared by the trainees was composed of accurate and inaccurate information. The trainers separated them into two headings, namely:

MYTHS	REALITIES
1) Older people are sexless.	There is no physiological basis for this loss; sexual vigor frequently continues well into the seventies and beyond - 50% over 65 have active sex lives.
2) Old people are all alike.	Old people age differently; no two older people are alike!
3) Old people are dull.	The National Council on Aging (NCOA) Lou Harris Study cited that over 60% of older people are healthy and alert.
4) Old people live all alone.	Families are getting older. Four or five generational families are no longer unusual.
5) Older people are less capable to perform a job.	Older people have less absenteeism than young workers and they are more satisfied with their jobs.
6) Older people are sick.	While old people have more chronic ailments than young people, these ailments are not terribly limiting; only 21% of people over 65 have poor health.
7) Old people cannot learn new things.	Older people can learn and retain what they learn, but they learn more slowly.
8) Old people are poor.	The majority of older persons over 65 are financially comfortable; only 15% live below the poverty level.

Summary

Change is inevitable, our body cells and organs are continually being remodeled. The "wear and tear" of the body cells and organs are on-going. As we grow older, proper nutrition, exercise, and rest are vitally important. Further, there is need to overcome the myths about aging.

Unit 4: Medical Aspects of Aging

Mini Lecture

The human body changes and we have to accept the fact that as we grow older we suffer some physical deficits. For instance, take our five senses; they are:

... Eyes: Visual Change - Cause: Lens in eyes yellows and thickens; muscles that control pupil size weaken.

To compensate: Provide adequate lighting. Use of eyeglasses.

... Ears: Hearing Changes - There is a decline in auditory acuity with age, called prebycusis. This age-related hearing loss is greater in men than in women.

People with hearing losses cannot compensate themselves; they must depend upon others to speak so that they can hear--speak slowly, look at the person and let the person see you; do not shout; pronounce consonants clearly, like "Z", "T", "F", "G", etc.

... Nose: Smelling Declines: This can result in loss of appetite or the person can become dirty and untidy because he/she can no longer smell body odor!

To compensate: Prepare attractive food trays--place a fresh flower or combine beets (red) with greens for attractive color combinations.

Activity

Trainer wrote six phrases on the blackboard:

- | | |
|------------------------------------|-----------------------|
| 1) Muscular System/Skeletal System | 4) Circulatory System |
| 2) Nervous System | 5) Digestive System |
| 3) Respiratory System | 6) Urogenital System |

The class was divided into six groups and each group was assigned a phrase--a body system such as "Skeletal System," etc. Each group had to discuss what they knew about the body system which was assigned to it.

Examples

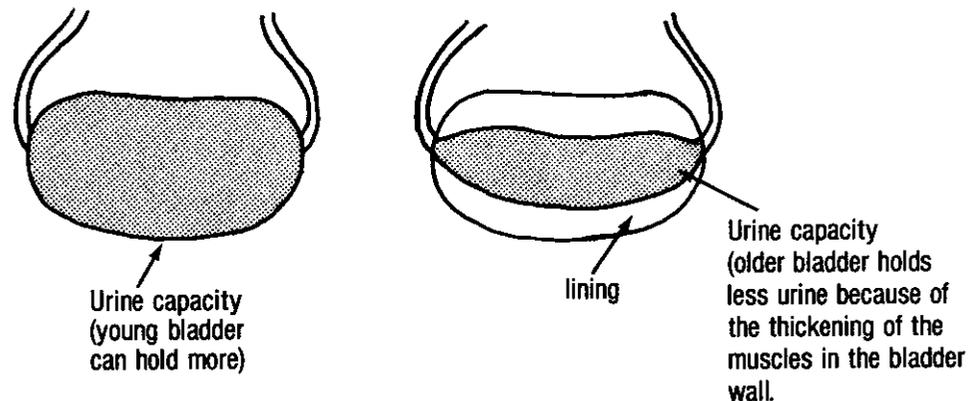
Muscular/Skeletal System: Joints become less agile; bones become brittle. Avoid falls--torn muscles and fractured bones heal slower in older persons.

Circulatory System: Some blood clots and/or hardening of the arteries may form due to poor circulation. Prescribed exercises and proper diets can improve circulation, which can prevent blood clots and hardening of arteries.

Digestive System: For repair of body substance, such as required by the muscles, connective tissues, and the particular cells of the brain, heart, liver, and kidneys; it is important to have an adequate and well-balanced diet. The digestive process, both the breakdown of foodstuffs and the rebuilding of tissues and cells require a good digestive system.

Urogenital System: A male participant asked: "Why do I have to urinate with greater frequency now that I am older?"

Response: Although there is still no conclusive evidence, it seems that the muscular lining of the bladder gets thicker among elderly men, thus capacity to hold urine becomes less. Possibly this is due to an enlarged prostate.



Summary

We all age differently, yet each of us do develop some physical deficiencies as we grow older. However, our physical deficits can be compensated for its losses. We are not less of a human being when we have physical deficits; we are still a human person in spite of those deficits.

Outcome of Activity

The trainer guided the class through drawings and sketches made on the blackboard which explained physical losses and what medical science can do to compensate for the losses in each of the six body systems.

RESOURCES: MODULE I

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"What do we know about the social aspects of aging?" A small group discussion during Module I.

MODULE II: TOOLS OF LEADERSHIP

Objectives of Training

The trainees will be able to:

- ... Increase their knowledge of leadership styles and understand how those styles impact on their volunteer work at the center.
- ... Increase their ability to delegate and share responsibilities.
- ... Understand more fully the "how," "what," and "why" of teamwork.
- ... Stimulate networking and advocacy efforts in a structured well-organized manner.

Contents

The module sought to insure that trainees were exposed to and understood more fully the following:

- Unit 1: Leadership styles: Who is a leader?
- Unit 2: Delegation of responsibilities
- Unit 3: Building the team
- Unit 4: Networking and advocacy

Mini Lecture Unit 1: Leadership Styles - Who is a Leader?

A leader is one who is friendly, warm, understanding and accepts others as they are. He/she is one who respects others regardless of their religion, sex, and background: social, occupational, educational and economic.

A leader is one who is patient in disposition; a successful activity organizer. He/she is relaxed, even-tempered and won't attempt to confuse or rush program/activity participants.

A leader is one who is tactful and just; he/she can smooth over the hurt feelings of others. A leader is one who can laugh, have fun, is open-minded, resourceful and one who is willing to try new ideas.

A leader is one who is kind, without showing pity but one who feels empathy. A leader is one who is willing to recognize his/her limitations and is one who accepts and understands the limitations of others.

A leader is one who recognizes and accepts the fact that he/she cannot do the job alone. He/she must be able and willing to recruit volunteers. A leader is one who creates situations in which people believe in his/her leadership. A good leader gives people what they want and makes them want what they should have.

There are two definite leadership styles, namely: the leader-centered style and the group-centered style.

Activity

Class was divided into small groups with no more than 10 to a group. Each group chose its leader and recorder. There were eight groupings and each group was given a number. All the groups with even numbers (2, 4, 6, and 8) were assigned to answer the question - "What do you know about a leader-centered leadership style?" The groups with odd numbers (1, 3, 5, and 7) were assigned the question - "What do you know about a group-centered leadership style?" They were given five minutes to formulate their responses.

Groups reported back to the class; the trainer wrote on the blackboard the knowledge generated by the group. Then she arranged them into a cogent, brief and clear manner for the trainees to see how they can use the knowledge in their work effectively and efficiently.

Role-playing was done by the trainers to demonstrate the two styles of leadership. It demonstrated how to use them effectively according to the situation and the need at the time.

Outcome of Activity

The following are what the groups came up with, after the trainers arranged and clarified the information:

LEADER-CENTERED LEADERSHIP STYLE

Strengths:

- 1) Gets fast results
- 2) Develops good followers
- 3) Clear directions because the leader calls all the "shots"
- 4) Responsibility for success or failure belongs to leader
- 5) Equal distribution of work

GROUP-CENTERED LEADERSHIP STYLE

Strengths:

- 1) Non-authoritative
- 2) Encourages full participation of group members
- 3) Success or failure is owned by the group
- 4) It is participatory
- 5) It is democratic

Weaknesses

- 1) Tends to be authoritative
- 2) Discourages development of new leaders
- 3) Results may be quick but not lasting
- 4) Limits group participation

Weaknesses

- 1) Slow to achieve results
- 2) May lack a good sense of direction
- 3) "Too many cooks can spoil the broth"
- 4) May take time to "pull things together"

Summary

A good leader needs to know when and how to "shift gears" from a leader-centered style to a group-centered leadership style as needed. Both styles are needed, and they should be used in the proper balance and at the proper time.

Both types of leadership have their strengths and weaknesses.

Unit 2: Mini Lecture - Delegation of Responsibilities

A good leader does not work alone nor does he do all the work by himself. A good leader delegates the work in a well-organized and structured manner.

To "delegate" means to give responsibility and authority for the job to be done to members of the group in order to achieve the total job. It is partializing the work in a responsible way.

By responsible way is meant delegating the work to the right persons; distribute the job according to the interest, ability and know-how of the persons designated to do the job.

For instance, do not delegate a typing job to one who does not type, or appoint one as treasurer who does not know how to keep records, or delegate someone to deliver a talk on "Gardening" when his expertise is in "Carpentry."

Activity

Role-Play: A group of five trainees volunteered to participate in the role-play. The task in the role-play was to delegate work in the hot lunch program of the center. The components of the task to be delegated included the following:

- ... Selling of lunch tickets
- ... Preparing the coffee and tea

- ... Serving the food (buffet style); food had to be apportioned to serve 100 people.
- ... Setting the tables (placemats, napkins, forks, knives, salt and pepper)
- ... Monitoring people's flow to the serving tables to get their food
- ... Serving the hot coffee and tea
- ... Cleaning up
- ... Recording the statistics
- ... Accounting and recording of lunch ticket sales

The role-play demonstrated the following:

How do you delegate work?

What safeguards do you provide to insure that every aspect of the job will be done right?

How do you structure the delegation of the work?

What happens when one member does not perform her work and passes it on to others?

A discussion followed after the role-play.

Outcome of Activity

The group came up with some definitions and meanings of delegation which included but was not limited to the following:

Delegation is...

- ... Motivating and getting others to do what I don't know how to do.
- ... Getting others to do what I cannot do.
- ... Getting others to do the share of the job they like.
- ... Getting the job done.

Summary

There should be no nonsense delegation; to delegate means giving the responsibility and the authority to do the job.

Mini-Lecture - Unit 3: Building the Team

A "team" was described as "a group of people who need each other to work on certain tasks." A basketball team was used as an example. Each player has a certain role and if each played his role well, the task of shooting the ball in the basket will be accomplished.

Activities

The class was divided into five small groups and each group was given a task to accomplish.

Group 1: Build a castle out of old newspapers

Group 2: Make a bouquet of flowers out of yarn scraps

Group 3: Make an Easter hat out of paper plates and paper cups

Group 4: Put a triangle puzzle with ten parts together

Group 5: Draw a mural on a six foot piece of paper

Outcome of Activities

The class arrived at some conclusions, among them are the following:

... To build a team, people in the group must respect and trust each other.

... Each team member must understand and be clear on what the task is.

... In a team, there is a flow of affect among members--negative and positive--in varying degrees generated by their investment in each other. However, the members' sense of common cause, coupled with the demands and emphasis on the importance of getting the job done, can in some mysterious ways resolve problems.

Summary

An effective team is one where members have trust and respect for each other. A sense of common cause and emphasis on getting the job done are vital in team work.

Mini Lecture - Unit 4: Networking and Advocacy

Networking was defined in its simplest form - "joining forces with others for the purpose of sharing, expanding and strengthening one's resources." Examples are Project: HEAD Clubs joining into regional councils so that they could share facilities, activities, leadership, and services together.

Advocacy was defined as "an act of pleading for or supporting, defending and upholding a cause." Advocacy and networking are effective tools in bringing about changes that will help improve the quality of life.

Activity

The following poem was distributed to each member of the class:

"Give me courage to change the things I can change,
The strength to accept the things I cannot change,
And the wisdom to know the difference."

They were given three minutes to ponder deeply on the meaning of this poem and then a brainstorming session was moderated by the trainers for the purpose of responding to the following four questions:

- 1) What do you know about the things you can change?
- 2) What do you know about the things you cannot change?
- 3) What do you know about changing the things you can change?
- 4) What do you know about accepting the things you cannot change?

The trainers wrote the knowledge and information elicited from the class, and a "laundry list" of the trainees' responses was compiled.

Please see next page for the compiled "Laundry list," after it was grouped into four headings by the trainers.

Outcome of Activity

Trainers grouped the "laundry list" under four headings, examples are:

THINGS I CAN CHANGE	ACTION TO BRING ABOUT CHANGE	THINGS I CANNOT CHANGE	WHAT I CAN DO TO ACCEPT THINGS I CANNOT CHANGE
There are people in the center who smoke.	I shall organize a class on how to quit smoking successfully.	I am getting older.	Find positive ways to grow old graciously.
I get very lonely at times.	I'll go out and reach out to a friend in order to overcome my loneliness.	There are people in the center who are always noisy.	I'll go to a place in the center where I can be away from noise.
Many members of the center are overweight and I am one of them.	I shall organize a Weight Watchers Club at the center and get help from professionals.	I have lost my hearing; I am deaf.	I must take lessons in lip-reading and accept the fact that I have gone deaf.
There is a broken traffic light in our block and nothing has been done to fix it.	I'll advocate with others to get the traffic light fixed.	My husband is dead and I miss him very much.	Accept the fact that he is dead and I must learn to live without him.
I live on fixed, limited income and I need to get the most with the little income that I have.	I'll join a cooperative food club so that I can benefit from bulk buying.	My son just got married and he moved to another state. I miss him.	Accept the fact that my son has the right to live his own life and I must learn not to miss him so much.
Our budget at the center does not cover our social activities which are needed by many of our members.	We conduct Bingo games as a means to raise funds for our social activities.	Our dance floor is small and there are many members who like dancing on dance days which is once a week.	Instead of once a week, we shall have it twice a week and divide the class into two groups.

Summary

Act upon those things that can be changed; accept the things that cannot be changed. Collective efforts make the task easier in both changing the things one can change, as well as in accepting the things one cannot change.

RESOURCES AND TEACHING AIDES MODULE II

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- Lowy, Louise, Ph.D. "Group Participation: A Dynamic Force in Senior Centers." Senior Centers 11th National Conference on Senior Centers, NCOA, 1979, pp. 1-9.
- Peralta, Victorina. "Two Models of Advocacy, With, For, and By the Aging." Aging and Leisure Living, Vol. 2, No. IX, Sept. 1979, pp. 8-14.



Role-Playing: Module II - "What shall we serve for lunch tomorrow?"

MODULE III – COMMUNITY RESOURCES: TAPPING, DEVELOPING AND MAINTAINING THEM

Objectives of Training

The trainees will be able to:

- ... Increase knowledge of community resources within the public and private sectors.
- ... Increase knowledge of community resources within the informal network.
- ... Tap business and industry within the community.
- ... Understand more fully how to tap and develop effectively all the above-mentioned community resources.

Contents:

This module covered the following subjects:

- Unit 1: Public Sector - Community Resources
- Unit 2: Private Sector - Community Resources
- Unit 3: Informal Network Resources
- Unit 4: Business and Industry Resources

Mini Lecture - Unit 1: Public Sector - Community Resources

The public sector community resource in Philadelphia are many and varied. The city government, the state and federal government have services available to residents of Philadelphia.

Among the public sector community services discussed were the following:

- Pennsylvania Department of Aging
- Philadelphia Department of Public Welfare
- Pennsylvania Department of Public Welfare
- Federal Regional Office of the Administration on Aging
- Philadelphia Commission on Aging
- Housing & Urban Development (HUD)

Activity

A listing of the various public service agencies was distributed. The class was given the following problems to solve by using the resources within the public sector:

- 1) I was turned down for a job. I was told I am too old. I am 65 years old. What can I do?
- 2) I need a copy of my birth certificate and a copy of my parents' death certificates. Where can I obtain these?
- 3) At the intersection where I live, cars speed by. It is difficult to cross the street. What can I do about it?
- 4) My parents, both in their 80's, were evicted due to non-payment of rent. Where can I go for help?
- 5) I am 79 years old. I cannot see very well and I need to fill out forms for my tax rebate. How and where do I get help?
- 6) My next door neighbor--an elderly man was mugged on his way to church last Sunday. He was badly hurt but he refused to go to the hospital and he also refused to report the incident to the police. What can I do to help him?

Outcome of Activity

Various solutions were developed by the class in solving the above-mentioned problems by using resources from the public sector.

Summary

The public sector has a comprehensive and cohesive array of services which can be tapped when needed. Knowing the system can be helpful in making it work for those who need help.

Mini Lecture - Unit 2: Private Sector-Community Resources

The City of Philadelphia has many community resources available through the private sector. Among the resources discussed were:

- ... Catholic Social Services
- ... Jewish Children and Family Services
- ... Episcopalian Community Services
- ... Nationalities Service Center
- ... Church-affiliated senior centers
- ... American Red Cross

Activity

A listing of community resources compiled by the Philadelphia Commission on Aging was distributed to the class. The class was given the following problems to solve, by using the resources within the private sector.

- 1) I have a relative who is slightly retarded. Where can I get help for him?
- 2) I got stuck with a toaster that doesn't work. The store won't take it back. Where can I turn for help?
- 3) My parents want to move to a senior citizens high-rise building. Where are they located?
- 4) As a veteran, I wonder if I am getting all my benefits. Where do I find this out?

Outcome of Activity

The class developed various solutions in solving the above-mentioned problems using resources within the private sector.

Summary

The private sector, like the public sector, has a comprehensive and cohesive human and health services unit which can be tapped when needed. Knowing the names of the service people facilitates getting the service faster and better.

Mini Lecture Unit 3: Informal Network

The informal support system is distinguishable from the formal helping system by virtue of its more personal, individualistic, non-bureaucratic nature. Further, members of the informal network helping system are selected rather than imposed. It was pointed out that several studies show that kin is the primary source or the first level of informal supports older people turn to in time of need. Reference was made to the General Accounting Office study done in Cleveland, Ohio which showed that nine of every ten of those sampled received some service from their family or friends.

Activity

A brainstorming session was conducted by the trainer to identify and give samples of the informal support system. A "round robin" approach was used so that everyone in the class had a chance to respond. "What do you know about the informal support system?"

Outcome of Activity

The class came up with a laundry list and the trainers organized the information given by the class as follows:

KIN	NON-KIN	SIGNIFICANT OTHERS
Wife	Friends	Postman
Husband	Neighbors	Newsboy
Daughter	Acquaintances	Milkman
Sons	Church members	Priests/ministers
Cousins	Senior center members	Rabbi
In-laws	Club members	Nuns
Grandchildren	Foster children	Grocer
Step-children	Neighborhood organizations	Pharmacists
Nieces	such as:	Corner store owners
Nephews	Town Watch	
	Project: HEAD Clubs	
	Sunshine Clubs, etc.	

Summary

The first level of support older people turn to is the informal support system because it is more personal, individualistic, and non-bureaucratic.

Mini Lecture - Unit 4: Business and Industry

Business and industry are resources available to senior centers. Among the services they can provide include the following:

- ... Conducting lectures on their services
- ... Providing space for activities
- ... Providing prizes at special events at senior centers
- ... Making material donations to the senior centers
- ... Providing special discounts to senior citizens
- ... Doing printing jobs for senior centers as a tax-deductible item

Activity

The trainer divided the class into six groups and each group was asked to discuss innovative ways in which they can tap creatively and innovatively business and industry for the benefit of the center. They were given five minutes to do so. The groups reported to the class the results of their discussion.

Outcome of Activity

All the six groups reported with great pride what the center members did to secure various items for the center. Their report included the following:

- ... A group went to their neighborhood bank and solicited successfully a refrigerator and a freezer for the center.
- ... Mrs. "X" secured a gas range from the gas company.
- ... Mr. "P" was able to get a copying machine donated to the center from a school.
- ... Several members went to various stores in the neighborhood and they successfully secured various items donated to the center, such as: kitchen utensils, stationery, office supplies, waste baskets, flower vases, etc.
- ... Various members were able to get cash donations.
- ... A podiatrist was recruited to donate two hours of free service to center members.
- ... Discount cards were also secured by Mr. "B" from the grocery store in the neighborhood.

Summary

The group reported on what they actually did in tapping the resources within business and industry. This session reinforced what they already knew. The trainees explained the following: If you need something, get the name of the person within the business enterprise who has the power to give you the things you need. Make an appointment and meet with him. Explain what you need and why he should give you what you need. After he gives you what you need, thank him personally and in writing. "It worked for us. . . try it!"

RESOURCES AND TEACHING AIDES MODULE III

"A Directory of Discount Places for Senior Citizens," compiled by the Philadelphia Commission on Aging, 1981.

"A Directory of Where to Turn To," compiled by the Philadelphia Commission on Aging, 1982, 20 pages.

"A Listing of Neighborhood Self-Help Groups," compiled by the Philadelphia Senate on Aging, Inc., 1982.

"Informal Helping Resources: What, Who, and Why" by Victorina Peralta. Washington, D.C.: National Council on Aging, A Training Program of National Institute of Senior Centers.

"You and Your City Services." A brochure provided by the City of Philadelphia, explaining the various services of the city, 1982.



Taking careful notes - Module III

MODULE IV: PROGRAM PLANNING, DEVELOPMENT, IMPLEMENTATION AND EVALUATION

Objective of Training

Trainees will be able to:

- ... Identify and clarify the total planning process.
- ... Establish guidelines for program development.
- ... Expand and maintain the six-point program at the Port Richmond Senior Citizen Center
- ... Provide guidelines and procedures for accountability (record-keeping) and program evaluation.

Content:

This module focused on the following:

Unit 1: A Holistic Planning Process

Unit 2: Program Development

Unit 3: Project: HEAD and its Six-Point Program - Implementation

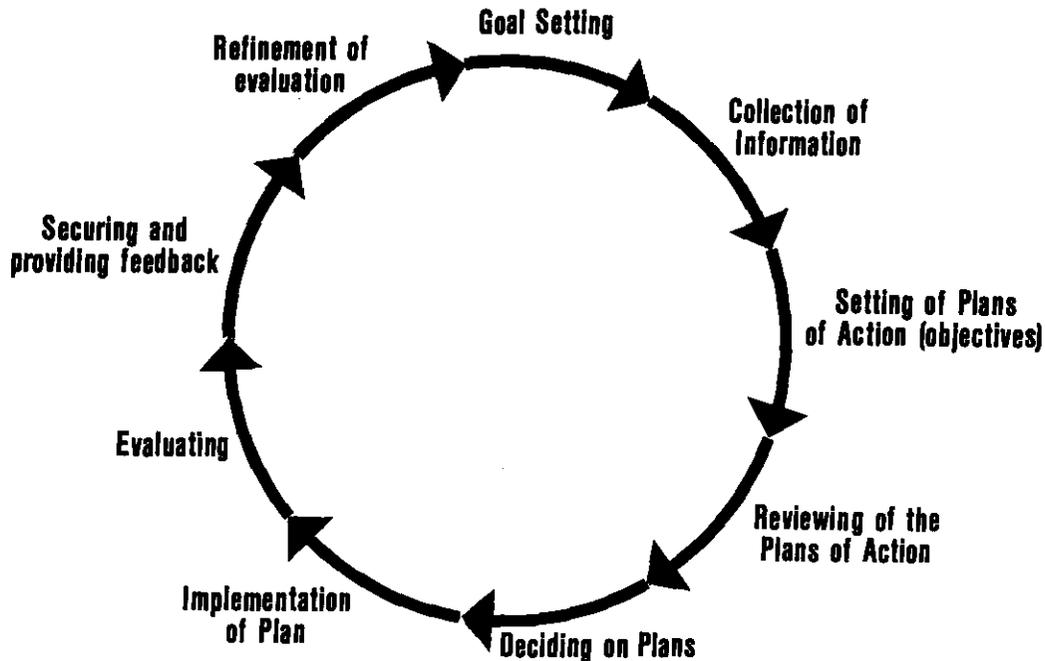
Unit 4: Record-Keeping Evaluation and Accountability

Mini Lecture - Unit 1: A Holistic Planning Process

There are nine basic steps in the planning process and they are:

- 1) Setting the goals
- 2) Collecting the information/assessing interests, resources and needs
- 3) Setting the objectives
- 4) Reviewing plans of action
- 5) Deciding on the plans of action to be used
- 6) Setting the schedule (time frame)
- 7) Implementing the plans of action
- 8) Evaluating
- 9) Securing and providing feedback

(Repeat steps 1 to 9.) Planning is an on-going process. For visual aid the nine steps were drawn on the blackboard as follows:



Activity

The class was divided into six small groups. Each group was assigned to plan a health program for the center using the Planning Cycle with the nine steps as a guide; they were given ten minutes to do so. Each group chose its own recorder and its own discussion leader. The group reported to the class the result of their discussions.

Outcome of Activity

The groups described the nine steps in various ways and the following is a consolidated report:

Step 1: Goal-Setting - The group agreed after some deliberations that the goal is to develop a health program which will meet the needs and interests of the members of the center.

Step 2: A committee will gather information on what kind of health program the center members need by interviewing members on a one-to-one basis; using an assessment questionnaire as a tool. The assessment questionnaire designed by a group was simple and was as follows:

"What health programs would you be interested in?" The groups came up with a list which included, but was not limited to, the following:

- 1) Body Dynamics and Exercise Classes
- 2) Weight Watchers' Club
- 3) Health Lecture Series on "Health and Aging"

- 4) A Jogging Club
- 5) Routine Physical Examination by Volunteer Doctor
- 6) Hot Lunch Program Daily
- 7) Home-Delivered Meals to Shut-Ins
- 8) Podiatrist Services at the Center by a Volunteer Podiatrist
- 9) Film Series on "Health" Once a Month
- 10) A Health Fair Once a Year, etc.

Step 3: The above list was analyzed; after the analysis, the objective was to begin to implement a health program at the center. The identified needs were prioritized according to the availability of space, leaders and other volunteers to organize the health programs/activities.

Step 4: Reviewing the plans of action - who will do what; the distribution of the work among the planners and other members of the center was planned. Ways to make the program available to center members were also discussed.

Step 5: Deciding on the plans of action; what are the plans of action? ...the step-by-step plan to achieve the objectives.

Example: Health Lecture Series - 1) Secure place;
2) Schedule speakers; 3) Plan topics;
4) Publicize; 5) Etc.

Step 6: Setting the time frame; the days and length of each of the health lectures were planned - on a once-a-week basis, three hours per session, etc.

Step 7: Implementing the plan . . . announcing the program; implementing the program by actually having participants involved in the program itself--active participation.

Step 8: After each lecture session, participants will be asked to evaluate the session using the following questions:

- 1) Did the lecture meet your expectations? Please explain your response.
- 2) What did you like best about the lecture? Explain.
- 3) What did you like least about the lecture? Explain.
- 4) Name at least two things you learned from the lecture which are helpful to you.

Step 9: Analyze the feedback received from participants; then repeat the process.

Summary

Program planning is an on-going process. Participants of the program should be involved in the decision-making process; planning should be with and not for participants. The nine basic steps in program planning are helpful guidelines.

Mini Lecture - Unit 2: Program Development

By program development is meant setting the goals and objectives for the program with, by and for the participants on an on-going basis. Needs and interests are not static; they keep changing.

Program goals must be centered on the participants' needs and interests, therefore developing the program must involve some participants. Programs should be developed with, for and by participants jointly with the leaders.

Focus of program development should be according to participants' needs and interests, as well as their ability and capacity to participate.

In order to develop good programs the followingsix basic questions need to be answered:

- 1) What is the program doing for the participants?
- 2) Does it fill their needs and interests?
- 3) Does the program give participants self-respect; a feeling of being useful or making new friends or learning something?
- 4) Are there built-in incentives in the program to motivate participants into active involvement?
- 5) Are the cultural and ethnic background of participants taken into consideration in the program?
- 6) What resources are needed and available? Cash (budget), people (volunteers), site (location), materials for the program.

Activity

The class was asked to choose a current program in the center which they felt needs further development. Members of the class named the following programs:

- | | |
|-------------------------|---|
| 1) Lunch Program | 6) Arts and Crafts |
| 2) Trips | 7) Bingo |
| 3) Birthday Party | 8) Health Programs |
| 4) Social Dancing | 9) Friendly Visiting |
| 5) Educational Programs | 10) Group Singing |
| | 11) Domestic Engineering (Housekeeping) |

The trainer asked the class to prioritize the program list and choose six out of the eleven programs. The class voted to eliminate #7 - Bingo, #10 - Group Singing, #6 - Arts and Crafts, #4 - Social Dancing, and #8 - Health Programs.

The class was divided into six groups and each group was assigned a program. The task was to examine and analyze the program using the six basic questions in order to develop the program better. The class was given 15 minutes to do so. Each group chose its own group leader and recorder.

Outcome of Activity

Each group was able to identify aspects in the program which needed to be developed. Examples are:

- 1) Lunch Program - The menu should take into account the ethnic background of the participants. The manner of serving the food should be done on a table-by-table basis in order to avoid confusion and unruly behavior of some participants.
- 2) Trips - In order to afford participants opportunities to meet and make new friends, seats on the bus should be rotated during the trip at least twice.
- 3) Birthday Party - There is need to plan a realistic budget for the monthly birthday parties.
- 4) Educational Programs - A door prize will be offered as an incentive for more people to attend the educational programs at the center. The members of the center will be surveyed and asked to state the types of educational programs they are interested in. Good publicity is needed to promote the educational program.
- 5) Group Singing - There is need to build into this program some structured and organized manner to give people some new learning experiences. . .A Glee Club was recommended and a retired music teacher in the group volunteered to organize a Glee Club. However, the group pointed out that while they support the organizing of a Glee Club, they also want to maintain the Group Singing. They suggested adding Body Dynamics to the Group Singing. Glee Club and Group Singing shall both be maintained.
- 6) Friendly Visiting - A special badge should be made for friendly visitors and a better "matching system" between the friendly visitor and the shut-in needs to be facilitated.

Summary

Needs and interests are not static; they keep changing. Program development is therefore an on-going process and programs should have primary focus on participants' needs, interests, abilities and capacity to participate. Programs should be developed with, by, and for participants and they must serve the greatest number of people in the center.

Mini Lecture - Unit 3: Project: HEAD* and Its Six-Point Program

The programs and activities in the center use the Project: HEAD six-point program as a guide.

The goal of the six-point program in Project: HEAD is to maximize the self-help and independent living of the elderly within the mainstream of life. Its objective is to create a place of human dignity and human worth in the community with the elderly socially, familially, emotionally, and spiritually.

The goal of the six-point program is to serve the total person. The six points are:

Point 1: Social - People are social beings; they need the companionship of others. This point of the program gives the people opportunities to build new friendships and social relationships which make up for loss of their loved ones, such as family, relatives, friends, and neighbors.

It affords people three levels of socialization: Socialization with one's self; socialization with a person, and socialization with a group.

EXAMPLES: Birthday parties, wedding anniversary celebrations, pot-luck suppers, TV lounges, teas, holiday get-togethers, library services, Friendly Visitors Program, Tel-A-Care, One-Take-One, Dance Parties, etc.

Point 2: Health and Welfare - Aging is generally thought of as a process in which deterioration and degradation of the human body occurs. This point helps people maintain physical, mental, and spiritual health through the development of health seminars, body dynamics, physical fitness programs, hot lunch programs, Sunshine Committees, Food Stamps, Tel-A-Care, Health Fairs, Nutritional Classes, Study Clubs, Health Forums, service volunteer programs, visiting the sick and shut-ins, etc.

Point 3: Education - Learning is an on-going process and this point challenges and motivates the aged to keep acquiring new learning experiences that will enrich their spirit, mind and body.

EXAMPLES: Book reviews, discussion groups, creative writing, educational tours, current events, Spiritual Retreats, Day of Reflection, or devotional groups, Bible study groups, poetry clubs, trips, seminars, conferences, devotional exercises, religious conferences, stamp collection and/or other educational hobbies.

*Project: HEAD - Helping Elderly Adults Direct, implements its self-help/mutual-help approach through a 6-point program which serves the whole person.

Point 4: Cultural - To be able to appreciate the finer things of life is a dividend that comes late in most of our aged people's lives because most of today's aged are work-oriented; this point facilitates cultural opportunities with, for, and by them.

EXAMPLES: Musical concerts, cultural trips or tours, musical teas, stage plays, glee clubs, choral groups, drama groups, role-play, etc.

Aside from the pleasure of watching (passive involvement) they are also given the opportunity to perform for the enjoyment of others, such as: plays, dramas or musicals for the sick and shut-ins, or for other senior citizens from other centers or clubs (active involvement). They can organize Glee Clubs, drama groups, kitchen bands, etc., for this service aspect of the cultural program.

Point 5: Leisure-Time Recreational - The wise use of leisure, at this phase of life in which the last reserves are being used, is most important because it fills the gap of a meaningless existence. This point enables them to use their leisure wisely by offering them several choices, namely: Trips, dancing, group singing, arts and crafts, ceramics, sewing, wood-craft, painting, knitting, card playing, volunteer work, travelling, tours, games, etc.

Point 6: Civic Action - This point of the program motivates people into positive and constructive civic and non-partisan political involvement so that they may pool their resources together for the welfare of the aged in particular and for society in general. Thus, they can create a place for themselves in the social structure by collectively securing better income, better housing, better health care, better transportation, etc. This, however, should be done in an organized humane manner so that senior citizens are not used to serve ulterior motives of some unscrupulous individuals or groups.

EXAMPLES: Lobbying for bills and legislation that will affect their welfare in particular and the whole society in general; active participation in decision-making by starting at the level where they are; writing letters to legislators; activist roles; advocacy roles; being a "watch dog" in city/public affairs.

Through this dynamic six-point program, people are given a smorgasbord of choices so that they are helped to be actively involved in doing what they desire and choose to do. They are given optimal opportunities to make use of their capabilities, skills, and know-how with due consideration for their limitations.

Activity

The class was divided into six small groups and each group chose their leader and recorder. The task assigned was to plan a month's program using the six-point program of Project: HEAD as a guide.

The group leaders were given a program planning sheet and each group was to plan a program of activities for a month, as follows:

- Group 1 - February 1983
- Group 2 - March 1983
- Group 3 - April 1983
- Group 4 - May 1983
- Group 5 - June 1983
- Group 6 - July 1983

The specific instruction was to plan a program of activities which will serve the total aging person: social, health and welfare, educational, cultural, leisure-time recreational and civic action. Attention was called to the six basic questions in Unit 2: Program Development and to Unit 1: A Holistic Planning Process. Both of these units are in this module. (Please refer to Unit 1 - page 27; Unit 2 - page 30.)

Outcome of Activity

A calendar of events for six months was planned by the class. (Please see page 35 for a sample.)

Summary

The six-point program was discussed in great detail. Its philosophy, goals, and objectives were discussed and examined. A six-month calendar of activities containing the six-point program was developed by the class at this session.

Mini Lecture - Unit 4: Record Keeping - Evaluation and Accountability

Record-keeping is very important and there are three basic record-keeping activities that are needed. They are the Daily Statistical Reports; Monthly Progress Narrative Reports; and Daily Financial Reports. A brief description is as follows:

1) DAILY STATISTICAL REPORT: DEFINITION

It is a record of the number of people who participate in the activities of the day; the number of activities held during the day; the number of volunteers who rendered their services and the number of service hours rendered by the volunteers. This should be done daily.

Group: 2 Sample Calendar of Activities March 1983 - PORT RICHMOND SENIOR CITIZEN CENTER - TRAINING INSTITUTE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4
	9:00 -12:00 Arm Chair Travel 12:00-1:00 Lunch 1:00 -3:30 Drama Class	9:00 -12:00 Knitting 12:00-1:00 Lunch 1:00 -3:30 Dancing	9:00-12:00 Coopera- tive Shopping 12:00-1:00 Lunch 1:00 -3:30 Card Games	9:00 -12:00 Peer Counseling 12:00-1:00 Lunch 1:00-3:30 Bingo
7	8	9	10	11
9:00 -12:00 Current Events 12:00-1:00 Lunch 1:00-3:30 Square Dancing	9:00-12:00 Creative Writing 12:00-1:00 Lunch 1:00-3:30 Lecture Police Dept. Safety Hints	9:00-12:00 Quilting 12:00-1:00 Lunch 1:00-3:30 Birthday Party	9:00-12:00 Friendly Visiting 12:00-1:00 Lunch 1:00-3:30 Police Lecture-Safety at Home	9:00-12:00 Interfaith Service 12:00-1:00 Lunch 1:00-3:30 Bingo
14	15	16	17	18
9:00 -12:00 Friendly Visiting 12:00-1:00 Lunch 1:00-3:30 Friendly Visiting	9:00 -12:00 Painting 12:00-1:00 Lunch 1:00-3:30 Discus- sion--Book Review	9:00 -12:00 Crocheting 12:00-1:00 Lunch 1:00-3:30 Dancing	9:00-12:00 Coopera- tive Shopping 12:00-1:00 Lunch 1:00-3:30 St. Pat- rick's Day Party	9:00 -12:00 Peer Counseling 12:00-1:00 Lunch 1:00-3:30 Bingo
21	22	23	24	25
9:00 -12:00 Exercise 12:00-1:00 Lunch 1:00-3:30 Film "Silent Movies"	9:00 -12:00 Glee Club 12:00-1:00 Lunch 1:00-3:30 Friendly Visiting	9:00 -12:00 Painting Class 12:00-1:00 Lunch 1:00-3:30 Astrology Class	9:00-12:00 Library Program 12:00-1:00 Lunch 1:00-3:30 Nutrition Class	9:00 -12:00 Trip to City Hall 12:00-1:00 Lunch 1:00-3:30 Bingo
28	29	30	31	
9:00-12:00 Good Grooming Class 12:00-1:00 Lunch 1:00-3:30 Aerobic Exercise	9:00 -12:00 Trip to Independence Hall 12:00-1:00 Lunch 1:00-3:30 Poetry Reading	9:00 -12:00 Trip to the Masonic Temple 12:00-1:00 Lunch 1:00-3:30 Line Dancing	9:00-12:00 Visit to a Nursing Home 12:00-1:00 Lunch 1:00-3:30 Visit to Nursing Homes	

2) MONTHLY NARRATIVE PROGRESS REPORT: DEFINITION

The Progress Report is a narration of what took place during the reporting period and it should explain the Statistical Report. The components of this report are as follows:

- I. Compilation of the Daily Statistical Report
- II. Highlights of the month - progress
- III. Problems met during the month
- IV. Recommendations

3) FINANCIAL REPORT: DEFINITION

The Financial Report is a record of all monies received (income) and of all monies spent. The expenses must be deducted from the income. The balance should be kept current at all times. A minus (-) sign indicates a deficit; a plus (+) sign indicates income. A deficit occurs when the expenses are larger than the income.

Activities

Three kinds of sample recording sheets were distributed to the class, namely: A Statistical Sheet, a Narrative Sheet and a Financial Sheet. Please see sample sheets on pp. 38 to 40. Each trainee was asked to fill out the forms based on the information given to them on the blackboard. The information was as follows:

1) STATISTICAL INFORMATION

During the week of February 1-5, the following were the activities:

- 1) Birthday party - 108 members attended - February 3rd.
- 2) Arts and Crafts - Participants: 2/1/83 - 18; 2/2/83 - 10; 2/3/83 - 17; 2/4/83 - 15 and 2/5/83 - 10
- 3) Dance class - daily attendance was 60.
- 4) Lunch program - Participants: 2/1/83 - 75; 2/2/83 - 88; 2/8/83 - 100; 2/4/83 - 90 and 2/5/83 - 101.
- 5) Quilting 13 participants - 2/5/83.
- 6) Volunteers - Participants: 2/1/83 - 15; 2/2/83 - 20; 2/3/83 - 18; 2/4/83 - 27 and 2/5/83 - 30, at three hours of service per volunteer.

2) FINANCIAL INFORMATION

The members of the center raised a total of \$2,000.00 during the month from the following:

Bake Sale	\$ 250.00	2/4/83
Flea Market Sale	600.00	2/8/83
Dinner Dance	150.00	2/10/83
Lunch Program Donation	937.00	2/11/83
Bingo	63.00	2/14/83

The Expenses were the following:

Food supplies	\$1,002.55	2/4/83
Program supplies	100.00	2/8/83
Postage for Newsletter	200.00	2/10/83
Coffee	50.00	2/11/83
Cleaning supplies	125.00	2/14/83

3) NARRATIVE INFORMATION

- ... The dance group purchased new records and they have a new dance teacher whom they like very much.
- ... At the birthday party, the grade school children provided the entertainment; two of the boys wrote graffiti in the men's room.
- ... The quilting class wants to finish their quilt for the bazaar; the arts and crafts are making paper flowers.
- ... The two boys were reported to the school principal.
- ... The two boys were sent back to the center by the school principal to remove the graffiti from the men's room.

Activity Outcome

The trainees filled out the forms; the majority filled out all three forms correctly. Others needed help. The following are examples of the work done by those who filled out the forms correctly:

A. DAILY STATISTICAL REPORT FORM (SAMPLE)

ACTIVITIES	Feb. 1	Feb. 2	Feb. 3	Feb. 4	Feb. 5	TOTAL	REMARKS
<i>Birthday Party</i>			108			108	<i>The entertainers were grade school children from St. Henry's School.</i>
<i>Dance Class</i>	60	60	60	60	60	300	<i>Attendance never went below 60 people.</i>
<i>Arts and Crafts</i>	18	10	17	15	10	70	<i>Project was for the bazaar.</i>
<i>Lunch Program</i>	75	88	100	90	101	454	<i>There was sufficient food; meal well balanced.</i>
<i>Quilting</i>					13	13	<i>Material needed for next week (thread and pins).</i>
<i>Volunteers</i>	15	20	19	27	20	110 <i>times</i> 3 hrs. <i>each</i>	<i>330 service hours.</i>

The above report was based on the information given under Statistical Information on page 38.

SAMPLE REPORT

B) NARRATIVE REPORT (Based on Statistical Report on page 38) (Sample)

A. PROGRESS

During the week of February 1-5, 1983, a total of 110 members volunteered at the center. Collectively, they rendered a total of 330 volunteer service hours. In terms of dollars, the volunteer committee donated a total of \$1,237.50 to the center during the week (\$3.75 per hour times 330 hours = \$1,237.50).

The dance group had a steady attendance of 60 each day. This was due to the new dance records which the participants enjoyed very much because they were ballroom dances. Participants also like the teaching method of the new teacher.

At the birthday party, the grade school children from St. Henry's School provided the entertainment which was enjoyed by the birthday celebrants.

The quilting class just started and 13 members participated. They are making a quilt to be donated for the center's forthcoming bazaar to raise funds for the Friendly Visiting Program of the center. The arts and crafts class is making paper flowers for the bazaar.

The lunch program continues to be one of the best programs at the center. The food is always well-balanced and sufficient. Many of those who come to the lunch program live alone.

B. PROBLEM

The grade school children who came to provide entertainment for the birthday party were enjoyed by the senior citizens. However, two of the boys wrote graffiti in the men's room. The matter was reported to the school principal. The principal sent the boys back to the center to clean the graffiti.

C. RECOMMENDATIONS

It is recommended that the quilting class be conducted twice a week so that the quilt can be finished in time for the bazaar. The members of the quilting class highly recommends this.

C) FINANCIAL REPORT FORM (SAMPLE)

DATE	INCOME	SOURCES	EXPENSES	EXPLANATION	BALANCE	REMARKS
2/4/83	\$ 250.00	Bake Sales	\$1,002.55	Food Supplies	-\$752.55	Deficit expense (-)
2/8/83	600.00	Flea Market Sales	100.00	Program Supplies	+\$500.00	Income (+)
2/10/83	150.00	Dinner Dance	200.00	Postage-Newsletter	- \$50.00	Deficit expense (-)
2/11/83	937.00	Lunch-Donations	\$50.00	Coffee	+\$887.00	Income (+)
2/14/83	63.00	Bingo	125.00	Cleaning Supplies	- \$62.00	Deficit (-)
	\$2,000.00		\$1,447.55		\$552.45	Income (+)

Based on the Financial Information given on page 37, the above was the Financial Report.

Summary

Records can be used to evaluate programs and activities. Records are also tools for accountability. For instance, the Narrative Report can tell a great deal which numbers and statistics fail to do. On the other hand, the Statistical Report tells a great deal about the number of members who do participate; the number of activities, the number of volunteer service hours, and its equivalent in terms of cash, etc.

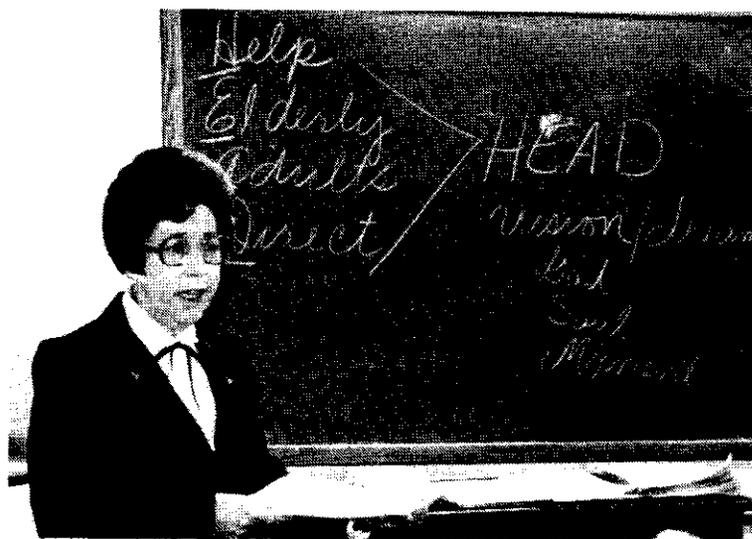
RESOURCES MODULE IV

Leanse, Joyce, Marjorie Tiven, Thomas Robb. "Senior Center Operation." National Council on Aging, 1974, pp. 31-35.

Peralta, Victorina. "Project: HEAD Manual," 5th Revision, 1974, Catholic Social Services, Philadelphia, Pennsylvania.

Peralta, Victorina. "Project: HEAD II: The Six Point Program," City of Philadelphia, 1978, pp. 14-17.

Peralta, Victorina. "Informal Helping Resources: What? Who? Why?" - A Training Program of National Institute of Senior Centers. A program of NCOA, Inc., under a cooperative agreement (90-AT-2098/01) with the Administration on Aging, 1980, Unit III, pp. 37-40.



A mini-lecture on Holistic Planning - Module IV

MODULE V: COLLABORATIVE AND COOPERATIVE ADMINISTRATION OF A SELF-HELP/ MUTUAL-HELP SENIOR CENTER

Objective of Training

Trainees will be able to:

- ... Sharpen their skills in collaborative management of the center.
- ... Understand better the complexities of cooperative administration of the day-to-day operations of the center.
- ... Assertively strengthen the self-help/mutual-help programs and activities.

Contents

The four units in this module are:

- 1) Collaborative management
- 2) Cooperative administration
- 3) Measurements and feedback
- 4) Self-help/Mutual-help

Mini Lecture - Unit 1: Collaborative Management

By collaborative management is meant acting or operating jointly for a mutual cause. In a self-help/mutual help center setting, the managers are usually the committee chair people. They are the ones who give directions to the day-to-day programs and activities of the center.

For example, the chairpersons of the six-point program at the center, each have a managing role. They are the:

Chairperson for the Social Program Committee

Chairperson for the Educational Program Committee

Chairperson for the Health and Welfare Program Committee

Chairperson for the Leisure Time-Recreational Committee

Chairperson for the Cultural Program Committee

Chairperson for the Civic Program Committee

Each of these chairpersons works with at least ten committee members.

To insure that the activities and programs of the center are comprehensive and cohesive, all these six program committee chairpersons need to collaborate with and among each other in the management of their respective programs. A guideline for collaborative management includes the following:

- 1) Promote trust and respect for each other.
- 2) Promote joint programming, for instance, if the Social Program Committee is having a birthday party, the Cultural Program Committee may provide the entertainment through its Glee Club.
- 3) Sharing of resources, for instance, if the Leisure Time-Recreational Program Committee is having a Bingo game, part of the proceeds from Bingo can be shared with the Health and Welfare Committee for its Friendly Visiting Program.
- 4) Support each other's programs and activities.
- 5) Recognize and accept line of command and authority.

Activity

The class was divided into small groups. Each group chose its group leader and recorder. The task was to identify areas of collaboration with and among the six program committees. They were given ten minutes to do so and then the groups reported to the class the result of their discussions. "What do you know about collaborative management? Cite some samples."

Activity Outcome

The groups identified several areas of collaboration for the various program committees. Among those identified for example are the following:

- ... Health and Welfare Program Committee and the Educational Program Committee can collaborate in conducting training for Friendly Visitors.
- ... The Social Program Committee and the Cultural Committee can collaborate in conducting a Summer Festival depicting the various cultures of the members of the center.
- ... The Civic Program Committee and the Educational Committee can collaborate in conducting a seminar on advocacy, etc.

Summary

Through collaborative management, a cohesive and comprehensive six-point program can be implemented successfully in an efficient and cost effective manner. Much more can be done with much less. . .through collaborative management.

Mini Lecture - Unit 2: Cooperative Administration

By cooperative administration is meant giving direction jointly with another or others to the same end. In a self-help/mutual-help center, the Executive Officers (the President, Vice-President, Secretary, and Treasurer) are the ones who formulate the policies and who take responsibilities in implementing those policies.

For instance, among the policies of the center is that membership is open to anyone over age 55 and is a resident of Philadelphia. Membership fee is \$5.00 a year and the year is from June 30 to July 1st of the next year.

It is the responsibility of the Executive Officers to see to it that this membership policy is implemented effectively.

A guideline for cooperative management includes the following:

- ... Mutual respect and trust for each other
- ... Clear communication of policies
- ... Fair and just implementation of policies
- ... Clear line of responsibilities/authority
- ... Responsibilities must have corresponding authority
- ... Appreciation and support of each other's role

Activity

The trainers did a role-play to illustrate the importance of cooperative administration. In the role-play, the lead trainer was asking her assistant trainer to explain why she accepted Mr. "B" to become a member of the center when he is only 30 years of age, while she turned down Mrs. "C" who is 50 years old. The policy of the center was that membership is open to anyone age 55 and over. The explanation given was that Mr. "B" is a man; the center needs more male members. Mrs. "C" is a woman--the center has more than enough women members.

Outcome of Activity

The trainees discussed the role-play and the following were pointed out:

- ... The policy should be adhered to and its implementation should be done in a fair and just manner.
- ... Policies should be standardized; it must be the same regardless of sex.
- ... Policies should be flexible; if Mr. "B" was a handicapped person, the membership at the center should be open to him.

... Policies should be explained clearly and accurately.

Summary

Cooperative administration is essentially a two-fold function, namely:
1) Development of policy with another or with others; 2) Implementation of policy in a clear, just and equitable manner.

Mini Lecture - Unit 3: Measurements and Feedback

A self-help/mutual-help center has several tools for the measurement of its programs, services, and activities. Among those tools is a budget.

A budget is a plan of action and it represents the center's blueprint for the whole year, expressed in monetary terms. This means that the center must be clear what its goals and objectives are, in order that it can plan for a sound budget.

Therefore, the first function of a budget is to record in monetary terms, what the center goals and objectives are; the budget is the financial plan of action which results from the decisions made by the Executive Officers (administrative volunteers) and the various six program committees (managerial volunteers).

The second function of the budget is to provide a tool to monitor activities throughout the year. Properly used, the budget can provide useful feedback in a variety of ways. For instance, a program with a large expense and poor attendance is a feedback which communicates something--the program needs to be examined and assessed to see if it is an obsolete program; or why is attendance poor? Or why is the expense rather large? Etc.

Activity

The class was divided into seven small groups. Each group chose its own leader and recorder. The task was to prepare a budget; an administrative budget and a program budget for each of the six points of the center program (Social, Health and Welfare, Educational, Cultural, Leisure Time-Recreational, and Civic).

The following guideline was given in formulating the budget:

- 1) The budget must be well conceived--list of program objectives should be the basis of the budget.
- 2) The budget must be broken down into periods corresponding to the programs/activities.

They were given fifteen (15) minutes to prepare the budget item assigned to each group.

Activity Outcome

The groups came up with a budget for each of the programs and a sample follows:

Social Program Committee Proposed Budget:

Objective: To have 12 birthday parties a year for 100 members each month.	
12 birthday parties x 100 people per party = 1,200 people	
x \$1.50 per person for food	\$1,800.00
1,200 people x \$1.00 birthday gifts per year	<u>1,200.00</u>
	\$3,000.00
Anticipated income from birthday parties -	
75¢ per person x 1,200	<u>900.00</u>
	\$2,100.00

The Social Program Committee requested the amount of \$2,100.00 for its budget for 12 months starting July 1, 1983 to June 30, 1984.

Summary

A budget can be a vital tool for measurement and feedback. However, to prepare a meaningful budget, the center must be clear on its goals and objectives. Needs and interests change and this means that program participants must be involved in the budget preparation and approved process to insure that the budget is meaningful and supported.

Mini Lecture - Unit 4: Self-Help/Mutual-Help

Every human being has the inherent right to provide help to one another. Likewise, as human beings we are entitled to secure help which meets human needs and interests.

Helping is a two-way street; one cannot give help without receiving in return some intangible gains such as a feeling of being needed; of being useful, etc.

In helping others, therefore, in many ways we also help ourselves.

Our goal in helping others is to enable those we help to help themselves - so that they can maximize their independence to their fullest potential.

Some things to remember in helping others are the following:

- 1) Respect the human dignity and human worth of every individual.
- 2) Accept people as they are.

- 3) Recognize people's capacity to grow and change.
- 4) Involve the person in the decision-making process no matter how minimal that involvement may be.

Activity

The class was asked to respond to the question--"What do you know about self-help/mutual-help?" in a brainstorming session. Each member of the class was asked to give at least an answer to the question. To insure full participation, the "round robin technique" was used to elicit response from every member of the class.

Outcome of Activity

The trainers wrote the information given by the class under three heads: Source of Help, Nature of Help, and General Remarks.

The following is an example of some responses given by the class:

<u>GENERAL REMARKS</u>	<u>SOURCES OF HELP (Helpers)</u>	<u>NATURE OF HELP</u>
Personal	Myself	Peer Counselling
Non-bureaucratic	Center members	Friendly Visiting/Information on SSI
Individualistic	Parents	Financial help
Not imposed	Friends	Peer Counselling/Tel-A-Care
First source	Children	In-Home-Care/Housekeeping chores
Friendly	Neighbors (a shut-in)	Transportation/Shopping Assistance
Immediate	Cousins	Clothing
Reciprocal	In-laws	Friendship
Caring manner	Grandchildren	Reading skills

Summary

Self-help/mutual-help is individualistic, and non-bureaucratic. Through self-help/mutual-help, we are able to build a support system that is not imposed; it is selected and it can provide support to meet not only immediate needs but also long-range needs.

In a senior center, members can provide help with and among each other in a mature, caring and loving way. However, to provide mutual help one needs to be conversant with current information on rights, benefits, and entitlements such as Medicaid, Medicare, SSI, housing, etc. Knowledge of this information is helpful in a self-help/mutual-help center.

RESOURCES MODULE V

- Apgar, Kathryn and Betsy Nicholson Callahan. "Assertiveness Training"
(Pamphlet) Family Services Associations of America, New York, New York.
- Goodman, Jane Goz. "Aging Parent: Whose Responsibility?" Family Services
Associations of America, New York, New York.
- Lowy, Louis. Social Work with The Aging. Harper and Row Publishers, New
York.
- Satir, Virginia. Peoplemaking, Science and Behavior Books, Palo Alto,
California, 1971, pp. 27-39.
- Slavin, Simon. Social Administration. Howard Press, New York.

APPENDIX A

Background Information About Port Richmond Senior Citizen Center

By: Victorina Peralta

INTRODUCTION

This Background Information is being made a part of this manual to share the process of what went into the development of the Port Richmond Senior Citizen Center. It was a process which started in the early part of 1977 and it took approximately five (5) years before the Center came into being. The political process, the planning by professional staff with the community, budgeting, and supervision in a non-authoritative manner are among the elements that should not be overlooked because they are the necessary "blocks" in building a center of this nature.

EARLY BEGINNINGS

In the early spring of 1977, Dr. Margaret Jean Sosnowski, former Public Welfare Commissioner, assigned Mrs. Victorina Peralta, former Director of Adult and Aging Services Division, to provide technical assistance to a former City Councilman, Mr. Joseph Zazyczny. Mr. Zazyczny was being requested by the citizens of Port Richmond to open a senior citizen center in their neighborhood and the senior citizens asked for the old firehouse at 3068 Belgrade Street, Philadelphia, for the purpose. Mr. Zazyczny wanted to make sure that a senior citizen center was really needed because he felt that if the center was not needed, it would be a waste of taxpayers' money to open one.

Mr. Zazyczny jointly with Commissioner Sosnowski and Mrs. Peralta convened several community meetings to assess the feasibility of opening a senior citizen center in the community which was under his councilmanic district. Aside from the community meetings, he requested Mrs. Peralta to do a feasibility study. Mrs. Peralta developed the questionnaire for the study and close to 3,000 questionnaires were distributed through the six churches in the neighborhood. The boundaries of the survey covered by this study were Castor Avenue to Trenton Street; Somerset Street to the Delaware River. The questionnaires were distributed through the neighborhood churches for three consecutive Sundays in September 1977.

The survey showed that a great number of senior citizens resided in the neighborhood. Eighty-five percent of the questionnaires were received, tabulated, and analyzed within the third week of October 1977. An analysis of the data showed that the largest age group was 69 to 70 years of age (61%). The second largest group was between 71 and 80 years of age (19.4%). Of those who answered the questionnaire, over 95% stated that they would utilize the center. Among the programs they requested were (arranged according to priorities): 1) a lunch program, 2) leisure time-recreational activities, 3) social activities, 4) health services, 5) educational programs, 6) community activities, etc.

The survey also showed that the senior citizens in the community were interested in the day-to-day management and operation of the center. A core of senior citizens were identified through this survey who were willing, able, and knowledgeable in managing the social, interpersonal, and community activities of a senior citizen center. Many senior citizens with various skills, talents, and expertise were also identified in the survey.

The survey further identified and located potential leaders and these people were contacted to form the initial leadership for the development of a self-help/mutual-help senior center.

The survey further showed that the senior citizens have the support and cooperation of the clergy in the community.

The technical assistance in the development of the center was provided by Mrs. Peralta. Councilman Zazyczny and Dr. Margaret Sosnowski worked jointly to secure the old firehouse for the purpose. Concurrently Councilman Zazyczny, through City Council, successfully secured the initial capital budget for the renovation of the old firehouse. Actual renovation started approximately in the latter part of spring, 1979.

COMMUNITY PLANNING EFFORTS AND ADVOCACY (The Role of Project: HEAD Clubs)

Several community meetings continued to be held from 1977-1980. The great majority of those who attended these community meetings were officers and members of the four (4) Project: HEAD Clubs in the target area (Castor Avenue to Trenton Street; Somerset Street to Delaware River).

As early as the spring of 1972, the newly created Department of Community Services on Aging, Catholic Social Services of Philadelphia, had successfully organized Project: HEAD Clubs in the target area. These are self-help/mutual-help senior citizen clubs located within churches in the area. By 1977, there were four organized Project: HEAD Clubs in this community, with a total membership of approximately 2,000 (roughly 500 members per club). These clubs are very active. Officers and members provided active and assertive support to this community effort.

Leaders who were identified earlier, organized a consortium composed of the leadership of the four Project: HEAD Clubs to advocate assertively for a senior citizen center. They wrote letters to city officials; met with the former Mayor; went to public hearings to present their "case;" made telephone calls, etc., and all along they kept in close touch with Councilman Zazyczny and the Philadelphia Department of Public Welfare.

In November 1979, a new Mayor was elected and he took office in the early part of 1980. Councilman Zazyczny had resigned earlier from City Council and he took a new job as the Corporate Secretary of the Philadelphia PORT. In August of 1980, Mrs. Victorina Peralta was requested by the 1981 White House Conference on Aging to serve as one of its policy-making staff through the Intergovernmental Personnel Act (IPA) program. Mrs. Peralta was "loaned" by the City of Philadelphia to the federal government from August 1980 to December 1981. Dr. Margaret Sosnowski, former Welfare Commissioner, was replaced by Mrs. Irene Pemsley as the newly appointed Welfare Commissioner.

These changes did not deter the spirit nor the determination of the senior citizens in Port Richmond. Immediately they contacted Councilman James Tayoun and Councilwoman Joan Krajewski (changes in councilmanic districts). They also worked closely with their state representative, Gerry McMongle.

Through the combined efforts of the senior citizens in the community and the government officials, the renovation work which started in late spring of 1979 was finally completed in the summer of 1981.

The building was ready at last; but it was not furnished. It had no operating budget; it had no staff. It had no budget for program and activities. Seemingly, there were questions raised as to the need for a senior citizen center in Port Richmond. A staff of Adult and Aging Services Division, Philadelphia Department of Public Welfare allegedly surveyed the area and came to the conclusion that the center was not needed because "there are sufficient community resources within the area." The senior citizens, however, continued their assertive advocacy and finally Mrs. Louise McCahill, Administrative Assistant, was designated to re-evaluate the situation in October 1981. Based on Mrs. McCahill's report and with the support of Mr. Wilson Goode, former Managing Director, City Council people like Councilman James Tayoun, Councilwoman Joan Krajewski, Commissioner Irene Pernsley, Mr. Daniel Stone, and many others, it was finally decided that the center would open its doors January 29, 1982.

Broken down, old and dirty furniture from Riverview and other city offices was secured through the effort of Mrs. Alice Smiarowski, a social worker from Adult and Aging Services, under the guidance of the then Acting Director of Adult and Aging Services. They were brought to the center and the senior citizens, under the leadership of Stella Cole, scrubbed, painted, and repaired the broken, filthy pieces of furniture. The whole neighborhood came to help, mostly senior citizens (men and women alike) and gave unselfishly of their time in getting the center furnished and ready for opening. They sewed drapes, scrubbed and polished the floors, made posters; cleaned, painted, and repaired the old, broken down pieces of furniture. It was truly a community effort and the self-help/mutual-help was very evident even at this early stage of the center's coming into being.

THE OPENING

Through the determination and hard work of the senior citizens and with the full support of city officials, the center was finally opened on January 29, 1982. On February 18, 1982, responsibility for the center was officially turned over to Mrs. Victorina Peralta. Mrs. Peralta had just returned from her Intergovernmental Personnel Act (IPA) assignment to the 1981 White House Conference on Aging and she welcomed this opportunity. It was her first assignment as Assistant to the Welfare Commissioner and she continued to reinforce and maintain the self-help/mutual-help aspect of the center.

CONTINUITY AND CHANGE

The Center is managed and controlled by the senior citizens in Port Richmond. It is a very happy, energetic, immaculately clean, and vibrant place which meets the National Council on Aging's definition of a senior center, which states "A senior center is a community focal point on aging where older persons as individuals or as groups come together for services and activities which enhance their dignity, support their independence and encourage their involvement in and with the community."

Its program and activities follow the philosophy, goals, and objectives of Project: HEAD. It implements a six-point program which serves the total person: mind, body, and spirit. Its six-point program is explained in Module IV, Unit 3, on pp. 32 to 34.

The cost of operation of the Port Richmond Senior Citizen Center, such as: heat, light, water, electricity, and repairs are provided by the City of Philadelphia. A hot lunch is provided by the Philadelphia Department of Public Welfare five times a week. Donations collected for the hot lunch are used from program activities, and the provision of services. One full-time staff serves as Center Coordinator and his role is supportive and consultative rather than directive.

The leadership of the center (its officers and board members) plan, develop, and implement its programs, services and activities. They also raise funds to cover cost of implementing the six-point program of the center.

Membership has increased from 250 to 650. An election was held in November of 1982 and a new group of leadership has emerged. Of the 19 members of the center's governing body, 17 are newly identified leaders and two are the leadership who have worked during the early formation of the center.

UNIQUE CHARACTERISTICS OF THE COMMUNITY AND ITS PEOPLE

The following elements are what make this center unique and successful as a self-help/mutual-help center:

- ... The membership are mostly healthy, active, and vibrant elderly people who want to get involved; they are very caring, unselfish, and thoughtful people willing and able to give of themselves.
- ... The center is the result of the community effort and there is pride of ownership not only of the center itself but also its programs and activities.
- ... There is unity of purpose--"Keep the center going through our own efforts."
- ... The existence of the four senior citizen clubs (Project: HEAD) in the community which provide most of the volunteers.

- ... The non-directive role of staff; staff's role is supportive and consultative.
- ... The support of the City of Philadelphia in general and City Council and the Philadelphia Department of Public Welfare in particular.
- ... Training of the volunteers, not as a one-shot effort but as an ongoing and continuing one.

The Port Richmond Senior Citizen Center now serves as one of the vital community resources for activities, services, and information on aging. It is certainly a place for developing new, creative, and innovative approaches to aging programs. Its potentialities as a place for developing leadership, training of professionals, as well as grassroots people interested in human growth and development; a place where researchers can do research with the elderly, are limitless. It is a good model for service delivery through self-help/mutual-help.

We are sure that our experience in the Port Richmond Senior Citizen Center can serve to help other communities where there are healthy, active, vibrant senior citizens who are willing and able to manage and administer their day-to-day programs, activities, and services.

However, the efforts of staff and the people in the Port Richmond Senior Citizen Center are in no way an attempt to replace senior centers which serve the needs of the less healthy, less active, and less vibrant older people. There is full recognition of the fact that we live in a complex society and there is the need to have various types of senior centers. . . . the Port Richmond Senior Citizen Center is an additional option but not a replacement nor a substitute for other centers which are in different settings and which serve other needs of older people. It is in that light and in the spirit of "freedom of choice" that this background information is being shared.

For further information, please write to:

Mr. Edmund Gordon and/or Mr. George Mack
Port Richmond Senior Citizen Center
3068 Belgrade Street
Philadelphia, Pennsylvania 19134
(215) 423-1776

OR

Mrs. Victorina Peralta, ACSW
Assistant to the Welfare Commissioner
City Hall Annex, Room 821
Philadelphia, Pennsylvania 19107
(215) 686-6108

APPENDIX B

GROUP SINGING AND BODY DYNAMICS

EXPLANATION

Instead of "coffee breaks" this training model had group singing and body dynamics. The songs sung have some positive messages which enhance the human dignity and human worth of participants. This was done by changing negative words in the songs to positive words. The motions (body dynamics) were non-verbal messages meant to convey the goals and objectives of the training. Each song has a message both through words and motion.

Song 1: The Old Gray Mare

Introduction

The best cheese is the oldest cheese; likewise the best wines are the oldest ones. Therefore, the older we become, we are supposed to be better and wiser; we grow with age. In the song, instead of saying "She ain't what she used to be," the word "better" was substituted to reinforce that we grow "better" as we age.

The Body Dynamics

Sitting down position; closed fists and cross arms over chest. Shoulders back and feet flat on the floor. Push both arms forward and open fists on word "better." Repeat motion to words of the song.

Significance of Motion

I am alive; I am happy to be alive because I can continue to live; to give, to receive; to love and to care.

The Old Gray Mare

The old gray mare, she's better than she used to be,
 Better than she used to be, better than she used to be
The old gray mare, she's better than she used to be
 Many long years ago, many long years ago,
 Many long years ago.
Oh, the old gray mare, she's better than she used to be
 Many long years ago.

Song 2: Hail! Hail! Hail! The Gang's All Here

Introduction

Society is subtly conditioned not to care. We are conditioned to be individualistic and independence is over-emphasized. Interdependence is minimized. The song, "Hail, Hail, The Gang's All Here, What The Heck Do We Care!" is a perfect example of this subtle conditioning. We have been singing that song as children and it is a good American song. But life is a gift from our Maker. . . that gift must be shared and we can share it by caring about each other in the spirit of loving.

The Body Dynamics

Stand straight, join hands, and form a circle. Sway to the right and then to the left as words are sung.

Significance

The circle conveys togetherness and unity in diversity. The joining of hands conveys friendship and the swaying to the left and to the right signifies that we can bend but we will not break because your hand is in my hand and my hand is in your hand. Should I fall down, I can count on you to help me get up. Should you fall, you can likewise count on me to help you get up. We are family. . . we do care about each other.

Hail! Hail! The Gang's All Here

Hail! Hail! The gang's all here,

Never mind the weather (Repeat two times)

Hail! Hail! The gang's all here,

Never mind the weather now!

Hail! Hail! The gang's all here,

Let's us care together (Repeat two times)

Hail! Hail! The gang's all here

Let us care together now!

Song 3: If You're Happy

Introduction

Our body, especially the joints and muscles, need to be exercised to keep them healthy and strong. Likewise our emotions must have some outlet to keep us mentally healthy and alert.

Significance of Motion

Clap your hands - expression of happiness and approval. I am happy with myself and I appreciate the fact that I am alive.

Nod your head - (Stretch head as far back as possible; good for double chins.) I am saying "yes" to life!

Stamp your feet - When I am angry, I handle my anger; I don't let my anger handle me!

Say Amen (hold both hands up high above head).

I can be as "tall" as I want to because
I am at peace with myself. . . I am happy because I am alive!

If You're Happy And You Know It

- If you're happy and you know it, clap your hands! (Repeat)
If you're happy and you know it, then you surely want to show it,
If you're happy and you know it, clap your hands!
- If you're happy and you know it, nod your head! (Repeat)
If you're happy and you know it, then you surely want to show it,
If you're happy and you know it, nod your head!
- If you're happy and you know it, stamp your feet! (Repeat)
If you're happy and you know it, then you surely want to show it,
If you're happy and you know it, stamp your feet!
- If you're happy and you know it, say Amen! (Repeat)
If you're happy and you know it, then you surely want to show it,
If you're happy and you know it, say Amen!

- If you're happy and you know it, do all four! (Repeat)
(Clap, nod, stamp, say Amen)
If you're happy and you know it, then you surely want to
show it,
If you're happy and you know it, do all four!
(Clap hands, nod head, stamp feet, say Amen)

Song 4: "My Bonnie"

Introduction

There are times, as leaders, when we can lead better by listening (sitting down) than by talking. To be a leader we need to be observant and act properly; no "buts" only "hellos."

The Body Dynamics

Stand up straight; hands on hips. Sit down on all the words of the song that start with the letter "B."

Significance of Motion

As a leader, I must learn when to "stand up" and when to "sit down." I must learn to listen and know when to lead from a standing position and when to lead by sitting down. Learn to "shift gears" as a leader.

My Bonnie

My Bonnie lies over the ocean,

My Bonnie lies over the sea,

My Bonnie lies over the ocean,

Oh bring back my Bonnie to me.

Bring back, bring back

Oh bring back my Bonnie to me, to me.

Bring back, bring back

Bring back my Bonnie to me!

Song 5: Sit Down, You're Rocking The Boat

Introduction

There are times when we feel we have to change things for the better. We feel we need to "rock the boat" in order to bring about the changes we want. However, changes can be made without "rocking the boat" if we do so in a positive, non-threatening manner. Changes can be made if offered as a challenge and an opportunity rather than a threat.

The Body Dynamics

Stand up straight; hands on hips. Bend knees slightly and swing hips side to side. Start at slow tempo and increase tempo gradually from slow to fast and to fastest. Those who cannot keep up with the speed may sit down.

Significance of Motion

Help me to change the things I can change; to accept the things I cannot and the wisdom to know the difference.

Sit Down, You're Rocking The Boat

Sit down, sit down - You're rocking the boat!

Sit down, sit down - You're rocking the boat!

Sit down, sit down - You're rocking the boat!

Sit down, sit down - You're rocking the boat!

Sit down, sit down - You're rocking the boat!

Sit down, sit down - You're rocking the boat!

Song 6: The More We Get Together

Introduction

We are social beings--we need each other. We are not meant to live alone. In getting together, we learn to grow together and the more we get together, the happier we will be.

The Body Dynamics

Stand up, hold hands in a big circle if possible; if not, two circles will serve the purpose. While holding hands, sway both ways (holding hands with the

persons on both sides of you) in unison with the score of the melody of the words.

Significance of Motion

You touch me and I touch you, together we will grow!

The More We Get Together

The more we get together, together, together,

The more we get together, the happier we'll be!

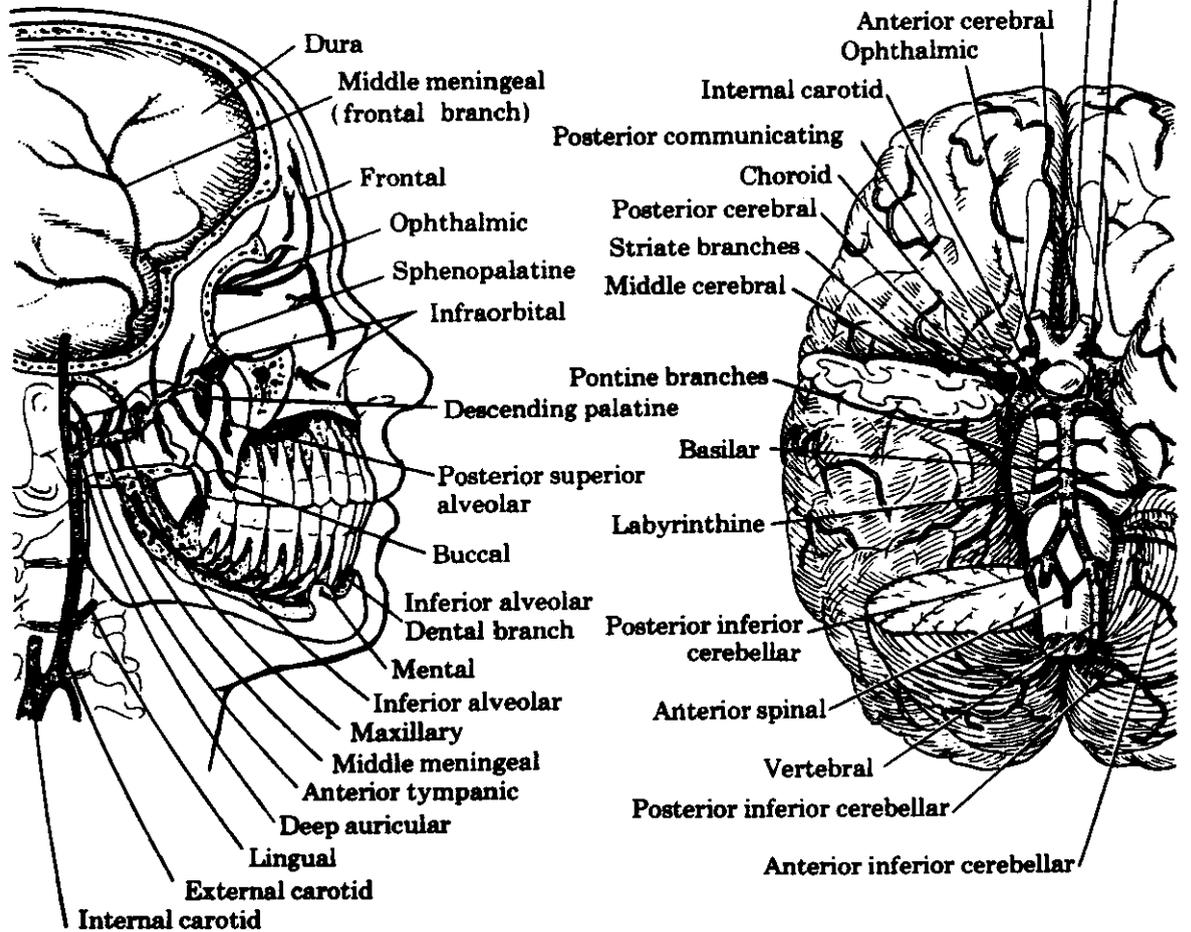
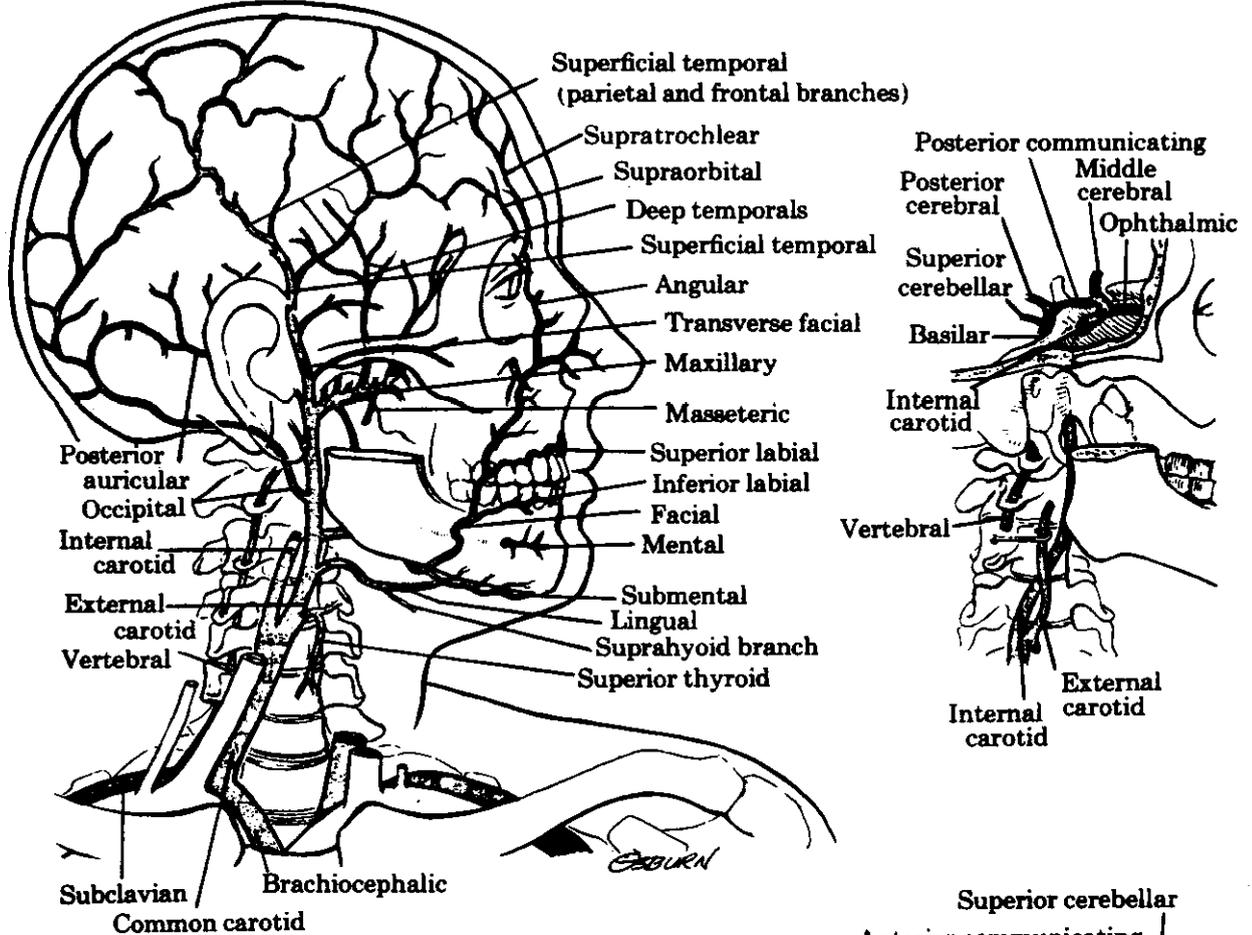
For your friends are my friends and my friends are
your friends!

The more we get together, the happier we'll be! (Repeat)

SAMPLE RESOURCE: MODULE I - THE AGING PROCESS

Plate II

arteries



ARTERIES OF THE HEAD, NECK, AND BASE OF THE BRAIN

APPENDIX C

Sample Resource, Module II

A DECALOGUE FOR LEADERS

- 1) Be enthusiastic and show it! Have fun, relax and smile; keep a laugh in your voice. People will take their cue from you.
- 2) Never embarrass anyone. Activities/programs should take into consideration the participant's values, ability to participate and background: Religious, social, educational, economic and ethnic.
- 3) Use words that people can understand; be clear, concise and to the point when explaining activities/programs. Speak clearly and distinctly.
- 4) Dress appropriately for the occasion. What is appropriate depends upon the nature of the event, the place of the event, its location and its nature. For instance, do not wear a long party dress to a "cleaning session" at the center.
- 5) Establish and maintain good relationship with participants and co-leaders.
- 6) Use impersonal and automatic means to divide participants into groups-- do not choose sides.
- 7) Develop and work plans that are flexible and be willing to modify plans to meet the mood and interests of participants.
- 8) Involve volunteers to their fullest potential; be supportive of them.
- 9) Adapt programs/activities to the levels of the participants. For example, during a picnic, if a relay game is planned, it should take into consideration participants' ability to run; running may be changed to walking.
- 10) Decide on a budget for the program/activity, no matter how limited. Plan an amount to depend on. Although programs/activities can rely on salvage materials such as an egg carton, scrap cloths, empty bottles, etc., contributions and other inexpensive items, a budget is necessary to meet some expenses for the program or activity.

Sample Resource, Module III

COMMUNITY RESOURCES - TAPPING, DEVELOPING AND MAINTAINING THEM

LOCAL SOURCES OF HELP

No matter where you live there will be at least one of several places where you can get information on services available in your community:

Council of Social Agencies, Community Council, Citizens' Council, Health and Welfare Council, United Way, a senior center, Community Chest, a house of worship or religious organizations, Social Security Administration, Department of Public or Social Welfare (a department of your state or local government), Federal Administration on Aging or a state or local Commission on Aging.

PERSONAL MATTERS

Some of the most difficult problems faced by people grow out of illness, family matters, or an altered financial situation. These problems can upset a family's normal pattern of living.

There are trained and capable experts who have wide experience in dealing with personal problems. They have a thorough knowledge of all the community resources that may be helpful and are often able to work out solutions. Such experts are available to everyone through Family Service agencies. The aim of a Family Service agency is to help you see your problems in their true light, to understand their hidden causes, and to aid you in working toward a practical solution. The Family Service agency may be able to give you advice on housing, foster homes, nursing homes, or other living arrangements.

MENTAL HEALTH

Many communities have mental health services that provide help for emotional and mental problems. In Philadelphia there are 13 Base Service Units and Community Mental Health/Mental Retardation Centers. They are listed as "Catchment Areas" in the Philadelphia MH/MR program. Each Base Service Unit is part of the MH/MR Centers. BUS's provide diagnosis, evaluation and referral, continuity of care, record-keeping, and intensive care placement of mentally retarded persons. The MH/MR Centers provide more comprehensive services. They include 24-hour emergency, inpatient, after-care, partial hospitalization, out-patient services, consultation and education, transitional half-way houses, pre-screening specialized services for children and elderly, drug abuse and alcohol abuse services and prevention.

HOUSING INFORMATION

Information on retirement housing throughout the county may be obtained from several sources. Most Area Agencies on Aging and Commissions or Bureaus on Aging maintain lists of retirement homes and communities in their cities and counties. The Chambers of Commerce of most towns and cities usually comply with requests for information on housing in their localities. Local housing authorities can furnish information on public-sponsored low-cost and moderate-income housing for older people.

NURSING CARE - NURSING HOMES

If you need nursing or institutional care but don't know where to find it, a good source of information for both registered and practical nurses is a doctor, a hospital, or the local Department of Health, or the local Community Council. There are listings, also, in the Yellow Pages of the telephone directory.

When a nursing home or home for the aged is required, check first with the state department of health for listings of licensed nursing homes. Because nursing homes differ both in their quality and service they provide, it is vital to check the facilities of several homes before making a decision.

SOCIAL SECURITY

Turn to the local Social Security Office with questions or problems affecting Social Security rights of persons. That office can do a number of useful things for you. It can help you obtain a statement of the wages credited to your Social Security account. The payments a person receives each month after retirement are based upon this account. This office can answer your questions about how to figure the benefits you will receive and how to file the claim that will start the payments. The Social Security office will also be able to tell you what you can expect from Medicare's hospital and medical benefits and can give you information about Supplemental Security Income (SSI) and Medicaid.

ADVICE FOR VETERANS

The regional offices of the Veterans Administration deal with pensions and other benefits to which a veteran may be entitled. In Philadelphia, the regional office is located at Wissahickon Avenue and Manheim Street. Also, the Philadelphia Veterans Advisory Commission is located in Room 140, City Hall.

TAX MATTERS

Special federal tax provisions may apply to persons over the age of 65. The local offices of the Internal Revenue Service has this information. Information about city, state, or county tax provisions which may favor older persons is available from each of those tax departments. If you need help in

filing your federal income tax form, you can receive assistance from the Taxpayer Assistance section of I.R.S.

BUSINESS AND LEGAL MATTERS

The Better Business Bureaus are service organizations maintained by business firms to protect the consumer against misleading and unfair practices in business. If a situation arises in which you need the advice or services of a lawyer, and you have none of your own, ask the local Bar Association to refer you to one. You may find a Lawyer Referral Service in your community. Also, there are Legal Aid Societies or law clinics in many communities.

CONSUMER PROTECTION

Besides referring to the Better Business Bureau on consumer affairs, many states and cities have established bureaus or agencies for consumer rights and protection. Persons who feel they were victims of frauds and swindles can register complaints with these agencies/bureaus for investigations and possible reimbursements.

JOB RESOURCES

Many people choose to work full- or part-time after they retire. The community has several resources of information about where to seek employment. The following are some of the more important areas:

1. State Employment Service
2. Senior Community Service Employment Program
3. Non-Profit Volunteer Employment Agencies
4. Forty-Plus Clubs
5. Federal or Federally Funded Programs
(ACTION PROGRAMS: Foster Grandparent Program, Retired Senior Volunteer Programs, Volunteers in Services to America, Peace Corps, Senior Compassion Program)
6. The Civil Service Commission (Federal, State, Local)
7. Fraternal Organizations, Church Affiliated Groups, YM/YWCA, YM/YWHA
8. School Placement Office
9. Private Temporary or Permanent Employment Agencies
10. Professional or Trade Association
11. Personal Contacts

HELPFUL NATIONAL ORGANIZATIONS

Most of these organizations have extensions of their offices or similar organizations in many states, cities and towns.

Administration on Aging
U.S. Dept. of Health and Human
Services
Washington, DC 20201

American Association of Homes for
the Aging
1050 17th Street, N.W.
Washington, DC 20036

American Cancer Society
777 Third Avenue
New York, NY 10017

American Health Care Association
1200 15th Street, N.W.
Washington, DC 20005

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

American Legion
P.O. Box 1055
Indianapolis, IN 46206

American Lung Association
1740 Broadway
New York, NY 10019

American Medical Association
535 N. Dearborn Street
Chicago, IL 60610

American National Red Cross
18th & "E" Street, N.W.
Washington, DC 20006

American Optometric Association
243 N. Lindbergh Boulevard
St. Louis, MO 63141

Arthritis Foundation
3400 Peachtree Road, N.E.
Atlanta, GA 30326

Consumer Information Center
Pueblo, CO 81009

Council of Better Business Bureaus, Inc.
1150 17th Street, N.W.
Washington, D.C. 20036

Disabled American Veterans
P.O. Box 14301
Cincinnati, OH 45214

Elder Hostel
100 Boylston Street, Suite 200
Boston, MA 02116

Family Service Association of
America
44 E. 23rd Street
New York, NY 10010

Medic Alert Foundation Inter-
national
Post Office Box H0
Turlock, CA 95380

National Association of the Deaf
814 Thayer Avenue
Silver Springs, MD 20910

National Association for Mental
Health
1800 N. Kent Street
Arlington, VA 22209

National Council of Homemaker-
Home Health Aide Services
67 Irving Place
New York, NY 10003

The National Council on the
Aging, Inc.
600 Maryland Avenue, S.W.
West Wing 100
Washington, DC 20024

The National Council of Senior
Citizens, Inc.
925 15th Street, N.W.
Washington, DC 20005

The National Hearing Aid Society
20361 Middlebelt Road
Livonia, MI 48152

National Safety Council
444 N. Michigan Avenue
Chicago, IL 60611

National Society for the Prevention
of Blindness, Inc.
79 Madison Avenue
New York, NY 10016

The Salvation Army
120 W. 14th Street
New York, NY 10011

Travelers Aid Association of
America
701 Lee Street
Des Plaines, IL 60016

U.S. House of Representatives
Select Committee on Aging
House Office Building, Room 712
Washington, DC 20515

U.S. Senate
Special Committee on Aging
Dirksen Senate Office Building
Room G-233
Washington, DC 20510

Veterans Administration
810 Vermont Avenue, N.W.
Washington, DC 20420

Religious Organizations

For information on local services
for older people provided by the
various religious groups, write
to the following:

CATHOLIC

United States Catholic Conference
1311 Massachusetts Avenue, N.W.
Washington, DC 20005

JEWISH

National Jewish Welfare Board
15 E. 26th Street
New York, NY 10010

PROTESTANT

National Council of Churches of
Christ in the U.S.A.
Department of Social Welfare
475 Riverside Drive
New York, NY 10027

Sample Resource, Module IV

THE SIX-POINT PROGRAM OF PROJECT: HEAD

The six-point program which may be used as a format can best be defined as the sum total of all that the individuals and groups do in the club/center or in its name. Therefore, it is comprehensive, alive and it gives dignity to its consumers as well as to its deliverers. It serves the whole of man: spirit, mind and body.

The broad-based, inter-faith, six-point community program has the following dynamic components, which give meaning to the lives of the aging by developing their total well-being (By total well-being, we mean the person's relationship to himself, to his fellow man, to his community and to his God in whatever form he may conceive his God to be.).

POINT I. SOCIAL - Man is a social being, therefore, he needs the companionship of his fellow men; this point of the program gives the aged opportunities to build new friendships and social relationships which make up for loss of their loved ones, such as family, relatives, friends and neighbors.

It affords them three levels of socialization: socialization with one's self; socialization with a person; and socialization with a group.

Examples: Birthday parties, wedding anniversary celebrations, pot-luck suppers, T.V. lounges, teas, holiday get-togethers, library services, Friendly Visitors Program, Tel-A-Care, One-Take-One, Dance Parties, etc.

POINT II. HEALTH AND WELFARE - Aging is generally thought of as a process in which deterioration and degradation of the human body occur. This point helps them maintain physical, mental and spiritual health through the development of health seminars, body dynamics, physical fitness programs, hot lunch programs, Sunshine Committees, Food Stamps, Tel-A-Care, Health Fairs, Nutritional Classes, Study Clubs, Health Forums, service volunteer programs, visiting the sick and shut-ins, writing letters, etc.

POINT III. EDUCATION - Learning is an on-going process and this point challenges and motivates the aged to keep acquiring new learning experiences that will enrich their spirit, mind and body.

Examples: Book reviews, discussion groups, creative writing, educational tours, current events, Spiritual Retreats, Days of Recollection, or devotional groups, Bible study groups, poetry clubs, trips, seminars, conferences, devotional exercises, religious conferences, stamp collection and/or other educational hobbies.

POINT IV. CULTURAL - To be able to appreciate the finer things of life is a dividend that comes late in most of our aged today because most of today's aged are work-oriented; this point facilitates cultural opportunities with, for, and by them.

Examples: Musical concerts, cultural trips, or tours, musical teas, stage plays, Glee Clubs, choral groups, drama groups, role-play, etc.

Aside from the pleasure of watching (passing involvement), they are also given the opportunity to perform for the enjoyment of others, such as: plays, drama or musicals for the sick, for shut-ins, or for other senior citizens from other centers or clubs (active involvement). They can organize Glee Clubs, drama groups, kitchen bands, etc., for this service aspect of the cultural program.

POINT V. LEISURE-TIME RECREATIONAL - The wise use of leisure, at this phase of life in which the last reserves are being used, is most important because it fills the gap of a meaningless existence. This point enables them to use their leisure wisely by offering them several choices, namely: trips, dancing, group singing, arts and crafts, ceramics, sewing, wood-craft, painting, knitting, card playing, volunteer work, traveling, tours, games, etc.

POINT VI. CIVIC ACTION - Because the American social structure has no definite place for its aged, this point motivates them into positive and constructive civic and non-partisan political involvement so that they may pool their resources together for the welfare of the aged in particular and for society in general. Thus, they can create a place for themselves in the social structure by collectively securing better income, better housing, better health care, better transportation, etc. This, however, should be done in an organized humane manner so that senior citizens are not used to serve ulterior motives of some unscrupulous individuals or groups.

Examples: Lobbying for bills and legislation that will affect their welfare in particular and the whole society in general; active participation in decision-making by starting at the level they are; writing letters to legislators; activist roles; advocacy roles; being a "watch dog" in city/public affairs.

Through this dynamic six-point program, they are given a smorgasbord of choices so that they are helped to be actively involved in doing what they desire and choose to do. They are given optimal opportunities to make use of their capabilities with due consideration for their limitations. These opportunities give them motivations and challenges which result in their spiritual well-being.

The priest, rabbi or minister, therefore, needs to play a triple role: as a motivator, as an enabler and as a facilitator. On the other hand, the aged become their very effective outreach partners, and, through this partnership, they are able to serve the unreached and the hard-to-reach elderly in their own community within the church/synagogue setting.

Sample Resource , Module IV

GUIDELINE AGENDA IN CONDUCTING MEETINGS

- I. Call to Order by the President
 - A. Invocation - by the Spiritual Director (If he is not present, the President may appoint anyone he chooses to do so.)
 - B. Pledge to the Flag - Vice President
 - C. Opening Song - "Hail, Hail, The Gang's All Here"
- II. Reading of Minutes - Action on Minutes
- III. Announcements and Communications - Letters the Center has received are read. Highlights of previous meeting minutes are read. Sick members, birthdays, etc. are read. The Center Coordinator is usually given a few minutes to say a few words.
- IV. Treasurer's Report (when the club has its own treasury)
- V. Old Business - reaction to things the center has done. Report of past events.
- VI. New Business - things the center plans to do. Report on future events.
- VII. Adjournment - Closing Prayer, Closing Song, Date of Next Meeting. The Social Hour follows after the meeting is adjourned.

SAMPLE RESOURCES: MODULE V

COLLABORATIVE AND COOPERATIVE MANAGEMENT AND ADMINISTRATION OF
A SELF-HELP/MUTUAL-HELP SENIOR CENTER

ASSERTIVENESS TRAINING

NON-ASSERTION, AGGRESSION, AND ASSERTION¹

Non-assertion: Martyr

Leaves self out by not expressing needs or feelings or by denying or letting others violate his or her rights.

Why?: To avoid unpleasantness or conflict.

Results: Needs aren't met; frustration, disappointment and low self-esteem.

Aggression: Persecutor

Leaves out others' rights, feelings, and needs. Acts against others by getting what he or she wants by dominating, manipulating, and humiliating others.

Why?: To reach immediate goals, to express anger.

Results: Accomplishes short-term goals but alienates others, ends up lonely and bitter.

Assertion: Balanced Communicator

Speaks up for self appropriately while considering the needs, wishes, and rights of others. Practices open, honest, two-way communication.

Why?: To communicate effectively, feel good about self.

Results: May not reach short-range goals, may compromise or go for alternatives, usually reaches long-term goals, has healthy relationships, and feels good about self for being open and honest with others.

¹Adapted from Peoplemaking by Virginia Satir. Palo Alto, California: Science and Behavior Books, 1972.

VERBAL AND NON-VERBAL CHARACTERISTICS OF THREE COMMUNICATION STYLES

NON-ASSERTION

Verbal: Rambling, beating around the bush, overapologizing, not saying what he or she really feels.

Non-verbal: slouched posture; downcast, averted, or tearful eyes; sticky or cold hands; nervous gestures; soft, weak, pleading, or unsteady voice; overall demeanor says, "take care of me."

AGGRESSION

Verbal: blaming or accusing others; displays sarcasm, an air of superiority.

Non-verbal: makes shows of strength; has a loud or brittle voice; a cold, detached look; rigid or haughty posture; jerky, dominating gestures like finger-pointing, table-pounding; intrudes into others' space.

ASSERTION

Verbal: clear, direct, honest statement of feelings; use of "I" messages.

Non-verbal: listens well to others; upright posture; speaks in a relaxed, well-modulated voice; maintains good eye contact.

Sample Resource, Module V¹

MY DECLARATION OF SELF-ESTEEM

In all the world, there is no one else exactly like me. There are persons who have some parts like me, but no one adds up exactly like me. Therefore, everything that comes out of me is authentically mine because I alone chose it.

I own everything about me--my body, including everything it does; my mind, including all its thoughts and ideas; my eyes, including the images of all they behold; my feelings, whatever they may be--anger, joy, frustrations, love, disappointment, excitement; my mouth and all words that come out of it, polite, sweet or rough, correct or incorrect; my voice, loud or soft; and all my actions, whether they be to others or to myself.

I own my fantasies, my dreams, my hopes, my fears.

I own all my triumphs and successes, all my failures and mistakes.

Because I own all of me, I can become intimately acquainted with me. By so doing I can love me and be friendly with me in all my parts. I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me, and other aspects that I do not know. But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.

However, I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me. This is authentic and represents where I am at that moment in time.

¹Virginia Satir, Peoplemaking (Palo Alto, Calif.: Science and Behavior Books, 1972), pp. 27-29. Reprinted with permission.

When I review later how I looked and sounded, what I said and did, and how I thought and felt, some parts may turn out to be unfitting. I can discard that which is unfitting, and keep that which proved fitting, and invent something new for that which I discarded.

I can see, hear, feel, think, say, and do. I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me.

I own me, and therefore I can engineer me.

I am me and I am okay.

Sample Resource Module V

BASIC NEEDS

To feel loved

To be able to care for others who need me

To like myself and feel good about myself, accept myself as I am

To have privacy and time to be alone

To have friends and be included in social activities

To be a good mother, wife, daughter, sister, daughter-in-law,
sister-in-law, grandmother, friend, worker

To do creative work

To have fun

To exercise (tennis, golf, swimming) and do the things I like and
enjoy without feeling guilty

To keep myself busy, well-informed, and involved in life

To do meaningful work

To pursue my hobbies

Time to do nothing

To continue the learning process

To look attractive and keep my figure

APPENDIX D

FOLLOW-UP TRAINING

To insure continued reinforcement of the information learned the following actions were taken as follow-up training:

1) Creation of an Alumni Club

Two weeks after graduation (Feb. 22, 1983), the Training Director met the graduates to plan follow-up training activities. At this meeting the graduates voted to organize an Alumni Club, composed of the graduates of the Training Institute. They elected their club officers and the officers are as follows:

Chairlady	Treasurer
Co-Chair	Assistant Treasurer
Secretary	Board of Consultants

The goal of the Alumni Club is to plan on-going follow-up training to reinforce the information learned at the Training Institute.

2) Statement of Learning Gained

On March 18th, the Training Director met with the officers and members of the Alumni Club and a brief review of the information learned in Module I and II was conducted. After the brief review, each graduate was asked to put in writing a Statement of Learning Gained. Please see pp. 77 to 78 for sample statements submitted by graduates chosen at random by Training director. (items #1-4).

3) Session II

On March 25, 1983, another meeting was held and a brief review of Module III and IV was held. After the review each graduate was asked to put in writing a Statement of Learning Gained. This time, they also analyzed in a deeper sense their learning experience. Please see items #5-7, pp. 78-79 of the sample statements submitted by graduates chosen at random by the Training Director.

4) Session III - Statement of Learning Gained (Check and Balance)

The third follow-up session was held on April 8, 1983 and a brief review of Module V was conducted by the Training Director. After the brief review, the graduates were asked to submit a brief Statement of Learning Gained and identify areas of error in what they knew. Please see items #8-12 on pp. 79-80 for sample statements submitted and chosen by the Training Director at random.

5) Planning Meeting: Other Training Follow-Up Plans (Deputize)

A planning meeting with the officers of the Alumni Club was conducted by the Training Director on April 22, 1983. At this meeting it was ascertained that the officers of the Alumni Club were ready to assume planning for the on-going follow-up training. They have come to realize more fully that the initial training they had during the Training Institute (January 17-February 4, 1983) needs constant follow-up, "so that we do not forget what we've learned." There was full recognition by the alumni that the initial training they had is not enough to carry over and therefore there is need for constant follow-up in order to reinforce the information and learning they gained in the Training Institute.

The officers of the Alumni Club planned to have a series of follow-up training meetings once a month. It was decided that they will invite speakers to address some of the issues. Among the issues they identified in this planning meeting are psychosis, drug interaction, dementia, and paranoia. They felt that since they are actively involved in the day-to-day operation of the center they need to recognize early signs and symptoms so that they can prevent more serious manifestations of many illnesses which can occur among the members of the center and within their own family. They felt that managing the social, interpersonal and community activities of the center calls for such skills and training.

On May 27 (Friday) the alumni made a trip to Harrisburg to meet with Secretary Gorham Black and his staff. The purpose of this trip was educational in nature. They learned how the Pennsylvania Department of Aging, its functions and policies, impact on the center. They also learned about funding, staffing, technical assistance, etc.

The Alumni Club has on their own initiative started a training follow-up session on a monthly basis.

Further, the Alumni Club officers and members are in the process of planning some training sessions which they will conduct themselves; they plan to give training to some of their members.

A few have expressed interest in providing consultation to other senior citizens interested in getting involved in the management of the day-to-day operation of a senior center.

Summary

Knowledge is not static; any learning has to be updated and continually reinforced. This training model employed a five-step follow-up training plan which includes the following:

- Step 1: Organize a credible group interested in planning and implementing an on-going follow-up training (Alumni Club).
- Step 2: Sensitize the group on the value of on-going training (Statement of Learning).

- Step 3: Motivate the group to do an in-depth analysis of what they learned.
- Step 4: Check and Balance - What they know and what the current accurate information is (knowledge update and cross-referencing).
- Step 5: Challenge and recognize: The graduates' abilities and capacities to share and "pass on" their knowledge and expertise.

Outcome

The graduates have taken it upon themselves to keep reinforcing, expanding, and improving their knowledge and expertise through monthly follow-up training sessions, and through consultation with and among each other.

NOTE: This project was funded for six months (January 1 - June 30, 1983). While it is a short-term project, it is felt that the "seed training" has been planted and it is hoped that it will continue to grow and bloom to the fullest.

STATEMENTS OF LEARNING

As a follow-up training, three review sessions were held with the Alumni Club officers and members.

The review sessions took the form of a "looking back" approach and participants were asked, "What are some of the things we learned in Module I and II in the first session; Module II and IV in the second session, and Module V in the third session?"

This approach was used to reinforce and refresh the information they acquired during the training. Participants were requested to submit a brief and concise written Statement of Learning.

The following are some samples, chosen at random, of some of the Statements of Learning submitted:

1. GLORIA CALHOUN: "The seminar meetings taught me how to care and share, have compassion for one another. It also taught me that no one can do the job alone. To plan, develop, and promote programs, the leadership must have team work. Self-help and mutual-help for the senior center should tap the talents, skills, know-how of members in order to develop sound programs which are meaningful. Where we can turn to if help is needed was also among the things I learned. Further, we learned respect and trust in one another are a powerful force at this center. I have met some wonderful friends that changed my outlook on life during the five full days of training."

2. FRANCES CARDELLECHIO: "This seminar has taught me so much more than I really knew. I have been a volunteer worker for nearly eight years; I thought I knew it all. No matter how much education you have, this seminar can teach you lots more. To share and care with all the people, not just your favorites, or a few, is one of the most important things I learned."

3. STELLA COLE: "I learned the importance of keeping records and how to keep records. I am able to teach others how to keep statistics and how to interpret them."

"I also learned that as a volunteer leader, I must be able to communicate well with my co-workers and the members of the center."

4. JOSEPHINE DAVIS: "We learned to understand the aging process: about hearing, eyesight and helping seniors by the way we talk to them. We must be patient when they are slow, but they all have something to offer. We must accept what they can do. They must be made to feel wanted."

"We learned to plan activities with them. Selecting a leader and subjects, trips, movies, exercise, dance and music must be done with the participation of members at the center. We must cooperate with the leader to help plan these things. Some also can sew and knit; men like games and cards. We must encourage them to use their minds and skills."

"We also learned to use community resources, such as helping members with problems in Social Security, Tax Rebates, etc."

"I am very grateful to be able to learn and graduate as a Senior Volunteer Helper."

"Thanks to Mrs. Peralta and all the teachers."

5. JOSEPH DAVIS: "First of all we learned about our bodies and how they age and what we can do to help ourselves."

"We learned to choose leaders wisely and plan activities with members to make them feel wanted and useful. We learned to teach them how to avoid being exploited by people preying on the elderly."

"We also learned to help members at the center with things they do not understand, like bills, Social Security, fuel rebates, tax rebates, etc."

"I would like to extend my thanks to all the teachers and Mrs. Victorina Peralta for helping me to graduate as a Senior Volunteer Helper."

6. EDMUND GORDON: "During the course of the seminar, it became apparent that the group together had a vast storehouse of practical knowledge in the management of the center. It was the group discussions that brought that knowledge to the forefront and how to use it for a better life. Once each person better his/her life style, the community, the center and all those whose lives are touched shall be helped. As each session was held, the bonds of sisterhood and brotherhood became stronger."

7. JULIA KIRBY: "Through the training, we were guided by capable instructors, doctors and speakers, each with a set of guidelines on their particular topics, in learning the basics, opportunities, the challenges of life and its meaning."

"In attending these seminar courses and knowing the basics through living, I have gained considerable knowledge and insight on the many aspects on life as an elderly adult able to function as an adult."

"I have learned how to cope and deal more effectively with opportunities and the challenges confronting us. I am more aware of what to expect as I grow older and how to benefit from our resources that are available to us. I also learned the importance of teamwork and cooperation and how to better accept people and recognize their potentialities and needs."

"In order to function as a good leader, I need to plan, participate, delegate, and lead successfully. As a result, I take greater pride in doing whatever I am doing and perform my job with respect and happiness."

"Also, I need to be positive, assertive, and cooperative in my administrative management style. My feeling about giving, sharing, caring, receiving has been reinforced. I have a better and fuller understanding of the 'What, Why and How,' for a better and useful elderly life and leadership."

8. HELEN KROLL: "It is interesting to know that senior citizens are not being forgotten. We were given the basic know-how in where to turn to existing community resources, how to tap them effectively, and how to maintain them."

9. FLORENCE LUCAS AND MARY MULLEN: "The seminar taught me the process of aging, its opportunities and challenges. The learning gave me an understanding of myself as well as of my peers. I was made more acquainted with the opportunities and challenges available to me. It taught me how to establish rapport and promote teamwork; where to turn to community resources, how to tap them and maintain them. My feeling about helping others is always rewarding, but now I understand about that feeling better. Most of all, and the most important thing to me, is that I have become more aware of people's potentialities."

10. MARY McENTYRE: "The seminar was a very rewarding experience for me. I believe it was for everyone. It taught us how to love, share, care and be considerate of everyone."

"I hope we all take this to heart and abide by it. As for myself, I will share what I learned."

11. MAE PANICHELLI: "The seminar taught us leadership and how to be a better equipped person to manage, plan, develop, administer, and evaluate our own programs, services and activities at our center. The basic needs of a person is to feel loved and needed. To take time out to help, to always show compassion for others, and always take time to care, and to share our God-given talents and skills--this has always been our belief and attitude and it was reinforced in the Training Institute."

12. WILLIAM H. SCHAEFER: "The classes at the Port Richmond Senior Center Training Institute were a wonderful experience for me. I learned a lot of practical information about helping others and myself. I also found out how much unselfish dedication and hard work the leaders at our senior centers have to put into the programs to make them work as well as they do. I also discovered that there are a lot of things that I can do that I didn't know I could do before. As a result I am happier and more comfortable with myself."