Consumer Competence
Teaching Suggestions

The Community's Investment in Care of Elders

Objectives:

1. To develop better understanding among elders of their community supportive services.

2. To develop better understanding within families of the value of knowing how to select a nursing home or a Home for Aged according to the need of patient and relative cost.

Procedure:

1. Read background paper

2. Talk with public Health nurse and Department of Welfare's Specialist in Aging (for name use list in May packet reference book).

3. Visit a nursing home and a Home for the Aged.

4. Involve a key leader or small committee in learning what the Homes try to offer and how they need the community volunteer.

5. Decide with committees and other Agencies how to help.

6. Use a film to help teach lesson.
   Film from Health Education Film Catalog: which will help inform about the goals of group care.
   "To Live Again"
   "No Man Walks Alone"
   "Second Chance"

7. After lesson have group discuss "Home for Aged" they visited.

8. Ask group to list community services offered by the county and town.

9. Decide on a project to help Elders.

10. Ask Health Nurse about requesting a physical therapist to talk and demonstrate to volunteer leader or rehabilitation techniques.
CONSUMER COMPETENCE
BACKGROUND PAPER

A PLACE TO LIVE WHEN WE GROW OLD:

---- Nursing Homes and Homes for Aged

1. INTRODUCTION

Do you ever think about growing older? Where you will be? What you will do? and will anyone care?

A. In a survey, "Senior Citizen Profile," a question was asked -- "What do you worry about most?" The majority expressed concern over "what will I do when I can no longer care for myself? This seems a natural concern, but let us diagnose the reason.

1. Rapid Change in the Family and Community Living Pattern

Within one generation, the single lifetime of today's Senior Citizen, a complete change in family living pattern has taken place. As children, today's elders may remember running errands for an older relative living in the home, bedridden with a broken hip. Elders were almost always cared for in the upper and middle-income home, with hired help, a practical nurse or even a trained nurse if necessary. The poor, with no property and no relatives to care, were taken to the "poor house".

Today, there is trend toward group care of Elders: in the hospital; Nursing homes; and Homes for the Aged in order to share the best facilities equipment and services.

Many elders are still cared for in the home for economic reasons or for personal reasons even at personal sacrifice.

Recently, the Extension Family Relations department published a leaflet, "Long Illness in the Home." It deals with attitudes toward the patient; and the effect upon family relationships and the patient. It is helpful in making adjustments when caring for the ill at home.

2. Group Care of the Past was a Bad Memory

Yesterday, as children, some elders may remember the day an aged relative or neighbor was "taken away" to the county home or to the asylum. In those days this drastic step may have had quite a lasting impression on a child, which may still color adult fears today. The "poor house," the asylum, and the bedridden elder with a broken hip at home were all the "end of the road," the "point of no return," but are now the things of the past, we hope.

Bad memories may linger, but today, the goal of concerned people is to protect, prevent and restore through therapy and rehabilitation and return elders of any economic or social level to their homes, if possible. If not possible, then, the objective is to keep them contributing members of society, at least as a mentally competent individual, caring for own self, as long as possible.
INDUSTRIAL SOCIETY INVESTS IN CARE OF ELDERS

With the development of an industrial society; families move to different communities for better jobs; Houses and apartments accommodate only the nuclear family; homemakers have jobs away from home; domestic help vanishes, nursing and medical care costs keep rising. But the same society that has separated families has found a way to participate in sharing in the care of older family members.

We share in social security, in Medicare, in insurance protection for survivors and in additional Health Insurance. We also share public funds for provision of public health services, and various welfare assistance payments and recently through the Administration on Aging and through Poverty programs, and through Senior Citizen Programs there are developing community Services to help Elders remain independently in own homes longer.

3. CONCERN OVER THE COST

In addition to rapidly changing living patterns and some bad memories from the past; there is a concern today over the cost of care. Recent rapid progress in the medical field has gained quick acceptance and hence high expectations. However many of us have more difficult time comprehending the costs involved in this.

4. THE NUMEROUS CHOICES AND COMPLEX FINANCING are also causes for concern about care in the later years of life.

II. WHAT ARE THE SERVICES FOR ELDERS TODAY

A. During the past 30 years many changes have taken place in services for the Elder Citizen, adapting to keep pace with need of a changing society.

A number of different financial assistance plans have developed as the result of a variety of different type problems.

The following are some of the aids available through Social Security Administration provided person qualifies.

1. Medicare Health Insurance
2. Old Age, Survivor's and Disability Insurance (OASDI) also Disabled Adult Child's Benefits
3. Husband's Insurance Benefits
4. Lump-Sum Death Payments
5. Old Age Insurance Benefits
6. Parents Insurance
7. OASDI: Widow's Insurance Benefits
8. Widow's Benefits with Dependent Children
9. OASDI: Widower's Insurance Benefits
10. Wife's Insurance Benefits
12. Retirement for Political Subdivisions
13. Retirement for Teachers and State Employees
14. Social Security for State Employees and Political Subdivisions

There are several assistance payments through county Department of Public Welfare upon qualifying as unable to pay. They include:

1. Medical assistance at the Aged (MAA)
2. Old Age Assistance (OAA)
3. Home care and counseling - case work service
4. Homemaker Services
5. Service for Aged in own home or relatives home.

In addition to economic assistance, and health services there is developing under the sponsorship of Governor's Coordinating Council on Aging, other supportive community services such as: Friendly Visitor Project, Telephone Reassurance, Senior Citizen Clubs, Senior Service Center, Skill Bank, Meals on Wheels. The library has (adult Education Program and Bookmobile) services available to Senior Citizen. Church programs are developing especially for the Elder and Extension is gearing some of its programs specifically to the needs of the Older Citizen. Legal counsel is receiving a share of attention.

B. GROUP CARE - HOMES FOR AGED

In North Carolina there are Proprietary Homes, Non-profit homes, Family Care Homes and Nursing Homes.

1. The proprietary Homes are privately owned and are operated for profit.
2. Non-profit Homes include church homes, county-owned homes and some family care homes.
3. Family Care Homes provide board and care for one, two, three and not more than five older persons. The boarder is considered an elder member of the family. For many elders this is more like own home and suits quite well.

All three provide protective and preventive services for aged and are intended to sustain the resident at the highest level of functioning. The programs provide more than room and board, but in addition an opportunity for further creative contribution to the community. Regular visits are made by the residents to various places in the community and bookmobile services are usually available. Community volunteers are encouraged to participate in providing services.

Any older person who is not able to stay at home alone and care for self but does not need nursing care is eligible. The person who has been ill in Nursing home or hospital may recuperate under care before going home. "Home for Aged" placement should not be for lack of better housing.
The family pays expenses if they can afford to do so. Application is made to county Department of Public Welfare if unable to pay. The paying boarder or financially assisted boarder may stay in the same home and are treated the same.

Financial assistance may provide for all or part of the cost of care in licensed Home for the aged and family care homes up to $160 per month. The cost varies according to the services provided also the locality.

Above the specific cost of care charged by the home, a resident may receive an addition $10 for medical needs and $5 for clothes. Old age assistance eligibility requirements are used to determine qualifications for financial assistance. Casework and referral services are available to residents of a home. All three types of Homes for the Aged are licensed and supervised by the Department of Public Welfare.

WHAT PROCEDURE IS BEST FOR CHOOSING A "HOME FOR AGED"?

Needless to say, choosing a place for a very dear relative makes one feel different from considering a place objectively for the unknown general public of Elders. However, choosing a place for yourself is a good yardstick to use in judging.

1. Each "Home for the Aged" is individual and should be chosen on the basis of atmosphere of the home, personality and philosophy of the operator to fit the patient.

2. A list of licensed Homes can be secured from the Department of Public Welfare. The list includes church Homes, private homes and public in all price ranges.

3. You will want to make an appointment and visit; and if at all feasible, the Elder concerned should visit before making definite financial arrangements.

4. You will want to observe and ask questions concerning the Activity program (T. V., Magazines, books, crafts, community participation, guests, rules, therapy, food, safety, medical and nursing care in case of emergency.)

You would observe convenience features and cleanliness. Also the attitude and relationship between patient and operator and between patients. If you are visiting on your own, ask about license. Of course, a clear understanding should be gained about the cost in relation to services expected.

5. The best person to help you gain information on which to base your decision is the "Specialist in Aging" - in county welfare departments. You may request the County Welfare Director or a State Consultant in Aging to help, if you feel you need further assistance.

C. THE NURSING HOME - WHAT DOES IT OFFER?

There are few people who plan and make preparation for nursing homes, but it would be well to be informed enough to make wise decisions at the time of the critical illness of an elder. It is important to know about nursing homes, even though we never use one, because, as members of the community we are all investors and consumers.

A Nursing home is defined in North Carolina as a medically oriented facility which provides nursing and convalescent care under the direction of physician and supervised 24 hours by a licensed or registered nurse. The patients accepted do not require hospital care, but do require constant medical supervision. Medical records are required upon entering.
The services offered by a Nursing Home include: (1) Room, board, laundry, personal courtesies, (2) personal services such as help in walking, getting in and out of bed, bathing, dressing and eating if necessary and preparation of special diets if needed, (3) Nursing care requiring professional skills such as administering of medications, injections, catheterizations and similar procedures ordered by the attending physician.

The attending physician helps select a nursing home depending upon the type of service required by the patient. Of the nursing homes which qualify, preference should be given to the one nearest home, providing the nursing home is satisfactory to the family and the patient. It is important always to include the Elder in the decision making -- this is conductive to better adjustment. Be sure to visit the nursing home, make selection on cost in relation to service needed among those homes closest to family.

Be sure there is an understanding concerning the services rendered in relation to cost.

This cannot be over-emphasized. It would be helpful to know this in advance of critical illness -- the family crisis. Higher cost does not guarantee better care, but usually the better staffed homes do charge more. Cost will depend on medical care, nursing care required and extra services desired.

The cost quoted may be base rate for room and board only, with all other services extra. In other places the rate quoted is the total cost.

The total cost range is around $750 to $350 and up. Financial assistance payments will range up to $230 per month for nursing homes.

The following check points can help you evaluate the services of a particular home:

**OBSERVE THESE POINTS:**

1. Are halls and rooms clean and neat?
2. Is the home free of odors?
3. Are lounges comfortable, used by patients?
4. Is there a general home-like atmosphere with attractive surroundings?
5. Are beds neat, sheets and spreads clean?
6. Is there a nurse call by each bed?
7. Is fresh drinking water at bedside?
8. Are patients neat in appearance, nails clipped, hair cut?
9. Are safety features visible?
10. Is the kitchen clean?
11. Is the hobby or craft rooms used?
12. Do patients dine together, communicate with each other?
13. Do staff members respond quickly to patient calls for assistance?
14. Are staff members dressed neatly, cheerful in their relationships with patients?
15. Do patients seem friendly with the staff?
16. Are licenses posted, membership certificates and diplomas on display?

"Yes" answers to the above questions are indicators of a good Nursing Home.
THESE QUESTIONS YOU WILL WANT TO KNOW:

1. License - Is the home licensed by state and/or local government? For what type of patient?

2. Level of nursing care - Is there a Registered Nurse or Licensed Practical Nurse in charge? What night care is provided? (Cost is usually related to type of care). What is size of nursing staff - number of patients per nurse?

3. Medical attention - Is there a staff doctor who sets policies and is available for emergency calls? Can a patient have his own doctor? What records are kept for the doctor?

4. Activity program - What activities are provided to meet patients psychological, religious and social needs?

5. Guests - What provision is made for patients to have guests?

6. Therapy - What facilities are there for rehabilitation and physical therapy? Is staff trained in basic techniques to prevent deformity and muscle contracture and to retrain patient in self-care and motivation? Look for Home that tries to keep patients active and help taking care of self.

7. Food - What are the qualifications of the person who plans menus? How are special diets handled? Ask to see the planned menus.

8. Safety - What fire protection is provided? Is the building fire resistant? Is there an automatic alarm or sprinkler system? Are there fire escapes and/or ramps for quick evacuation. What evacuation plan is set up? Is it posted? Are there rails in halls? Are there grip bars in the bathrooms next to tubs, showers and toilets?

9. Costs - What are the basic costs for each type of service and accommodation? Are there additional charges for linens, personal laundry, haircuts, shampoos, pedicures, dental care, hand-feeding of patients, care of incontinents, special diets, oxygen, walkers, catheter irrigations, etc? How are drug costs handled? Are advanced payments returned if the patient leaves the home or dies?

10. Is the nursing staff trained in rehabilitation techniques?

Additional Indicators of a good Nursing Home:

Do community volunteers visit and assist? May the patient bring a favorite personal belonging from home?

SUMMARY:

All of society is both the Investor and the Consumer - Buyer of Care of Elders.

This includes: "Homes for the Aged," Nursing Homes, and all other community services.

1. Providing community services to enable more people to remain independent home as long as possible is the least expensive and most satisfactory service of all.

2. Providing "Homes for Aged" for preventive care and protection is the next least expensive.

3. Nursing homes even though most costly are 1/3 to 1/2 of expense of general hospital.

The highest rate of competence as a "Consumer-in-care-of-Elders" is: (1) to adopt the appropriate service for the need; (2) to provide the highest quality care for that need at the most reasonable cost in the best interest of society.

Remember:

- The type service provided for Elders reflects the attitude of your community.

The type of service we are able to secure today for others, may be the service we ourselves will use tomorrow.

Quoting the words of Oveta Culp Hobby:

"Our task .......
- to build the bridge before we reach the stream, and....If possible
- to build it in time for those who walk ahead of us."

What can we do in the community?

Influence attitudes of consideration and understanding toward the Aged, the sick, the poor and the handicapped.

Look and listen for the Real Need.

Adapt communities services to meet this Need.

Prepared by: Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh.
REFERENCES

American Medical Association - What to Look for in a Nursing Home


N. C. State Board of Health - Hugh Young

American Nursing Association - Your Retirement Home by Louise Woodruff

Burgess, Ernest - Aging in Western Societies

U. S. Department of Health, Education, and Welfare, Patterns of Living and Housing for Middle and Aged.

Harvest Years Magazine - Nursing Home: Can We Pay the Price (September 1968)

Films available from: N. C. State Board of Health, Film Library, Raleigh, N. C. (Use catalogue in home agent files: Health Education Visual Aids 1967-68 in order to read annotation and secure film wanted)

Environmental Health Aspects of Nursing Homes (14 minutes) (Operatoons of a Nursing Home)

To Live Again - Color - 14 minutes (Value of Recreation in Nursing Home)

Home Management of Disability from Arthritis (29 minutes)

No Man Walks Alone (27 minutes), excellent on physical therapy.

Second Chance - (rehabilitation of "stroke" patient)

Prepared by: Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh.
THE COMMUNITY'S INVESTMENT IN CARE OF ELDERS

T  F  1. Community services, which help keep older people independent in own Homes, are least expensive.

T  F  2. Homes for Aged offer protective and preventive services in home-like atmosphere to one or two, not more than five elders who cannot live alone.

T  F  3. Nursing Homes are for elders who require constant medical attention.

T  F  4. Attitudes of consideration and understanding most important in care of elders.

T  F  5. The community's attitude is reflected in standards of care of Elders.

Prepared by: Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh.
Friendly Visiting
(TELEPHONE REASSURANCE)

PUBLISHED BY THE
NORTH CAROLINA
GOVERNOR'S COORDINATING
COUNCIL ON AGING
WHAT IS FRIENDLY VISITING?

It is an organized plan for volunteer service in visiting aged, lonely, or shut-in persons in the community. Volunteers for Friendly Visiting accept the responsibility for regular and consistent visits, or for daily telephone calls, when desirable.

WHO ARE THE FRIENDLY VISITORS?

Intelligent, responsible, and interested men and women who understand that Friendly Visiting helps not only the person visited, but the community as a whole.

WHAT NEED DOES FRIENDLY VISITING FILL?

Loneliness and boredom are among the major problems of the aged and shut-ins. Persons living alone, or in a boarding home or nursing home, often have no families or friends to visit them. Many persons living alone need someone to check continuously on their welfare and needs. Even if their physical needs are taken care of, they often lack the personal association of a friend. Friendly Visiting helps these lonely persons know that "somebody cares."

WHAT ARE THE RESPONSIBILITIES OF THE FRIENDLY VISITOR?

Regular visits should be made by previous arrangement. If an appointment for a visit cannot be kept, the person should be telephoned and an explanation given. If this is not possible, a letter explaining the situation should be written. Aged, lonely, or shut-in persons are sensitive to disappointment, for theirs is a small, confined world. Visits usually should be made weekly and should not last for more than one hour.

The Friendly Visitor should make observations of conditions surrounding the person visited. Discreet but not inquisitive questions might be asked.

Telephone reassurance. In case of some very elderly persons (feeble or semi-invalids), it is desirable to make a daily call to that person’s home at an appointed time to determine that he is all right or if he has specific needs.

WHAT PERSONAL QUALITIES ARE DESIRABLE FOR THE FRIENDLY VISITOR?

Maturity, friendliness, patience, sincerity, tact, tolerance, promptness, generosity, and a sense of humor.

Confidentiality. The Friendly Visitor never betrays the confidences of the persons visited and does not discuss his affairs with his own friends or family.

Understanding. A Friendly Visitor has the ability to under-
stand the position of the person visited and be able to share his interests.

Pleasant manner. The Friendly Visitor never argues, avoids controversial subjects and criticism. Constructive suggestions should be made when opinions are asked.

WHAT CAN THE FRIENDLY VISITOR DO?

Read. Many elderly people with keen minds have poor eyesight.

Listen. All people like to share experiences, but the homebound aging seldom have an opportunity.

Write. Writing is difficult for many aged persons and assistance in keeping them in touch with friends and relatives is an important service.

Outings and Errands. Arrange for outings, such as a visit to friends or drives. Many because of physical handicaps never get beyond their own four walls. For those unable to leave home, simple shopping and other errands can be done by the Visitor.

WHO SPONSORS FRIENDLY VISITING PROGRAMS?

Clubs, churches, fraternal and other organizations and social agencies are appropriate sponsors. Sponsorship involves responsibility for developing a plan and seeing that it is followed. Such a plan would include:

Recruitment. Visitors will usually be recruited from the membership of the sponsoring group. There should be no overpersuasion of members for participation.

Training. Through a planned program, Visitors should have an orientation program which will acquaint them with the needs of older people, the community resources available, a brief history of the Friendly Visiting program. This program should be given by trained persons experienced in working with aged people.

Referrals. It is advisable to have an orderly method developed for making the availability of the service known to persons and agencies in a position to make referrals for the service. Assignment of referrals will be made on the basis of the individual volunteer's interest in working with a particular aged person.

Reports. Reports should be kept by the Friendly Visitor to use in planning future services as a basis for evaluating the adequacy of the service to a particular person, and to enable the sponsoring group to expand the program on the basis of needs. An appropriate form should be provided by the sponsors. (See back cover for suggested form.)
ORGANIZATION

A planning committee should be appointed which will be composed of representative members of the sponsoring group. The membership selection should be made on the basis of knowledge of the community to be served. This knowledge should include:

1. Number of aged
2. Resources available
3. Community needs

The planning committee should accept overall responsibility for program coordination and careful selection of the chairmen of such activities as:

1. Publicity
2. Recruitment
3. Orientation
4. Registry
5. Referrals

The publicity chairman should prepare releases about the project to generate interest in the program. Such releases would tell about the Friendly Visitors and their role in the community. Releases would tell how to enroll in the program and about the planned orientation program.

Organizations interested in a Friendly Visitors project should recruit interested participants. Those interested should attend the orientation program. Following the orientation program, the registry of Friendly Visitors should be set up.

Referrals should be made by local organizations on special forms, and Friendly Visitors should be notified of their assignments.

ORIENTATION

Orientation programs should be planned when a sufficient number (not to exceed 50) have signed up for the project. The orientation program might be either several one-day workshops or a series of two-hour sessions.

The orientation program should be planned to acquaint volunteers with understanding the older person. Suggested topics to be covered should include the impact of an aging population, financial status of older people, understanding the psychological aspects of aging, recreation, and maintaining the health of the aged.

There should also be a discussion of community resources.
SUGGESTED PERSONNEL

Representatives of the following groups should be included:

1. County Department of Public Welfare
2. County Department of Health
3. Local Medical Society
4. District Social Security Office
5. Ministerial Association
6. Mental Health Clinic
7. Recreation Commission
8. County Committee on Aging

REGISTRY

Following orientation, candidates should be screened so that referrals can be made on a selective basis and a register established showing the schedule of time each volunteer can give.

REFERRALS

Agencies, organizations, and individuals likely to know of persons needing the Friendly Visitors service should be contacted and fully advised of the nature of the project, and should be given blanks for making referrals.

REPORTING

Using the suggested form, a report should be made on each visit as a basis for planning future visits and for evaluating the service.

Volunteers should be provided with the opportunity for individual consultation with a professionally-trained social worker when matters of a confidential nature indicate the need.

A conference of Visitors, committee members, and professional advisors should be arranged after the program is instituted, and first visits have been made. Thereafter, quarterly conferences should be sufficient, unless special problems indicate the need for additional meetings.

Governor's Coordinating Council on Aging
116 W. Jones St., Raleigh, N. C.
June 1968—5M
FRIENDLY VISITORS REPORT

Date of visit ____________________

Person visited:
Mr. ____________________________ Tel. No. __________
Miss ____________________________
Mrs. ____________________________

Address: ____________________________

Married ___ Single ___ Widowed ___ Divorced ___

Living arrangement: Alone ___ With spouse only ___
With own family ___ In group facility ___

Physical condition: Blind ___ Deaf ___ Other handicap ___
(specify) __________________________

Personal information: Bedridden ___ Able to get about in
wheel chair or with assistance ___ Able to get about without aid ___ Able to get out of home with help ___
Able to go out of home alone ___

Special interests: Describe __________________________

Type of contact of Friendly Visitor (ex. read to person, took person on drive) __________________________

Comments: __________________________

Visitor’s name __________________________

Telephone No. __________________________
In the past few years, nursing centers for the elderly have expanded into profitable private enterprises on a large scale. There has been a vast increase in facilities--both in adapted buildings and in new facilities.

To the public, the nursing home or center has taken on the image of a desirable place for older persons to spend their last days. From the psychological and economic viewpoint only those who are very ill should be in nursing centers. Nursing centers are intended as a temporary arrangement until the elderly patient can return home. For this reason, it is preferred that these facilities not be referred to as nursing homes--rather a designation of nursing center would be more descriptive. However, in this paper we shall use the two terms interchangeably.

In order to meet the demands for medication, therapy and good nursing care to insure a high level of recovery, there is a continued improvement of standards, regulations and specialized professionals. These demands plus other reasons, have resulted in prices spiraling beyond the reach of the low-income and average person's range. Therefore, selecting a nursing center requires that a person show great skill as a consumer.

Since a person does not plan to go to a nursing home, one rarely, if ever, shops around ahead of time. Hence guidelines for selection are necessary.

It would be wise for families to acquire a set of guidelines, study and make observations and then to keep the guidelines with insurance papers for ready reference.

WHAT TO LOOK FOR IN CHOOSING A NURSING CENTER

The decision to move an elder to a nursing center is determined by the physician--the release to return home also will be upon his advice. The physician must be aware of the family situation and home conditions as well as the condition of his patient.

MEDICAL SUPERVISION

1. Patients accepted in a nursing center may not require hospital care, but they do need constant medical supervision. All nursing centers are licensed by the North Carolina State Board of Health upon meeting certain standards. Ask about this license and the type patient the home can care for.

2. Nursing centers in North Carolina are medically oriented facilities that provide nursing and convalescent care under the direction of a physician. They are to be supervised 24 hours by a licensed or registered nurse. Ask about the level of nursing care on duty in home at all times. Is it registered nurse, licensed practical nurse, assistant nurse, nurse's aide? What about night care? How many patients does each nurse look after? Cost should be related to type care. The physician will advise as to the level of nursing care the patient needs.
3. Find out about medical attention. Is there a staff physician who sets the policies? Is he available for emergency calls? How far away from the nursing home is a hospital and a physician? Will the patient have his own physician?

THERAPY PROGRAM

4. What facilities are there for rehabilitation and physical therapy? Is staff trained in techniques to prevent deformity and muscle contracture and to retrain patient in self-care and motivation? Look for a center that tries to keep patients active and that encourages them to help in taking care of self. Achieving a degree of independence helps improve mental health.

5. An activity program may serve as preventive therapy as well as rehabilitation if planned to meet the patient’s psychological, religious and social needs. Ask if the churches provide regular services. Are the community people encouraged to visit regularly? Is there appropriate recreation such as weaving, needlework, tending potted plants, music, walking exercise?

6. What provision is made for patients to visit with family and friends with some privacy?

SPECIAL CONSIDERATIONS

7. What are the qualifications of the person who plans menus? How are special diets handled? Ask to see the planned menus. Is there some choice? Is the food attractively served? A balanced diet by trained personnel can improve the patients’ physical and mental health as well as help control sickroom aroma.

8. What fire protection is provided? Is the building fire-resistant? Is there an automatic alarm or sprinkler system? Are there fire escapes and/or ramps for quick evacuation? What evacuation plan is set up? Is it posted? Are there rails in halls? Are there grab bars in the bathrooms next to tubs, showers and toilets?

9. Nursing home service should include: (a) room, board, laundry, personal courtesies; (b) personal services such as help in walking, getting in and out of bed, bathing, dressing and eating if necessary, preparation of special diets if needed; (c) nursing care requiring professional skills such as administering of medications, injections and similar procedures ordered by the attending physician.

OPERATION AND MANAGEMENT

There is a difference in services offered by various nursing homes. For example: there may be two or more nursing homes located near to each other, operated by the same business enterprise, under the same name, except for the designation of No. 1 and No. 2 or A, B, C. The physical facilities may be identical and the cost exactly the same. Yet one may have better trained nurses, and offer better diets, or more therapeutic services. This difference may result in one home being certified under Medicare, thereby assisting with expenses, while the other home is not certified.

Observe these points on operation, management and therapy:
(“Yes” answers to these questions are indicators of a good nursing center)
. Are halls and rooms clean and neat?
. Is the center free of odors?
. Are lounges comfortable and used by patients?
. Is there a general home-like atmosphere - attractive surroundings?
. Is there a cherished possession in the patient's room?
. Are beds neat - sheets and spreads clean?
. Is there a nurse "call" by each bed?
. Is fresh drinking water at bedside?
. Are patients neat in appearance?
. Are safety features visible?
. Is the kitchen clean?
. Are the hobby or craft rooms used?
. Do patients, who are able, dine together, and communicate with each other?
. Do staff members respond quickly to patient calls for assistance?
. Are staff members dressed neatly, are they cheerful in their relationships with patients?
. Do patients seem friendly with the staff?
. Are licenses posted, are membership certificates and diplomas on display?

The attending physician will know or can find out about the type services provided and will help select a nursing home, depending upon the type of care required by the patient and type of financing needed. The family must be aware enough to ask questions.

COST

1. What are the basic costs for each type of service and accommodation? Are there additional charges for linens, personal laundry, haircuts, shampoos, pedicures, dental care, hand-feeding of patients, special diets, oxygen, walkers, catheter irrigations and similar services for mentally and physically handicapped?

2. When the family discusses rates with the nursing home manager be sure there is a clear understanding concerning the services rendered in relation to cost. Base rate includes only room and board; all other services cost extra. Total rate quoted includes total costs.

3. Nursing homes are the most costly of the choices for care of elders. Even so, they cost one-third to one-half the expense of a hospital. The total price range of a nursing home is around $250 to $350 and up per month.

4. Financial assistance payments through the North Carolina Welfare Department will range up to $245 per month (1969) for nursing home care, if the patient qualifies for this assistance.

5. It is also helpful to community members to know that: higher cost does not guarantee better care, but usually the better staffed homes do charge more. Cost will depend on medical care, nursing care required and the extra services desired.

COMMUNITY CONCERNS

1. Most nursing homes are built in heavily populated areas, therefore, the need in many rural areas is still not met; even though there are 105 nursing homes in North Carolina.

2. Keen business competition is a challenge to management practices and cost, versus services. This presents a challenge to the consumer of nursing home services.

3. It is difficult for legislation to keep pace with fast growing business enterprises that are closely intermeshed with community services and government subsidation and arrangements. Legal regulations are necessary for everyone's protection.
Resources:

North Carolina State Board of Health
North Carolina Governor's Coordinating Council on Aging

Additional References:

Home Companion to the Elderly - Booklet and course available on request at any North Carolina Community College

Home Economics 120: Community Services for Home-bound Seniors
Home Economics 121: Resident Centers
Home Economics 64: Long-Term Illness in the Home

Films available from: North Carolina State Board of Health, Film Library, Raleigh, North Carolina

"To Live Again" - color - 14 minutes (Value of recreation in nursing home)
"No Man Walks Alone" - 27 minutes (Physical therapy)
"By Chance or by Choice" - 26 minutes - color - (Selecting a nursing home)

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7-69-2M Home Economics 122
In the life of each person there may come a time when he can no longer stay in his own home without assistance in personal care. He isn't ill so he doesn't need constant professional nursing care. What then?

Sometimes an elder will secure a companion to stay with him; one of the children will move into his home; or he will go to live with an adult son or daughter.

Subsidized housing, church homes and private enterprise retirement villages provide other choices for independent living. Under these types of arrangements, apartments, cottages or rooms may be grouped around central facilities, such as recreation rooms and health clinics. Residents may also share other services, including educational classes, legal counseling, and shopping facilities.

GROUP CARE

There is another housing choice for elders provided by most communities—group-care homes. These are for persons who do not need constant medical attention; but who do require some type of protective and preventive health services.

A resident of a group-care home may have a private or semi-private room. He can have meals with other residents in a central dining room when he is able to go there.

This type of resident center is usually called a "home-for-the-aged" or in some communities a "rest home."*

There are some beautiful, expensive group-care homes for older persons operated for profit. There are also some fine nonprofit church homes and private homes, where the resident's expenses are paid either personally or by public assistance, with no distinction made in the services. There are also homes-for-the-aged operated exclusively for public welfare recipients.

All homes for the elderly, all classifications and all levels, from the most expensive to the most meager, are licensed and supervised by the North Carolina Department of Public Welfare.

There are, at present, 715 homes-for-the-aged, serving about 9,000 persons in this state.

TYPES OF GROUP-CARE RESIDENT CENTERS

Type of living arrangement and services selected will depend on finances, health of older person, individual living conditions, family situation of children, personal characteristics and whether or not the "group-care" available in the community is suitable for the individual.

*The terms "homes-for-the-aged" and "resident center" will be used interchangeably in this publication.
In North Carolina group-care for the older person is of three types:
1. Proprietary homes—privately owned and operated for profit.
2. Nonprofit homes—includes church homes, county-owned homes and some family-care homes.
3. Family-care homes—provide board and care for two, three and not more than five older persons. The resident is considered a member of the family. For many elders, this family-like atmosphere is similar to that of their own homes and therefore is considered the living arrangement next most suitable to remaining at home.

All three provide protective and preventive services for the elder and are intended to sustain the resident at the highest level of performance.

The programs should provide not only room and board; but also should give the elder an opportunity, if he is able and interested, for making a contribution to the community.

For example, a resident of a home-for-the-aged, who can attend civic club meetings or volunteer for community services is making a fine contribution. Some elders participate in community recreation and activity programs. Others may make objects for sale or for gifts.

CHOOSING A RESIDENT CENTER

There is seldom, if ever, a perfect resident center, but each may excel in a different way.

Choosing a place for a close relative makes one feel differently about a center than if he considers it a place for someone he doesn't know. Therefore, choosing the type of place you would like is a good yardstick to use in judging. Here are some points to consider:

MAKING THE CHOICE

1. You will do well to secure a list of licensed homes from the Department of Public Welfare. The list includes church homes and private and public homes in all price ranges. The license will indicate that a certain minimum standard of health, sanitation and safety have been met. Call or write the Specialist in Aging, Department of Public Welfare, in your county if you need more information. The Welfare Specialist in Aging visits the licensed homes once a month; the State Consultant on Aging evaluates the homes once a year.

2. You will want to visit the resident centers you are considering. If at all possible, the elder concerned should visit the home.

   Older persons do not like to be "sent," or "put," in a home, nor do they like to be uprooted suddenly. Discuss plans with them for entering a home. Let them participate in the planning and selection, if possible.

   A decision arrived at independently by the older person, although it may take a little longer, may make the difference between his feeling "pushed around" or of his looking forward to a place where he knows he will be independent, yet secure.

ATMOSPHERE

3. You will need to match the atmosphere of the home and personality and philosophy of the operator to the patient.
For example: Some successful children want to show appreciation to parents and to maintain a certain social status, by providing the most expensive home for the elder. The parent who has struggled through a depression and two wars while educating children may feel more at ease surrounded by simple comforts, provided in a warm atmosphere with a suitable activity program. Individual needs of a person should be matched with appropriate type of care.

PHYSICAL FACILITIES

4. Make sure the physical facilities of the home agree with the standards of the prospective resident, and meet an approved standard of sanitation and cleanliness. The home should observe some comfort, convenience and safety rules.

For example: (a) There should be accident prevention precautions, including even floors, stair rails, sound firm steps or no steps, and grab bars and rubber mats in the bath. There should be heater protectors, no obstacles and good light. There should be fire extinguishers and fire escape plan.

(b) Temperature of any home for elders should be at least five degrees warmer than other home temperatures. Older persons often feel chilly. Moisture in the air should be about 50 percent.

(c) Good illumination without glare is more important to the older age group than any other since there is twice as much vision impairment past the age of 75 years. Night lights are a needed precaution in any home where seniors live.

5. Observe or discuss meals that are served. There should be a balanced diet consisting of meat, milk, fruits, green and yellow vegetables, breads and cereals. The meals should be prepared in a way that is acceptable to the resident.

6. Inquire about medical and nursing care, in case of emergency.

THERAPY PROGRAM

7. You will want to evaluate the activity program. Recreation and similar activities that help meet the patients' psychological, religious and social needs are considered preventive therapy. Keep the interests of your elder in mind.

In choosing a home observe and ask questions about rules concerning radio, television, magazines, newspapers, books, handicrafts; also about community participation in church and civic groups, libraries and recreation departments.

The activity program should offer active participation in cards, chess or checkers, needlework, croquet, horseshoes, shuffleboard, music programs, talks, playlets and hobby clubs, such as the "bird watchers" or "potted plant" club.

Many homes-for-the-aged operated on limited budgets and therefore need community volunteers to provide a varied activities program. Some homes use the services of public or private physical therapists to train paid personnel or volunteers to plan and carry out a program suitable to the needs of the residents. Remember: The type service reflects the attitude of the community.

COST

8. Before definite financial arrangements are made, gain an understanding about the
cost in relation to services expected. Cost varies according to services provided; also according to locality. The range is about $150 to $350 and up per month per person, depending upon the home.

Financial assistance may provide, to those who qualify for assistance from the Department of Public Welfare, up to about $170 per month (1969). An additional $10 per month may be paid for medical needs and $5 per month for clothes.

Old age assistance eligibility requirements are used to determine qualifications for financial assistance. Casework and referral services are available to residents of a home, if needed.

PROGRESSIVE CARE IN RETIREMENT HOMES

In North Carolina the larger church retirement homes and privately owned and operated homes provide three types of living arrangements. Residents may progress from one type to the other—depending on physical ability.

For example, active retirees may live independently in cottages or apartments but share recreational, educational and health facilities with others. An entrance fee is usually charged for this service, in addition to the monthly rate.

Later a move may be made to a room with private bath with all meals taken in the communal dining room.

Any time a person becomes ill he is moved to the nursing section of the home; then back to his room when he recovers. The cost remains the same regular monthly rate.

One advantage to this arrangement is that the elder remains for a longer period among friends and near professional staff members that he knows.

The presence of a nursing section places the entire retirement home under the North Carolina Board of Public Health for license and supervision. These homes usually qualify under Medicare certification so that this financial reimbursement can be used.

Resources: North Carolina Governor's Coordinating Council on Aging
North Carolina Department of Public Welfare
North Carolina State Board of Health

Additional References:
"Home Companion to the Elderly" - booklet and course available on request at any North Carolina Community College
Home Economics 120: Community Services for Home-Bound Seniors
Home Economics 122: Selecting a Nursing Center
Home Economics 64: Long-Term Illness in the Home
Home Economics 65: Under One Roof
Aging Leaflet: Living Arrangements for Senior Years

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6-69-2M
Home Economics 121
Homes Planned for

Comfort, Convenience, and Safety

Your later years may bring changes in your living arrangements — your physical abilities and limitations — your wishes and desires.

The home you live in should keep pace with these changes, to help your retirement years be happy ones.

Whether you are moving to a new home, remodeling a house to suit you, or simply re-arranging a part of the house for your own use — there are many things that wise planning can accomplish.

This pamphlet contains a check list of suggestions, some of which you may find appropriate and helpful in planning your home, so that it will be COMFORTABLE, CONVENIENT AND SAFE.
COMFORT

• LOCATION: Your day-to-day living can be more pleasant if your home is located —
  □ In a congenial and familiar neighborhood.
  □ In an area of stable property values.
  □ Near shopping facilities, church, and activity centers.
  □ Close to convenient transportation.
  □ Far enough away from objectionable heavy traffic or industrial noises.

• SPACE: Comfort and convenience can be aided by seeing that your living quarters —
  □ All center on one floor (preferably the ground floor).
  □ Have wide enough halls and doors to admit a wheelchair if you should need one.
  □ Provide privacy, indoors and outdoors.
  □ Have adequate storage space. (Space beyond comfortable reach of your arm should house only seldom-used articles.)
  □ Afford room for your hobbies or other recreation and for your visiting friends and relatives.
  □ Allow space for gardening and tool storage, if you have a green thumb.
  □ Present a pleasing appearance, in color and arrangement.
  □ Have windows large and low enough so that you can enjoy a pleasant view even while sitting down.

• ARRANGEMENT: You will find it helpful if your home has —
  □ Bathroom close to your bedroom with storage place for bathroom supplies and sick room equipment.
  □ Kitchen planned so as to reduce walking, lifting and reaching, with adequate storage and work space.
  □ Added conveniences, such as sit-down space at work-counters. (26" from floor is an average level.)
  □ Dining area close to the cooking area.
  □ Rooms arranged so that traffic does not flow through the sitting area in the living room.
CONVENIENCE

- House facing in the best direction to take advantage of sunshine and prevailing breezes.

- UTILITIES: Consider which of the following you can plan for:
  - Hot and cold running water.
  - Telephones conveniently located, with extension near your bed.
  - Sufficient electrical circuits and outlets conveniently located.
  - Enough outlets near your bed to connect night light, reading lamp, heating pad or electric blanket, radio, electric clock, etc.
  - Floor-level outlets for essential night lights in bath and hallways as well as near bed.
  - Outlets placed so they are not behind heavy furniture and high enough to keep cords from trailing on floor.
  - Central heat, with capacity to maintain temperature of 75°—80°. (Temperature in the bathroom should be 80°—85°.)
  - Adequate storm drainage to carry rain water away from house, and prevent flooding of basement or grounds.

- LIGHTING: Realizing that you require more light for good vision as you grow older, you will want to consider installing—
  - Large glass areas to admit sunlight. (A minimum of 15% of each room's floor area is needed for windows.)
  - Adequate artificial light, with switches easily reached.
  - Three-way switches for controlling light from both sides of the room.
  - Ceiling lights for work areas in kitchen—stove, sink and counters.

- KITCHEN: Have you planned for—
  - Cupboards and other storage space within easy reach to prevent climbing or bending?
  - Adequate ventilation?
  - At least one counter built low for work in a sitting position?
  - Oven at waist-level so that stooping is not necessary?
SAFETY - from accidents

- **BATH:** Some of these features in your bathroom will help prevent dangerous falls:
  - A seat in your tub or shower.
  - Faucet control within reach of seat.
  - Grab bars at tub, shower, and toilet, to help you get up and down. (Two grips are safer for getting in and out of tub.)
  - A rubber mat in the tub.
  - Sturdy towel bars.
  - A call bell to summon help in case of emergency.
  - Light switch beyond reach of tub.
  - Safe storage for medicines.
  - Floor space sufficient for another person to assist you in bathroom, if necessary.

- **FINISHES AND FEATURES:** Again, to prevent accidents, have you thought of —
  - Resilient flooring with non-skid finish?
  - Tacked-down or wall-to-wall carpets, rather than loose scatter rugs?
  - Interior doorways without thresholds or sills?
  - **Safety features at stairs:**
    - Handrails on both sides, indoor or outdoor stairs?
    - Abrasive treads on stairs?
    - Risers no higher than 7 inches; treads no narrower than 10½ inches?
    - Stairs well lighted with light switches at top and bottom?
    - Hand rails along halls when necessary?
    - Good lighting in cooking and other work areas?
    - Light switches located so that lights can be turned on before a person enters room or other area?
    - Easily operated hardware for windows and doors?
    - Storage space within reach between hip and eye so that climbing or bending is not necessary?
    - Sliding or folding doors on closets?
SAFETY - from fire

• HEATING SYSTEM: For safer heating, can you plan for —

  □ Central heat, with furnace in enclosed room, and combustion air taken from outside?

If you do not have central heat, can you plan for —

  □ Some type of heating safer than floor furnace? (A floor furnace in a central hall blocks your escape in case of fire from the furnace, causes additional hazards of stumbling over grate or falling if grate should be removed for cleaning.)

If you rely upon room heaters (electric, kerosene or gas), do you make sure that —

  □ Heaters are checked for overheating each year by utility company, service man, or fire department?

  □ Heaters are vented to the outside?

  □ Fuel is fed from outside storage?

If you heat with open fires, do you have—

  □ Hearth and screens for your protection?

  □ Elevated fireplace? (A good idea if you are remodeling or building.)

• WIRING: Are you safe from electrical hazards by having —

  □ Adequate circuits to carry all the appliances you plan to use without overloading?

  □ Enough outlets located so that extension cords and multiple plug-ins are unnecessary?

• FINISHES: To help prevent fires, the following steps are now feasible —

  □ Fire-resistant materials for walls and ceilings. (Recommended types are plaster or gypsum board.)

  □ Treating wood paneling with a flame-retardant paint.

  □ Buying non-combustible curtains and draperies.

  □ Flame-retardant treatment for carpeting.

• FEATURES: In case of fire, your escape would be aided by —

  □ Fire detection or warning devices installed in basement, attic and near heating unit. (De-
VICES should bear "UL" label of Underwriters Laboratories, Inc.)

- Front and rear doors.
- Tight-closing fire door between an attached garage and the house.
- Solid core flush-type wood door at the head of the basement stairs.

- SLEEPING QUARTERS: If a fire occurs, you will be safer if your sleeping quarters are planned with —

  - Bedroom on first floor.
  - A telephone beside your bed.
  - Easy access to outside doors.
  - At least one window in each bedroom, with an opening low enough for emergency exit.

Dwellings located inside cities must comply with all ordinances. The minimum requirements for the construction are contained in the recommended Uniform Residential Building Code used by most cities and these requirements should be met regardless of where the building is situated.

- FOR MORE INFORMATION — Write or consult:
  
  National Safety Council, Chicago 11, Illinois
  
  Safety Division, State Department of Public Instruction, Raleigh, N. C.
  
  Services to the Aged, State Board of Public Welfare, Raleigh, N. C.
  
  Accident Prevention Section, State Board of Health, Raleigh, N. C.
  
  Agricultural Extension Service, N. C. State University, Raleigh, N. C.
  
  North Carolina Insurance Department, Labor Building, Raleigh, N. C.
  
  Your local library
  
  Your local fire department
  
  Your local power and light company
  
  A local architect or builder
  
  North Carolina Governor's Coordinating Council on Aging, 116 W. Jones Street, Raleigh, N. C.
Consumer Competence

Teaching Suggestions

The Retirement Home -- Variety of Choices

Audience: Pre-retired families and the "young aging" set.

Objectives:

1. Families to develop better understanding of the importance of making retirement living plans.

2. Families to develop better understanding of the choices in "housing for retirement" in order to make appropriate individual decision according to need.

3. Families to become aware of new housing concept for elders in relation to effect on family and community living pattern.

Procedure:

1. Read background paper and the references you have. Decide which part of paper can be used.

Part I

1. Plan a tour of two houses.

2. Mark one house with red arrow placards (lettered) indicating the inconvenient and "accident hazards" for older people.

3. Second house marked with green lettered placards to illustrate convenient and safe features (use check list).

4. Give check list to each one on tour to take home and check your own house.

5. Recognize those who make corrections in two to six months.

Part II - Types of Retirement Centers

1. Slides are available from Housing Authority on Hi-rise Subsidized Housing Project. Write Specialist on Aging to help arrange well in advance.

2. Tour a Senior Housing Center, if convenient. Follow up with discussion.

Part III -- Use "Under One Roof" as a separate discussion session.

Part IV -- Discuss advantages and disadvantages of rural living for elderly in retirement.

Alternate Session -- Use the lesson on (1) Nursing Homes, (2) Homes for Aged, and (3) the community supported services which help keep elders in own home longer.
Alternate Teaching Suggestion:

1. Plan a Special Meeting on "Retirement Home". Use a panel of experts to tell about the choices you consider worth while to show to your community.

2. Second Session: Discuss factors to consider in choosing any type housing in later years. Illustrate with tour.

Another Choice: Divide Retirement Housing into areas:

1. Housing Design -- space requirements, plans, arrangement, finishing materials.

2. Types of Housing for Retirement -- advantages and disadvantages. Variety of Retirement Centers versus personal residence, nursing home, and home for aged.

3. Types of financing for Senior Housing.

4. Retirement housing choices -- effect on people.
THE RETIREMENT HOME -- VARIETY OF CHOICES

1. At any age, our total environment greatly influences our lives--more so in retirement than any other time. The type and location of our community, as well as our own accommodations, will probably become increasingly important to our general well-being. It is wise to give retirement living and housing much careful planning, informative research, and personal thought--for now and for the future.

Finding a satisfying home for the later years is listed by Dr. Evelyn Duvall as the first developmental task of the Aging Family. Research studies indicate that aging families want a number of things in their homes for their remaining years: (1) quiet, (2) privacy, (3) independence of action, (4) nearness to relatives and friends, (5) residence among their own kind of people, (6) inexpensive, (7) closeness to transportation lines and community activities found in libraries, shops and churches.

Mild Climate for people over 65 makes life easier and more relaxed and demands less adjustment to temperatures and other climatic conditions. Physicians often recommend a move to a more suitable climate. The climate in Eastern and Southern North Carolina is quite mild. Many newcomer retirees have settled in Wilmington area, also Southern Pines and Charlotte vicinities. Others have chosen the Western part of North Carolina.

Housing Design suitable for older people has received some attention from research. The U. S. Department of Agriculture has published a bulletin "Multi-Unit Retirement Housing for Rural Areas" as a guide for architects, engineers and builders in the field. (The book includes floor plans for Housing Units).

How does housing for older people differ from housing for young people?

First, the older family no longer needs as many rooms or activity areas as it once did. Also, easy maintenance and safety assume greater importance. Older people have more leisure but many are less able to get about and some often are confined to their homes for longer periods of time. For these reasons housing, both inside and out, should be healthful, safe, attractive, and convenient. There should be a stimulating atmosphere without over emphasizing features that remind the occupant of his age and infirmities. Cost of housing design must be kept low so that the purchase or rental price will fit into limited budget of retiree.

A list of suggestions to measure the convenience, comfort, and safety of the present (or proposed) retirement home is in the section on aging leaflet "Home planned for Comfort, Convenience and Safety" published by the N. C. Governor's Coordinating Council on Aging. A similar list to measure the retirement home is found in leaflet "Homes for Senior Citizens" published by the Pacific Northwest Cooperative Extension Service (distributed from the N. C. Agricultural Extension Housing Department).
Use the list in choosing the new house, building the new one, or in remodeling the old one. Many of these features can be added to new or old house without a great deal of money involved.

Other features such as wide doors, ample space in bathroom and in bedroom, central heating for an old house will need to be considered when remodeling.

Many families think about the later years early. Suitable housing adjustments are made while couple is in the 40 to 50 years age range. After retirement no other change needs to be made in living arrangements except for nursing home when ill at a much later age.

One-third of the elderly live in the rural areas of the U.S. The North Carolina Senior Citizen Survey showed 75% of the rural families own their present home. The majority are content and do not plan to move to retirement centers.

How can we help improve the present rural house for comfort, convenience, and safety?

II. Types of Retirement Living Arrangements

In addition to considering location and housing design factors, it seems wise to look into the advantages and disadvantages of different types of retirement housing and living arrangements. Also, to weigh the pros and cons on moving to a new area versus remaining at home, Investigating the alternatives is important to decision-making.

STAGES OF AGING AFFECT HOUSING CHOICES:

Keep in mind that aging goes through at least three stages even after retirement. In making long range plans consider preferences of all three stages: (1) the young aging usually want the most completely independent and active life; (2) the middle aging--those in the seventies who think more about safety such as non-skid floors and bath tub grab bars, who no longer relish climbing stairs or doing household chores or too much physical exertion; (3) the late aged--those in the 80's and up who often require group dining facilities, special security and protective features, and sometimes nursing care.5

NEW TYPE HOUSING IS BEING BUILT upon demand for Senior Citizens since the span of life has increased for larger numbers of people.

1. HOUSEKEEPING APARTMENTS OR COTTAGES provide independent living in a group situation. One or two bedroom efficient apartments built in a hi-rise building, in separate cottages or garden apartments (all on one floor with small yard) provide facilities for group recreation, meeting, lounges, and sometimes central kitchen and dining. The apartments are located near shopping and service facilities. The fee is $60 to $150 per month.
2. **Congregate Residences** provide good service in a central dining room, maid service for individual rooms, some health care and an activity program. There is usually an entrance fee of $500 up plus a monthly rental fee of $125 to $350 exclusive of meals and services.

**Converted Hotels** -- some once famous resort hotels are converted into congregate type living. Career women who hate housekeeping, also widowers, like this arrangement for retirement. A staff hostess is in charge of entertainment. Cost varies from $100 to $200 per month. There is usually no entrance fee.

3. **Composite Types of Housing Projects** combine Congregate Residences and housekeeping apartments or cottages. In some church homes the nursing home is added to the combination. Retired residents may pay an entrance fee, live in a cottage for awhile until the responsibility of housekeeping becomes too great, then move into residence hall with central dining room.

Later, if needed, the retired person is moved to nursing section of building for medical treatment and returned to residence upon recovery. Personal care is available in residence hall when needed.

The advantages to the composite arrangement is to be able to remain among the same friends and with the same doctor through the varying stages. There is usually an entrance fee and the monthly rate is around $200 for room and board.

Residents of retirement homes go away for visits just as they might when living in own home before retirement.

4. **PRIVATE ENTERPRISE VILLAGE FOR RETIREMENT.** These villages range in size from 50 to 15,000 people in cottages, apartments, or multi-unit complexes. Occasionally these units are rented. Usually the apartment is bought for a price of $8,000 to $18,000. A monthly fee is paid for insurance and maintenance. Recreation and health programs are included, also shopping and restaurant facilities.

Mobil-Home Parks are a trend for low-cost retirement villages. Mobil-homes are being built larger and of more lasting quality. People who thrive on entertainment would enjoy these retirement villages.

5. **PUBLIC HOUSING.** There are subsidized housekeeping apartments for low-income retirees. Rents, including facilities (except telephones), are based upon the resident's actual income. The average is $35 per month. These subsidized units are in hi-rise apartments such as in Charlotte and High Point, or garden type apartments. The Housing Authority furnishes laundry, recreation, and sometimes a social worker.

Some public housing for older families is mixed with housing of other age groups in smaller towns.

6. **OTHER CHOICES INCLUDE:**
   a) Remaining in present home.
   b) Apartment or duplex in same community.
   c) Smaller new house in same area.
   d) Share a home with family or friends. Advantages: Living cost less, close association with children and grandchildren.
Disadvantages: Conflicting interests and needs among three generations. Problem of privacy and space for all activities.

Part III. Read "Under One Roof" published by Family Relations Department, N.C. Agricultural Extension Service.
 HOW DOES ONE DECIDE WHICH IS BEST? 

(1) Do a bit of thinking and self appraising. What do you like to do? How do you like to live? What kind of life have you lived before? What can you afford financially? What gives the most pleasure? Your grandchildren, your friends, the church, community club work, or do you thrive on organized entertainment -- outdoor recreation, cultural pursuits?

(2) Secure from the Library Joseph C. Buckley's Handbook on Retirement (the third revised and enlarged edition 1967) is most helpful.

(3) Observe friends who have retired successfully.

(4) Learn about research study findings.

A. The first decision is: To Move or Not To Move

Advantages: Your present home may offer

(1) Nearness to family and friends
(2) Strong attachment to house and locality
(3) Involvement in social, community or church work and provide familiarity with community facilities
(4) Income from renting apartment or rooms

The Disadvantages: the present home may have

(1) Climate unsuitable
(2) The neighborhood no longer suits financial or social and recreational needs
(3) The house may be a physical or financial burden or not suited to needs of an older person.

The New Locality -- Advantages may be suitable climate, provide a stimulating new experience, may cost in line with resources. Sometimes new locality is to join family or friends, or there may be part-time employment opportunities. The house or community may be planned for retirement.

The only dependable way to learn about a new locality is to visit at different times of the year or possibly rent a house for awhile.

The disadvantages of a new place is having to adapt to newness and strange environment. The costs may be higher than expected, the climate may not be suitable all year and the friends or family back home might be missed greatly. The adjustment might be terrific.

3. Considering Variety of Retirement Centers as a group, in general, a summary of advantages are listed:

Advantages:

(1) Complete community facilities and services adapted to the needs of older persons.
(2) Lifetime right of residence is a choice.
(3) Choice of housing design such as residence hall, detached apartment, cottage with multi-unit, mobil-home, hi-rise development.
(4) Companionship
(5) Close to help in an emergency
(6) Pleasant surroundings
(7) Likelihood of pleasant associations and of cultural, recreational and social programs
(8) Buildings might have specialized design: (a) ramps, (b) elevators, (c) light and sun, (d) good artificial lighting, night light, automatic heat, crank operated windows, wide halls and doors, non-skid floors, good grab bars, low storage shelves, bedside telephone, electric outlets, attractive space for outdoor living.

Disadvantages of Retirement Centers appear to be individual opinions:

(1) Some people do not like age segregation
(2) Some people prefer remaining at home with family and friends
(3) Some people do not care for organized recreation

The adjustment is difficult for some because it is too different from life before.

The secret to satisfaction is finding the kind of people and kind of activities preferred.

Retirement Centers are individual. There is the right place for each person in the U. S. if you search far enough. (Joseph C. Buckley - Retirement Handbook).

WHAT HAVE RESEARCH STUDIES FOUND -- CONCERNING EFFECT OF RETIREMENT-CENTER-LIVING ON OLDER PEOPLE?

The following excerpts are taken from "Patterns of Living and Housing of Middle-aged and Older People." U. S. Department of Health, Education and Welfare.

Birren observed in his study --- "where the environment is rich with social and cultural opportunity, security and permissiveness, the attitude and behavior of at least some of the aged manifested qualities of growth and development..... environment of deprivation -- behavior of aged show more deteriorative qualities." (p. 8)


"Studies indicate that changes in social-physical environment are frequently associated with rather severe consequences for many older people...." (This was a study on those entering a "Home for Aged," Entrance often a necessity rather than voluntary choice).

An unexpected finding of study showed "that individuals who were waiting to enter an institution were psychologically worse off than those already in the institution." This suggests a revision in handling changes to be made for the elderly. (p. 122 Lieberman).
"Findings show that those who survive the long-waiting period and the initial impact of environment change (8 weeks to 6 months) are considerably better off than before." (P. 124 Lieberman)

Peterson and Larson longitudinal study (P. 129-141) of older persons who moved to Retirement Center in California -- preliminary report: "Most stimulating finding in this study (so far) is the fact that inmovers are not moving away from friends, they are moving with them."

Reasons given for moving to retirement center: "convenience and attractiveness."

Further study is needed on effect of "age segregation" in retirement villages.

Frances Carp, PhD, -- reports on comprehensive study of "Effect of Improved Housing on Aged" occupants of a subsidized housing project in Texas -- major reasons for leaving previous home:
(1) desperate need for better housing; or
(2) crushing loneliness - or - wounding intra-personal relationship ("felt they imposed a burden on the young" or "felt taken advantage of")

Findings: showed obvious measures of satisfaction, attitude, life style, and adjustment.
Conclusion report: impact of improved environment cannot be over-estimated.

Summary:
1. Home greatly influences our lives at any age, -- but especially in retirement.
2. Satisfactory homes in later years should provide a quiet, privacy, independence, nearness to relatives and friends, residence among their own kind of people, extensive closeness to transportation lines and community activities, according to research studies.
3. Mild climate easier for person in later years.
4. Housing design should give emphasis to comfort, convenience, safety and attractiveness.
5. Consider at least three stages of aging in planning for retirement housing: (1) independent, active, young aging (2) safety for middle aging (3) protective features for later aged.
6. Plan early for retirement to minimize changes later when adjustments are more difficult.
7. Types of Housing for Senior Citizens
   a. Housekeeping apartments or cottages
   b. Congregate residence (include church homes, homes for aged, and converted hotels.)
   c. Composite types of housing projects (combining separate residence, congregate residence, and nursing care homes)
   d. Private enterprize village for retirement
e. Mobil-Home Parks
f. Public housing (subsidized)
g. Private house, apartment or duplex
h. Under same roof with adult children

8. Environment rich in social and cultural opportunity, security and permissiveness promotes growth and development among the aged.

9. Adjustment to social and physical changes very difficult for many aging persons. If the change is for Improvement, the person is better off, after surviving the adjustment period (8 weeks - 6 months).

10. Separate, independent living arrangements but very near family appears best for preservation of family.

11. Special housing and services planned for senior citizens fills a definite need for some older persons.

12. Further research needed to determine effect of age segregated retirement centers.

13. The New Aging Population has an "opportunity to express the varied life styles which have come to symbolize the American pattern. The decision made now will be of major importance -- not only will they determine the future character of American Life for older people, but in general, they will also help shape the character of all metropolitan America" (quoting Frances Carp, Patterns of Housing and Living for Aged Families P. 167).

References:

2. USDA -- Multi-Unit Retirement Housing for Rural Areas.
4. Pacific N. W. Coop. Extension Service -- Homes for Senior Citizens. (Distributed by N. C. Agri. Extension Housing Department in July 'Specialist Speaks'.)
7. Under One Roof -- by Roger Croak, Family Relation Department N. C. Agriculture Extension Service.
10. Burgess, Ernest -- *Aging in Western Societies*


USDA -- Federal Extension Service (Packet from Paul Stone, N. C. Agriculture Extension Management Department)
Federal Aid for Nursing Home
Hill-Burton Health Program and Expansion Legislature
Rental Housing for Senior Citizen
Housing for the Elderly

Resource Person:
Charlotte Womble -- Extension Housing Specialist
N. C. State University
Raleigh, N. C.

*(Information on Housing Loans for Retirement Houses available from Miss Womble)*

Prepared by:
Isabelle Buckley, Extension Specialist in Aging
N. C. State University
Raleigh, N. C.
CONSUMER COMPETENCE
TEACHING SUGGESTIONS

LIVING ON "RETIREMENT INCOME"

1. This lesson is planned for Pre-retired families of any age; as well as for newly-retired couples.

2. The program divided into parts, is appropriate for Extension Homemaker clubs, community groups and special interest meetings.

3. Expert guest panelists may be invited for Homemaker Leader Training School.

4. Suggesting also two or three special sessions:
   First session -- Preparing Budget
   Discussing Social Security - invite representative.
   Company pension - by major industry representative.
   Insurance - try an older representative.
   Second session -- Bank Savings Accounts (different types)
   Mutual Savings or Loan
   Savings Bonds (different types)
   Third session -- Investments (Second and Third session could be combined)
   Optional session -- Senior Citizen Job Development
   Leader Training School Suggestion:
   1. Plan a Panel Discussion:
      Invite local Resource Persons to participate
      a. Agent or a Senior Business man to moderate and present budgeting for the future
      b. A Social Security representative, a banker - savings accounts and bonds.
      c. Savings and Loan Association - different savings accounts
      d. Insurance representative
      e. Investments broker
   Have a follow-up Special session on one subject in which there is most interest:
   For example:
   Step 1. Collect Questions on Social Security for example, at Club meeting
   Step 2. Hold a Special forum for "expert" to answer questions
   Step 3. Invite the press to write the story
   Step 4. Use Information on radio and in newsletter.

SUMMARY - Procedure

1. Study and consult advisors as to best method
2. Reproduce worksheet for participants - if suitable
3. Illustrate part of tables on flip chart or poster
4. Use case stories at club meetings to check on learned alternatives for retirement income planning.
5. Use exhibit of Senior Hobbies which could develop into Jobs. Involve Seniors in telling of success stories.
6. **Other Follow-up Ideas**

   a. ask Seniors to sent list of penny-saving ideas — publicize the winning ideas on mimeographed paper and put all of them into a leaflet for another program.

   b. Young Homemakers could have a section of the contest. By supplying Penny-saving ideas learned on the modern day complex market you could compare the two sets of money management ideas.

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Prepared by Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh
LIVING ON A RETIREMENT INCOME

Objectives:

1. To develop within families a better understanding of the financial situation of older couples.
2. To help families develop an understanding of the need for retirement planning.
3. To develop within today's Senior Citizen an understanding of the present financial situation and plan accordingly.

INTRODUCTION

CONCERN FOR ECONOMIC SECURITY IN LATER YEARS

In the "Senior Citizen Profile," a survey made in 45 counties of North Carolina during 1968, the greatest concern, expressed by 56% of Seniors, was "proper care when ill." The second greatest concern was economic security in the later years... expressed by 44%.

Adequate income can do much to free our later years of life from worry. In fact, life insurance companies have found that people who are free from money worries tend to live longer than the population as a whole.

Of course, having enough money does not always mean having a full and happy life. The "Senior Citizen's Profile" showed that having a purpose in life was very important. Forty percent of those answering the survey indicated that having "friends nearby" was important to happiness.

WHY ARE SENIOR CITIZENS SO CONCERNED ABOUT ECONOMIC SECURITY?

The low-income position of the aged population (for the majority) has been well recognized and documented (U.S. Senate Committe on Labor and Public Welfare, 1957, Kraps 1963, Epstein 1964). Retirement income is reported to be about one-half of pre-retirement income, as an average. Individually, we will have one-fourth to one-half less income upon retirement.

1. FINANCIAL PLANNING FOR RETIREMENT

CONSIDER VALUES AND GOALS

In planning for later years, you need to make a spending plan. A budget or spending plan is a personal matter, there are no set figures. No one can work out a budget for you. You must be the one to decide which things mean the most to you. You will want to be a good wife (or husband, a good in-law, a good grandparent. You will want to keep in step with the times, be a good citizen in the community and Be Somebody, no matter how old you live to be. You will want to be useful and needed. Some important things take very little money. However, everyone requires some money. (Review - Goals for Living in a Golden Age - Frances Jordan, March 1968)
HAVE A CONSISTENT PHILOSOPHY OF SPENDING

Our present day Elders tend to be very conservative and thrifty since they lived through a depression and two World Wars, raised and educated children, maintained a home and kept solvent through the years. They realize that desires outweigh resources, therefore some choices must be made. But....

This bit of Philosophy adapted from "Harvest Years" magazine should make every retired person happier -- "Adjust the income and expenses to make your purse fit your dreams" -- that is, manage your money to buy more. Sometimes our Elders today, need to be encouraged to spend money for comforts and conveniences if they can possibly afford to do so.

MAKE A PLAN

The first step is to make a Plan. This is the way to start solving any problem or reaching any goal. A financial plan for retirement is the first step toward security in later life.

The sooner you start to plan, the more you can accomplish. However, the plan must be flexible because situations and needs change. What are your Values? Is the place you live most important or will you skimp on housing and have more for food, entertainment, and clothes?

What kind of life will you want to lead when you retire? Will you do church and community service; use library; go camping, fishing, picnicking; or take trips to the city. Will you move away and buy a new home? How much will it cost to live the life you want to lead?

PREPARING THE BUDGET - Using Budget Worksheet for Retirement Finance Planning.

1. Put down on paper your present expenses.
2. Project what your expenses will be when you retire. This can be done in two ways:
   (1) by percentages, or
   (2) by actual expense plus generous allowances for inflation. At the present time, the rate of inflation is 4% per year. In 10 years this would be 40% more than today.

EXPENSES

In studying (Bureau of Labor - Budget Study)2 average income and expenditure according to age groups, we note in projecting expenses for retirement that the following expenses use a larger percent of income: food, housing, household operation, medical care, and reading material. Those expenses in retirement using a smaller percent if income are: furnishings, clothing, transportation, recreation and education.

Notice that the income level for 25-year-old-group and the 65-74 year-olds is similar. Notice the difference in the 45-55 age group with 65-74; also drastic income reduction of 75 year olds and over, in this.

In this survey we note that food and housing take the largest proportion of the income. One question to be investigated is: How many older persons are spending meager income on food fallacies and false claims in home of relieving ailments? Do our elders know how to shop wisely in today's market? How can we help young homemakers and Elders share their knowledge.
### MONTHLY EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Now</th>
<th>In Retirement</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$___</td>
<td>$___</td>
<td>$___</td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing (mortgage, taxes, maintence)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household (Electric, gas)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car (gas, repairs, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
<td></td>
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<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$___</td>
<td>$___</td>
<td>$___</td>
</tr>
</tbody>
</table>

### MONTHLY INCOME

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Now</th>
<th>In Retirement</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$___</td>
<td></td>
<td>$___</td>
</tr>
<tr>
<td>Projected Savings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Pension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Annuity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$___</td>
<td></td>
<td>$___</td>
</tr>
</tbody>
</table>

### SUMMARY OF MONTHLY INCOME AND EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Now</th>
<th>In Retirement</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>$___</td>
<td></td>
<td>$___</td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings for future</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Housing costs should be compared. Could the couple move to smaller quarters or a warmer climate? Would a new house be less expensive? What are the other alternatives? ---- apartments, mobile homes, retirement communities.

According to some economists, an elderly couple can live adequately (in 1965) on $3000 per year minimum and $2000 for one person. But even at minimum $3000 for a couple and $2000 for a single person, social security does not furnish minimum without some other source of income.

In face of rising cost, there is a question as to whether the minimum estimates are truly adequate. There is, also, another angle ---- Cost-of-living estimates are based on average amounts spent in the past. This is not altogether fair. Perhaps the low-cost-low-in-nutritive value food chosen was a matter of necessity rather than preference.

Advance nutrition research shows that older people usually need low-calorie but high-in-nutritive-value food. This type diet is more costly than a high caloric diet.

**Retirement Income**

Expenses, of course, are only one side of the budget. The other is income. If your budget is to be a sound one, these two must balance. Our expenses will represent our tastes and needs, but they should also represent the amount of money we have to spend.

Today a smaller percentage of people are on "Old Age Assistance" payments and more people support themselves in retirement than 25 years ago because:
(a) Social Security benefits (OASI) have increased; (b) company pension plans have been enlarged; (c) more people carry insurance; (d) more people make financial plans for their retirement. An important part of these plans is a knowledge of just what you can expect from the various programs.

(1) Figure how much you will get in Social Security after you are 65 years old. Keep up to date on social security; amendments to laws are made from time to time.

<table>
<thead>
<tr>
<th>Retirement Benefits</th>
<th>Survivors Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Monthly Earnings After 1960</strong></td>
<td><strong>Retired Worker</strong></td>
</tr>
<tr>
<td>$250.00</td>
<td>$101.70</td>
</tr>
<tr>
<td>300.00</td>
<td>112.40</td>
</tr>
<tr>
<td>350.00</td>
<td>124.20</td>
</tr>
<tr>
<td>400.00</td>
<td>135.90</td>
</tr>
<tr>
<td>450.00</td>
<td>146.00</td>
</tr>
<tr>
<td>550.00</td>
<td>168.00</td>
</tr>
</tbody>
</table>
(2) Talk with a representative of the Social Security Administration or ask him to discuss questions you may have. Study and know your rights under company pension plan.

(3) Have an insurance representative explain various annuity insurance plans showing on paper the benefits of each. Compare with your insurance policies.

COMPARE FUTURE INCOME WITH EXPECTED BUDGET FOR RETIREMENT. After recording income and expenses and savings for Now and in Retirement, where do you stand? Does the record balance? Anything left over? Fine, it can be set aside for future wants. Are the expenses more than income? Many people over-spend.

After realizing how much money you are going to need in the future, you can adjust the budget for the present. The present budget, determines what you can save now, that will help you realize your goals in retirement.

Making a budget now helps us to see where we can cut expenses, without having to give up all the satisfaction which makes our lives meaningful during our later years.

(4) WHAT CHANGE WOULD BE HELPFUL IN PRESENT EARNINGS, SPENDING AND SAVINGS?

The following suggestions are made in "Mmaging Your Money" booklet (USDA, March 1964). 3

A. Remember the important needs first -- food, clothes, a place to live. Can the costs of these be cut? How much? To cut you might: (1) but more carefully, (2) use things to better advantage, and (3) avoid quick decisions, (4) raise a garden, make-over clothes, and do own home repair jobs.

B. Notice other expenses. Are they all truly important? Are they worth the high rate of credit? Could it be bought later for cash?

C. On the other side of the sheet, can the income be increased with an investment, a business, real estate or a part-time job?

Prepared by Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh, N. C.
SAVINGS AND INVESTMENT FOR RETIREMENT

A. When to start saving for retirement? We actually start a retirement fund with the first pay check by enrolling in social security and/or a company pension plan. Farmers and other self-employed people were long denied access to group savings for retirement, but even those people can now participate in the federal Social Security plan. Investment in property acquired at any age is also a form of retirement savings. When to start saving additional security for retirement depends upon one's financial standing, other obligations and one's current scale of living. Many people either have so many current financial obligations, or refuse to think of future needs, that they find themselves with greatly reduced incomes when they are dependent on Social Security retirement alone. Most people, today, think seriously about retirement during the middle years as their children begin to leave the family home. This may be late to begin, but the earner often is at the peak of his earning career and may be able to save more effectively at this time than at any other.

B. How much should one save for retirement? Systematic savers feel that everyone should save at least 5% of every pay check. Many people save nothing, or a small amount sporadically when excess funds permit. Savings for retirement must become systematic; the goal must become really important to the saver. The amount saved needs to be a reasonable amount, not forcing one to drastically restrict his current living level.

C. Type of retirement savings appropriate for age range

a. YOUNG PERSON - Should invest in himself by getting an education and developing all inherent talents and abilities. Social Security on his first job is the beginning, or a company pension plan. Start savings, if possible in a bank account.

b. SINGLE ADULT OF ANY AGE - The person who never marries should invest in durable goods, and a personal retirement plan. He has special needs for health insurance protection and income protection in case of disability. The values and goals of this person may be different from married couples and would dictate some differences in retirement savings planning.

c. YOUNG MARRIEDS - Might want to, or need to, continue investing in education of either or both partners. When they are working, investment in durable goods for family living, and savings for home ownership are most important. Term life insurance and health and accident insurance best buy for this age group. Investment in private pension plans and Social Security may seem a burden but should be forming a good base for years way in the future.

d. GROWING FAMILY - Insurance should place emphasis on maximum protection on income earner. Money required for investing in home ownership, furnishings, equipment, and children's education. This is the time of greatest strain on family income, and savings will be hardest. "Old Age and Survivors' (Soc. Sec.) Insurance" offers as much protection to the family at this time as in retirement, should something happen to the wage earner.
e. CONTRACTING FAMILY - When parents are no longer responsible for the children's support, their emphasis might be on furniture and equipment replacement, convenience remodeling, recreation, and other more leisurely pursuits. This is the "last call" for increasing income for retirement unless some wage-earning continues into retirement. The wage-earner usually is at the peak of his earning power and should be able to save at the greatest rate at this time. If this period occurs around 40 to 45 years, a 20 endowment policy is still possible. If the adults are interested and alert, secure in home and basic retirement plans, some investment in stocks may be desirable.

f. RETIREMENT YEARS - Hopefully, income is adequate for the couple or remaining adult to support himself in accustomed fashion, using social security or company pension plan as a base. Additional income from annuities, dividends from stocks and interest on savings accounts may provide ease from financial pressure. Maintaining Medicare and/or health insurance policies most important. Income may be earned from part-time job is necessary. It is possible to earn and pay additional social security to build up monthly benefits, even though one is officially retired.

D. Advantages and disadvantages of different types of savings for retirement.

1. Social Security (OASI - Old Age and Survivors Insurance) is required by law for our protection. Employees and employers contribute equal amounts based on income, which is invested in U. S. Government securities. Monthly payments are made to retirees, the amount depending upon the average salary which was earned over a basic period of working years and age at retirement. Husbands and wives may both draw monthly checks on his earnings, or the wife may elect to draw checks on her own earnings if they were larger. A widow may receive monthly checks on her husband's earnings, and the whole family may receive some benefits if a covered worker becomes totally disabled.

The total amount of money received after retirement, disability, or death is not related to the total amount of money paid into the fund. It is insurance, not a savings account. Some families receive many more dollars than they have paid in; others may receive monthly payments only a few years, after paying into the fund for years.

2. Health Insurance and Medicare - Both are extremely desirable for assurance of care when ill. There are some limitations on time in the hospital but much more adequate program than before. Some elderly have difficulty providing the initial amount of money required for admission to the hospital.

3. Life Insurance policies - The desirability of life insurance for an older wage-earner depends upon the age and needs of any persons dependent upon the wage-earner. If children are self-sustaining, there is no real reason to carry life insurance as a gift to them. Any life insurance policies should be made payable to a surviving spouse, and carried in an amount suitable for that person's anticipated needs.

An annuity policy taken out early enough to provide some protection as life insurance and paying the face amount to the retiree when paid up is most desirable. However, this is the most expensive type of life insurance. An annuity can provide monthly income payments rather than a lump sum.
4. **Bank savings accounts** - this is a flexible way to save because any amount can be deposited or withdrawn at any time. Interest is usually compounded and the account is insured against the bank default up to $15,000 by the Federal Deposit Insurance Company, a federal agency. However, the rate of savings is not as high as for some other types of investment. Money is ready for emergencies. This type of account requires self-discipline.

5. **Bank savings certificates** - A savings certificate must be purchased in a stated amount; money cannot be withdrawn piecemeal. It draws a higher rate of interest than regular savings. The bank may require 30 to 90 days notice to withdraw.

6. **Checking account** - The ultimate in self-discipline is required to save money in a checking account. The money is easy to withdraw and may easily be spent on the spur of the moment. Money in the account usually draws no interest. Such an account is desirable for businesslike methods in paying bills and keeping records of business transactions.

7. **U.S. Savings Bonds** - There are two main types of bonds for consumers, Series E and H. They differ in cost and rate of interest paid. This plan is safe, backed by the federal government. It is systematic and convenient as a payroll deduction. No decisions must be made each time one invests. Good for a family's long range savings plan. The rate of interest does not change quickly in response to changes in the general interest situation. Interest is compounded and paid when the bond is cashed.

8. **Savings accounts with Savings and Loan Associations** - Passbook accounts available similar to bank savings with interest compounded, and account insured by FDIC. Any amount may be deposited at any time or withdrawn; depositors are considered stock-holders in the corporation. The original purpose and still a prime factor in these companies is the lending of money to home-buyers. Interest paid on home loans provides interest to depositors in the association. Savings certificates, with interest paid quarterly by mailed checks, are also available.

E. Additional good investments for retirement

1. **Investment in yourself** - the returns are better adjustment to life.
   a. A better education usually provides opportunity for increased income. This leads to greater investment in social security, pensions and savings. One's interests are widened for a life richer in satisfaction.
   
   b. Investment also in some hobbies and recreation for personal and cultural development enriches retirement life, far greater than monetary investment.

2. **Investment in durable goods**, such as a home, furnishings, and equipment, provides much satisfaction to retirement living. Look for good design and qualities that will provide ease and comfort at a time when strength and energies may be low. Freedom from drudgery should be a reward for years of work.
Investment in income-producing stock - This is a good way to supplement income for one who is alert to business and economic conditions in the country. However, before investing in stocks, one should have a bank savings account, life and health insurance, and adequate investment in a home and durable goods. No one should dabble in stocks who does not have his debts under control and a secure plan for everyday living expenses. Have a broker in whom you have confidence.

PART-TIME JOB AFTER RETIREMENT TO INCREASE INCOME

Even though we may be required to retire from our present job at age 65, we can apply for another type of job.

Senior Citizens becoming 65 today feel better, are more alert and are predicted to live longer. More and more Seniors are planning to work part-time on a consultant basis in the professions; or set up their own business, or secure a job which is less demanding of strength.

The development of Community services are generating more jobs for retirees. Refer to attached sheet on Retirement Jobs.

SUMMARY:

Financial Planning for Retirement

1. Work out a general budget for present and future years.

2. Investigate ways in which money can be made to work for you.

3. Study how best to use these savings once retirement comes. Each person has an individual problem, must arrive at own particular solution.

4. Have well-planned insurance program.

5. A Will provides distribution of property you consider best to care for surviving partner and family.

6. Careful Planning in advance, regular savings, and a well-worked out program for retirement can mean safe and secure retirement years for you and all who depend on you.

Prepared by Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh.
So ---- You are already Retired!

Have worries about finances? Having difficulty making ends meet?

What should you do? Where should you start?

First, be consoled that all retired couples go through a short adjustment period. They may withdraw from a few activities, continue others or even begin new ones. But after this transition most couples are completely at home in their new life with its rhythm of activity. Soon you will begin to think of Retirement as life - continued, but chan ed activity. Retirement is not simple and easy. Changes seldom are. But there are things you can do to make this change easier.

Even so, there are dozens of decisions and most of them involve money. Perhaps it will help to hear how another couple managed.

CASE STORY

Bill and Jan Dailey had spent everything for their children - rearing them, educating them and providing a nice home plus the extras - vacations, recreation, hobbies and a bit of cultural development, then the weddings and helping the young couples get started. Jan had had an expensive operation, then suddenly, it was time for Bill to retire from teaching, without much thought given to it. At first, the realization of drastic reduction in income was quite a shock. However, having a fine marriage relationship, and having been through many crises before, they had learned to work out their problems together.

First, they discussed the things which meant the most to them; planned the kind of life they hoped to live in retirement.

Their Church, friends, the community, their health seemed to mean the most. They were willing to move to a less expensive house if they needed to. But they had spent a lot of time developing the yard and adding extra conveniences to the house. It would hurt to sell the home, emotionally as well as financially.

Second, they took stock of their assets - physical, mental, material and spiritual. They considered their interests, skills, friends, financial resources and planning done over the years.

They were surprised, encouraged and excited. Both were in excellent physical condition they had several complimentary interests and skills. They would like to set up a small business in furniture refinishing but they need a more dependable income. They will receive $146.00 per month Social Security now. When Jan becomes 65, within two years, they will have $203.00. The company pension was $95 per month (they had a paid up life insurance policy of $10,000). The house was paid for, also the car. The house, the furniture and their clothes were in good condition.

They kept insurance for protection, also health insurance and signed up for medicare.

<table>
<thead>
<tr>
<th>Here are the monthly expenses</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food 100.00</td>
<td>Social Security 146.00</td>
</tr>
<tr>
<td>Housing 100.00</td>
<td>Pension 95.00</td>
</tr>
<tr>
<td>(taxes, repair, operation)</td>
<td>Total 241.00</td>
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<tr>
<td>Clothing 16.50</td>
<td>$301.50</td>
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<tr>
<td>Transportation 20.00</td>
<td>-241.00</td>
</tr>
<tr>
<td>Medical 25.00</td>
<td>60.50 short on income</td>
</tr>
<tr>
<td>Church 20.00</td>
<td>Misc 20.00</td>
</tr>
<tr>
<td></td>
<td>5301.50</td>
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</tbody>
</table>
The Dailey's could really pinch pennies closer, but Bill is asked to teach a class in the adult vocational division of the community college which will bring in needed cash to supplement income. The class will consume only a part of the time. Their future plans include a vegetable garden, they have a freezer. Jan is making a serious business of watching the sales, studying labels and making wise purchases. Luckily, Jan sews well. She will save on clothes, also on Christmas gifts.

Upon investigation, they realize that a new smaller house at today's prices would cost as much as their more spacious older one. They enjoy their yard and the trees and flowers and they love their friends nearby and the climate is suitable to health in later years.

Their house is well located, so they plan to finish off the "above-ground-basement" for an apartment and rent it. In addition to income, renters would be company if one should be left alone.

Jan has a plan for making beautiful aprons and table mats. She plans to advertise them for sale from her home.

Bill makes picture frames "on order" in the garage. This couple did not plan ahead for ample cash income, but have they developed well-rounded lives for enjoyment in later years. They do have security in a place to live, some insurance and friends and the church. They are resourceful and they have enough income if they are very thrifty.

If you were in the Dailey's position what would you do?

If you were Jan at 80 years old and left alone... What would you do?

SECOND CASE STORY

It is a different story with the Wilsons. They have only $152.60 per month social security as a farmer ($1831.20 per year)

Not being able to farm the very small acreage any longer, he has turned it over to his son but he receives $300.00 per year for a share in the tobacco crop.

They did not take out life insurance nor health insurance and did not sign up for Medicare. They think it is linked with Welfare payments and they are too proud for that.

Both are in ill health with many complications - not able for any part-time work of any kind. The house is in bad condition, no conveniences. The car has seen "its day. None of the children can help. They have fruits and vegetables to eat, also, milk, eggs, and chickens.

What do you advise?

Some considerations:

1. Sign up for Medicare - immediately.

2. Build a small (4 room) cinder block house with heat and bath. Payments on a Farmer's Home Administration Loan would cost less than taxes on the old place, repairs, lost fuel and extra doctor bills.

3. Get complete medical check-up and try to combat ill health with good care.
4. The family and the church and community will need to help shop, transport and visit to help them remain independent and comfortable.

5. Spend some money on a good T.V., radio, telephone, reading material, and handwork.

6. They might need to choose a home for the Aged or Nursing home later on with financial assistance from the Welfare Department.

How would you manage?

Suggestion to the Agent:

Rewrite the story and solve (in discussion) the problems you consider typical.
Living on Retirement Income

T F 1. Retirement Income is about half of Pre-retirement income.
T F 2. The kind of life one wants to live affects retirement income needed.
T F 3. Let the future take care of itself, is a good Retirement Philosophy.
T F 4. Food and Housing take the least portion of retirement income.
T F 5. A person should allow for inflation in projecting future expenses.
T F 6. Social Security is generally first retirement savings one makes.
T F 7. Other savings are necessary, since Social Security is not designed to do the entire job.
T F 8. Investment in self-education and development of talents is appropriate retirement savings for a young person.
T F 9. The contracting family stage (40 to 65 years old) is the time when greatest cash savings for retirement are usually made.
T F 10. Participation in health insurance and medicare are important to retirement planning.
T F 11. Life insurance is good protection of survivors in case the wage-earner dies young.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Under</td>
<td>25</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
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<tr>
<td>Average Income</td>
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<td>$4,293</td>
<td>$4,898</td>
<td>$7,057</td>
<td>$7,172</td>
<td>$5,813</td>
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<td>Average consumer Expenditure</td>
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<td>$6,566</td>
<td>$6,374</td>
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<tr>
<td>Total %</td>
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<td>100.0</td>
<td>100.0</td>
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<tr>
<td>Food</td>
<td>24.3</td>
<td>21.6</td>
<td>23.2</td>
<td>24.18</td>
<td>24.0</td>
<td>24.9</td>
<td>25.7</td>
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<tr>
<td>Alcoholic Beverage</td>
<td>1.7</td>
<td>1.4</td>
<td>1.6</td>
<td>1.8</td>
<td>1.9</td>
<td>1.6</td>
<td>1.5</td>
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<tr>
<td>Housing—including</td>
<td>18.4</td>
<td>18.7</td>
<td>19.0</td>
<td>17.5</td>
<td>17.0</td>
<td>18.3</td>
<td>21.9</td>
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<tr>
<td>fuel, light,</td>
<td></td>
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<td>refrigeration</td>
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<tr>
<td>Household operation</td>
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<td>6.3</td>
<td>5.7</td>
<td>5.5</td>
<td>5.9</td>
<td>6.7</td>
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<td>Furnishings</td>
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<td>6.4</td>
<td>6.0</td>
<td>5.4</td>
<td>4.8</td>
<td>4.6</td>
<td>4.0</td>
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<tr>
<td>Clothing</td>
<td>10.4</td>
<td>9.5</td>
<td>10.0</td>
<td>11.3</td>
<td>11.4</td>
<td>9.8</td>
<td>7.7</td>
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<tr>
<td>Transportation</td>
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<td>18.8</td>
<td>15.6</td>
<td>14.4</td>
<td>15.1</td>
<td>14.6</td>
<td>12.5</td>
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<tr>
<td>Medical care</td>
<td>6.6</td>
<td>5.7</td>
<td>6.0</td>
<td>5.8</td>
<td>6.0</td>
<td>5.8</td>
<td>7.4</td>
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<tr>
<td>Personal care</td>
<td>2.9</td>
<td>2.8</td>
<td>2.8</td>
<td>2.9</td>
<td>2.9</td>
<td>2.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Recreation</td>
<td>4.0</td>
<td>4.6</td>
<td>4.5</td>
<td>4.4</td>
<td>4.1</td>
<td>3.5</td>
<td>2.7</td>
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<tr>
<td>Reading material</td>
<td>0.9</td>
<td>0.8</td>
<td>0.9</td>
<td>0.9</td>
<td>0.9</td>
<td>1.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Education</td>
<td>1.1</td>
<td>1.1</td>
<td>0.8</td>
<td>1.2</td>
<td>1.9</td>
<td>1.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Tobacco</td>
<td>1.8</td>
<td>1.9</td>
<td>1.9</td>
<td>1.8</td>
<td>1.8</td>
<td>1.7</td>
<td>1.4</td>
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<tr>
<td>Miscellaneous</td>
<td>2.2</td>
<td>1.0</td>
<td>1.4</td>
<td>2.1</td>
<td>2.8</td>
<td>2.9</td>
<td>2.4</td>
</tr>
</tbody>
</table>

FOOTNOTES


2. Family Characteristics by Age of Family Head - Mimeo sheet from N. C. State Extension Home Management Department.

3. Managing Your Money - USDA, March 1964 (green ink print)

4. Your Retirement, A discussion of your financial resources and how you might use them. Contains case studies and a sample Retirement Record. Institute of Life Insurance, 277 Park Avenue, New York, N.Y. (white cover - blue ink, in your file)


OTHER REFERENCES

Decade of Decision, Cohen, Institute of Life Insurance and Health Institute, 277 Park Avenue, New York, N.Y. 10017


Harvest Years, Retirement Spending Guide


The Spenders Syndrome, Case studies of Families and their consumer problems.


Film: "The Social Security Story," (13 minutes) Order from the University of North Carolina, Educational Television or Social Security Administration, Department of Health, Education and Welfare, Washington, D. C.
Adequate income can do much to free our later years of life from worry. In fact, life insurance companies have found that people who are free from money worries tend to live longer than the population as a whole.

Individually, a couple has one-fourth to one-half less income upon retirement.

How Can One Live on a Retirement Income?

1. You need to make a plan: A spending plan is a personal matter; there are no set figures. No one can work out a budget for you, although there are some "average" percentages.

2. Your spending plan depends upon your values and goals: You must be the one to decide which things mean the most to you—is it plenty of quality food? a fine house? clothes? or entertainment? What kind of life will you want to live? How much will it cost to live that kind of life?

3. To make a plan:
   a. Put down on paper your present expenses.
   b. Project what your future expenses will be when you retire.  
      (Remember prices are rising at rate of 4% per year at present time)

4. Estimate retirement income:
   a. List on the other side of the page your retirement income.
   b. Figure how much you will receive in Social Security. You may want to get a booklet from the Social Security Office or ask a representative to come to a meeting and answer your questions in a group.
   c. Find out about company pension and add this figure to income column.
   d. If you have a savings account, or investment yielding interest, add this; also rent from rental property. (If you own rental property, add taxes and upkeep on expense column).
   e. Widows may have an insurance policy paid to them as a survivor.

5. Add income and expense columns
   Compare to see where adjustments can be made.

   If retirement income is larger you have a savings and emergency fund.

   If the expense column is larger there are several alternates: get a part-time retirement job; start a money-making project (if health permits); or find ways of cutting the expenses and save more money before retirement.

Suggestions for working out Retirement Budget on reverse side of page.
FIGURES TO HELP ESTIMATE RETIREMENT EXPENSES

An "average retired couple's" budget from the Department of Labor

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Income</th>
<th>Dollar expenditure monthly (based on $3,000 per yr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>36.4%</td>
<td>$91.00</td>
</tr>
<tr>
<td>Food &amp; beverage</td>
<td>28.5</td>
<td>71.25</td>
</tr>
<tr>
<td>Other goods &amp; services</td>
<td>12.0</td>
<td>30.00</td>
</tr>
<tr>
<td>Medical care</td>
<td>10.5</td>
<td>26.75</td>
</tr>
<tr>
<td>Clothing</td>
<td>7.0</td>
<td>17.50</td>
</tr>
<tr>
<td>Transportation</td>
<td>5.4</td>
<td>13.50</td>
</tr>
</tbody>
</table>

*Depends on insurance or Medicare coverage.

Your own past expense record will be your best guide...

Note: HOUSING and FOOD take the largest proportion...

**Housing Decisions should be weighed in order to reduce Cost**

- Does the house need remodeling for more convenience during the less active years? Perhaps insulation or a heating system would cut operating cost. Figure with reputable firm; beware of fly-by-night remodeling jobs.

- Should the couple consider a warmer climate?

- Would a smaller house in town be less expensive?

- Should the couple consider an apartment, housing units, etc.? Investigate availability and cost in your area.

- Food Buying - food having exactly the same nutritive value can vary greatly in price. Meal planning and food shopping is a challenging game that retired couples can play together. Shopping tips are available from your Extension Home Economics office. Experience over the years is a great teacher, but there are new products every day. The young homemaker has learned new tricks she can share, too.

**RETIREMENT INCOME FROM SOCIAL SECURITY BENEFITS**

<table>
<thead>
<tr>
<th>Retirement Benefits</th>
<th>Survivors Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Earnings After 1960</td>
<td>Retired Worker Wife under 65</td>
</tr>
<tr>
<td>$250.00</td>
<td>$101.70</td>
</tr>
<tr>
<td>300.00</td>
<td>112.40</td>
</tr>
<tr>
<td>350.00</td>
<td>124.20</td>
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<td>400.00</td>
<td>135.90</td>
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<td>450.00</td>
<td>146.00</td>
</tr>
<tr>
<td>550.00</td>
<td>168.00</td>
</tr>
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</table>

This is only a sample of the information that is available. Contact your Social Security office or Extension office for more complete information.
Tips from our Elders - Things to consider before Retirement

1. Face Facts, think and plan for the Future!

2. Get the house remodeling done before retirement. (The Extension office has practical suggestions - ask for checklist for Homes for Seniors)

3. Replenish household supplies and furnishings, if needed.

4. Build up the clothes wardrobe with quality clothes of lasting style - take advantage of sales. Buy around a plan. Extension Service has helpful information on planning, buying, and care of clothes.

5. Some women keep up their sewing skill and do own altering. Some Senior men learn to do own household repair jobs - they say any man can follow instructions.

6. Buy the new car before retiring, if needed.

7. Pursue that special hobby, craft or skill planned for retirement.

8. Remain in or join the community service club which appeals to you most.

9. Seek ways to continue your education to help you enjoy being alive. Education is available through: Extension clubs, churches, civic and community groups, library, recreation departments, traveling, museums, exhibits, etc.

   Education is also available on the radio and T.V. and in magazines - however you must consult a schedule and choose suitable programs and articles.

   THE BEST THINGS IN LIFE ARE FREE -- Almost

Retired Seniors give this encouragement:

1. Larger income tax deductions are allowed past 65 yrs. -- many retirees do not need to pay income tax.

2. There are no retirement deductions from retirees checks.

3. Transportation expenses generally are less.

4. Housing expenses are reduced if the mortgage is paid up.

5. Some life insurance policies are paid by age 65.

6. Demands for contributions may be reduced.

7. Clothes receive less hard wear.

- over -
Suggestions by Retirees to Help Reduce Cost of Living

Wash own car.

2. Buy oil wholesale and do own oil change

3. Give own motor better care in starting and in driving

4. Use recapped tires, if not traveling at high speed on long trips.

5. Shine own shoes.

6. White shirt will last 2 to 3 Sunday mornings, if careful.

7. Suit worn only on Sunday will last a season without cleaner's bill (if care is taken).

8. A good suit will last for years.

9. Hair cut not as often.

10. Lunches away from home may be reduced.

11. Pay cash--even charge accounts have a service charge.

12. Avoid the Use Now-Pay Later plan (except for durable goods).

Example: in some cases, the monthly payments on a small comfortable house (with loan at low interest rate) may be a far better bargain than higher rent on uncomfortable quarters.

THESE SUGGESTIONS MAY BE IDEA STARTERS TO HELP YOU IN REACHING YOUR OWN SOLUTIONS

SUMMARY:

Financial Planning for Retirement

1. Work out a general budget for present and future years.

2. Investigate ways in which money can be made to work for you.

3. Study how best to use these savings once retirement comes. Each person has an individual problem, must arrive at own particular solution.

4. Have well-planned insurance program.

5. A Will provides distribution of property you consider best to care for surviving partner and family.

6. Careful Planning in advance, regular savings, and a well-worked out program for retirement can mean safe and secure retirement years for you and all who depend on you.

IDEAS FOR SELF - EMPLOYMENT DURING SENIOR YEARS

1. Take Telephone calls for professional people.
2. Provide "alarm" service (call people to get up).
3. Do bookkeeping - prepare income tax returns
4. Teach classes at home:
   Painting, ceramics, other crafts, cooking, sewing or bridge, knitting, piano.
5. Home Shops - Alterations, catering, certain things such as sandwiches, cakes, knitting, greeting cards, custom millinery, gift shop. Repair service, dolls, toys, furniture, repair clocks, sharpen tools, odd jobs. Make furniture, dollhouse, weave mats, hook rugs.
6. Pets: Boarding, training, dog walking, pet beauty parlor, breeding pets.
7. Grow and sell: Flowers, herbs, house plants, trees
   Raise: game birds, rabbits, canaries, parakeets
   Make: jams, jellies, preserves and candy

Run a Senior Citizen Club
Teach Games
Do Research for Individuals or community
   Trace Geneology, Local History, Nature Study, Test flowers for companies
Perhaps these ideas will stimulate other ideas.

HOW TO GET STARTED

Start preparation early -- Study Business operation

1. Consider resources; including special talent
   Consider business ability
   Check the newspaper
   Talk to people
   Follow the new styles and trends
   Train and practice to perfect the product, Training in selling or teaching techni
2. Advertize by word of mouth
   Advertize by business cards
   Advertize by letters
   Advertize by magazine ads
   Exhibit in a local Fair
   Try for membership in a group

WHERE TO GET HELP

1. Try local Extension Service for Home Economics or Agricultural related bulletins
2. Consult with friends or business people
3. Governor's Coordinating Council on Aging, Raleigh, N. C.
4. Try library for books on your speciality
5. Try Vocational Training Schools, Trade Journals
6. Write questions to: Bureau of Information, Department of Commerce, Washington 25, D


Ask for: Small Business Ads, Establishing and Operating Series and Basic Information Series.
# Job Possibilities for Young Elders

This is a condensed list. There are many other possibilities.

## Machine Trades, Crafts and Repair Work

<table>
<thead>
<tr>
<th>Craft/Trade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto mechanic</td>
</tr>
<tr>
<td>Bicyc1 repair</td>
</tr>
<tr>
<td>Electrical Appliance Service Helper</td>
</tr>
<tr>
<td>Filer</td>
</tr>
<tr>
<td>Inspector</td>
</tr>
<tr>
<td>Locksmith</td>
</tr>
<tr>
<td>Painter</td>
</tr>
<tr>
<td>Piano Tuner</td>
</tr>
<tr>
<td>Pipe threading operator</td>
</tr>
<tr>
<td>Shoe Repair</td>
</tr>
<tr>
<td>Toy maker</td>
</tr>
<tr>
<td>Vacuum Cleaner Repair</td>
</tr>
<tr>
<td>Candy maker</td>
</tr>
<tr>
<td>Corset fitter</td>
</tr>
<tr>
<td>Dress maker</td>
</tr>
<tr>
<td>Knitter</td>
</tr>
<tr>
<td>Milliner assistant</td>
</tr>
<tr>
<td>Seamstress</td>
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## Clerical and Sales

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Bookkeeper</td>
</tr>
<tr>
<td>Address-machine operator</td>
</tr>
<tr>
<td>Attendant - lodging facilities</td>
</tr>
<tr>
<td>Barber</td>
</tr>
<tr>
<td>Census Enumerator</td>
</tr>
<tr>
<td>Correspondence Clerk</td>
</tr>
<tr>
<td>Employment clerk</td>
</tr>
<tr>
<td>Goodwill Ambassador</td>
</tr>
<tr>
<td>Hotel Clerk</td>
</tr>
<tr>
<td>Newsboy</td>
</tr>
<tr>
<td>Santa Claus</td>
</tr>
<tr>
<td>Social Secretary</td>
</tr>
<tr>
<td>Ticket Taker</td>
</tr>
<tr>
<td>Time Keeper</td>
</tr>
<tr>
<td>Traffic checker</td>
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<tr>
<td>Reference Clerk</td>
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</table>

## Professional, Technical, and Managerial

<table>
<thead>
<tr>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Counselor</td>
</tr>
<tr>
<td>Case Aide, Social Work</td>
</tr>
<tr>
<td>Dental or Medical Assistant</td>
</tr>
<tr>
<td>Editorial writer</td>
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<tr>
<td>First aid attendant</td>
</tr>
<tr>
<td>Guide at Historical site</td>
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<tr>
<td>Writer</td>
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<tr>
<td>Hostess, Restaurant</td>
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<tr>
<td>House Counselor</td>
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<tr>
<td>Interior designer</td>
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<tr>
<td>Practical Nurse</td>
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<tr>
<td>Research Assistant</td>
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<tr>
<td>Scientific Helper</td>
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<td>Tracer, Drafter</td>
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## Agricultural Work

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<tr>
<td>Animal Keeper</td>
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<tr>
<td>Caretaker</td>
</tr>
<tr>
<td>Camp Tender</td>
</tr>
<tr>
<td>Fire Lookout</td>
</tr>
<tr>
<td>Fish and Game Warden</td>
</tr>
<tr>
<td>Fisherman</td>
</tr>
<tr>
<td>Grounds Keeper</td>
</tr>
<tr>
<td>Kennelman</td>
</tr>
<tr>
<td>Raise worms for fishing</td>
</tr>
<tr>
<td>Doorman</td>
</tr>
<tr>
<td>Maid</td>
</tr>
<tr>
<td>Nurses aide</td>
</tr>
<tr>
<td>Nursemaid</td>
</tr>
<tr>
<td>Nursing School attendant</td>
</tr>
<tr>
<td>Peddler</td>
</tr>
<tr>
<td>Porter, Waiter</td>
</tr>
<tr>
<td>Rest Room Attendant</td>
</tr>
</tbody>
</table>

## Service and Labor Force
Inspectional and Manipulative Work

Delivery man  Key cutter
Elevator operator  Knife grinder
Golf Course Ranger  Photograph finisher
Handbill Passer  Presser
Glass Polisher  Toy assembler
Inspector  Watchman, Yardman
Veneer Grader

HOW DOES A SENIOR GET A JOB?

1. Apply to local Employment office. There is one person in each office designated as Specialist for older worker jobs.

2. In choosing from job possibilities, consider own skill, knowledge, experience, and interest.

3. Also, consider present capability.

4. Attitude and outlook on life are most important.
CONSUMER COMPETENCE
TEACHING SUGGESTIONS

OUR ELDERS -- "MAIN TARGET FOR FLIM FLAM"

Objective: 1. To develop within families an understanding of the techniques used by dishonest or confused manufacturers and sales companies.

2. To help older adults detect clues to fraud and develop resistance to the "lure" techniques.

Procedure: Order and preview the film "The Health Fraud Racket" and secure booklets - "Your Money and Your Life" using reference list in background paper.

I. a. Introduce situation of Concern and the Problem
   b. Show Film
   c. Lead discussion on ways 'rackateers' operate
   d. Point out the fact that frauds shown in the film, and described in the booklet have been detected and convicted, but Health swindles have a way of coming out in new disguises.

II. Discuss Key to Swindle prevention:

   1. Protection of Elder Consumer through Legislation

   2. Protection through education -
      a. become better informed about Fakes and Swindles
      b. Understand why Elders succumb to Flim Flam
      c. Learn Danger Signals to watch and precautions to take.

   A. What are the fakes and swindles?
      List most common from film, letting the group name them.

   B. Why Older Persons Succumb to Flim Flam

      1. Lack of Education
         a. Ignorance Increases susceptibility
         b. The human desire for Magic runs deep

      2. Poverty is a factor - poor are less protected
         - poor may take a chance and risk a little.

      3. The Pained and Anxious more desperately turn to quack "cures"

      4. Visible "Aging Changes" are distasteful to majority

      5. The lonely, grief-stricken and depressed are easier prey to confidence games.

      6. Nearness of death affects old age reactions

      7. Physical disability, emotional disturbance and sometimes mental impairment are reasons why some older persons are gyped.

CONSUMER EDUCATION IMPORTANT THROUGHOUT LIFE
A. WHAT ARE THE FAKE AND SWINDLES?

According to the Food and Drug administration Department of Health, Education, and Welfare, a booklet was published in 1966 titled "Your Money and Your Life." In this booklet some of the fakes and swindles described are:

- diagnostic machines
- baldness cures
- mail order dental plates with stabilizer and reliner to correct misfit
- "deafness cures" and fake hearing aids
- vibrator devices for rheumatism, or nerves; spot reducing; bottled ocean water sold for minerals, mail order medicines, or a electromagnetic bracelet both worthless devices to cure arthritis, quick "cold" cures, miracle cosmetics to remove wrinkles and give you a new young complexion (dangerous chemical causing the face to peel). There is also the false Royal Jelly and impotency cures.

The misleading, expensive so-called "Health Food" have an appealing sales pitch which extracts millions of dollars from limited "retirement" budgets.

B. Why Older Person Succumbs to "Film Flam"

Dr. Robert Butler, a research psychiatrist, George Washington University, set upon the task of finding out why older consumers are so susceptible. His findings, reported to Senate Sub-Committee on Frauds and Misrepresentation affecting the Elderly, are summarized here:

1. Lack of education is a factor. Ignorance increases susceptibility to deception, however, we need only to look into the history of great fraud and quackery to know that the powerful and the creative can also be taken in by charlatans. People of any age are so ready to believe the miraculous - "THE HUMAN DESIRE FOR MAGIC RUNS DEEP!".

2. Poverty is a stark reality of old age. The poor may be ill-informed but they may gamble. Having so little, one can take a chance and risk little. The poor are also less protected from theft.

3. The visible "aging changes" are distasteful to the majority and leads to millions of dollars lost on wrinkle removers, special creams, dyes and skin aging spots removers.

4. The desperately lonely, grief stricken, and depressed are easier prey to film flam and confidence games. A lonely person wants to have confidence in young, strong, healthy, attractive salesman.

5. The pained and anxious more desperately turn to quack "Cures" for cancer, arthritis and other diseases common in old age.

6. The nearness of death itself will shape and color older age reactions.

7. Some older people cannot see well, or hear correctly and for some persons the ability to reason and judge is impaired. There is for some persons brain damage due to such diseases as "hardening of the arteries" and other possible results of aging process.

IN SUMMARIZING THE REASON WHY OLDER PEOPLE "FALL FOR FILM FLAM", WE REALIZE THAT CONSUMER EDUCATION IS IMPORTANT FOR THE YOUNG, AND FOR CONTINUING THROUGH LIFE. LEGISLATION FOR PROTECTION IS NEEDED ESPECIALLY FOR TODAY'S ELDER CONSUMER.
CONSUMER COMPETENCE
BACKGROUND PAPER

OUR ELDERS -- "MAIN TARGET FOR FLIM-FLAM"

I. Situation of Concern:

Americans are now spending the greatest sums they have ever spent for worthless and possibly dangerous devices, treatment, food fads and so-called diet supplements, and other alluring products or services that make misleading promises of cure, or end to pain.

It is incredible that a wealthy nation priding itself on its enlightenment and its thirst for progress, should pay such a heavy penalty for ignorance or a lack of adequate enforcement.

It is clear that the elderly are now the major victims of the highly organized, high-pressure techniques of the modern-day medicine-man. Shameful, but this is the case verified by witnesses.

(Reference: Report of Special Committee on Aging, U.S. Senate 1965)

Problems:

On every hand we hear reports about increasing numbers of persons past 65 years. To all Americans this trend should be a source of pride - the result of medical and social progress, however, this trend is also an indicator of many problems yet to be solved.

The retirement age group has several new and irresistible attractions to the unscrupulous -- Buying Power is one. The Elderly American, more than 20 million, have an annual income of more than $37 billion. It comes in the form of social security, pension plans, return from savings and investments and part-time employment.

Even though this income is fairly certain, it is pitifully inadequate in the vast majority of individual cases. This inadequacy makes the yearning for security all the more desperate. Anxiety is thus a weapon for those who cheat the elderly.

The complexity of the modern market place is also to the advantage of the dishonest and to disadvantage of the aging consumer. On the other hand, all consumers are confronted with claims made for products that can be evaluated accurately only by the experts.

How can the elderly or any consumer know or understand unless the information is correct?

II. Key to Solution

The Elder Consumer needs protection through legislation against dishonesty and misinformation. It is also realized that Education can be more effective than regulatory action.

Education In Frauds, Quackery, and Deception is briefly: (A) becoming better informed about the Fakes and Swindles, (B) Understand why we succumb to Flim Flam, (C) Learn danger Signals to watch and precautions to take.
C. Danger Signals to Watch - Precautions to take

1. How can all recognize a fake?
2. How can we avoid being gypped?

III. Legislation for protection also necessary

A. Three regulatory agencies - need better communications

1. Federal Trade Commission
2. Food and Drug Administration
3. U. S. Postal Inspection Service

B. All States need uniform laws concerning fraud

C. Pre-market testing should be required (for drugs)

What Can You Do in Your Community?

1. Learn true facts about nutrition, about health practices, and health aids and help others to know.
   a. The Extension Service provides education.
   b. Your doctor will answer your questions
   c. The Health Department has facts affecting health

2. Follow proper lines of procedure listed in "How to avoid being gypped" -- This will help bring about proper legislation.

Prepared by Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh.
C. Danger Signals to watch - Precautions to take.

1. How Can one Tell whether a remedy is a Fake or a Genuine Ray of Hope?

   (a) "Secret" remedy is an almost certain fake.

   (b) The sponsor claims he is battling the medical profession which is trying to suppress his wonderful discovery. This is a sure sign of quackery.

   (c) Treatments advertised in sensational magazine or by crusading laymen, are skeptical. Honest researchers do not expect sick people to be guinea pigs for unproved remedies; they do not stimulate interest in a drug until it is proven and accepted by other scientists.

2. How can you avoid being gypped?

And, if you have been, what can you do about it? Here are some answers to both questions:

The advice is based on the experience of attorneys for the Federal Trade Commission; they have tracked down business cheats for more than 50 years, assisted by the vast majority of merchants who are honest.

   a. SHOP MORE BEFORE YOU BUY - Shopping is tough on gypsters. Helps avoid paying too much for what you get or not getting what you pay for.

   b. BRING YOUR COMPLAINT FIRST TO THE SELLER - It is not fair to others (your friends) to silently "chalk up one to experience." Help neighbor avoid the same gyp by: "Facing up to the seller." He may assure you it will not happen again. He might square himself with you.

   c. REPORT DECEPTION TO LOCAL ORGANIZATION CONCERNED WITH BETTER BUSINESS STANDARDS - If seller shrugs you off, you can carry your indignation further by complaining to community organizations such as the Better Business Bureau or Merchants Association. This is a good procedure because most products are sold locally.

   d. REPORT FALSE ADVERTISING TO MEDIA CARRYING IT - Your complaints backed by hard facts can be sent to newspaper, radio, and T. V. station that carries advertising for the product. Only a letter or two would relieve the cheat of his advertising media. Newspapers, radio and T. V. consider "truth in advertising" too important to risk their reputation carrying phone ads.

   e. WRITE THE FACTS TO THE FEDERAL TRADE COMMISSION - This commission lends guidance to local communities for a self-policing effort. The Federal commission undertakes matters which are of grave concern to the public, and is the final defense against deception in the market place.
III. LEGISLATION CONCERNING FRAUD

A. There are three regulatory agencies concerned with different areas of fraud and deception:

1. Federal Trade Commission
2. Food and Drug Administration
3. U. S. Postal Inspection Service

Since fraudulent schemes are increasing and are more difficult to control in today's more complex market, it is recommended that the three regulating agencies be combined into one bureau to speed "lag in detection and conviction of fraud."

B. The States are encouraged to pass uniform laws concerning fraud and gyp.

C. It is recommended that pre-market testing be required for drugs, also for therapeutic, diagnostic and prosthetic devices, with technical assistance at Federal level.

WHAT CAN YOU DO IN YOUR COMMUNITY?

1. Learn true facts about nutrition, health practices, health aids.
   a. The Extension Service provides education.
   b. Your doctor will answer your questions.
   c. The Health Department has the facts.

2. Follow proper lines of procedure suggested to "avoid being gyped" -- this will help bring about proper legislation.
REFERENCES

Film: "The Health Fraud Racket", National Medical Audio Visual Center, Chamblee, Georgia 30005 (25 Minutes)

Film: "The Big Con", (20 min.), Consumer Fraud Unit of the Office of the Attorney General of California - Available for borrowing, air-express both ways - Mr. Charles B. McKesson, Dep. Att. Gen., Consumer Fraud Unit, State Building, Los Angeles, Calif. 90012


Guy Owens, 'The Film-Flam Man', a novel and a movie


Prepared by: Isabelle Buckley, Specialist in Aging and Justine Rozier, Home Management Specialist, Agricultural Extension Service, N. C. State University, Raleigh.
CONSUMER COMPETANCE
EVALUATION

Our Elders - Main Target for Flim-Flam

Circle T if you agree and F if you do not agree.

1. Lack of Education and poverty are the major contributing factors causing Elders to fall victims of flim-flam.  
2. Education is more effective than legislation, yet both are needed.  
3. All older people cannot see, hear or reason correctly.  
4. Shop around before you buy, to avoid being gypped.  
5. Never tell anyone when you have been the victim of a racketeer.  
6. Face up to the seller of the product first, if you have a complaint.  
7. Better Business Bureau (or Merchants Association) will help you gain justice in business dealings.  
8. Pre-market testing should be required.  
9. Overwhelming majority of merchants are honest.  
10. A sensationally advertised "Secret" remedy is an almost certain fake.

Prepared by Isabelle Buckley, Specialist in Aging, N. C. State University, Raleigh.
Many people concerned with health problems ask the Food and Drug Administration for information on some of the following points:

1. What is quackery?

The term "quackery" encompasses both people and products. The "health practitioner" who has a "miracle cure" but no medical training is a quack; the worthless drug or food supplement pushed in deceitful promotions is a quack product; the machine that has impressive knobs and dials, but does nothing except take money out of the pockets of the unsuspecting, is a quack device.

2. What kinds of quackery are there?

There are basically three types of quackery: worthless drugs and cosmetics; silly food fads and unnecessary food supplements; and useless medical devices. Their promoters' interest is not to protect or restore your health, but to separate you from your money.

**Worthless drugs:** These include "cures" for baldness among men, which is incurable; chemical "face peels" that promise new youth but may bring permanent disfigurement; "prompt relief" from colitis through laxatives which can seriously worsen this condition; drugs that "melt away" fat without dieting - when dieting is the only way known to medicine to reduce weight. Most cruel and dangerous of all are the "effective treatments" for diabetes and cancer. In diabetes, they can cause coma and death; in cancer, the patient is robbed of the one element that can save his life - valuable time during which really effective treatment could still be administered.

**Food Fads:** Contrary to what self-appointed "nutrition experts" say, American farm land is not "depleted"; chemical fertilizers and modern food processing do not deprive our food of its nutritive value. Americans are the best fed people in the world; diseases caused by dietary deficiencies have all but disappeared. Nutritional needs of older people are much like those of any other age group. The need for vitamin, mineral, or other food supplements can only be established by a physician.
Medical Devices: The electrocardiograph records the action of the heart; a special gauge shows the blood pressure; X-rays record abnormalities within the body. But there is no machine which can diagnose or treat different diseases by simply turning a knob or flashing lights; no apparatus can reduce excess weight by vibration; no glove or bracelet can "cure" arthritis with "electricity" or "uranium ore." Sometimes quackery even involves legitimate devices. It is practically impossible to get properly fitted eyeglasses or dentures by mail order, for example.

3. How can quackery be recognized?

Quackery follows certain well-defined patterns. If your answer is "yes" to any of the following questions, it is very likely that you are one of the thousands of people who are victimized by quacks each year.

Is the product or service offered a "secret remedy"?

Does the sponsor claim that he is battling the medical profession which is attempting to suppress his wonderful discovery?

Is the remedy sold from door to door, by a self-styled "health advisor," or promoted in lectures to the public, from town to town?

Is this "miracle" drug, device, or diet promoted in a sensational magazine, by a faith healers' group, or a crusading organization of laymen?

Does the promoter show you "testimonials" on the wonderful miracles his product or services have performed for others?

Is the product or service good for a vast variety of illnesses, real or fancied?

4. What can you do?

If you suspect that you are the victim of quackery, there are a number of things you can do:

See your physician or inform your county medical society.

Get in touch with the Food and Drug Administration, either at its District Office in your area, or in Washington, D. C.

Ask the Better Business Bureau about the reputation of the promoter.

If the drug or device was promoted through the mail, inform your local Post Office.

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U. S. Department of H.E.W.
Washington, D. C. 20204

Distributed by: Miss Isabelle Buckley, Specialist in Aging
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HOW TO BUY A HEARING AID

Objective: To learn the procedure for getting proper examination, diagnosis and treatment of the specific hearing impairment.

Teaching suggestions:
1. Study leaflet
2. Talk to a physician or an ear specialist, if possible.
3. Discuss hearing aids with persons who wear aids.
4. Use this as a part of a special interest meeting on "Elder's Consumer Problems" or "Elder's health problems"
5. Invite an ear specialist or audiologist to speak to the Senior Citizen group or to concerned family members.
6. The condensed material may be used on radio, in newsletter, as a club project report, newspaper column. It can be a club program for a few specific clubs, if sufficient interest.
7. Send leaflet to individuals upon request.
8. Encourage a small group of concerned Elders or family members to go on a tour of an audiology clinic.

Visuals:
1. If teaching as a lesson, use diagram of cross section of the ear (located in a doctor's office or library).
2. Borrow Hearing Aid to illustrate.
3. Invite a salesman to illustrate different models and various guarantees.

Points of Emphasis:
1. Emphasize checking with the doctor first and referral to an audiology clinic.
2. Compare with eye glasses to help to improve acceptance attitude toward hearing aids.
3. Compare cost, guarantee, service, and styles to buy wisely.

SUGGESTED COMMUNITY PROJECT ON BACK SIDE OF SHEET
What do you feel is needed to aid better hearing?

How do you feel that Extension groups or any community educational group may help?

Some considerations:

1. To develop understanding of deafness and what those persons feel and think.
2. To learn about services now available, also what resources are needed.
3. To develop within community an acceptance attitude toward deafness and hearing aids, similar to acceptance attitudes toward vision impairment and eye glasses.
4. To help develop interest in "purchase assistance" of hearing aids, also.
5. Protective legislation for the hard-of-hearing persons -- the potential hearing-aid consumer.
6. Bring to attention of local legislators and encourage support of hearing aid cost being included on medicare.

"THE EAR IS ONE OF THE WONDERS OF CREATION. PROTECT AND CARE FOR YOURS.

RESOURCES

King, Burton B., Director, Audiology Clinic, Division of Otolaryngology, Department of Surgery, Duke University Medical Center, Durham.

Jordon, Frances, Family Relations Specialist, Agricultural Extension Service, North Carolina State University, Raleigh.

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Prepared by: Isabelle Buckley, Extension Specialist in Aging, North Carolina State University, Raleigh, N.C.
Buying A Hearing Aid

How can a wise choice be made when selecting a hearing aid? Stop at this point. We must start at the beginning -- buying a hearing aid is the middle of the story.

There are several questions that must be answered before discussing the buymanship of a hearing instrument.

WHO HAS RECOMMENDED THIS HEARING AID?

HOW DO YOU KNOW THIS IS THE PROPER TREATMENT FOR THE PARTICULAR HEARING IMPAIRMENT?

HAS THE HEARING BEEN TESTED BY A CERTIFIED AUDIOLOGIST OR AN EYE, NOSE AND THROAT SPECIALIST?

Another important question:

WHO WANTS THE HEARING AID?

In a typical family situation the later question is answered:


Usually the family wants the hearing aid for its own benefit.

Oftentimes the person who is "hard-of-hearing" is either not aware of the hearing deficiency or not ready to accept the fact. He feels that the other person does not speak distinctly. At times he may be right.

Oftentimes the family makes the diagnosis and prescribes the treatment for the hearing impairment. It is well-meaned, loving concern, but the diagnosis may not be accurate, and it may not be helpful.

A hearing aid is not the only prescribed treatment for hearing impairments. And even though it is the proper treatment, the person having the hearing loss must have a keen desire to want to wear an aid, in order to hear.

WHEN AN INDIVIDUAL SUFFERING FROM A HEARING LOSS WAKENS TO THE PROBLEM, THEN, AND ONLY THEN, IS IT POSSIBLE FOR HELP TO BEGIN.

There are many near-crisis stories to illustrate the awareness point -- "did not hear the emergency telephone call from a son" -- "near loss of job" -- or the "substitute-hearing-aid-spouse" became ill, -- or the personality of the "deaf person" is being affected, and family relationships are endangered.

WHERE TO START FOR HELP---

Go to the family physician or a certified ear specialist. A specialist is selected to examine and care for our eyes. We wear individually prescribed glasses to adjust the impaired vision. Shouldn't the ears receive equal concern for qualified care? Then, too, from the consumer angle, is there anything more expensive and frustrating than an unwearable hearing aid, costing several hundred dollars?

The physician may be able to treat hearing loss medically. Ear infections, packed-ear-wax, physical disorders in other parts of the body and emotional disturbances may affect the hearing temporarily, until the disorder is corrected.

There are many causes of hearing loss, including:

a. infectious diseases, an illness,
b. accidents,
c. deterioration of hearing nerves as a result of aging,
d. sustained exposure to loud noises,
e. hereditary tendency.

Whatever the cause, hearing losses fall into three categories:

(1) Conductive losses occur when the tiny bones (called hammer, anvil and stirrup) in the middle of the ear fail to conduct sound vibrations to the inner ear. Removal of bone or replacement by surgery may relieve this condition.
(2) Nerve losses occur when the nerve endings in the inner ear fail to properly pick up the sound vibrations and transmit them to the brain.

(3) Mixed losses are a combination of both bone conductive and nerve losses.

Considering the abundance of medical reasons for hearing impairment, it is clear why, if one thinks he needs a hearing aid, the first consultation should be with a physician.

If serious diagnostic problems arise, the physician may refer you to an otologist or an otolaryngologist. He may send you to an audiology clinic that has full diagnostic services as well as highly qualified staff, and facilities meeting the highest standards for measuring hearing accurately and fitting hearing aids with accuracy. Such clinics are found at medical schools and teaching hospitals.

There are four audiology clinics in North Carolina, located at Duke University Medical Center, Durham; at the University of North Carolina Health Center in Chapel Hill; at Charlotte Speech and Hearing Clinic in Charlotte, and at the Baptist Memorial Hospital in Winston-Salem.

Another excellent place to go is a diagnostic clinic, which provides the same services as the audiology clinic, except for the additional hearing aid fitting.

WHAT TO EXPECT AT A MEDICAL SUPERVISED CLINIC--

(1) The ear is treated as an integral part of the total person.

A complete examination of the ears, nose and throat is required. A report from a physician is accepted or the physical examination can be given at the hospital where the clinic is located.

(2) There is assurance of a well-qualified staff.

(3) The facility will provide patient with benefits of the most accurate examination of hearing acuity.

(4) If a hearing aid is the recommended treatment, there is an opportunity at the audiology clinic to try various hearing aids without feeling one must buy a particular brand.

(5) Specifications and recommendations are made at the clinic similar to a type of prescription. The hearing aid is bought from the dealer, not at the clinic nor from the specialist.

(6) Follow-up visit to the clinic for counseling is helpful to patient:

a. to evaluate adjustment of the hearing aid,
b. to adjust attitude toward the hearing aid,
c. to learn what is normal to expect from the aid and what not to expect,
d. to learn how to make best use of the natural hearing that is left.

(7) Admittance into a clinic is usually through referral from the physician. However, it is possible to make an appointment directly to the clinic without referral.

BUYING THE HEARING AID--

(1) Find a trained audiologist to measure hearing and fit the aid.

If you are enrolled in an all-service clinic this step is easy, but if the physician has referred you directly to a hearing aid dealer of your own choice -- the problem is yours, unless you ask the physician to name some reputable dealers.

The American Speech and Hearing Association will issue a certificate of clinical competence to any audiologist meeting fairly strict educational, clinical-training and ethical standards (including a ban on doing clinical work for hearing aid dealers).

Competent salesmen or consultants who have not become certified can fit a hearing aid quite well, oftentimes, but you have no way to tell them from the "half-trained" salesman playing the professional role.

(2) Select a reliable hearing aid dealer. There is a North Carolina Hearing Aid Dealers Association. Membership with this organization involves measuring up to a code of ethics. This membership certificate may be visible in the office or may be carried by the salesman coming to your door. It is proper to ask to see it.

The reliable dealer is proud to show his certificate and considers it a protection to himself, as well as to the client. The reliable dealer proudly leaves name, address, telephone number and possibly some literature guaranteeing his product.

Some elders have bought a hearing aid "at the door" without securing the name of the company to contact for servicing. Hearing aids sold with so little information are usually fake instruments.

At the present time, there is NO system of licensing dealership and NO required training or qualification for sales persons.

(3) Servicing is an important factor in selecting hearing aids. How available is this service? What is the cost of batteries and other up-
keep? Is there immediate replacement in case of failure of instrument or will the hearing aid be returned to the factory for repair, leaving the person without the aid for weeks? Does the company provide a "loan" replacement during repair?

(4) Guarantee - what parts are guaranteed for what length of time? What are the terms of servicing guarantee? How long is the instrument expected to serve? Is there protection of an insurance plan? What are the benefits and at what cost?

(5) Features of the instrument:
   a. Adjustable controls are important to some people. The larger instruments may have "on and off," tone and volume controls, automatic "cut-off" for prolonged intense noise, such as whistles and sirens. This is called AVC (automatic volume control). The smaller instruments adjust in volume only. Partial release of the battery turns the aid "off," but only after it is removed from the ear.
   b. Volume is important to persons having a high degree of hearing loss. Those persons should select the more powerful models which are usually the larger behind-the-ear models, or the body type which clips onto the clothes. The cord may be strung with pearls for disguise for the ladies. Strong volume is not attainable with the smallest models.

(6) There are different hearing aid types depending upon the type of deafness. There are bone conduction and air conduction aids. The audiologist and dealer representatives make this decision according to results of examination. The bone conduction type is usually held closely to the bone with a band across the head.

Air conduction aids are available in four model types:
   a. Within the ear - Advantage: The newest, smallest and most inconspicuous model, designed for people in the public a great deal. Disadvantages: controls are too small for older fingers to manipulate; too easy to lose; volume insufficient for considerable hearing impairment.
   b. Behind the ear - Advantages: very lightweight, inconspicuous, convenient, easy to wear and quite satisfactory. Available in different sizes and volume capacity.
   c. In eye-glasses temple - Advantages: This model has been improved. Quite suitable for those who wear glasses constantly -- inconspicuous. Disadvantage: not so easy to put on and remove.

   d. Body type -- Advantage: High volume attainable. More satisfactory sound for group conversation according to hearing aid wearers with extreme hearing losses. Disadvantage: Not so inconspicuous as other models.

(7) Special Features - Telephone coil and cut-off are helpful with some hearing aid models.

WHY ARE HEARING AIDS COSTLY?

(1) There is no regulatory legislation related to hearing aid manufacture and sales.

(2) Research in the field is recent and there are very few qualified audiologists and technicians in the non-commercial clinics in the medical centers.

(3) The manufacturing, advertising and selling expenses are costly to the hearing-aid business.

However, the question still remains:

Is it necessary for hearing aids to usually be so expensive that only persons in upper income brackets with hearing impairments can be helped to hear?

WHAT FINANCIAL ASSISTANCE IS AVAILABLE TO BUY A HEARING AID?

There is assistance for children from the Crippled Children's section of the State Board of Health. There is help for veterans through the Veterans Administration. There is aid from the Vocational Rehabilitation Division for the Handicapped who are seeking a job or trying to keep a job. At present, there is no help for the senior adult.

Application can be made through the Department of Public Welfare or to the local District Vocational Rehabilitation Division since each case is studied and treated individually.

Hearing aids are deductible as medical expense on Federal Income Tax returns, but hearing aids are not allowable on medicare.

WHY DO WE, THROUGH OUR GOVERNMENT, SUPPORT PROGRAMS FOR THE BLIND AND NOT FOR THE DEAF?

The totally deaf-for-a-lifetime do have schools to learn sign language, lip reading, speech and language and other academic subjects.

(1) A deaf person is not so visible as a blind person or a crippled child, therefore, deafness has not stirred public sympathy and gained civic support and community action.

(2) A deaf person may get a job and do a job
without special assistance, although he may experience frustrations.

(3) Loss of hearing has been considered a normal, natural process of old age with no prevention or treatment possible.

Only recently has education and research advanced to the point that loss of hearing could be so accurately and successfully detected, diagnosed and treated. Now, it appears that there are as many children and young adults as there are elderly persons with impaired hearing.

An older person does not automatically become deaf at 65; some 90-year-olds have keen hearing. An elder with impaired hearing may have experienced a gradual loss of hearing acuteness for years and years. Considerable emphasis is now being given to correcting deafness in children.

WHAT LEGISLATION AFFECTING THE HEARING AID CONSUMER IS IN FORCE, OR IS BEING PROPOSED?

(1) The Federal Trade Commission has issued rules of fair practice applicable to the advertising and selling of hearing aids, but the Federal Trade Commission can reach only activities in interstate commerce. Most hearing aid business takes place within the state. At present North Carolina has no law to protect the hearing aid consumer.

(2) The Council of State Governments suggested state legislation in 1967 on the "Selling and Fitting of Hearing Aids" (Reprints available from: Council of State Governments, 1313 E. Sixtieth St., Chicago, Ill. 60650.)

RESOURCE PERSONS

King, Burton B., Director, Audiology Clinic, Division of Otolaryngology, Department of Surgery, Duke University Medical Center, Durham.
Jordon, Frances, Family Relations Specialist, Agricultural Extension Service, North Carolina State University, Raleigh.

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Prepared by Isabelle Buckley, Extension Specialist in Aging

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12-68-2M Home Economics 103
This Packet Contains Teaching Materials For:

* Living On a Retirement Income
* Aging Consumer—Target For Fraud Racketeers
* Buying a Hearing Aid?
* The Retirement Home—Variety of Choices
* What to Look For in a Nursing Home
* "Homes for the Aged"