

Elder Companion

Lesson 2

Aging¹

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AGENT'S TEACHING GUIDE

Aging

Part 1: Who Are the Elderly?

Part 2: Physical Changes of the Elderly

Part 3: Elder Abuse

Time: 3 to 3 ½ Hours

Instructor: County Faculty and/or Area Local Agency on Aging staff member

Equipment/

Supplies Flip chart and paper, Chalkboard, Chalk/eraser, Overhead Projector, Transparencies created from handouts A, C, F, and G

Handouts: Part 1

Handout A: FACT SHEET: The Older Population; Demographics for Year 2000

Handout B: Worksheet, Who are the Elderly?

Handout C: Facts About the Aging Process

Part 2

Handout D: Aging Process Current Knowledge Quiz

Handout E: Sensory Deprivation Worksheet

FCS 2085: Physical Changes of Aging

Handout F: Physical Changes for the Elderly; Ways to Help

Part 3

Handout G: Types of Elder Abuse

Objectives (Expected Outcomes):

Participants will be able to:

- Share information on the elderly population in the United States.
- Understand some of the conditions which surround the elderly.
- Describe the role of the companion in providing care and assistance to an elderly person.
- Describe the physical, social, emotional and mental changes that may take place in aging.
- Describe the special needs of the elderly.
- Identify own feelings toward the elderly.
- Describe problems of clients with decreased mobility, decreased vision or hearing, decreased sensory acuity, low energy, and confusion.
- Describe symptoms of abuse and neglect.
- Review the laws in reporting abuse or neglect of an elderly person.

LESSON PLAN

Part 1: Who are the Elderly?

Introduction:

Our society has many stereotypes about aging and older people. These stereotypes do a great disservice to all of us. Growing old does not mean we will become senile. Intelligence does not decline as we get older, but one may be slower in responding.

Aging is a continual, life-long process. Aging is not a disease process, and old age is not a disease. Although we all age, we don't all age at the same rate. The aging process varies from person to person. The rate at which we age is affected by a number of factors including heredity, health, lifestyle, and nutrition. The process of aging is:

- **Normal.** It happens in all life forms including humans.
- **Intrinsic.** It is programmed into our cells.
- **Irreversible.**
- **Gradual.**

DO:

Distribute Handout A, *Fact Sheet: The Older Population*, Handout B, *Who Are the Elderly?* and Handout C, *Facts About the Aging Process*. Ask participants to divide into groups of three or four and review the data presented. Ask them to answer the questions from Handout B, *Who are the Elderly?* (Allow 5-7 minutes)

REFLECT:

- Allow groups to answer the questions and to discuss.
- What was the most interesting information that they found?

SUMMARY:

- Use *Facts About Older Americans* transparencies. These can be created from Handouts A and C.

APPLY:

- How does this information affect your work as an Elder Companion?

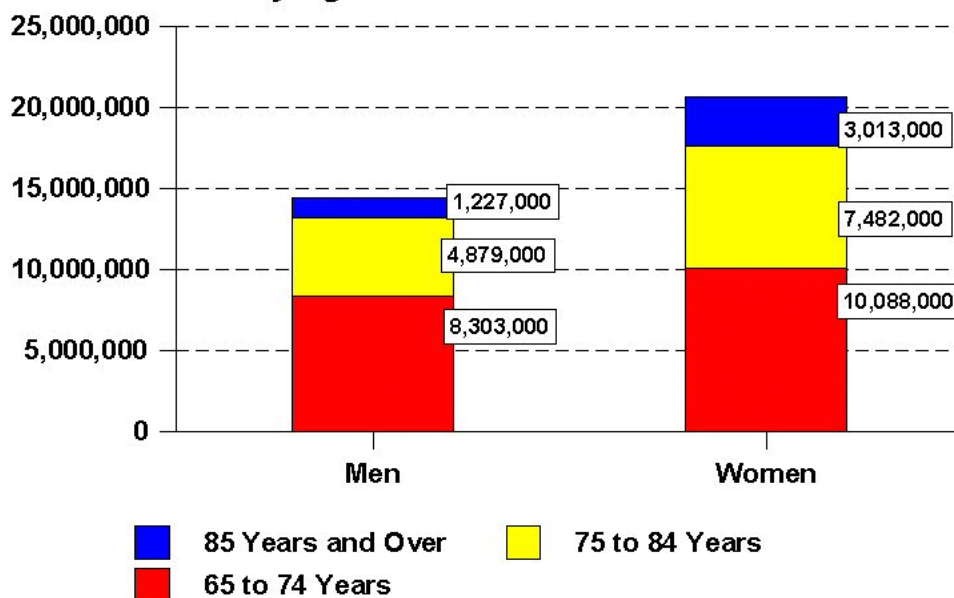
FACT SHEET: The Older Population

Demographics for Year 2000

- The population of persons 65 years or older numbered 35 million in 2000. There were 8,303,000 men and 10,088,000 women in the 65-74 age group; 4,879,000 men and 7,482,000 women in the 75-84 age group; 1,227,000 men and 3,013,000 women in the 85 and over age group. They represented 12.4% of the U.S. population, about one in every eight Americans. The number of older Americans increased by 3,749,922 million or 8.9% since 1990.



**Population 65 years and Older
By Age and Sex for Year 2000**

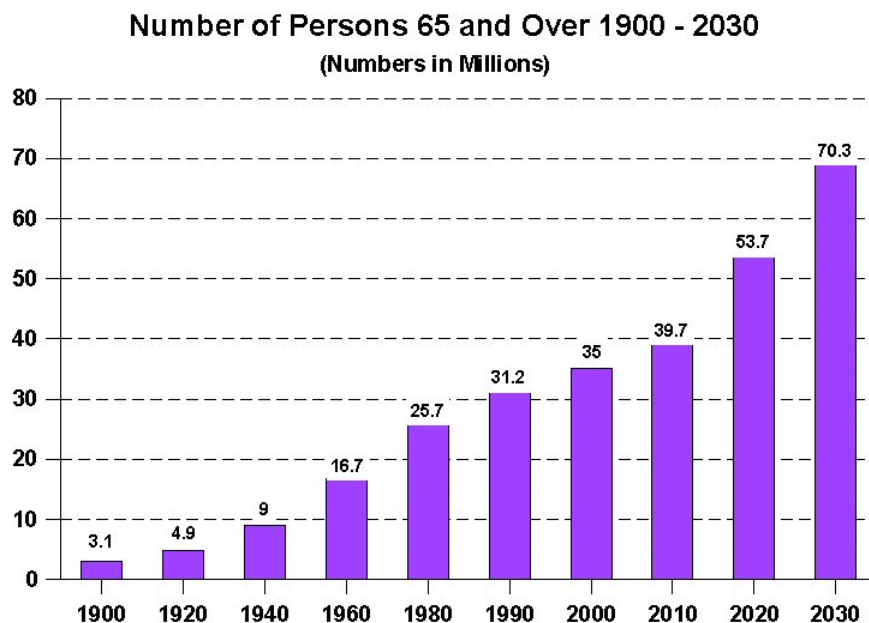


- In 2000, there were 20.6 million older women and 14.4 million older men, or a sex ratio of 143 women for every 100 men.
- In 2000, the life expectancy for persons reaching age 65 was 76.9 years of age (an additional 11.9 years).
- Since 1900, the number of Americans aged 65 and over has grown from 3.1 million in 1900 to 35.0 million in 2000; an increase of 11.25%.

Handout A (continued)

Future Growth:

- By the year 2030, there will be about 70 million older persons, more than twice their number in 2000. People 65 years and older represented 12.4% of the population in 2000, but are expected to grow to be 20% of the population by 2030.



Marital Status:

- In the year 2000, 24.2% of the elderly population (8,490,000) were widows and 5.7% (1,994,000) were widowers. There were 4.25 times as many widows as widowers.

Living Arrangements:

- In 2000 the majority (67.3%) of noninstitutionalized older persons lived in a family setting either with a spouse (54.6%) with children, siblings, or other relatives (12.7%), or a combination of both. The percentage of older persons living alone in 2000 was 30.6%. An additional 2.7% of the older population lived with non-relatives. There were 1,557,800 (4.5%) persons 65 or older living in nursing homes; 91% of the residents were 65 or over.

Handout A (continued)

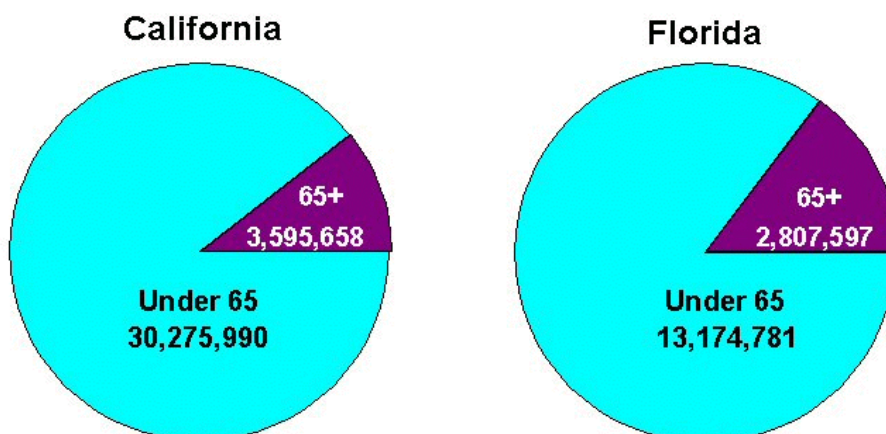
Income:

- The median income of persons 65 and older in 2000 was \$20,011 for males and \$11,441 for females.
- In the year 2000 there were 3,167,000 persons over 65 living below poverty level; 960,000 men and 2,207,000 women.

Geographic Distribution:

- In 2000, 52% of persons 65 and over lived in nine states. **California** had the largest older population (3,595,658); **Florida** had the second largest number (2,807,597). The other seven states were New York (2,448,352); Texas (2,072,532); Pennsylvania (1,919,165); Ohio (1,507,757); Illinois (1,500,025); Michigan (1,219,018); and New Jersey (1,113,136).

States with the Largest 65+ Population



- In 2000, persons 65 and over constituted 14% or more of the total population in ten states: Florida (17.6%); Pennsylvania (15.6%); West Virginia (15.3%); Iowa (14.9%); North Dakota (14.7%); Rhode Island (14.5%); Maine (14.4%); South Dakota (14.3%); and Arkansas (14.0%).

Data for this section were compiled from Year 2000 census internet releases of the U.S. Bureau of the Census and the National Center for Health Statistics. URL: <http://www.census.gov> and <http://www.cdc.gov/nchs> (respectively).

Handout B

WHO ARE THE ELDERLY?

1. How many Americans are over 65? _____
2. One out of every _____ persons is 65 years of age or older.
3. About _____ percent of persons over 65 live in nursing homes.
4. Among persons over 65, _____ percent live alone.
5. Which state has a the largest over age 65 population (17.5% ?) _____
6. About how many elderly women are in the over 85 age group? _____
7. About how many elderly men are in the over 85 age group? _____
8. About what percent of older women are widows? _____
9. About what percent of older men are widowers? _____
10. The median income for older persons in 2000 was _____ for males and _____ for females.

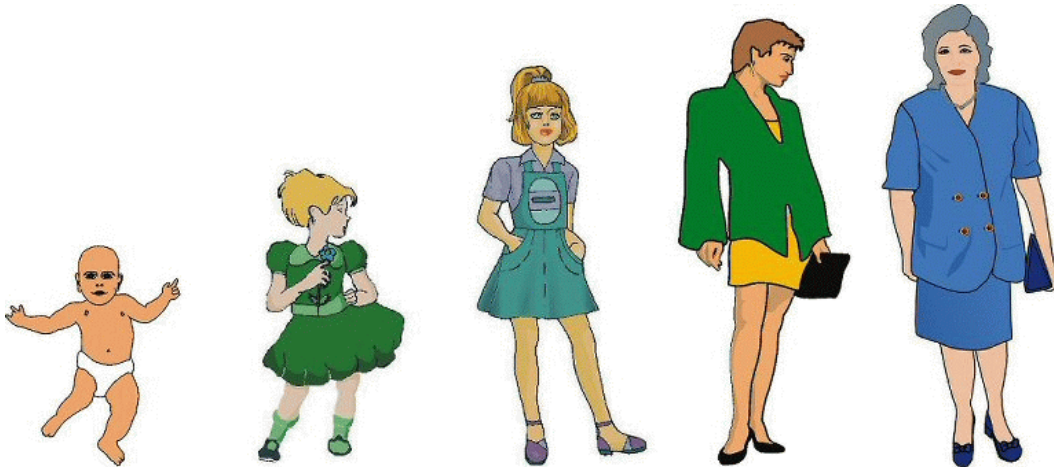
FACTS ABOUT THE AGING PROCESS

Stereotypes:

Our society has many stereotypes about aging and older people. These stereotypes do a great disservice to all of us. Growing old does not mean we will become senile. Intelligence does not decline as we get older, but one may be slower in responding.

Aging is:

- Normal
- Intrinsic (natural)
- Irreversible
- Gradual



Factors Which Affect Aging:

- Heredity
- Health
- Lifestyle
- Nutrition



Handout C (continued)

Health Status:

- Eighty-six percent of all elderly people suffer from one or more chronic conditions with varying degrees of severity.

Marital Status:

- Most older men are married.
- Most older women are widows.



LESSON PLAN

Part 2: Physical Changes of the Elderly

Introduction:

Say “This section of training will give you an overview of the normal and abnormal changes a person may experience with aging and will provide you with a background for understanding older persons and the changes they may experience. This information can help you gain insight into the changes a person faces. Before we start let’s determine what your current knowledge of aging is.” *Give Aging Process Current Knowledge Quiz* (Handout D).

Say, “We’ve all been in situations where it seemed that someone was mumbling, or we’ve had to repeat something a few times in order to be heard. This might have been due to noise in the environment or lack of attention. A hearing loss makes this situation worse. In the activities we’re going to do now, you will have an opportunity to experience some of the losses that an older person might have and how these losses might affect their behavior.” Ask if any of the participants have any food allergies or restricted diets before giving any food!

DO:

- Sensory Deprivation Exercises: Give each participant a copy of Handout E, *Sensory Deprivation Observation Sheet*. Encourage participants to record their observations and how they felt.

REFLECT:

- “What was it like to try to _____ while _____?” Allow time for response.
- “Lets talk about the sensory experiences.”
- “What did you feel during the experience of _____?” Allow time for response.

DO:

- Use FCS 2085, *Physical Changes of Aging*. Discuss the physical changes of aging with the class. Depending on the abilities of class members, a copy of the publication could be given to them.
- Use a chalk board/flip chart to record “Ways to Help” for each physical change. Use Handout F, *Physical Changes for the Elderly; Ways to Help* as a means of checking the lists made by the class.

REFLECT:

- What are some physical changes which take place as adults become older?
- What are some ways that you might help with these changes?

APPLY:

- Review *Knowledge of Aging Quiz*. Discuss answers with the group.
- “As we finish this sensory deprivation section, what have you learned that can help you when working with an older person?”
- “How will you work with an older person differently after this?” (Allow five minutes for discussion.)

PHYSICAL CHANGES OF THE ELDERLY

As a person grows older, physical changes normally occur. Some changes also occur as a result of disease, but the emphasis here is on the changes that occur during the aging process.

Sensory Deprivation

The neurological system receives and processes information from the environment through hearing, vision, taste, smell, and touch. With aging these senses are often diminished. As a result, the elderly may find less pleasure in some experiences he or she previously enjoyed and have difficulty communicating with others. He or she might be exposed to situations that could be dangerous and cause them to suffer accidents.

Hearing

About 25 percent of people from 65 to 74 have a hearing impairment. Hearing loss occurs for about 33 percent of those between the ages of 75 and 84 and about half of those over 85. This leads to difficulty in communicating with others and responding to audio stimuli such as smoke alarms, barking dogs, television and radio, and other sounds.

Ways to Help:

- Speak clearly.
- Get Elder's attention first.
- Look directly at Elder's face.
- Hands away from mouth.
- Eliminate background noise.
- Lower the tone of your voice.

Vision

Several changes in vision result from the degeneration of eye muscles and clouding of the lens that are associated with aging. Most older people have trouble focusing on near objects, but eyeglasses may correct this. The ability to see colors also changes with age as the lens yellows. Red, orange, and yellow are easier to see than blue and green. Peripheral vision is also reduced so that a person may need to turn their head to see to the sides.

Ways to Help:

- Light room brightly - use blinds or shades to reduce glare.
- Make printed materials with high contrast available.
- Use audiobook and music.
- Use contrast colors to mark doors and edges of steps.

Taste and Smell

Some loss in taste sensitivity takes place with aging. However, the loss is minor and does not seem to occur in most people until well after the age of 70. There is also some loss of smell, but not too severe. Most experts feel that it is more likely that loss of appetite result from other causes such as loneliness at mealtimes, unwillingness or inability to cook, difficulty chewing due to poorly fitting dentures or dental problems, or a limited budget that restricts the purchase of more enjoyable foods.

Ways to Help:

- Experiment with different seasonings and flavorings.
- Serve a variety of foods.
- Encourage exercise.
- Make the table colorful and inviting.
- Encourage sharing a meal with someone.

Touch and Dexterity

Skin changes that occur with aging leave the elderly vulnerable to discomfort and harm. Due to reduced sensitivity, heat sources can cause harm to a person's skin. Declining sweat gland activity, decreasing ability to maintain normal body temperature, and thinning skin result in greater sensitivity to cool temperatures and drafts. Wrinkling, drying, and scaling increase susceptibility to injury and infection from tears and breaks in the skin.

Diminished dexterity can lead to an inability to perform simple daily tasks, such as opening jars or cans, coping with buttons or other closing devices on clothing, and writing.

Ways to Help:

- Avoid extreme exposure to sun and wind.
- Avoid daily baths.
- Moisturize the skin daily.
- Drink one - two quarts of water a day.
- Take part in activities which encourage dexterity.
- Use tools designed to help with daily activities (i.e. jar openers).

Handout D

AGING PROCESS CURRENT KNOWLEDGE QUIZ

Let's find out what you already know about the aging process. Please place a check mark under either the "normal" or "abnormal" column for the CHANGES which an older person experiences. This list is to help you distinguish between what is normal and what is abnormal in aging.

Characteristic	Normal	Abnormal
1. Senility	"	"
2. Dry Skin	"	"
3. Increased sensitivity to heat and cold	"	"
4. Loss of muscle strength	"	"
5. Loss of appetite	"	"
6. Bones become light and brittle	"	"
7. Needs more light to see well	"	"
8. Needs TV turned up slightly	"	"
9. Feels people are talking behind their back	"	"
10. No longer learns new things	"	"
11. Becomes very forgetful	"	"
12. No longer as smart as before	"	"
13. Personality becomes very different	"	"
14. Cannot handle stress well	"	"
15. Spends time talking about "Good Old Days"	"	"
16. Feels life is no longer worth living	"	"
17. Spends excessive amounts of time in bed	"	"
18. Talks about committing suicide	"	"
19. Changes from neat to sloppy and careless	"	"
20. Loss of interest in sex	"	"

Answers
 Normal: 2,3,4,5,6,7,8,15
 Abnormal: 1,9,10,11,12,13,14,16, 17,18,19,20

SENSORY DEPRIVATION EXERCISES

Vision

1. Using a set of swimmer's goggles:
 - a. Paste transparent yellow cellophane or plastic on the lenses of the goggles to represent the yellowing of the lenses of the eye. If you can't obtain glasses or goggles, this can be done with strips held before the eyes. Have students look at color changes; blue in particular will change.
 - b. Paste strips of black paper (construction) on the left and/or right sides to represent the obstruction of peripheral vision. Have student look to the left and right (without turning head) both with paper and without, to see the difference.
 - c. Paste black paper in a circle around each eye to depict tunnel vision.
2. Use blindfolds to simulate blindness. In each of the above, the person wearing the goggles should try to do a routine activity such as picking up coins, reading, walking or eating.
3. Shaking a slide in a projector as the slide is shown on a screen simulates an inability to control ocular motion.

Hearing

1. Use a set of swimmer's ear plugs or cotton balls to dull the sound of people talking. After the student inserts the ear plugs, verbally give her/him a simple task to do or give directions for doing a task. You can also time the students to show how hearing loss can affect how fast a person can do a task and how she/he processes directions. If you turn your back to the students while talking, they will also see how non-verbal cues help us pick up what someone is saying.
2. To show how vision and hearing interact, have blindfolded students with ear plugs inserted listen to spoken instructions given at a fast pace.

Touch and Dexterity

1. Use a pair of gloves (use regular "winter" gloves or thick plastic, e.g. Playtex[®], dishwashing gloves) and have the student try to pick up a shirt or blouse, pick up a small object, or tie shoelaces.
2. Numbing liquid, used for teething babies, can be rubbed on fingertips to desensitize them for a brief time period. Attempt actions listed above.

3. Wrap masking tape around several fingers to represent stiffened joints. Have students unscrew a jar lid or try to write their name.
4. To demonstrate loss of the use of a limb (such as thorough stroke), write your name and address with your left hand (or right for left-handed people).

Taste

Since odors are related to taste, eliminate them during taste-loss simulations. Vision can also produce expectations of taste, so eliminate vision as well.

After blocking vision and smell capabilities (blindfold, close nostrils with swimmer's nose clip or with cotton), have student eat and identify:

1. Raw pieces of apple and potato (foods that have similar texture)
2. A potato chip and a corn chip
3. Chocolate, peanut butter, and/or other foods

From Sensitizing People to the Process of Aging: The Inservice Educator's Guide by Marion Ernest and Herbert Shore, Dallas Geriatric Research Institute, 1977.

SENSORY DEPRIVATION OBSERVATION SHEET

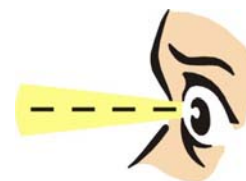
Sense	What I Saw/Did	How I Felt
<u>Vision</u>		
<u>Hearing</u>		
<u>Touch/Dexterity</u>		
<u>Taste</u>		

PHYSICAL CHANGES FOR THE ELDERLY

Ways to Help

Vision:

- Light room brightly - Use blinds or shades to reduce glare.
- Make printed materials with high contrast available.
- Use audiotape books and music.
- Use contrasting colors to mark doors and edges of steps.



Hearing:

- Speak clearly.
- Get Elder's attention first.
- Look directly at Elder's face.
- Hands away from mouth.
- Eliminate background noise.
- Lower tone of voice.



Touch and Dexterity

- Avoid extreme exposure to sun and wind.
- Avoid daily baths.
- Moisturize the skin daily.
- Drink one to two quarts of water a day.
- Take part in activities which encourage dexterity.
- Use tools designed to help with daily activities (i.e. jar openers).



Taste and Smell

- Experiment with different seasonings and flavorings.
- Serve a variety of foods.
- Make the table colorful and inviting.
- Encourage exercise.
- Encourage sharing a meal.



LESSON PLAN

Part 3: Elder Abuse

Introduction

Elder abuse is a growing concern in this country. You only have to look in the newspaper to find examples. There are a number of different types of abuse of the elderly. These are:

Passive neglect - The unintentional failure to fulfill a caretaking obligation; there is no conscious or willful attempt to inflict physical or emotional distress on the older person. Examples: non-provision of food or health-related services because of the caregiver's infirmity, laziness, or inadequate skills, knowledge, or understanding of the necessity of prescribed or other essential services.

Psychological abuse - The infliction of mental anguish. Examples: demeaning, name calling, treating as a child, insulting, ignoring, frightening, humiliating, intimidating, threatening, isolating.

Material (Financial) abuse - The illegal or unethical exploitation and/or use of funds, property or other assets belonging to the older person.

Active neglect - The intentional failure to fulfill a caretaking obligation, including a conscious and willful attempt to inflict physical or emotional stress or injury on the older person. Example: deliberate abandonment, deliberate denial of food or health-related services, deprivation of dentures or eye glasses.

Physical abuse - The infliction of physical pain or injury or physical coercion (confinement against one's will). Examples: slapping, bruising, sexually molesting, cutting, lacerating, burning, physically restraining, pushing, shoving.

The burden of caring for an aging and often ill person can become very trying emotionally, physically and financially. Even the most caring and loving people may have some frustration and distress.

Quoted from "Domestic Mistreatment of the Elderly: Towards Prevention," by Richard L. Douglas, AARP Publication, 1987.

DO:

Say, “We are going to look at several different situations, discuss the abuse and determine what might need to be done.”

- Distribute Handouts G, *Types of Elder Abuse*, and H, *Elder Abuse Scenarios*.
- Divide group into small groups and give each group the Exercise on Abuse and Neglect Guide and a situation to discuss.
- Have groups share discussion of scenarios.

REFLECT:

- What types of abuse were included in this exercise?
- What might an elder companion need to do to prevent abuse?
- What actions might you need to take to report abuse?

APPLY:

- Think about elderly people you know. Are any being abused or neglected?

TYPES OF ELDER ABUSE

Passive neglect:

The unintentional failure to fulfill a caretaking obligation; there is no conscious or willful attempt to inflict physical or emotional distress on the older person. Examples: non-provision of food or health-related services because of the caregiver's infirmity, laziness, or inadequate skills, knowledge, or understanding of the necessity of prescribed or other essential services.



Psychological abuse:

The infliction of mental anguish. Examples: demeaning, name calling, treating as a child, insulting, ignoring, frightening, humiliating, intimidating, threatening, isolating.

Material (Financial) abuse:

The illegal or unethical exploitation and/or use of funds, property or other assets belonging to the older person.

Active neglect:

The intentional failure to fulfill a caretaking obligation, including a conscious and willful attempt to inflict physical or emotional stress or injury on the older person. Example: deliberate abandonment, deliberate denial of food or health-related services, deprivation of dentures, eye glasses, hearing aids or walking aids.

Physical abuse

The infliction of physical pain or injury or physical coercion (confinement against one's will). Examples: slapping, bruising, sexually molesting, cutting, lacerating, burning, physically restraining, pushing, shoving.

EXERCISE: ABUSE AND NEGLECT OF THE ELDERLY

Some types of neglect and abuse which the companion might see while working with the elderly and families have been discussed.

Can you identify the type of abuse? Review your scenario and discuss the situation. Answer the following questions:

1. What type of abuse might this be? How would the companion deal with the situation?
2. How can the companion become aware of situations and conditions that suggest abuse or neglect that is not clearly evident?
3. Is this a reportable abuse case for the Florida Elder Abuse hotline?
4. What can an Elder Companion do to prevent neglect and abuse?

ELDER ABUSE SCENARIOS

<p>(1) The family is too busy to notice that grandpa's dentures do not fit well, so he isn't eating properly and is malnourished.</p>	<p>(2) No one noticed that grandmother's eye sight was getting worse. Proper corrective measures were not taken, so she fell and seriously injured herself.</p>
<p>(3) A family used all of grandmother's money and chose to buy a new TV set instead of a new hearing aid for her.</p>	<p>(4) The adult children obtained power of attorney and then sold all their mother's assets.</p>