

November 2019

## Deaf Action Centers Senior Citizen Program

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### Recommended Citation

Criswell, E. C. (2019). Deaf Action Centers Senior Citizen Program. *JADARA*, 12(4). Retrieved from <https://repository.wcsu.edu/jadara/vol12/iss4/16>

## DEAF ACTION CENTER'S SENIOR CITIZEN PROGRAM

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Elizabeth C. Criswell

Many people, including many professionals, believe it is natural for old people to be unhappy, depressed or anxious. "There is nothing you can do", they say, "it is part of growing old".

This is where the Deaf Action Center's Older Persons' Program enters. We are of the philosophy that involvement on a regular basis in planned social, educational, recreational, and other programs can and will benefit older hearing-impaired people to relieve many of their emotional difficulties.

Long existing research has documented many of the life problems of hearing-impaired people. The greatest of these problems are, of course, receptive and expressive communication with the so-called "hearing world". Isolation, a well recognized factor in many of the problems affecting deaf people is increased after retirement and they find themselves virtually prisoners in solitary confinement. Increasing research points to problems resulting from poor or malnutrition.

It has been shown that many of the problems older people face are rooted in their life situation and/or environmental circumstances. Sometimes temporary conditions resembling "senility" occur following an illness or a particularly upsetting event or situation. Although it is frightening when an elderly person experiences problems, such difficulties are often temporary and disappear after a brief intervention.

Often stereotypes of old age increase an aged person's problems. For example: older people are supposed to have poor eyesight and

lose their memory. We tend to look for and find these "evidences" of aging, then pass them off as signs that a person is slipping and that is the way it should be as one grows old. Fortunately, experts have begun to convince us that fading eyesight may not be natural but Glaucoma, so eyes should be checked often. Also, fading memory may not be a natural sign of aging, but rather of a neurological incident, stroke or tumor. Old stereotypes die hard and they will be with us for some time to come.

Finances, almost without exception, are a serious concern for the elderly. In the case of citizens who are deaf these concerns are increased. On the average, deaf workers earn less over a lifetime than their hearing counterpart and retirement benefits are based on lifetime earnings. Most retired persons who are deaf find their fixed incomes substantially under prevailing poverty guidelines.

Again, the problems of sub-standard housing among the elderly are well documented within the public at large. No specific figures have been developed relating directly to citizens who have hearing impairments. But, those of us working in the field know from long experience and observation that deafness does not isolate people from the problems of society, but merely from the advantages.

Sometimes the problems of the older person who is deaf can best be helped by changing the environment, but the most misused environmental change is probably institutionalization. For this reason alone many elderly persons, hearing as well as deaf, refuse to ask for help.

This refusal continues to occur even after

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the repeated criminal victimization of elderly persons. One recent example: A 78 year old Dallas woman who had been raped three times by the same man. Her fear of institutionalization prevented a report to the police until after her third attack.

Obviously, change can and must not be contemplated unless and until suitable environmental surroundings can be found. And, we all know that suitable often refers to the privileged. And, we also know that privileged and older person and for that matter privileged and deaf are mutually exclusive words.

Thus, alternative plans must be developed and that is what the Deaf Action Center Older Persons' Program is all about. It is built on one of the basic needs of all elderly people, adequate nutritional intake. Operating under a combination of Title VII and Title III grants, the Older Persons Nutrition Program feeds a hot meal, daily at noon, offering at least one-third of the minimum daily requirements of all essential elements, vitamins and minerals. This meal is free, or at a vastly reduced cost to those who can afford to pay. This is an important point. Pride often dictates that those who can least afford it pay something, a few pennies perhaps, for their meal.

The Program started on a three-day a week schedule, Monday, Wednesday and Friday. But, within a short time it was expanded to five-days a week because of a well demonstrated need and interest.

A typical meal might consist of: a baked pork chop, green salad or green vegetable, rice or potato, cornbread, and a dessert. Fresh fruit is served often, along with all the milk one can drink. Each person is encouraged to drink skim milk and to eat more vegetables and salads than starches. There is a concerted effort to offer good nutritional information along with the meal to encourage informed buying habits when participants go to the grocery store.

But the Nutrition Program is far from just a lunch or feeding program. In a sense that is a way to get some people in so the remainder of the program can take over.

Each day there is a planned educational or recreational program i.e., bingo, cards,

dominoes, etc. It is the Program Manager's task to plan, on a daily basis, some program of enrichment based on the broad needs of elderly persons. On a given day it may be a speaker explaining how to rid your home of roaches or rodents, or it could be a modern dance instructor from one of our local colleges or universities, showing how to exercise safely and maintain agility. All programs, of course, are interpreted in American Sign Language if the presenter is not skilled in sign language.

Just before Christmas, a handcrafts teacher visited for several days, helping participants make table decorations for the holiday season. Other crafts have been taught, such as macrame, needlepoint, sewing, painting and pottery. With spring approaching, we soon will move into the planting season with instruction on how to grow a garden, both flower and vegetable.

Another of the planned events is a news update. We know that isolation prevents many older persons from learning of the world around them. A bulletin board is updated daily with clippings from the newspaper and magazines telling of events of interest to this group. In addition, a graduate student from Southern Methodist University, in the deaf education department, skilled in sign language, visits for a question and answer session built around current events.

Cooperative agreements have been worked out with Southern Methodist University, Bishop College and Eastfield College for assignment and supervision of practicum students enrolled in appropriate fields of study. Currently, we have students under our supervision and training from the following disciplines: deaf education, gerontology, dance, psychology, social work and law.

One of the keys to a strong multi-purpose social center, beyond funding is a continuing fresh influx of volunteers. In our senior citizens program we have made that a two-way street. We use many community members in a volunteer capacity, ranging from bus drivers to tutors. But, more importantly we encourage volunteerism on the part of the older persons who are deaf. Each Nutrition Program participant is automatically enrolled in the Retired

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Senior Volunteer Program (RSVP) a nationwide program of elderly persons involved in volunteer activities. The program stresses involvement, activity, urging retired persons into some mind expanding and broadening experience. Projects range from addressing and stuffing envelopes to team visits in nursing homes and institutions. Many of our participants have expressed great expectations from a new program we are just working out - a foster grandparents program in cooperation with the nearby Denton State School. Regular patients there, those without hearing loss, are frequently visited and taken out for holidays away from the school. But, patients who are deaf seldom, if ever, are "adopted" by visitors because of the communication problem.

One problem area for us has been transportation. Lack of transportation is holding up the foster grandparents program. Enrollment in RSVP has helped somewhat in our daily needs. We are able to reimburse each volunteer who drives car pool, 13 cents a mile, up to 15 miles each day. Or, we can pay bus fare each way daily. We have access to a 14-passenger van one day a week which is used to transport ten patients from a nursing home to the Nutrition Program. An older person who is deaf volunteers to drive the van each Friday. Enrollment in the program automatically covers him, as all others, with million dollar liability and personal injury insurance policy.

We also have access to a 40-passenger bus for field trips. We go such places as the State Fair of Texas, art museum, City Council or Christmas caroling. That's right — Christmas caroling. Four nights before Christmas we loaded almost 50 people on the bus and went caroling. Afterward we returned to the Center for coffee, cookies and conversation. For each it was the first time ever to experience an event which heretofore had been limited to hearing people. And, it was also a memorable occasion for those visited by the singing group. In retrospect we are not sure who learned the most from the evening.

All special events, as well as most major decisions involving the Older Persons Project, are made by a council entirely composed of

deaf members of the group. The structure of the entire service center in fact is the same. An all deaf board of community advisors sets policy and programs and calls for needed or desired services. Then the professional staff along with the board of professional advisors takes the mandate over to put it in program form. Members of our board represent all disciplines and it is heavily dominated by experts in the field of deafness, research, education and rehabilitation. Just to mention a few: Dr. Kenneth Altschuler, Chief of Psychiatry at Southwestern Medical School; Dr. Barbara Beggs, Director of Communications Disorders Division, Southern Methodist University; Dr. Frank Caccamise, Chair of the Manual Language Department, N.T.I.D., Rochester, New York; Dr. Ed Hammer, Director of the South Central Regional Center for Deaf/Blind, University of Texas at Dallas . . . there are many others and we hope to add a professional who is deaf in the near future.

We feel each of these two boards is essential to the operation of our center. The citizens provide the backbone and mandate and the professionals provide the reality of how to do what must be done. Any center or agency which attempts to operate without both will soon find it is flying blind and probably in a nose dive.

The Older Persons program occupies three large rooms, plus a small office and a large modern kitchen with stove, double oven, dishwasher, refrigerator, and full upright freezer. Meals are served out of our kitchen, although they are prepared by an outside catering service, and transported to our center in bulk carriers. Staff members and volunteers serve plates to each participant at a serving bar and the participants then take a seat where they desire. Tables are arranged in a long double "L" shape to allow easy conversation with several other persons. Compartmentalized paper plates and disposable utensils are used for easy cleanup after the meal.

One of the other rooms contains two couches, several easy chairs, a bed in the event a participant feels the need to lie down, plus two television sets. This room is carpeted and draped to give it a comfortable, homey atmos-

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phere. The third large room is approximately 20 by 40 feet. It contains a full-sized pool table, plus three game tables with chairs. This is the only room in the center where smoking is allowed.

Several large bulletin boards throughout the center contain information about upcoming programs plus other material of interest and concern. One large central planning calendar carries the daily activities conducted prior to the noon meal.

Minimum hours of operation are from 10:00 a.m. until 2:00 p.m. However, participants usually begin arriving by 9:30 a.m. and since the pool table was delivered many have been staying until well after 3:00 p.m.

The Nutrition Program staff consists of: a center manager, who works 30 hours a week; a center manager aide, who also works 30 hours a week; and two senior aides, who work 25 hours a week each. One additional staff member works one day a week solely in out-reach contacting other older persons who are deaf, telling them of the programs and helping arrange transportation to the center. Four of the five staff members are deaf as well as over the age of 60. The sole hearing person is a child of deaf parents and expert in manual communication.

Many special services are provided for the Program. A visiting nurse performs regular health screenings on a rotating basis checking heart and lungs, blood pressure, for skin cancers and other primary signs of illness.

A dental technician performs routine examinations, cleaning and x-rays and advises on more serious teeth and mouth matters.

Periodic chest x-rays are taken by the mobile unit of the Lung Association screening for T.B. as well as other lung disorders.

Visiting attorneys are available on a weekly basis to lecture on general legal matters, and answer specific individual questions about such matters as wills, taxes, property and the laws affecting the handicapped. Questions of a more personal nature are answered in a private meeting following the general lecture with an appropriate referral if necessary.

A working agreement with the Southern Methodist University Law School Legal Clinic

exists. All cases, both civil and criminal are referred to the Clinic where clients who are deaf receive priority. Services are free, or at extremely low cost, based on a low sliding scale. Two students along with the Assistant Dean of the Law Clinic make up a liaison committee with the Deaf Action Center for the continuing agreement. The University has also further committed itself to becoming a regional center of the National Center for the Law and the Deaf.

During income tax season, a volunteer, trained by the Internal Revenue Service, visits the center several times a week, lecturing about tax matters, answering questions and assisting in the filling out of tax forms. This volunteer has better than average sign language skills.

A defensive driving instructor presents periodic classes. Completion of the eight hour course makes participants eligible for a discount on automobile insurance. A scholarship arrangement has been worked out with various local insurance agencies and banks paying the registration costs of the course for those older people on low, fixed incomes.

An essential part of the program is the environment. The Older Persons Nutrition Program is housed in the same building as the Deaf Action Center, a social service and counseling agency for deaf and hearing-impaired persons of all ages. Beyond the special programs and services designed exclusively for older persons, all the resources of the Deaf Action Center are available at any time. The regular services of the Center available to any person who is deaf or hearing-impaired or their family member include:

- Information and referral
- Counseling
- Crisis intervention
- Interpreting
- Job finding
- Adult Basic Education classes
- Deaf-Blind evaluation and training
- Emergency shelter
- Housing
- Transportation
- TTY Sales and Service

Deaf Action Center is located within the office portion of an apartment complex con-

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sisting of 40 two-bedroom apartments. These apartments have been made available to deaf and deaf-blind persons on a priority basis. Four families in which the head of the household is deaf are currently in residence. An emergency food pantry has been stocked and a clothes bank established with essential items for both adults and children. Various community groups and organizations, such as Sunday school classes, provide additional specific help for such items as work shoes, eye glasses, etc.

Three other apartment units have been reserved as housing for deaf-blind clients in training in Dallas. And, one additional unit set aside for a houseparent.

Following the philosophy that services to persons who are deaf should be brought together to the greatest extent possible, space is also being provided for three other agencies serving them. A Staff Counselor from the Dallas County Mental Health-Mental Retardation Center is housed at DAC along with his interpreter/secretary. He is a highly qualified

man, who happens to be deaf, and was hired after a nationwide search by the Center Director. MH/MR agreed after negotiations to fund the positions.

Deaf Action Center has a food stamp specialist provided by the Department of Human Resources. The ready availability of a trained DHR worker saves clients many days of waiting as well as often repeated visits for completion of additional paperwork missed on the initial application.

By most standards our staff is small — a total of sixteen, including three job trainees in sheltered employment. Of these sixteen, eight are deaf. In less than a year, we have opened almost 400 cases, provided interpreting services to dozens more, and handled an average of 50 telephone calls daily. We are on call 24-hours a day, seven days a week, 365 days a year and we know our job has just begun.

Our Motto is: Older persons who are deaf have a right to more than just survive. They have the right to enjoy life to its fullest and richest.