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ABSTRACT

This document contains the secondary education model curriculum for the secondary education preparation of home health aides in Montana. The document includes: (1) an introduction and a rationale for the program; (2) skills required by programs that meet certification requirements for a long-term care nurse aide (75 hours) and home health aide (an additional 16 hours for a total of 91 hours); (3) a task list that includes desirable as well as required skills; and (4) committee recommendations and a list of problems identified by the committee. Twelve references, 13 charts and graphs, and a list of Montana agencies on aging complete the document.

(CML)

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Technical Committee
on Occupational
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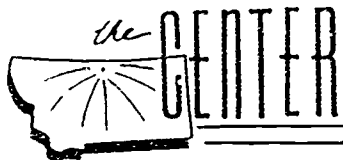
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ELDERCARE
TECHNICAL ADVISORY COMMITTEE
ON CURRICULUM DEVELOPMENT

Completed by the Montana Center for Vocational Education
Research, Curriculum and Personnel Development
Located at Northern Montana College
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June, 1990

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FOREWORD

The Carl D. Perkins Vocational Education Act (Public Law 98-524) was enacted in 1984 to replace the Vocational Education Act of 1963 and its subsequent amendments. It is the major vehicle for federal support of vocational education to the states. In an effort to better target the responsiveness of vocational and technical education and training to the requirements of the market place, the Act mandates greater involvement of business and industry in the curriculum development process through the mechanism of state technical committees.

In 1988, the Montana State Office of the Commissioner of Higher Education, with the assistance of the State Council on Vocational Education designated 14 business and industry areas for future Technical Committee organization. Five Technical Committees were established for 1988-89 to assist in the development of model curriculum and to address state labor market needs.

The designated committees were Tourism and Travel, Agriculture, Forestry and Lumbering, Health Care and Mining and Minerals. The Center for Vocational Education facilitated the process as the committees developed an inventory of skills and knowledge applicable to state-of-the-art curriculum. Each committee was made up of practitioners in the field, including employers, employees, organized labor, professional organizations and state agencies.

In 1990 two additional committees were designated, i.e., Hazardous Materials Technician and Eldercare Aide. Again the membership of the committees was made up of practitioners in the field who had first-hand knowledge of the supply and demand of skilled workers in the industry and were knowledgeable of the skills and knowledge required of workers in the field.

The Montana Center for Vocational Education facilitated the committees' activities and provided the necessary research to assist in the development of the materials. This report summarizes the Eldercare Aide committee's suggestions and recommendations. It should provide assistance in determining the needs for training programs and provide direction in developing appropriate curriculum.

The Center is grateful to all those who participated in the project, especially Ginger Faber who was responsible for coordinating the activities.

A. W. "Gus" Korb, Director
Center for Vocational Education
Research, Curriculum and
Personnel Development
June 1990

Eldercare Technical Committee Members

Technical Committee members were selected as representative of the areas of available services to the elderly of Montana. Representation on the Committee included the Licensing & Certifications Bureau, private providers of service and training, Area Agencies on Aging, Vocational-Technical Center, Montana Center of Gerontology, County Home Health Department and the Montana Hospital Research and Education Foundation.

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- * Vocational Curriculum Center
University of Idaho
Moscow, Idaho
- * Governor's Office on Aging
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- * Northern Montana Hospital
Havre, Montana
- * West Mont
Helena, Montana
- * Department of Social & Rehabilitative Services
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- * Montana Center of Gerontology
Montana State University
Bozeman, Montana

INTRODUCTION AND RATIONALE FOR PROGRAM NEEDS

Between 1985 and 2020 the population 65 years and older is likely to increase by almost two percent a year, an average of about 750,000 additional older persons annually. They will increase from 12 percent to 18 percent of the total population. The oldest old - persons 85 years of age or older - are projected to increase at an even faster rate, by about three percent a year. In contrast, the total United States population is anticipated to grow less than one percent a year.

The rate of growth of the elderly population is expected to be somewhat greater after the year 2000 than during the next decade. Between 1985 and 2000 the group 85 years and older will increase most rapidly, at an average rate of about four percent a year. However, this group will not be the fastest growing group between 2000 and 2020 since the post World War II baby boom will be entering the 65-74 year-old category. Consequently, they will be the fastest growing group during that time period.

These population projections may be conservative. In actuality, the elderly population may grow at an even faster rate. The projections cited above are based on the assumption that future death rates will decrease at about half the average rate of reduction which occurred between 1980 and 1983. A more optimistic assumption - that death rates will decline at about the average rate as in the past would result in about an additional 4 million elderly persons in 2020, of which about half would be over 85 years of age.

There will be large variations among the states in the growth of the elderly population. For example, the elderly population in the South and West is expected to increase about 20 percent between 1990 and 2000, while the elderly population in the Northeast and North Central States may remain nearly constant during that decade. The population 85 years of age and older in the South and West is expected to expand by more than 60 percent during the 1990s, while their counterparts in the Northeast and North Central States will increase by about one-third.

PERCENTAGE INCREASES IN PROJECTED POPULATIONS 1990-2000

	Population over 65	Population over 85
U.S. Total	10%	48%
Montana	4%	43%

As the elderly population continues to live longer, the age brackets progressively move upward. Persons 70-80 are now considered to be the young old, persons 80-90 the middle old, and persons 90-100 are the oldest old. Previously the young old category began at an age 60-70, the middle old at 70-80, and the oldest old at 85+. As the oldest old are expected to be increasing most rapidly in the next decade or so, this group will require more services to help maintain their functional capacity.

An important indicator of potential need for health services is the number of elderly persons receiving the help of another person. In 1984 about 10 percent of older persons living in the community received help due to difficulties in activities of daily living; almost one-third of those 85 years or older also needed some assistance.

It has been suggested that three to eight percent of the elderly in institutions would not need to be there if they were able to receive personal services in their own home. These personal services might include transportation, meals, home health care, personal care, or someone to simply check on them regularly, and a med-alert or lifeline system in case of emergency. In addition, approximately 10 percent of those under 85 and living at home are in need of some services, and this number increases to 33 percent for the 85+ group. The elderly usually start with minimal services and progress to maximum services requiring 8-hour to 24-hour daily care. However they are slow to recognize their own need. According to a study of 409 elderly Montana residents conducted by the Center for Gerontology at Montana State University, 30.9 percent of those responding indicated they had someone checking on them regularly, while only 3.4 percent admitted they needed the assistance. Other statistics found in the study showed that among the elderly needing transportation, three percent needed assistance frequently, and eleven percent needed assistance occasionally. Those individuals requiring assistance with routine daily activities were estimated to be 9.5 percent of the elderly population, while those requiring management of personal affairs such as social security, insurance, and other such services totaled 8.8 percent; assistance in bill-paying, 8.8 percent; repairs, 7.7 percent; and household assistance, 3.8 percent. The projected growth in the number of persons receiving home health services ranges from less than five percent to more than 70 percent. These projections may be conservative, since more organized services may be needed if there are increases in the proportion of elderly persons living alone.

With this projected growth in needs, there will have to be an increase in the number of providers of the services. According to the Department of Labor, health services will be the single-largest growth area of business/consumer services jobs between now and the year 2000. In Montana the greatest growth will be in the health care maintenance area with a projected need for almost 3,000 more registered nurses and over 450 new licensed practical nurses by the year 2000. Health care assistants as a category is the second largest growth area, with nursing aides and orderlies, dental assistants and medical assistants experiencing the largest occupational growth. See Table I and Table II in the Appendix, additional data on the distribution of the elderly in Montana is also shown in the appendix.

Home and community-based services will be increasingly important in assuring quality health care for older persons in the future. The availability of such support will make it possible for older persons, including individuals with multiple disabilities, to maintain themselves at home for extended periods.

In 1985 more than 90 percent of the elderly population with long-term care needs were residing in the community. In-home services to the elderly that are provided on a formal, organized basis may include a comprehensive mix of preventive, therapeutic, rehabilitative, and related services aimed at maintaining and improving health status and functional independence. These services should effectively meet the diverse needs of the older population, including acutely ill patients and persons with chronic conditions.

Based on these statistics and many other demographic happenings with the elderly in the United States and Montana specifically, the Eldercare Technical Committee concluded that the need for qualified Home Health Aides exists. It was agreed that many efforts have been made to solve the growing problem, however not all problems are being resolved. The numbers needing the services are increasing, but the number of providers of the service is not increasing proportionately. The following list of services are currently available to the elderly in Montana, but in many cases are not deliverable due to the geographic isolation of the individual or the inability to qualify for the service.

MONTANA AGING SERVICES NETWORK

Created by the Montana State Legislature, the Montana Older Americans Act was established in 1987. Many services have been established to serve the needs of the elderly in Montana through the Montana Aging Services Network including the Governor's Council on Aging, an eleven member Advisory Council to the Governor, Aging Services Bureau within the Department of Family Services, and eleven Area Agencies on Aging. The services which are available include the following.

- * Congregate Meal Service
- * Friendly Visiting Service
- * Home Health Aide Service
- * Homemaker Services
- * Legal Services
- * Health Screening Services
- * Medical Transportation Attendant Service
- * Physical Therapy
- * Senior Center Service
- * Escort Service
- * Home Delivered Meal Services
- * Home Health Services
- * Information & Referral Services
- * Outreach to the Community
- * Outreach to Individuals
- * Personal Care
- * Respite Care
- * Shopping Assistance

- * Home Chore Service
(In-home)
- * Speech Therapy
- * Transportation Service
- * Ombudsmen and Legal Services

- * Skilled Nursing Service
- * Telephone Reassurance
- * Adult Protection Services

Training of individual's to supply these services is available through nursing homes, hospitals, colleges, vocational-technical centers and private not-for-profit corporations. The training usually culminates in some type of a certificate or license as shown below.

Job Title	Training	Credential
Registered Nurses	Two-/four-year	License
Licensed Practical Nurses	One year	License
Home Health Aide	91 hours training	Certificate
Long-Term Care Nurse Aide	75 hours training	Certificate
Personal Care Attendant	16 hours training	Noncertified

Currently it is recommended by the Department of Health and Environmental Sciences Licensing and Certification Bureau that a 6-hour refresher course be taken to renew certification for Long-Term Care/Nurse Aide on a yearly basis, and three hours each quarter is required (12 hours yearly) for recertification of the Home Health Aide, however, the content is not specified. It is suggested that the content of the refresher courses and/or the recertification training should be specifically identified to include additional skills needed to assist the elderly with in-home services. It is also recommended that the initial training program be extended to include more indepth home-care based instruction. The following section of this report identifies the tasks which are currently required by the Omnibus Budget Reconciliation Act of 1987 (OBRA) and additional tasks which are recommended to better prepare the Home Health Aide. OBRA is the principle piece of federal legislation that funds the care of the elderly. It was enacted in 1987 and has been revised through technical amendments.

CURRICULUM/TRAINING PROGRAMS FOR HOME HEALTH AIDE

In determining curriculum and the necessary skills appropriate for a Home Health Aide of the future, the technical committee discussed and reviewed (a) the existing state and federal legislation for the elderly, (b) the existing training programs available in Montana, (c) the activities of the eleven Area Agencies on Aging in Montana, and (d) the many services available through the Department of Social and Rehabilitation Services (SRS) and the Department of Family Services (DFS).

It was concluded that the care of the elderly is a highly regulated service closely supervised by governmental agencies and adequately provided when an individual meets certain economic and/or social conditions to qualify for a program (Medicare and Medicaid). Comprehensive federal legislation exists which mandates certain training and quality of care for the elderly. The Omnibus Budget Reconciliation Act of 1987 (OBRA) provides directions and assistance to states in organizing and delivering the programs to their senior citizens.

The Act requires that the following skills be taught in a training program which meets certification requirements for a long-term care Nurse Aide (75 hours) and for Home Health Aide (an additional 16 hours for a total of 91 hours).

MONTANA STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

NURSE AIDE SKILLS COMPETENCY CHECKLIST

75 hours

Name: _____ Social Security Number: _____
 Address: _____ Facility/School: _____
 _____ City: _____

Skills

Personal Care	Dates Practiced	Date	Comments	Observer Signature
		Passed		
Tub bath				
Shower				
Bed bath				
Partial bath				
Oral care (mouth care, teethbrushing, flossing)				
Denture care				
Female pericare				
Male pericare				
Nail care				
Hair care (shampoo, grooming)				
Shaving (male & female)				
Use of bedpan/urinal				
Use of commode				
Dressing/undressing				
Decubitus care				
Skin care				
Catheter care:				
Indwelling				
Condom				
Obtains specimens:				
Urine				
Stool				
Sputum				
Use of oxygen				
Application of heat:				
Aqua pad				
Hot water bottle				
Compresses				
Application of cold:				
Ice bag				
Compresses				
Application TED hose				
Records care on flow sheet				
Infection Control	Dates Practiced	Date	Comments	Observer Signature
		Passed		
Handwashing				
Use of protective gown, gloves, mask				
Disposal of contaminated supplies				
Proper linen handling, storage, disposal				

Communication/Rights	Dates Practiced	Date Passed	Comments	Observer Signature
Respectful in interactions/communications with residents				
Knocks on doors before entering				
Asks permission/explains procedures prior to performing				
Addresses resident by preferred name				
Demonstrates techniques of responding to:				
Confrontative res.				
Depressed res.				
Anxious resident				
Ensures privacy during personal care				

Environment	Dates Practiced	Date Passed	Comments	Observer Signature
Makes an unoccupied bed				
Makes an occupied bed				
Cleans resident unit				
Marks & cares for clothing				
Marks & cares for personal possessions				
Completes clothing & possessions list				
Cleans resident care equipment (tub/shower basins, wheelchair, combs, brushes, razors, etc.)				
Care of glasses				
Care of hearing aid				

Safety and Rehabilitation	Dates Practiced	Date Passed	Comments	Observer Signature
Uses correct body mechanics				
Turn/position resident in bed				
Range of motion				
Use of mechanical lifts				
Ambulation techniques:				
Use of gait belt				
Use of mobility equipment (cane, walker, etc)				
Transfers:				
Bed to chair				
Chair to bed				
One person				
Two person				
Teaching:				
RDL retraining				
Bowel/bladder retraining				
Use of restraints				
Use of side rails				
Use of call lights				
Use of protective devices (padding, helmets, alarms, etc.)				
Participates in fire drill				

Special Procedures	Dates Practiced	Date Passed	Comments	Observer Signature
Resident admission				
Resident discharge				
Resident transfer				
Take and record:				
Temperature-				
Oral				
Rectal				
Axillary				
Pulse				
Respiration				
Blood pressure				
Height				
Weight				
CPR				
Heinlich				
Post mortem care				
Other: (write in)				

Nutrition	Dates Practiced	Date Passed	Comments	Observer Signature
Assists residents who self feed				
Feeds helpless residents				
Serves supplements				
Passes drinking water				
Records meal/supplemental intake				
Records fluid intake & output				

CERTIFICATION OF COMPETENCY

Program Coordinator: I, _____, certify that
 (name of PC/PI - type or print)

_____ has satisfactorily
 (name of trainee - type or print)
 performed all of the above listed skills and is competent to practice as a nurse aide in a long term care facility.

Trainee: I certify that I have received instruction and supervision in all of the above listed skills.

Signature of PC/PI Date

Signature of Trainee Date



MONTANA STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

HOME HEALTH AIDE SKILLS COMPETENCY CHECKLIST*

Name: _____ Social Security Number: _____
 Address: _____ Facility/School: _____
 _____ City: _____

Home Management	Dates Practiced	Date Passed	Comments	Observer Signature
Demonstrates knowledge of:				
(1) Light Housekeeping procedures				
(2) Proper handling and laundering of linen & clothing				
Home Safety Check	Dates Practiced	Date Passed	Comments	Observer Signature
Identifies physical environment hazards				
Identifies fire hazards				
Identifies fire evacuation routes				
Identifies emergency telephone numbers:				
(1) Fire				
(2) Ambulance				
(3) Responsible relative/friend in town				
Uses proper home transfer/ambulation tech.				
Use of ambulation equipment in home				
Ambulation Equipment:				
(1) Demonstrates proper use				
(2) Simple maintenance				
(3) Reports malfunctions				
Care of prosthetic devices				
Nutrition	Dates Practiced	Date Passed	Comments	Observer Signature
Demonstrates knowledge of:				
(1) Comparative shopping				
(2) Shopping for special diets				
(3) Menu planning/meal preparation				
(4) Proper food storage and sanitation				

*This 16-hour program of skill development when coupled with the 75-hour training program for Nurse Aide will meet the requirements for certification as a Home Health Aide

Infection Control	Dates Practiced	Date Passed	Comments	Observer Signature
Adapts isolation techniques & universal precautions in home:				
(1) Linen handling				
(2) Disposal of contaminated supplies				
(3) Food trays/utensils				
(4) Cleaning/disinfecting supplies & equipment				
(5) Transporting Specimens				
Patient Rights	Dates Practiced	Date Passed	Comments	Observer Signature
Demonstrates understanding of:				
(1) Patient rights and preferences				
(2) Observing and reporting abuse				
Miscellaneous	Dates Practiced	Date Passed	Comments	Observer Signature
Demonstrates understanding of state regulations re:				
administrations of medications				
Responsibilities for documenting observations and reporting findings				

CERTIFICATION OF COMPETENCY

Program Coordinator: I, _____, certify that
(name of PC/PI - type or print)

_____ has satisfactorily
(name of trainee - type or print)
performed all of the above listed skills and is competent to practice as a home health aide in a home health agency.

Trainee: I certify that I have received instruction and supervision in all of the above listed skills.

Signature of PC/PI Date

Signature of Trainee Date

The Eldercare Technical Committee agreed that there was not a need to create a new job title to fill the needs of the elderly but rather to change or expand existing curricula to include additional skills beyond those now required by OBRA. (This additional training would have to be funded privately or through sources other than OBRA). It was recommended that a training program for a Home Health Aide include the following tasks:

TASK LIST

The tasks include all the training required by OBRA, as listed on pages 6-10, but it also expands the services to include more home-chore assistance. It is highly desirable to have a trained individual who has more skills and can provide a wider range of services to the elderly, thereby cutting down on the number of individuals providing service to each senior.

1. Reporting observations or changes in individuals taking medications (the aide must be knowledgeable of reactions).
2. Physical Activities - helping the individual to get up, dress, and do tub baths.
3. ADL (Activities of Daily Living) - skin care, dental care, range of motion.
4. Nutrition - Understanding of basic nutrition, balanced meals, special diets (such as low salt, diabetic, and food allergies). May perform duties such as buying food, planning meals, cooking, and serving meals.
5. Financial - assistance with checkbook balances, paying bills. (Subject to regulatory restrictions).
6. Psychosocial Service Needs - motivating, identifying depression, Maslows hierarchy of needs, identifying behavior problems, assisting with transportation, and providing access to meals.
7. Recreational Activities - transportation to activities, physical fitness and recreation.
8. Community Resources - physical therapy, arthritis control, network and referral, etc.
9. Communication and Interpersonal Skills - with family, patient, and providers (people in general).
10. Homemaker/Home-chore skills - home maintenance, home safety.
11. Private Contracting - understanding of how to obtain a provider number, worker's compensation, tax withholding, bonding, legal issues (what they can and cannot do), confidentiality, accountability, liability and malpractice, scope of practice, and how to refer to appropriate assistance services.

COMMITTEE RECOMMENDATIONS/PROBLEMS

The Eldercare Technical Committee agreed that several appropriate changes should be made in consideration of the following problems or complications in delivering an expanded Home Health Aide training program. The changes include legislative changes, delivery of service changes, and changes in the training of Home Health Aides.

1. There is a need for a person who (a) is certified; (b) is trained beyond the existing level of available training; and (c) can work privately.
2. There may be a need for state legislation to certify a person going into a home.
3. Government regulated assistance complicates the delivery of services and restricts eligibility.
 - (a) Medicaid eligible individuals, in general qualify for all available services provided by certified agencies.
 - (b) Medicare eligible individuals or those paying privately are eligible for in-home health care through certified Home Health Agencies. Medicare regulates duration and services to be provided.
 - (c) Under the Older American's Act services are provided through the AAA on a voluntary contribution basis. Eligibility for these services is by age or doctor referral.
 - (d) Private in-home health care agencies in larger communities provide services, but they are very expensive and only affordable by the affluent.
 - (e) Federal, state and other third party payers each have their own delivery systems which indirectly encourages institutionalization.
4. It is not necessary to create a new system or a new job title to provide appropriate services to the elderly, rather legislation should be enacted to increase the required training hours and the content of the training for the Home Health Aide. Presently, Homemakers/Home Care Companions do not meet the requirements of Nursing Assistants due to lack of clinical experience.
5. Adult Day Services (Respite Care) is available wherein the elderly are taken for the day and picked up in the evening. However many elderly will not use the service because they feel they are being "tricked" into preparation for permanent institutionalization; in addition, it is very expensive. Also, this daily transporting is very physically draining on the elderly.
6. Foster Care is available in some areas for private pay.

7. There are many problems in both delivering the training program for Home Health Aide trainees and in delivering the services to the elderly.
 - a. Availability of training programs is a problem due to travel and expense involved for prospective trainees. Consequently, some communities are unable to obtain trained workers.
 - b. Difficulties arise with established training programs in providing adequate clinical training to students.
 - c. Concerns with too many different individuals assisting the elderly in their home (this upsets and confuses many people - they would rather have one person who can perform several tasks - it may also be more cost effective).
 - d. Eligibility problems - in most cases if the client doesn't qualify for federal or state assistance the service is not provided.
 - e. Any teaching institution out of compliance with state regulations in any area (whether or not it is pertinent to the training program), cannot teach any portion of the program.
 - f. While training programs are available to rural communities via satellite or distant learning, qualified RN supervisors are not readily available in the remote communities.
8. Consumer education should be conducted by the Area Agency on Aging (AAA). This education would acquaint the family and elderly on how to deal with those individuals coming into the home to assist the elderly. These agencies could also serve as a referral service in coordinating prospective employees with those in need of in-home services.
9. A concern whether or not the aide, having been trained, should be supervised by another or be self-monitoring. Possibly the AAA could monitor these individuals if given legislative authority. Many insurance companies may be interested in the services provided by a trained person to work in this field in order to stave off higher costs of other providers.

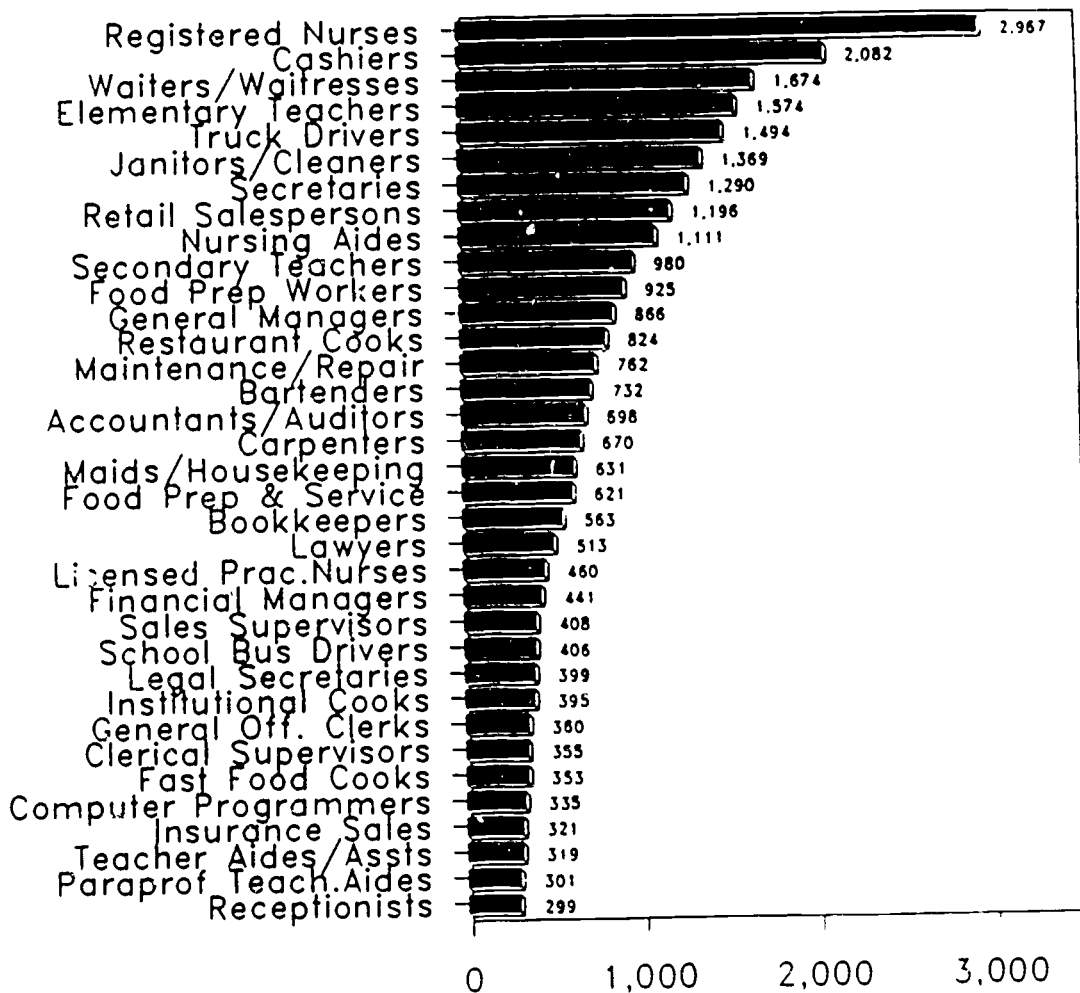
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A P P E N D I X

TABLE I

Montana Job Growth High Growth Careers Specific Jobs

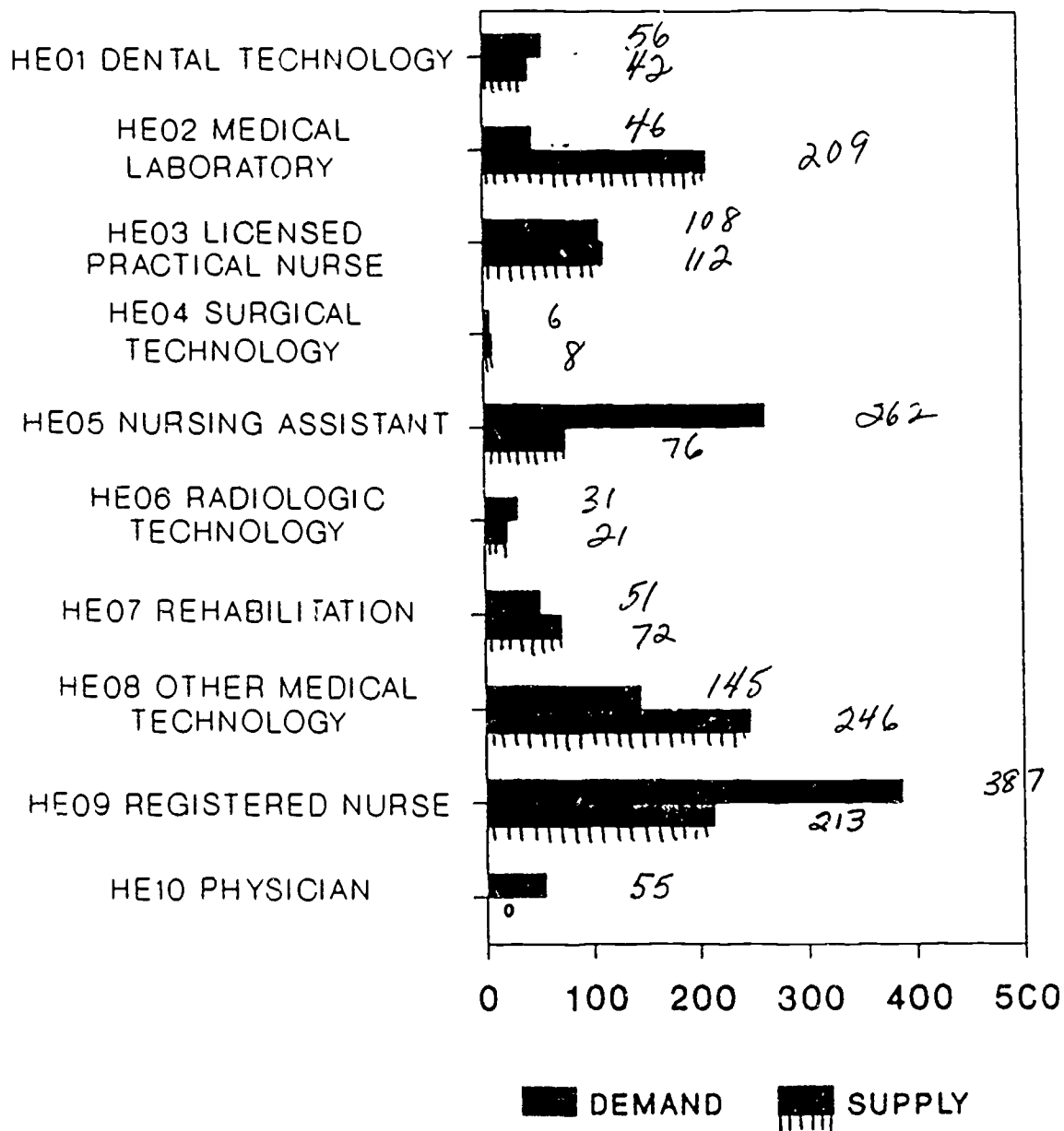


Montana Workforce to the Year 2000, page 38; Montana Department of Labor and Industry.

TABLE II

HEALTH CLUSTERS DEMAND VS. SUPPLY

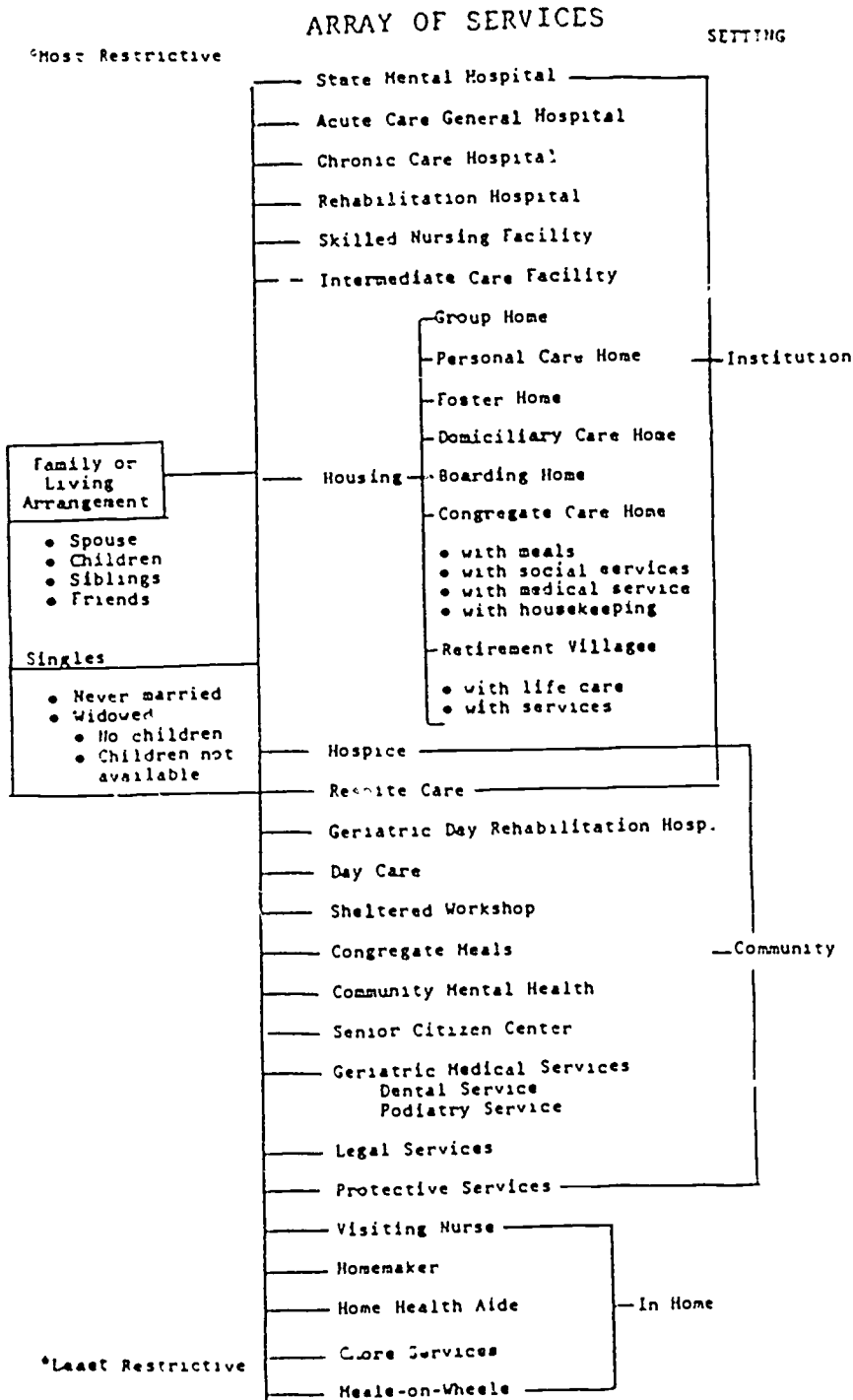
ESTIMATED ANNUAL OPENINGS VS. TRAINING COMPLETERS



Montana Supply and Demand Report, Fifth Edition, October 1988, page 37; Montana State Occupational Information Coordinating Committee (MT SOICC)

TABLE III

**INVENTORY OF RECOMMENDED AVAILABLE SERVICES
APPROPRIATE TO A LONG-TERM CARE SUPPORT SYSTEM**



Source: Stanley J. Brody, J.D., MSW and Carla Mascrocchi, B.A., "Data for Long-Term Care Planning by Health Systems Agencies", American Journal of Public Health, Vol. 70, No. 11, Nov., 1980, p. 1197 (adapted).

MONTANA AREA AGENCIES ON AGING

Updated listing of address's and telephone numbers
as of February 1990

Lori Brengle, Director
Area I Agency on Aging
111 West Bell
Glendive, MT 59330
365-3364

Karen Erdie, Director
Area II Agency on Aging
236 Main
Roundup, MT 59072
323-1320

Bev Robinson, Director
Area III Agency on Aging
323 South Main
Conrad, MT 59425
278-5662

Roger Ala, Director
Area IV Agency on Aging
Box 1717
Helena, MT 59624
442 1552

Jane Anderson, Director
Area V Agency on Aging
115 E. Pennsylvania
Anaconda, MT 59711
563-3110/3550

Duane Lutke, Director
Area VI Agency on Aging
802 Main Street, Suite B
Polson, MT 59860
883-6211, Ext. 288 or 289

Darrell LaMere, Director
Area VII Agency on Aging
P.O. Box 21838
Billings, MT 59102
252-4812

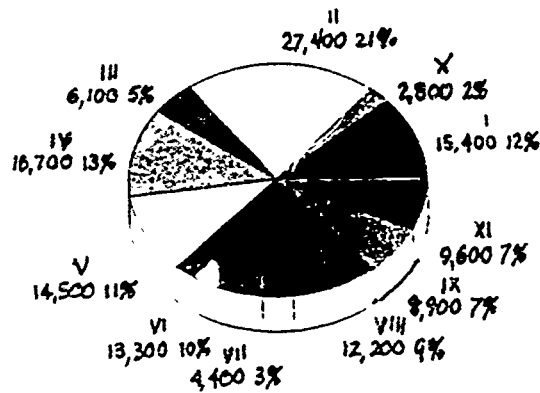
Randy Barrett, Director
Area VIII Agency on Aging
1601 2nd Avenue North, Rm. 425
Great Falls, MT 59401
761-1919/7860

Bonnie Kirk, Director
Area IX Agency on Aging
723 5th Avenue East
Kalispell, MT 59901
752-5300, Ext. 640
1-800-323-6968

Evelyn Havskjold, Director
Area X Agency on Aging
2 West Second Street
Havre, MT 59501
265-5464

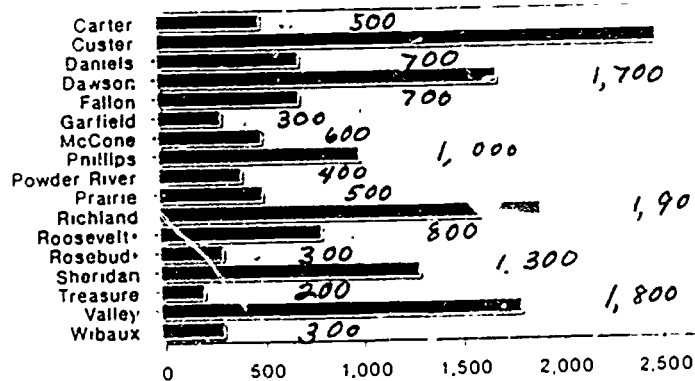
Susan Kohler-Hurd, Director
Area XI Agency on Aging
227 West Front Street
Missoula, MT 59802
728-7682

Montana's Older Adult Population By Area Agency On Aging, 1987 60 Years Of Age And Older



Serving Approximately
131,000 Older Adults

Area I - Area Agency On Aging Older Adult Population By County 1987 -- Numbers Rounded 60 Years Of Age And Older

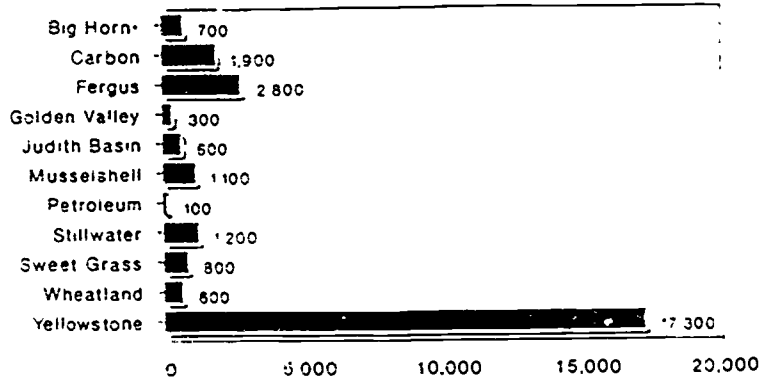


*Totals for Roosevelt and Rosebud do not include on-reservation older Native Americans served by Area VII

Area II - Area Agency On Aging Older Adult Population By County

1987 -- Numbers Rounded

60 Years Of Age And Older

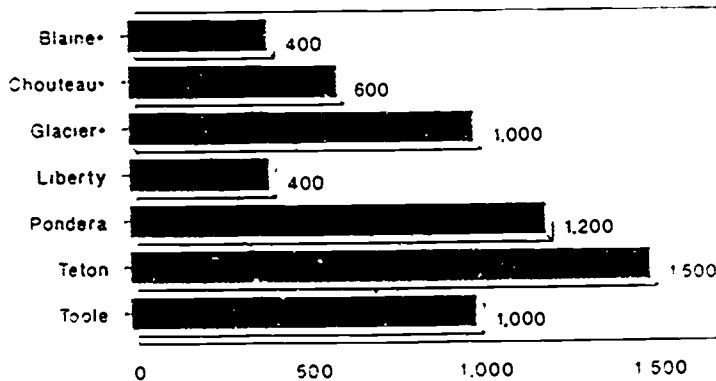


*Total for Big Horn County does not include 700 on-reservation older Native Americans served by Area VII

Area III - Area Agency On Aging Older Adult Population By County

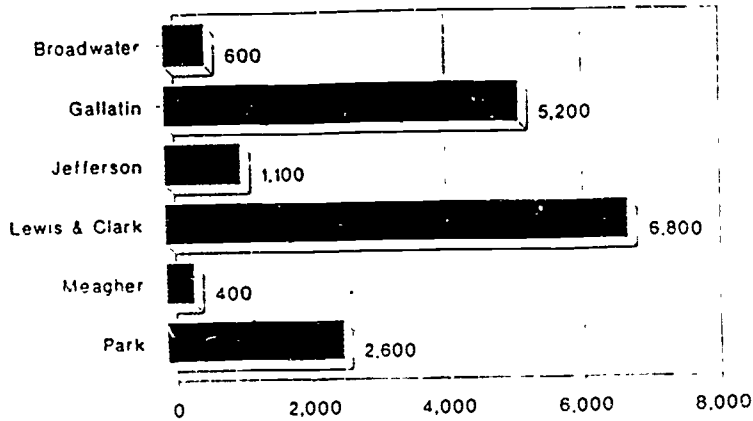
1987 -- Numbers Rounded

60 Years Of Age And Older

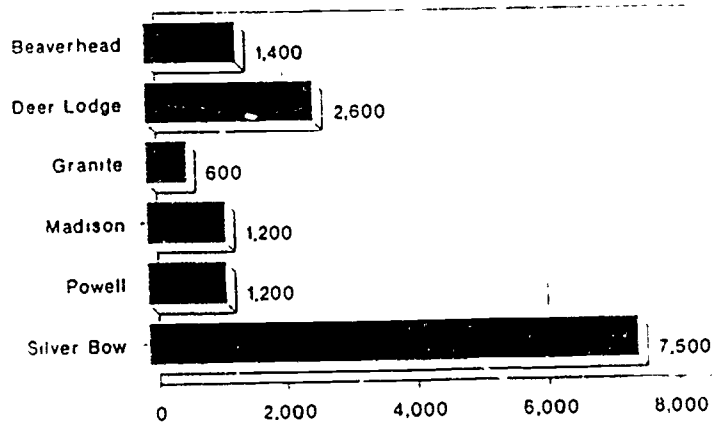


*Totals for Blaine, Chouteau and Glacier do not include on-reservation older Native Americans served by Area VII

**Area IV - Area Agency On Aging
Older Adult Population By County**
1987 -- Numbers Rounded
60 Years Of Age And Older



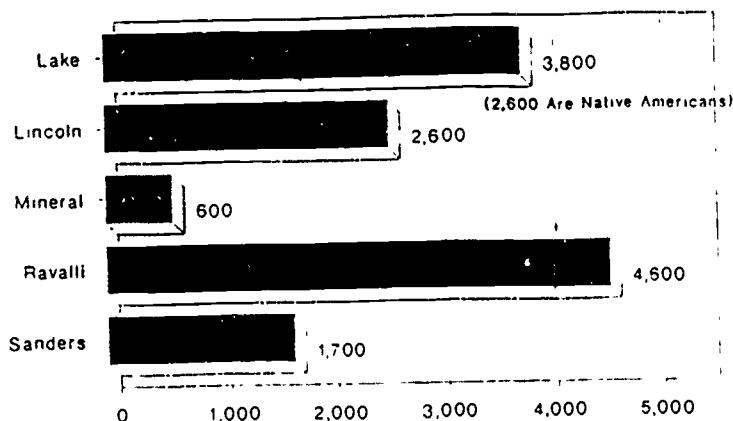
**Area V - Area Agency On Aging
Older Adult Population By County**
1987 -- Numbers Rounded
60 Years Of Age And Older



Area VI - Area Agency On Aging Older Adult Population By County

1987 -- Numbers Rounded

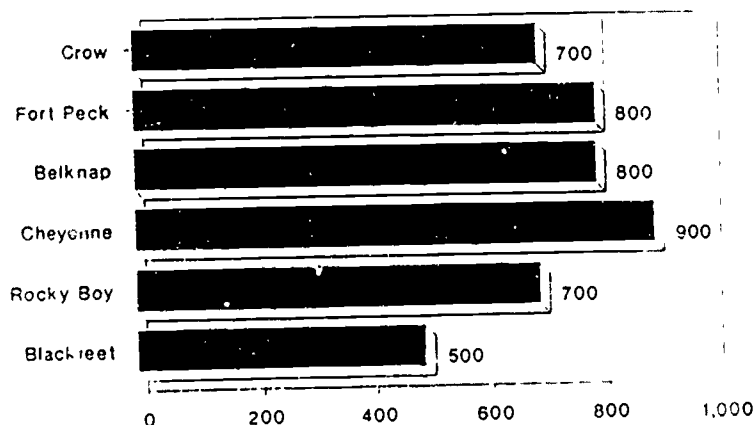
60 Years Of Age And Older



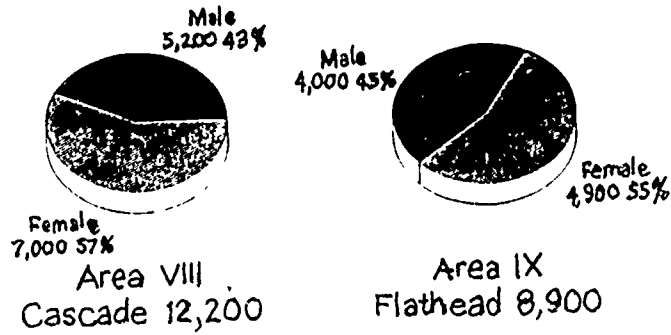
Area VII - Area Agency On Aging Older Adult Population By Reservation

1987 -- Numbers Rounded

60 Years Of Age And Older



Area VIII & IX - Area Agencies On Aging
 Population In 1987 -- Numbers Rounded
 60 Years Of Age And Older



Area X & XI - Area Agencies On Aging
 Older Adult Population in 1987
 Numbers Rounded
 60 Years Of Age And Older

