

INTRODUCTION

A. Program Perspectives

The materials for the Serving and Challenging Seniors Program Manual have been prepared by men and women in the Presbyterian Church in America. Major categories, together with various topics within each category, have been identified. One page is committed to each topic. Each author has experience or expertise relating to his or her topic. The goal is to encourage ministry in churches and communities.

The general subject of "Seniors" opens up a numbing array of biblical, spiritual, physical, health, emotional, financial, legal and other issues. Affirming our desire to encourage ministry to and by seniors, we also recognize the short advance that we make into the vast, to some degree uncharted, waters of "senior life."

Some important topics may be omitted. From many directions additional topics suggest themselves. The daily newspapers, weekly magazines, publications from AARP regularly suggest topics that are not part of this project. The encyclopedic *Caring for Aging Loved Ones* (Focus on the Family) includes many topics and references to resources that are not part of this effort. This book is highly recommended!

Each topic could become or already is the subject of many books and articles. Some represent specialties in social or medical study and service. Devoting a single page to a vast subject can produce at its best only a brief introduction to that subject.

The literature related to aging is immense and expanding. The Medical College of New Jersey has a Department of Aging (among the 125 U.S. medical schools the number with "departments, sections, divisions or units in geriatrics or gerontology" has grown from 15 in 1982 to 57 in 2002 [*USA Today*, 8/25/04]). Current issues and bound volumes of these periodicals are found in the Medical College's library:

Geriatric Nursing, Geriatrics: Medicine for Midlife and Beyond (Geriatrics (from 1946) fills 10 feet of shelf space), Gerontology, Gerontology and Geriatric Education, International Journal of Geriatric Psychiatry, Journal of Gerontological Nursing, The Gerontologist.

These periodicals containing relevant articles on ministry to seniors may be found in a seminary library:

Bibliotheca Sacra, Brethren in Christ History and Life, Christian Century, Christian Ministry, Christian Social Action, Christianity Today, Church and Society, Expository Times, Family Ministry, Journal for Preachers, Journal of Health Care Chaplaincy, Journal of Pastoral Care, Journal of Religion and Aging, Journal of Religion and Health, Journal of Religious Gerontology, Journal of Supervision and Training in Ministry, Leadership, Lexington Theological Quarterly, Modern Churchman, Pastoral Psychology, Pastoral Sciences, Preaching, Quarterly Review, Reformed Review, Reformed Worship, Religious Education, Restoration Quarterly, Review and Expositor, St. Mark's Review, Theological Educator, Urban Mission, Witness.

Introduction A. Program Perspectives

The number of books grows exponentially: on aging and dying, on medical and social issues, on financial and legal issues, on spiritual and emotional issues. Many of the articles and books include extensive references to additional books and articles on aging.

Many agencies have been doing extensive and creative work in serving seniors.

Some examples:

- *Government sponsored and related services* can be located through the Area Agency on Aging office in each county.
- *The Presbyterian Church in the United States of America (PCUSA)* has a national office on senior ministry. The PCUSA has regional older adult ministry consultants.
- *The Southern Baptist Convention's* Sunday School Board's Family Ministries Department has a Senior Adult Ministry Section.
- *Cross Communications* encourages churches in ministry among widows, through an understanding and provision of their needs and by equipping them for ministry.
- *Shepherd's Centers of America* identifies and supports local coalitions of churches that work together to assist and serve older adults.
- *Faith in Action* is an interfaith, care-giving program of The Robert Wood Johnson Foundation. Faith in Action claims to have 1000 centers.
- *AARP (American Association of Retired Persons)* offers a large variety of services and programs for seniors.
- *Primetimers* and *United Seniors Association* are among many other organizations for seniors.

Virtually any topic related to seniors' ministry is the focus of service by some or many secular and/or religious agencies.

Apparent Reasons Not to Initiate a Serving and Challenging Seniors Program:

- The number of topics cannot be closed; it expands constantly.
- Each topic is so vast that it cannot be fully and currently developed.
- Reviewing available writing on each topic is exhausting, but never exhaustive.
- Many people and agencies are doing creative, even pioneering, work in seniors' ministry and service.

Reasons to Engage in a Continuing Serving and Challenging Seniors Program:

- The Gospel.
- Biblical imperatives.
- Seniors' needs: to be served and to serve.
- The need, necessity, requirement for each Christian to be a servant.

Note: The New International Version (NIV) is used by most of the writers in this project. References to other translations are generally identified.

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GEORGE C. FULLER, TE*

PCA/CEP

GEORGE C. FULLER, TE

HOWARD A. EYRICH, TE

FRANK M. BARKER, JR., TE

LILA H. LOOMIS, RD

DAVID S. APPLE, D.Min.

GEORGE C. FULLER, TE

HOOCHAN PAUL LEE, TE

WILLIAM C. KRISPIN, TE, JACK C. SWENEY, M.Div.

EDMUND P. CLOWNEY, TE

EUGENE B. POTOKA, TE

BARBARA B. THOMPSON, MSW

AARON J. BARTMESS, TE

SUE T. JAKES, M. Ed.

PCA/CEP

STEVEN T. DINSMORE, DO

RAYMOND E. ADAMS, MD

DAVID A. FULLER, MD

JODI O. ROWE, BS

STEPHANIE M. P. N. FULLER, MD

EARLINE C. SCHMID, MBA

ANN E. BLAND, RN

GEORGE F. SCHMID, MD

DENNIS G. SANFACON, DMD

WILLIAM S. BARNES, DPM

KATHIE H. KIM, MPH, RD

WILLIAM EDGAR III, TE

JULIE A. SERVODIDIO, RN, MSN

THOMAS E. TROXELL, TE

DAVID B. McWILLIAMS, TE

J. MARK TEDFORD, TE

L. PAUL WOODARD, TE

MELISSA GORTON, MSW

GEORGE E. STRANSKY III, M.Div.

CARROLL L. G. WYNNE, TE

CHERYL L. SANFACON, MD

EDWARD T. WELCH, Ph. D.

LOIS A. DENIER, BS, RN

F. SETH DYRNESS, Jr., TE

GEORGE C. FULLER, TE

JUDY A. DABLER, MAC, MATS

ROBERT W. BURNS, TE

GEREN M. BAIRD III, TE

JOSEPH P. TROMBETTA, TE

PAUL G. SETTLE, TE

HAROLD O. HIGHT, TE

PAUL G. SETTLE, TE

LEONARD G. BROWN, III, Esq.

PCA/CEP

CHARLES H. DUNAHOO, TE

RICHARD A. BODEY, TE

PCA/CEP

DONALD C. GUTHRIE, Ed.D.

JOHN F. SHEETZ, MA

(continued)



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FELICIA L. HAIRR, CPA
RANDEL N. STAIR, BS
STEPHEN H. BROLLY, CPA
STEVEN O. WYKOFF, BS
BRUCE A. GUNTHER, Esq.
BRUCE A. GUNTHER, Esq.
JOHN L. DECKER, Esq.
EARLINE C. SCHMID, MBA
EARLINE C. SCHMID, MBA
EARLINE C. SCHMID, MBA

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SUZANNE F. MACKEY, MD
GEORGE C. FULLER, TE
GEORGE R. GUNN, Jr., TE
ARTHUR C. BROADWICK, TE
BARTH A. HOLOHAN, MBA, MSW
TIMOTHY P. DIEHL, TE
TIMOTHY P. HUMENIUK, BA
VINCENT A. ROSATO, TE; ROBERT E. YANG, MSEE
S. MARK HEBDEN, BS

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GEORGE C. FULLER, TE
ROBERT B. LOGAN
GREGORY A. DONOVAN, MAR
R. WAYNE JOHNS
JANICE R. LEFEVER, RN
BRISTER H. WARE, TE
NANCY PIEDT, RN
MELISSA GORTON, MSW
ANDREA U. MUNGO, MSW
JAMES A. KUHNER, BA
CHARLES F. SAWYER, Jr., M. Div.
WILLIAM A. FOX, Jr., TE
DANA A. EMBORSKY, MATS, MABC
STEPHANIE O. HUBACH, MA
TIMOTHY Z. WITMER, TE
LAWRENCE C. ROFF, TE
EDWARD K. KELLOGG, MA
ROBERT N. ANDERSON, M.Div.
GEORGE C. FULLER, TE

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ANN D. LLEWELYN
PCA/CEP
JEAN S. MacFADYEN, RN, Ph.D.
IAIN W. CRICHTON, TE
ROBERT B. LOGAN
RICHARD L. BUCKO, Ed. D.
EDGAR SEIBERT
SUSAN HUNT
RICHARD A. BODEY, TE
KAREN F. MORTON, BS
JOHN C. KINSER, TE
DENNIS R. DRENNEN, BA; GENE L. FACKLER, TE
JOHN M. MARDIROSIAN, BA
WAYNE T. SPARKMAN, M.Div.
P. ROBERT PALMER, TE
RAFFIA ELIZABETH BAZ SMITH, Ph.D. and ELLISON M. SMITH, Jr., Ph..D.

- * "PCA/CEP" – the topic page is produced by the Christian Education staff and/or consultant.
- "TE" – "Teaching Elder," the PCA designation for "Minister."

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INTRODUCTION

C. Definitions

The goal is to encourage and increase ministry to seniors and by seniors. This page and the pages that accompany it aim at that target. Christian congregations and individual Christians are invited to examine and expand their service to people in need, both in their churches and in their communities.

Some definitions are necessary:

Age – Definition is usually *chronological* (period of time since birth), which may differ from age defined in terms of *spiritual growth* (see Biblical references), or *achievement level* (measured by testing), or *emotional maturity*, or *mental development* or *physical or health condition*.

Ageism – discrimination based on age. People of advancing years may come to be regarded as “disposable, unimportant,” not unlike disposable diapers or material thrown into a garbage disposal. Ageism is found everywhere; consider the consequences of ageism, as it festers in these places: in medical personnel and social workers, among young people, in advertising, in movies, on television, in literature, even in sermons, in the heart of one serving a senior, perhaps most painfully among seniors themselves. Christians must prayerfully seek hearts cleansed from prejudice toward anyone created in God’s image.

Seniors – The Serving and Challenging Seniors Program chooses a working definition of “seniors” as people over 65 years of age.

“Old Age” – Several reflections on “longevity” and “old age”:

- One of the definitions for age groups common in census reports or in social work is
 - ♦ 65-74 – “Young-old,”
 - ♦ 75-84 – “Middle-old,”
 - ♦ 85+ -- “Oldest-old.”

Categorizing by age from the “physically, mentally active” to the “fully frail” is not possible. On age divisions, see Jeremiah 6:11, 51:22.

- The Social Security Administration chose the age of 65 in 1935 for benefit eligibility, following a precedent set in Germany by Chancellor Otto von Bismarck in 1889. On “retirement,” see Numbers 8:24-26; also see I Timothy 5:9.
- A University of Texas study (www.utexas.edu/depts/classics/documents/Life.html) describes “Roman Life Expectancy.” Affirmations that life expectancy in the ancient Roman world was only 25 years of age do not make adjustment for the infant mortality rate of 319 per 1000 births, assumed in the report. The report’s Life Table suggests that someone alive at age 30 (Jesus’ approximate age at his death) could have expected to live to (an average age of) 59; those alive at 70 could have expected to live (on average) for 6 more years. Men lived longer than women, as many teenage women died in childbirth.
- Paleodemographics is the study of the populations of ancient societies. For more recent periods, data about longevity can be determined from parish and town or other written records. Knowledge with regard to ancient societies must come from such limited sources as tombstone inscriptions, bone studies, Egyptian mummies, but accurate figures are difficult to establish, and the sample (mummies, for example) may not be typical of an entire population. See “Paleodemography” in the *International Encyclopedia of Population*.

Introduction C. Definitions

- The Books of Kings and Chronicles state with regard to a number of kings: “He was X years old when he became king, and he reigned Y years.” Some of these kings were killed; some went into exile, to end their reigns. But eight of them apparently died “in office” (some may have lived even longer after leaving the throne) and of natural causes, giving us a clue (X+Y) as to longevity during years 1000-600 BC; these are the presumed ages at death:

Rehoboam – 58	Jehoshaphat – 60	Jehoram – 40
Azariah (Uzziah) – 68	Jotham – 41	Ahaz – 36
Hezekiah – 54	Manasseh – 67.	

While these individuals may not be typical of the whole society, their average age at death was 53, with two living to 67 and 68. “The length of our days is seventy years – or eighty, if we have the strength...” (Psalm 90:10).

- Old age in the Bible is regularly regarded as a “blessing,” not as compared with being younger, but in comparison with being killed at a younger age by an enemy (for example, a Jebusite, Amalakite) spear, a terrorist, a plague, or a wide variety of infections and diseases.
- Some people apparently lived approximately as long in ancient Israel and Judah (after 1000 BC) and in Roman times, as they do now – but multiple hazards meant that fewer people achieved long life.

Geriatrics – “The branch of medicine, or of social science, dealing with the health of old people” (Oxford). Addresses the prevention and treatment of diseases in older people. May be regarded as one part of the broader field of gerontology.

Gerontology – “The scientific study of old age and of the process of ageing” (Oxford). The science of aging. Attention is directed to social as well as biologic and other aspects of aging.

Senescence – as “adolescence” refers to younger people, senescence refers to older people. “Process or condition of growing old” (*Rogert’s II*). The state of being old.

Senility – avoid using this word; **dementia** is often more appropriate. Traditionally used for “decrepit, feeble, feebleminded, second childhood,” for mental loss, mental impairment. “Exhibiting the mental and physical deterioration often accompanying old age” (Oxford).

INTRODUCTION

D. The Data Game

The Rules

1. Do not mark this page – you may want to copy the page later (unmarked).
2. Write your selected letter answers on another piece of paper.
3. All questions relate to the resident United States population.
4. Information (I-19) is derived from the U. S. Census Bureau: Statistical Abstract of the United States, 2001, 2004, 2005, where precise numbers may be found.

The Test

1. The 1950 total population was 151,000,000; **total population** projected for 2050 is
B 204,000,000 Q 304,000,000 E 420,000,000
2. In 1980, 2,240,000 people were **85 years old and older**; by 2005 that number had grown to
A 2,500,000 B 5,120,000 C 12,500,000
3. In 2005 71,000 people (58,000 of whom were female) were **100 years of age and older**; by the year 2050 the total number of people 100 years or older will be
F 55,000 D 1,150,000 A 209,500
4. The percentage of the US resident population **65 years of age and older** (in 2005) was 12.4%. In 2050 it is projected to be
L 20.7% K 6.0% P 36%
5. Among people 65 years of age and older in 1980, 28.5% had **education of 8th grade or less**; by 2003 that percentage had changed to
I 65% E 32% U 15.4%
6. In 2003 the number of people **75 years of age and older living alone** was
E 1,000,000 A 3,000,000 O 6,300,000
7. The life expectancy of someone born in 1970 was 70.8 years; **life expectancy of someone born in 2010** is expected to be:
H 78.5 J 65.0 M 74.0
8. In 2002 a 65 year old male could have expected to live 16.2 years; a 65 year old female could have expected to live 19.5 years. **An 80 year old person could have expected to live** (on average) for how many years?
S 8.8 P 21.3 R 2.1
9. In 2001, 33,000 people age 65 and older died from “accidents;” 31,000 died from Alzheimer’s disease; this is how many **died from suicide during 2002**:
A 1,800 B 800 E 4,900
10. Total expenditures for national health (from private and public sources) was \$27,000,000,000 in 1960; in 2003 **health care costs** were:
D \$1,674,000,000,000 E \$674,000,000,000 F \$67,000,000,000

Introduction D. The Data Game

11. **Nursing home care costs** were about \$1,000,000,000 in 1960; by 2010 costs may climb to
W \$83,000,000,000 U \$183,000,000,000 V \$18,000,000,000
12. **Prescription costs** in 1990 of \$40,300,000,000 grew by 2003 to
R \$49,000,000 S \$67,000,000,000 T \$203,000,000,000
13. This is **how many prescriptions** were sold in the year 2003:
I 3,200,000,000 J 2,800,000 K 280,000,000
14. In 1980 28,500,000 people were **enrolled in medicare**, with **disbursements** of \$35,000,000,000; by 2003 enrollees had grown to 41,000,000, with disbursements of
R \$51,000,000,000 S \$63,000,000 T \$257,000,000,000
15. The number of “skilled nursing facilities” in 1989 was 5,100; By 2002 this number had changed to
Y 6,800 T 14,800 W 7,800
16. **Home health care** (that is, health care provided at the place of residence) was provided (on a typical day in 2000) for 1,355,000 people; **hospice care** (at home and inpatient residences) was given to this many people
A 106,000 B 385,000,000 C 1,500
17. The **two services most often given** in home health care (2000) were
R Bathing and dressing.
S Using telephone and preparing meals.
T Eating and taking medications.
18. In 2001, 211,000 people were injured by “bathtubs and showers;” 1,085,000 by “stairs and steps”; this is **how many were injured** by “floors and flooring materials”:
V 9,860 U 957,000 W 9,860,000
19. Among people over 75 years of age (in 2003) 37% of males engaged in “recommended physical activity.” What percentage of females did so?
E 10% I 60% O 28%
20. The National Center on Elder Abuse reports that “spouse” is the perpetrator in 15% of elder abuse cases; “grandchildren” in 9% of the cases; “service providers” in 3% of the cases. In what percent of the cases is **the perpetrator of elder abuse identified as “adult children”**?
Y 40% O 6% U 12%

The correct answers spell (backward) the first four words in Philippians 2:5 (NIV).
“Your attitude should be the same as that of Christ Jesus....”

