Integration of Research and Practice in Creating a Continuum of Care for the Elderly

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Collaborative efforts of research and practice are described which eventuated in the creation of the Philadelphia Geriatric Center's continuum of care for the elderly. Three groups of research studies are cited which aimed to identify and develop needed services and facilities, to assess and evaluate the functional capacities of the elderly, and to plan and evaluate architecture and program for the mentally-impaired. Emphasis is placed on practical application of the findings and the role of practice in identifying researchable issues. Factors which fostered cooperative efforts are discussed.

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Bernard Liebowitz, MSW², and Elaine M. Brody, MSSA³

The slip between the cup of research and the lip of its utilization is of increasing concern to practitioners and investigators in gerontology. Those engaged in research often feel that administrators and practitioners ignore their findings or hamper (even sabotage) their efforts. Practitioners may view research as being carried out in a vacuum unrelated to practical needs and experience researchers as insensitive to the human requirements of the clients and disruptive to efforts to deliver services.

The traditional definition of practice is the translation of knowledge into specifics which can be used: research is seen as the producer of knowledge and practice as the consumer. However, practice is concerned not only with the utilization of available knowledge but also with the discovery of new knowledge. The practitioner, because of his direct observations of human needs and problems, the paths which led to them, and the unavailable remedies, occupies a vantage point for the identification of questions which should and could be researched. To be useful for planning, the practitioners' knowledge must be retrieved, systematized, and tested via research so that it can be translated into policy and program. Linkages between research and practice are therefore essential. Practice can provide the clues to identify issues which need research. Research can confirm (or refute) clinical impressions and observations and evaluate the effects of service. In completing the cycle, service can be the vehicle for implementing research findings. Collaborative efforts and on-going dialogue are necessary to establish the essential connections and to further the goals of planning and policy.

This paper reports some aspects of the integration of service and research at the Philadelphia Geriatric Center (PGC),⁴ which eventuated in the creation of a continuum of care for the elderly. The continuum of care includes dimensions of programs, clinical techniques, and appropriate personnel to deliver services in the context of physical facilities suited to the varying needs of a heterogeneous aging population. Three groups of selected

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research studies completed and underway in conjunction with practice will be described. They were components in the process which resulted in the evolution of a traditional home for the aged into a multi-service geriatric center providing a broad range of living arrangements for about 900 elderly individuals.

The investigations described were accompanied by many other program and research activities and were not the sole determinants of the directions taken. Some were formal, federally funded studies; others were supported by the Center as part of its ongoing operation. Factors will be identified which made possible the collaborative work of the administrative, service, and research arms of the agency.

Identification of Needed Services and Facilities

The first series of studies involved examination of procedures for application for institutional care, criteria for admission, the characteristics of the applicant group, and the needs of the elderly living in the community.

Initially, the Home for the Jewish Aged (HJA), as established in 1952, was a traditional 150-bed facility for the "well-aged." Application forms given or mailed on request resulted in an unmanageable backlog of hundreds of unscreened applications. This practice was unsatisfactory for both clients and agency. Applicants and their families were not offered the opportunity at the point of application to discuss the precipitating problems, helped to make alternate or interim plans, nor referred to appropriate resources for counseling, financial aid, or other supportive services. The agency was disadvantaged because the unscreened applications resulted in an immense waiting list which did not reflect the number of "appropriate" candidates for admission. The list was "padded" with many persons who subsequently withdrew because institutional care was not the plan of choice and with those who eventually were rejected because they did not meet the medical and psychiatric criteria then in effect. In 1958, a study funded by the U.S. Public Health Service was carried out by practitioners in the framework of a research design. It confirmed these observations and pointed up sharply the need to look beyond the manifest reason offered by applicant and family for the request for institutionalization and to evaluate the role of factors such as age level, functional capacity, family stress, health, and isolation (Lester & Waldman, 1959).

It became apparent that re-examination of admission criteria was essential, since increasing numbers of impaired elderly were applying and being rejected while the number of "well-aged" applicants diminished. A second study, carried out by the Department of Social Work, documented the community's need for facilities for the mentally and physically impaired aged (Fryman, 1961). The findings were implemented by administrative decision to relax admission criteria. Major renovations of the building ensued to accommodate the equipment and increased medical, para-medical, social work, and other staff required to meet the needs of the mentally- and physically-impaired elderly population.

By the time this was accomplished (in the late 1950's), building programs had expanded the institutional facilities to serve 350 persons in response to the continuing heavy demand for admission. During the same time span, exploration by the PGC's of the housing needs of the more intact elderly culminated in the construction of York House North, the PGC's first apartment building. Completed in 1960, its overwhelming success resulted in a second such building which was occupied in 1965 (Greenbaum 1968; Waldman & Greenbaum, 1966).

Four additional studies of the applicant group, supported by the PGC, were designed to follow up impaired applicants rejected prior to policy change to determine their fate and apparent needs (Brody, 1966a); to document the role of advancing age and illness among adult children as precipitants or contributory factors to the aged parents' application (Brody, 1966b); to compare elderly persons who applied after a screening interview with those who did not (Brody & Gummer 1967): and to follow-up the same individuals after a year (Brody, 1969). These investigations resulted in additional refinements of intake procedures, had implications for clinical approaches to applicants and family members, and supported the need for family-focused services. Since they produced information about needed but unavailable supportive community-based services, they therefore were components of the Center's decision to develop a variety of...
services such as day-care for impaired aged (Liebowitz & Brody, 1968), outpatient psychiatric services, and temporary and emergency care (Prospectus for Weiss Institute, 1969).

As the PGC developed its range of living arrangements it became evident that applications were often initiated by elderly individuals who did not require institutional care but for whom large congregate arrangements such as the apartment buildings were either inappropriate or unavailable. Many of these people remained in the community, but placed their names on HJA’s “Deferred Status” waiting list as insurance against future need. The PGC by then was purchasing small dwellings on an adjacent street. As an experiment in small unit congregate housing, one of these houses was renovated late in 1964 and occupied by four elderly women. At about the same time, a formal study supported by NIH was undertaken to attempt to maintain in the community elderly individuals who might otherwise have been institutionalized (Granick, 1964). Some of the applicants studied were added to the deferred list and the project staff attempted to mobilize supportive community resources. The need for small unit housing was confirmed, particularly the value of their physical proximity to the institution and provision of some services by the PGC. A second house was occupied early in 1967 with an enriched service pattern and this program is now being expanded.

The services to the PGC Intermediate Houses includes delivery of frozen dinner, maintenance and heavy cleaning, social service, and a “hot line” telephone to the Home for emergencies.

Assessment and Evaluation

Methods of evaluation of the mentally and physically impaired elderly constituted a second group of studies which required collaboration of research and service.

Acceptance of the impaired elderly and the complexities involved in assessment of their capacities and treatment requirements directed attention to the need for accurate multidimensional evaluation. Medical and social history protocols were formalized, and two functional classification systems geared to physical capacities and emotional/behavioral dimensions were developed (Waldman & Fryman, 1964). The employment of the Center’s first full-time research psychologist (M. Powell Lawton, PhD) gave impetus to further standardization of evaluation instruments. Under his direction, the Social Work Department collaborated in developing and testing two additional measures: the Physical-Self-Maintenance Scale, which is related to capacity for personal self-care, and the Instrumental Activities of Daily Living Scale (Lawton, 1969). The latter, which assesses the capacities of older people for continued community living, was developed as a part of a federally-funded study (Lawton, 1964). Both measures were fed back into the service system via routine use in the evaluation of applicants to HJA. They were subsequently tested further and are still utilized in a variety of other types of agencies dealing with the elderly (Lawton & Brody, 1969). Facilities using these scales include psychiatric screening wards; family service agency; homemaker service; county institution for its applicant, resident, foster home, and day care services. They are also employed as tools for teaching and training and in planning new facilities and services under the auspices of the Center (e.g., the proposed Geriatric Day Center for the mentally impaired and retarded aged (Liebowitz & Brody, 1968).

The Mentally-Impaired Aged

A third major stream of research-service activity focused on planning a new building, the Weiss Institute, which will be specifically for the mentally-impaired elderly.

The fact that more than half the applicants and residents of the institution have some degree of chronic brain syndrome stimulated the Center’s interest in this group. The initial step in planning for the new facility was an Institute on Mental Impairment, convened in 1964 and attended by experts representing all disciplines. The Institute underlined the need for research which would proceed together with practice in exploring this problem (Lawton & Lawton, 1965). It also emphasized the lack of knowledge concerning effective treatment methods and appropriate physical facilities for the mentally impaired. The Center therefore embarked upon a deliberate series of investigations combining research and practice. The ultimate goal is to incorporate the findings in the physical structure, programming, personnel, and service patterns of the new building.

One experiment involved renovation of a small area of the institution to test the effect of private rooms and an enriched environment on the behavior and functioning of a group...
Typical residential floor plan—this plan has been developed through years of study and consultation with outstanding authorities in geriatrics. Every detail, from the overall layout to the color schemes, furnishings, and equipment, has been designed in accordance with the most advanced understanding of the problems and needs of mentally disturbed elderly people.
of mentally-impaired residents. Data were accumulated via detailed behavioral observations formally scored and tallied by research staff and by means of proxemic and anthropological observations and measures (Lawton, Liebowitz, & Charon, 1968; Liebowitz, 1968).

As an integral part of the planning process a research study funded by NIMH is now underway to study the efficacy of a highly individualized multi-disciplinary treatment program. The study is attempting to identify and treat intensively any medical, social, and psychological factors which might be exacerbating the functioning level of those with chronic brain syndrome (Brody, 1967). Two additional federally-funded studies will evaluate the effectiveness of the innovative architectural design of the new facility, The Weiss Institute for Mentally-Impaired Aged (Kleban, 1968; Lawton, 1968).

All of these studies require close integration of service and research. The new building's architectural design, its use of physical space to be rehabilitative, prosthetic, and therapeutic, and the selection and training of personnel will incorporate the fruits of these and other investigations.

Discussion

The evolution of the Philadelphia Geriatric Center from a 150-bed traditional home for aged to a complex which serves 850 elderly residents and provides programs for those in the community could not have been accomplished without the collaborative efforts of research and service. Over a 12-year period these integrated activities played a major role in:

1. Developing a continuum of living arrangements ranging from an acute care hospital to large apartment buildings with several intermediate levels of care;
2. Effecting improvement in the quality of services and care;
3. Providing guidelines for services to aged community residents and their families.

It has therefore been demonstrated that the operational base for research does not have to be limited to traditional settings such as universities or foundations. It can be dynamically and effectively combined with service in the setting of service agencies. At the Philadelphia Geriatric Center this proved advantageous. The research was stimulated by the goals of the institution to meet the needs of elderly appropriately and to base its policies and planning on data rather than on impressions. Researchers were provided a laboratory related to practical needs and had the somewhat rare gratification of seeing their findings translated into programs and bricks and mortar. In turn, the Center's service functions were expanded and enhanced.

Factors Fostering Collaboration

Factors operating to make possible the collaboration and integration of research and practice were:

1. The basic underpinning was the climate created by the administration. The executives of the agency had a clear conviction that research was an essential component in the process of planning to meet the needs of the elderly population. They were able to interpret this viewpoint to the Board of Directors and to enlist their support and encouragement.

2. The administrative conviction regarding research was conveyed clearly to all levels of service staff. Similarly, administration conveyed to researchers with equal clarity the high value

Work activities program for elderly residents with severe chronic brain syndrome—H.J.A. staff has found this group to be responsive and to have the capacity for new learning through a graduated series of successively more complicated vocationally-oriented tasks.
it placed on the service departments and personnel and the absolute necessity for researchers to understand and respect the practices, routines, and competence of service personnel.

3. Full-time research personnel were employed as part of the regular staffing pattern. Researchers became an integral part of the Center rather than "outsiders" grafted artificially to the Center for temporary projects. While temporary staff are employed for specific projects, they are under the direction of the regular full time research staff.

4. Practitioners at the Center participate in the development of formal projects and get feedback from the researchers regularly on the status and progress of those projects. When studies are initiated and carried out by practitioners, consultation from researchers is readily available. Informal dialogue occurs in an atmosphere of accommodation, mutual understanding, and friendly personal relations. Collaborative efforts are further reinforced by continuing programs of orientation.

5. The P.G.C. Research Review Committee, which reviews and approves all proposed studies, includes the directors of the medical, nursing, social work, recreational and occupational therapy departments as well as administrative and research staff. An opportunity is thus provided to discuss feasibility and potential problems of research studies as they affect the well-being of the elderly population and the on-going operation of the Center.

While the positive results have been stressed in this report and in the main the activities described progressed smoothly, there are certain difficulties inherent in the collaboration of personnel who have different orientations. Not all researchers and practitioners, regardless of professional discipline, are suited for such joint efforts. Both groups must be adaptable and have the capacity to accommodate. The intangible quality of personality—an ability to listen to and understand each other's viewpoints is essential if problems are to be obviated.

In the authors' view, experience and training for such collaboration should begin at the educational level when attitudes are in the formative stage. Further, curriculum should be planned so that opportunities are provided for researchers to have some direct service experience and for practitioners to receive some training in research. The prevalent viewpoint is that researchers need to "educate" practitioners. It is suggested that the converse is also true: researchers must be educated to the exigencies of administering programs and serving people in need.

It has been found at the P.G.C. that research and service are not antithetical. The responsibility for establishing links to permit collaborative programs lies both with existing service agencies and research groups. The authors do not presume to suggest the P.G.C. programs described as a model, but offer their experience in the hope that it may be useful for others.

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First Joint Session Program
Gerontological Society, Clinical Medicine Section, and American Geriatrics Society

April 4, 1970
Americana Hotel, New York City

The First Joint Session Program of the Gerontological Society, Clinical Medicine Section, and the American Geriatrics Society will open at 10:40 a.m., April 4, in conjunction with the annual meeting of the American Geriatrics Society (April 3-4). Co-chairmen of the Joint Session are Raymond Harris, MD (Gerontological Society) and Charles E. Lyght, MD (American Geriatrics Society). Manuel Rodstein, MD, and Charles E. Lyght, MD, are Program Co-Chairmen.

Three of the papers scheduled for the Joint Session are:
Raymond Harris, MD, Acute Myocardial Infarction in the Aged—Management and Prognosis
Alfred H. Lawton, MD, PhD, Continuing Postgraduate Medical Education in Geriatrics
Ralph Goldman, MD, Speculations on Cardiovascular Changes with Age

The fourth paper is to be announced.

The Liaison Committee for the two societies consists of Jerome Kaplan, PhD, Chairman, Raymond Harris, MD, Robert H. Dovenmuehle, MD, and Leo Gitman, MD, for the Gerontological Society, and George G. Reader, MD, and Hans H. Zinsser, MD, for the American Geriatrics Society.

GERONTOLOGICAL SOCIETY
NOTICE TO ALL MEMBERS
Requests for Nominations
1970 Kleemeier Award

The Awards Committee of the Gerontological Society wishes to poll the membership for nominations for the Society's 1970 Kleemeier Award and Lectureship. The award is for outstanding contributions to research in gerontology and according to the guidelines established, the recipient of the award for 1970 should be an investigator in the area of Biological Sciences or Clinical Medicine.

Please send names of nominees and supporting statements before July 1 to: Robert J. Havighurst, PhD, Department of Education, University of Chicago, Chicago, Illinois 60637.