

APPENDICES

Appendix 1

NEEDS INVENTORY FOR THE ELDERLY IN AREA _____, DISTRICT _____

_____ (date)

In an effort to review the current services of Alcoholics Anonymous to the elderly in your district, please complete the following:

1. Are there any A.A. meetings in elder residences or retirement centers in your district?

Yes _____ *No* _____ *Don't Know* _____

2. If yes, please give a brief history of the meeting and/or provide a contact person so that we may get additional information.

3. Are there organized efforts in your community to carry the message to older alcoholics?

Yes _____ *No* _____ *Don't Know* _____

4. Is literature in large print such as the Big Book, the A.A. Service Manual, and the pamphlet "A.A. for the Older Alcoholic – Never Too Late," available for the older alcoholic in your district?

Yes _____ *No* _____ *Don't Know* _____

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_____ (date)

5. Have meetings been held for people who have come into A.A. late in life to share their experience, strength and hope in your district?

Yes _____ *No* _____ *Don't Know* _____

6. Do you wish to have a workshop or roundtable discussion in your district led by the chair of the Cooperation with the Elder Community Committee?

Yes _____ *No* _____ *Don't Know* _____

7. Do you have any thoughts and ideas about what we can do to better carry the message to the older alcoholic who still suffers?

Please return this completed form to: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Appendix 2

Carrying the Message via the Primary Care Physician

Suggestions are drawn from the A.A. experience of the West Hawaii District 8, Hawaii Area 17 Committee on Cooperation with the Elder Community (C.E.C.).

The fastest and best way to carry the message of Alcoholics Anonymous to the underserved, ever-growing senior population is via the primary care physician. Physicians need information about A.A. and exactly how A.A. can be a source of help.

A packet of materials to be distributed includes the pamphlet, "*A.A. for the Older Alcoholic – Never Too Late*," a flier with a 24-hour on-call number on a label that can be conveniently pasted for the physician to refer to, and meeting information about "Sober over Sixty" (S.O.S.) groups.

Each C.E.C. committee member is requested to contact their own physician and one or two others to carry the message.

Appendix 3

Guide to a Senior A.A. Meeting

All around us are seniors whom alcohol has robbed of hope, dignity and the ability to cope. Many elder alcoholics are unlikely to seek help because of stigma, shame, cost and transportation issues. They are often called "*invisible*" alcoholics and tend to hide their drinking. Older folks who may have bar hopped for years claim they do not want anyone to know they have joined Alcoholics Anonymous (A.A.). Even those with years of recovery are reluctant to share their story for fear of being ostracized by the community.

"*Chronologically gifted*" folks are sometimes "*chronologically challenged.*" They prefer to move at a slower pace. They may have hearing problems and transportation problems. They may abhor bad language. They may have difficulty relating to *issues* of younger folks at meetings.

Age specific groups have been recommended in many studies. In West Hawaii District 8, Hawaii Area 17, "Sober over Sixty" (S.O.S.) is a group designed to address these issues. It holds closed meetings in Kona on Fridays from 10:00 a.m. to 11:00 a.m. to provide an opportunity for older folks to explore the program of A.A. in a comfortable, safe and hospitable environment.

A number of recovering senior alcoholics have been motivated to participate in S.O.S. activities and by doing so has found a niche that is meaningful and worthwhile.

Appendix 4

Initial Contact Person

We will consult our temporary contact list and select an appropriate member when a request from a referral source (physician, treatment facility, etc.) is received by the Cooperation with the Elder Community Committee to contact a senior with an alcohol problem. The temporary contact person will:

- Take the newcomer to the weekly "Sober over Sixty" (S.O.S.) meeting and to several other meetings in the neighborhood;
- Help the newcomer feel comfortable;
- Introduce the newcomer to people at the meeting;
- Give the newcomer literature and answer any questions.

The temporary contact is to:

- Try to avoid becoming a long-term taxi service;
- Try not to confuse the temporary contact service with long-term sponsorship.
- Avoid becoming involved in discussions about the contact's treatment or confinement. We have no opinions on outside issues.

After a few weeks, the newcomer will be allowed to begin to find their own way. They will need to find a sponsor as it is not the job of the temporary contact person.

Appendix 5

Expenses

The expenses incurred in carrying the message to the elder alcoholic are met in different areas in different ways. Money is needed to purchase literature and cover printing, postage, travel, telephone, etc. costs. Seventh Tradition contributions by groups to their area, district, G.S.O., and local intergroup/central office help to defray Cooperation with the Elder Community (C.E.C.) expenses at the various service levels. It helps to have an annual budget.

Sample Budget for the Year 2005: Hawaii Area 17:

Literature	\$425
Printing, paper and copying	325
Phone	20
Tabletop display	50
<u>Inter-island air fare*</u>	<u>300</u>
Total	\$1,120

*Air fare for C.E.C. Committee Chair to attend four assemblies and three committee meetings @ \$160 = \$1,120.

Appendix 6

Sample Goals List

Plan of Action - C.E.C. area standing committee in coordination with the other area standing committees and with each district will establish a plan of action such as:

1. Identify and list all target residential facilities and concentrations of elder citizens along with the name and telephone number of the contact people. The groups or facilities may be private, public, sectarian or religious.
2. Include a list of all professional groups that impact elder health care and well-being. This inventory should be completed at the beginning of the two-year panel term and kept in the district and area committee files.
3. Contact professional groups and key individuals who serve the health and well-being of elders. Discuss the literature, workshops and meetings that can be offered to all appropriate professionals. Keep record of contacts (date, person, contact info) with the ability to follow up, evaluate and prioritize needs.
4. Contact targeted facilities and communities a minimum of once annually to introduce what C.E.C. does and to offer literature, workshops and meetings.
5. Present C.E.C. work to administrators of the identified groups and facilities. These presentations are for general informational purposes and should be designed to address the needs of administrators rather than prospective members of the Fellowship. These presentations discuss how to make A.A. available to members of the elder community.
6. Upon invitation, establish A.A. meetings at facilities to enable travel-challenged people to attend meetings.
7. Develop, present and share materials with area, districts and other groups doing C.E.C. work. These materials should follow and adhere to A.A.'s steps and traditions.
8. Develop volunteer driver lists. This will help travel-challenged elders attend meetings.
9. Establish Twelve-Step telephone lists for intergroup offices for response to calls from elders.
10. Distribute literature and meeting schedules where seniors gather, senior citizen groups, AARP, geriatric conventions and health care facilities, governmental offices for the aging, residential/retirement communities and the like.
11. Contact key professionals who serve the elderly in cooperation with C.P.C.

Appendix 6

Sample Goals List

12. Develop and implement a public information and media program to disseminate information on A.A. to the elder population in cooperation with other standing committees.
13. Report at each area function, detailing the progress in meeting the goals of C.E.C.
14. Assist the succeeding C.E.C. panel standing chair and committee as much as possible. This will ensure that the work of the C.E.C. committee continues and cause the least amount of disruption to existing services.
15. Do workshops, roundtables, discussion meetings wherever and whenever possible at planned functions such as roundups, local and international conventions, assemblies such as the PRAASA to further carry the message.
16. Keep and maintain files and records of the committee's progress to better serve as a guide to others who wish to serve the elder community.
17. Create a C.E.C. display for use at seminars, district and area meetings and conventions.
18. Develop an area presentation including script and suggested literature.
19. Liaison with G.S.O. and other A.A. areas to produce and periodically update a standardized set of materials. This will facilitate the training of others to continue the C.E.C. work.
20. Update G.S.O. on the committee's activities in a routine manner.
21. Do a committee inventory at the panel's end using outside facilitators.