The Pledge of Allegiance

Thirty-one words which affirm the values and freedom that the American flag represents are recited while facing the flag as a pledge of Americans’ loyalty to their country. The Pledge of Allegiance was written for the 400th anniversary, in 1892, of the discovery of America.

A national committee of educators and civic leaders planned a public-school celebration of Columbus Day to center around the flag. Included with the script for ceremonies that would culminate in raising of the flag was the pledge. So it was in October 1892 Columbus Day programs that school children across the country first recited the Pledge of Allegiance this way:

I pledge allegiance to my Flag and to the Republic for which it stands: one Nation indivisible, with Liberty and Justice for all.

Controversy continues over whether the author was the chairman of the committee, Francis Bellamy — who worked on a magazine for young people that published the pledge — or James Upham, who worked for the publishing firm that produced the magazine. The pledge was published anonymously in the magazine and was not copyrighted.

According to some accounts of Bellamy as author, he decided to write a pledge of allegiance, rather than a salute, because it was a stronger expression of loyalty — something particularly significant even 27 years after the Civil War ended. “One Nation indivisible” referred to the outcome of the Civil War, and “Liberty and Justice for all” expressed the ideals of the Declaration of Independence.

The words “my flag” were replaced by “the flag of the United States” in 1923, because some foreign-born people might have in mind the flag of the country of their birth, instead of the U.S. flag. A year later, “of America” was added after “United States.”

No form of the pledge received official recognition by Congress until June 22, 1942, when it was formally included in the U.S. Flag Code. The official name of The Pledge of Allegiance was adopted in 1945. The last change in language came on Flag Day 1954, when Congress passed a law which added the words “under God” after “one nation.”

Originally, the pledge was said with the hand in the so-called “Bellamy Salute,” with the hand resting first outward from the chest, then the arm extending out from the body. Once Hitler came to power in Europe, some Americans were concerned that this position of the arm and hand resembled the salute rendered by the Nazi military. In 1942, Congress established the current practice of rendering the pledge with the right hand placed flat over the heart.

Section 7 of the Federal Flag Code states that when not in military uniform, men should remove any headdress with their right hand and hold it at the left shoulder, thereby resting the hand over the heart. People in military uniform should remain silent, face the flag and render the military salute.

The Pledge of Allegiance now reads:

I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

Astronaut David R. Scott gives a military salute to the U.S. flag during a 1971 Apollo 15 moonwalk.

The Department of Veterans Affairs
http://www1.va.gov/opa/feature/celebrate/pledge.asp
Dear Activity Professional,

My Mother-in-law used to say “Tempus fugit...and it fugits fast!” That’s true. Time flies and it flies fast! The year is half over and July 1st starts part two. Geesh!

In this issue you will find a bunch of patriotic things to help your celebrate Independence Day. Isn’t it neat that 3 of patriotic celebrations fall within one month of each other (Memorial Day, Flag Day and Independence Day)? It allows us to use some of our patriotic decorations a few times over. Please note that I have included a 4th of July craft (to the right); and on page 16 is a flag you can print out and give to your residents. Also, be sure to check out this month’s wonderful articles.

Bob apologize for the e-magazine being a little late. He is having some eye problems. On June 11th he received the 2nd steroid shot in his right eye; and on June 18th he will have his 3rd laser surgery. His father had macular degeneration, so Bob’s worried about that possibility. Keep him in your prayers.

We love you all,

Linda & Bob

Linda Lucas:
Linda is co-owner of The Activity Director’s Office website. She has been an Activity Professional since 1983.

Readers may contact Linda at: admin@theactivitydirectorsoffice.com

Activities You Can Do
By Linda Lucas, AD
Site Owner: The Activity Director’s Office
http://www.theactivitydirectorsoffice.com

Stand-Alone Star Craft
This 3-dimensional star decoration is made from 2 paper stars that are interlaced. These stars stand by themselves on a table, and make a great patriotic or Christmas decoration.

Supplies:
• Printer (optional)
• Stiff paper (like card stock, oak tag or thin cardboard) or Styrofoam meat trays
• Scissors
• Crayons or markers (optional)

Two paper stars are needed to make one 3-dimensional star. Either draw two identical stars on a piece of stiff paper or print out the star TEMPLATE is on page 15.

Decorate the two stars (if you like) on both sides, then cut them out.

Make one slit in each star. On one star, the slit goes from an inner corner to the center point of the star; on the other star, the slit goes from an outer corner to the center point.

Slip the two stars together through the slits you just cut. For stability, you may have to tape the stars a bit where they meet at the slits.

You now have a great three-dimensional star decoration that stands by itself on a table.
Dear AD:

Your administrator carries an awesome responsibility for the operation of the entire facility. On her shoulders rests all of the facility's financial responsibilities. On her shoulders rests all of the personnel responsibilities (hiring, training, firing). On her shoulders rests all of nursing, housekeeping, maintenance, dietary, activities and the care of the residents. She totally depends upon the employees to faithfully carry out their responsibilities in order to give the best quality of care possible to the residents. Everybody reports to her because...the bottom line is...it is her facility. She is at the top of the pyramid. She is the one who is under the gun when the surveyors come around. And, if a department is in trouble, it is her job to correct the situation by whatever means it takes. Her job is 24-7.

AD, given this awesome responsibility, I think you can see that, just like everyone else in the facility (including yourself), your administrator carries an extremely stressful burden at all times. It has been my experience that different administrators behave differently under all of this stress and pressure. Some are quite laid back and easy going and let the employees do their job, she’s everybody's friend. Other administrators are hyper stressed and come across as rude, unwilling to listen to their employees, moody, fly of the handle at every little thing, unpredictable and likely to come across as tyrants. I don't think either type is likely to change their management style. Both care very deeply about their responsibilities. The majority of administrators fit somewhere in between.

Your administrator sounds like the second management type. Her behavior is stress driven. She is probably very insecure and afraid someone will find that out. Therefore, to compensate, she comes across as a micro-managing, passive-aggressive, tyrant. When she yelled at you...it was probably frustration on her part...not anything you said or did. She is probably a perfectionist. Although she seems impossible to work for...she is not. Here are some suggestions that may help you out:

- Be polite
- Keep her abreast of what's going on in activities
- Make sure she has an activity calendar
- Encourage her...let her know she's doing a good job and you understand and appreciate the pressures of her job
- Repay anger with kindness.
- If you are a Christian...privately pray for her and forgive her.
- I can't tell you to make friends with her. However, I can advise you to be open to her and listen
- Don't worry about explanations or defending anything not related to your own department
- You were hired to operate the activity department...stay out of other departments and keep your nose clean...give no reason her to jump on you...don't take sides.

I'm sure other ideas will pop into your head as you observe her and see just what it is that sets her off. Instead of being hurt...be helpful. And remember, it is best to be hurt and to cry in private. Don't groan and gripe about it with other staff members. If she finds out the staff is secretly meeting to talk about her...the "you-know-what" will surely hit the fan.

F.I.Y.: You are not the only employee who wants to contribute to the “buy a shotgun” fund. If you work for a large corporation (and some small ones) I can assure you that Administrators come and go. So keep yourself out of trouble and eventually you will have a new Administrator. Just pray she isn’t worse than the one you have now.

You have taken a big step in venting your frustration to me. That is good therapy. I certainly hope these ideas will help you continue on...and I wish you the very best.

Sincerely,

R.D. Lucas, Administrator (retired)

rdlucas2003@yahoo.com

My Administrator Jumps All Over Me At Every Little Thing! What Can I Do?

This article is my response to an e-mail I received a couple of years ago.

Bob’s Journal
Executive Director, Activity Director Today
http://www.theactivitydirectorsoffice.com

About Bob
Robert Lucas is a retired Nursing Home Administrator and is married to Linda Lucas, a retired Activity Director. Bob has a B.A. degree in Ministry and is an ordained minister. He has served the elderly community more than 35 years. His many talents include portrait artist, musician, writer and website designer (learned after his retirement).

Having a special place in his heart for Activity Professionals, Bob began building the Activity Director Today website. His goal was to create a hub on the Internet where Activity Professionals could find meaningful and current resources. That goal has been achieved and continues growing yet today.

For more information visit the website at: http://www.theactivitydirectorsoffice.com/ADO_Beginnings.html
Activity Inservice

Each inservice is designed for a session of composed informative reading along with a short follow-up quiz.

Person-centered activities: What it means according to the CMS’s new guidance

Activities are very important to your elders, not only because they provide opportunities for enjoyment, personal satisfaction, and social contact, but also because, researchers say, they can improve elders’ overall well-being.

For this to be possible, however, and meet the requirements of the Centers for Medicare and Medicaid Services (CMS), activities need to be offered within programs developed individually for each elder, and be person centered.

The CMS specifically states that residents should be involved in “an ongoing program of activities that is designed to appeal to his or her interests, and to enhance … physical, mental, and psychological well-being.”

What are person-centered activities?

Look at the differences among your residents. Each one has their own character, history, preferences, little habits, and so on. None of them are the same. A person-centered activity – also referred to as person-appropriate activity – is simply one that is shaped around those attributes that make each elder unique and special.

“Person appropriate, refers to the idea that each resident has a personal identity and history that involves more than just their medical illnesses or functional impairments,” says the CMS. “[So] activities should be relevant to the specific needs, interests, culture, background, etc. of the individual for whom they are developed.”

Remember, this applies to any activity and any resident, including those with dementia and those at the end of life.

A three-step approach

There are three steps you need to follow to make sure an activity is person-centered.

Assess. First, you need to find out about those attributes that make each elder a unique individual. This means getting to know them and what makes them happy.

You need to obtain, says the CMS, “sufficient, detailed information, to determine what activities the residents prefer, and what adaptations, if any, are

(Continued on page 11)
Programming for the Younger Resident
By Debbie Hommel, ACC, CTRS

The traditional nursing home or medical day care resident is often generalized as a very elderly, gray haired person. The activity professional is becoming increasingly challenged by special needs residents or clients. One type of special needs resident/client is the individual who is younger than the majority of the population. Young adults, who range in age from mid-20’s to late 50’s, have significantly different needs and interests than the traditional geriatric individual who is often over 70 years old.

In addition to cohort differences, specific knowledge is needed to understand and address any acute, chronic or catastrophic condition that has provoked the need for the young adult to seek long term care. Additionally, there might be significant psycho-social issues associated with the need to be admitted to a long term care setting.

In creating a program or specific activities for the younger adult, program content needs to focus on appropriate cohort related topics and interests. Music, discussion groups, crafts, socials, trivia and any type of game should be relevant to someone who lived in the current era. In many cases, if the resident/client is close to the age of the activity staff – activities that the staff would enjoy are relevant to offer to the residents in the same age group. Additional program content would need to offer the residents opportunities for personal growth, adjustment and adaptation to their individual disabilities.

Specific Programming Options

> Craft Clubs: More current crafts and creative opportunities should be available. Scrap booking, art classes, printmaking, stenciling and similar crafts may be of more interest to the younger person. Having an instructor from Michaels or the craft store introduce the crafts would give it more appeal. Involving the younger resident in shopping trips to the craft store would involve them in the selection process.

> Discussion groups or RAP sessions which focus on the era of this generation. News, history, events and topics from the 1960s’ through the present would be of greater interest to the younger resident. The Internet is a great resource for historical/trivia information from these eras. One fun site offers the #1 song for a particular day in history. Resident birthdays or year they graduated high school could be selected with the specific songs discussed.

http://www.joshhosler.biz/NumberOneInHistory/SelectMonth.htm

> Word games and trivia with a younger focus would interest this resident. Sudoku groups, Trivial Pursuit and Outburst type games may be appealing.

> Guest speakers. Speakers from local colleges, vocational schools, and interest clubs in the area may provide topics of interest to the younger resident. Scheduling classes where the younger resident would sign up for a series of lectures on a topic of interest would give them a sense of direction. Upon completion of the classes, the “student” would receive a certificate. Pursuing formal education via the local community college or on line education is another option.

> Exercise programs: Exercise programs using more current music and calling the program Jazzercise or Chair Aerobics might be more appealing to the younger resident. Keeping records of attendance and progress provides a sense of accomplishment.

> Movie Nights where refreshments for a younger crowd are served and current movies are shown would interest this group. Creating a Movie selection committee to choose movies of interest is encouraged. Serving snacks of the younger resident’s choosing is encouraged.

> Trips into the community: Local college or on line education is an other option.

About Debbie

Debbie Hommel is a Certified Activity Consultant on State and National level, with over twenty-seven years of experience in providing direct care and consultation to long term care, medical day care, assisted living, and ICF/MR facilities throughout New Jersey, New York, Maryland, and Pennsylvania.

She is an experienced trainer and workshop presenter, conducting a variety of seminars throughout the Tri-State area for the Activity Professional, Administrator, and allied healthcare professional. She is ACC certified through the NCCAP.
Recognizing Abuse and Neglect in the Home Setting

Most of us live in neighborhoods and come in contact with neighbors. How do you know when there is a case of Abuse or Neglect in the home? It’s important to get to know your neighbors, especially your elderly neighbors. You can’t be on the lookout for situations if you have not even taken the time to get to know your neighbors.

Often times it’s situations related to stressful life events that can cause abuse or neglect such as alcoholism or drug addiction, isolation, no outside support, medical conditions and lack of financial resources.

If you are aware of a caregiver who is at the end of their rope, offer referral sources such as support group, clergy involvement, Office on Aging, Division of Social Services and the Alzheimer’s Association. Local churches can be a huge benefit in this area by offering a church volunteer or clergy visit. This can be very beneficial and relieve some of the stress of feeling isolated. Other resources such as respite services during sermons, teen volunteer groups to assist the care giver in light house hold chores, support groups. Referring care givers to community resources such Office on Aging and the Salvation Army Senior Companion Program (NJ) senior centers, respite in Assisted Living or Nursing Home. Sometimes, a few days a week in an adult day care can be very beneficial for not only the care giver but the dementia family member.

Another great service is In Home Recreation. This provides an outlet for the dementia client and is soothing and stimulating. Generally In - Home Recreation Therapist allow the care giver to run errands during the visit. Organizations such as NAAP or ATRA may be able to offer referrals or suggestions for finding an Activity Professional or a Certified Therapeutic Recreation Specialist in your state.

One big mistake we all make is saying to a care giver, “Call me if you ever need anything.” Care givers never call as they don’t want to be a burden. Instead of saying that, the next time you are going to the grocery store, go over and ask for a list of items they need. Or if going to the same church, ask if you can give them a lift. Some times it’s the simple things they need help with and will make all the difference.

Not every suspected situation is abuse or neglect, especially in the case of dementia. With the progression of dementia, providing care can be challenging. Some dementia clients may refuse to change their clothes, bath or eat. So it’s important to evaluate the situation before jumping to conclusions. However, if your instincts are putting out loud alarm bells, listen to your instincts! Take the time to investigate.

It is important to understand the difference between Abuse and Neglect.

Neglect “Is the failure to care for a person in a manner, which would avoid harm and pain, or the failure to react to a situation which may be harmful.” “Neglect may or may not be intentional.”

Abuse means causing intentional pain or harm and includes physical, mental, verbal Psychological, corporal punishment, unreasonable seclusion, intimidation and sexual abuse.

The following may be signs of abuse.

- Emotionally upset or agitated.
- Extremely withdrawn and non communicative
- Unusual behavior (sucking, biting or rocking)
- Humiliating, insulting, frightening behavior.
- Wanting to be isolated from others.
- Unwillingness to discuss problems.
- Fearful of care taker but anxious to please.
- Flinches when moving towards face.

(Continued on page 18)

ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer’s Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer’s support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of National Council of Certified Dementia Practitioners.

http://www.nccdp.org

http://www.activitytherapy.com offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.
Here it is, the middle of 2007 already! Celebrate some fun July activities with these ideas.

**July is National Recreation and Parks Month**

Most communities have a local Parks and Recreation program. Get a copy of their activity schedule and check out the programs. You’ll find a variety of activities to keep your residents busy all month with free concerts, fireworks displays and special events. Many parks and recreation departments have dance classes or musical groups that would love to perform at your facility. One department had a club for kids who liked tarantulas! Yes, the group visited an assisted living center and displayed their hairy, crawly “pets”!

Visit a new park in your community. Many parks are now wheel chair accessible.

Perhaps your more active residents would like to do volunteer work. Call your local Parks and Recreation department to see if they need volunteers. Some departments look for help planting trees or doing registration for a special event. Other times they need volunteers to help with a Special Olympic track meet and pass out ribbons. These opportunities provide your residents with a chance to give back to your community.

Many of your residents probably remember pressing flowers in books. Bring back those memories by collecting an assortment of flowers and leaves. Place them between the pages of a little-used book. Put a weight on the book for several days. Gently remove the flat flowers and use to decorate note cards or stationery.

### Celebrate the Dog Days of Summer
**July 3 – August 15**

This 40-day period is traditionally the hottest time of the summer. Find ways to celebrate by keeping cool.

Sing a few “cold” songs such as Frosty the Snowman or Walking in a Winter Wonderland.

Cool down by making some paper snowflakes. Fold a paper coffee filter in half – then in ¼’s and then in 1/8’s. Have residents cut out small shapes and make slits in the paper. Unfold for a frosty snowflake.

Have residents help make frozen pudding cups to cool down in the heat. Mix up a package of instant or cooked pudding, any flavor. Pour pudding into small plastic cups. Stick a plastic spoon or wooden craft sticks in the center of the pudding. Make a small slit in the center of a paper cupcake liner. Slide paper over spoon until it touches the cup. The liner will help catch drips as people eat their pudding pops. Chill overnight. To unmold, just peel paper from frozen pudding.

If young children are visiting your residents, let them cool off by painting your building. Don’t worry! It’s safe. Hand children a bucket of water and paint brushes. Let them paint the sides of your building or a wooden fence. The water darkens the surface and then quickly dries in the sun. They can paint the same area over and over. Residents enjoy watching their building get painted by these young painters.

See if your local police department will bring their police dogs for a demonstration at your facility. It’s fascinating to watch these highly trained dogs follow scent trails and obey complex commands.

Put up a bulletin board and ask residents to display pictures of their dogs or their grandchildren’s dogs.

### Anniversary of the Pied Piper of Hamlin
**July 22**

Refresh your resident’s memory by reading the story again. Most libraries have several versions of the story. Read them to your residents and compare which version they like best.

Select a musical staff member or resident to play an instrument or whistle. Let them lead you in a parade throughout the building – or if you are really brave, through the neighborhood. Follow wherever they go, just like the rats in the story of the Pied Piper.

Sit down as a group and write your own version of the story. What problem could happen in your community? How could the problem be solved?

*(Continued on page 19)*

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**About Silvana**

Silvana Clark began her activity/recreation career 20 years ago as a spotter for kids on a trampoline. Every Saturday, for four hours, she’d watch kids bounce up and down, up and down, up and... you get the idea. Since then she’s written eleven books and is a popular speaker at conferences around the country. She was a keynoter at the British Columbia Activity Professionals conference and recently gave a keynote for the Wisconsin Activity Professionals Conference. Her sessions are filled with humor, practical information and small group activities. She is recovering from her appearance on the Fox reality show, Trading Spaces, where she spent a week living with a family that saw no need for any kind of fun activities. Contact her at http://www.panicbuttons.com or http://www.silvanaclark.com
Simply stated, Quality Assurance is a method of evaluating and monitoring services rendered within a department. The Activity Department should be an active participant in the facilities’ Quality Assurance program. Many Activity Directors dread QA time, and often leave the analysis and report writing for the last minute, when in actuality, Quality Assurance should be occurring all of the time.

The Activity Director should utilize standards, policies, and regulations to guide the Quality Assurance process and set criteria. Once the criteria have been set, it is important to utilize a variety of tools and systems to collect data. The creative Activity Director utilizes data collection tools that have multiple purposes. For example: utilize an “Activity Evaluation Audit” to evaluate the appropriateness and quality of group activities, but use that same tool to evaluate the staff performance, which is useful information for the employee’s performance appraisal. Another example is: utilize a “Sensory Program Record of Responses” to monitor resident responses to various stimuli for care plan compliance and evaluation, but use the findings from that survey (if positive outcomes are found) in a report to the Administrator demonstrating the need for additional multi-sensory equipment.

Next, the Activity Director should establish timelines to ensure that all data is retrieved in a timely manner throughout the course of the year. Data may be collected in a variety of ways such as audits, surveys, checklists, etc. Often times, residents, family members and facility staff may participate in the data collection process as well. Once the data is collected, the Activity Director must write a report to indicate the findings, by utilizing the facility’s specific process, protocol, and format. Statistical information usually includes numbers, percentages, and values, and is often best illustrated in a table, chart, or various types of graphs.

The next step in the Quality Assurance process includes analyzing the data. Do the findings indicate need for improvement in a certain area? If there are issues, or concerns, provide further investigation to determine the scope and severity of the problem. At this point, the Activity Director should identify a plan of correction with goals, timelines, and expected outcomes. The plan should provide a detailed description as to what the Activity Department, and/or other departments will do to improve or correct various issues.

Once the recommendations have been made, all designated departments and individuals must follow through with their responsibilities, otherwise there is no chance for improvements. The issue at hand should be closely monitored and re-evaluated as often as needed. If there have been little or no improvements, further analysis and recommendations will need to be made. If there have been significant improvements, it should be proudly noted in the next Quality Assurance report and the decision to monitor the identified area is up to the discretion of the Activity Director. It is, however, recommended that the Activity Director continue to monitor to ensure that the problem is corrected.

There are many different aspects of the Activity program that can be evaluated and monitored. Sample topics include:

- Supplies/equipment
- Environment
- Budgeting
- Programs
- Activity Audits

Activity Directors also play an important role in the Quality Assurance meeting. It is the time to demonstrate professionalism, knowledge, and purpose of the activity program. The Activity Director may be asked to give an overview of the area measured, report the findings, and state recommendations for further action, so it is important to be well-versed on the subject and have copies available, including any graphs, charts, tables, etc.

Activity program interventions should also be included in Quality Indicator monitoring. There are many ways in which the Activity

(Continued on page 13)

**About Kimberly**

Ms. Kimberly Grandal, Founder and Executive Director of Re-Creative Resources, Inc., is a strong advocate for the field of Therapeutic Recreation, with over fifteen years of experience working with the elderly in numerous administrative and consultant positions. She is an Activity Consultant Certified by the National Certification Council for Activity Professionals (NCCAP), and a Certified Therapeutic Recreation Specialist by the National Council of Therapeutic Recreation Certification.

Ms. Grandal is a recipient of the Kessler Institute of Rehabilitation 1997 Triumph of the Human Spirit Award. She is a speaker for various state and local activity associations, colleges, and community groups, and provides educational workshops and consultation to long-term care facilities in New Jersey.
Making Summertime Activities Safe and Fun
By Myrtle Klauer, ADC, CAP

Warmer weather signals the beginning of outdoor activities for the residents. Summer activities include outdoor games, picnics, barbecues, baseball games and other field trips, walks around the grounds of the facility, sitting outside talking to visitors or the staff, etc. Now that the residents are able to spend more time outdoors, the activity staff needs to build in some precautions when planning outdoor summer activities. Exposure to the sun, insect bites, heat exhaustion, storage and preparation of food, and dehydration can put the residents and facility at risk.

Before planning summer outings, work with the director of nursing to develop a protocol for the different kinds of trips you would like to take. Agree on a maximum safe temperature/humidity index. Determine chaperone ratios and when a CNA or nurse should go along. Develop a list of “necessities” that must go with the staff on each outing -- these may include a first aid kit and manual, bottled water, insect repellent, sunscreen, latex gloves, incontinence products, hand sanitizer, disposable wipes, etc. Purchase several backpacks to hold these items. Backpacks are much easier to manage when pushing wheelchairs and escorting residents from place to place.

Many of the residents in long term care are on medications or medical treatments that make them very susceptible to the burning rays of the sun. Just a few minutes in the hot sun can cause very serious burns. Remember that even on a cloudy day or when sitting in a shaded area, you can get sunburned.

Before taking any resident on a summer outing or outdoors, check with the nurse to determine if he/she is “sun sensitive.” As a precaution, sun block should be applied to all residents before going outside or on an outing where they will be outdoors for even a short period of time. Sun block should be reapplied as directed on the bottle or according to the facility’s protocol.

Wearing a hat that shades the face and covers the head is advised. A baseball cap, or hat with a wide brim works best; sun visors may shade the face, but do not protect the scalp from burning.

A lightweight, long-sleeved shirt or blouse can help keep the sun’s rays off of the resident’s arms. Residents who are sensitive to the sun should also cover their legs and refrain from wearing shorts. Encourage these residents to substitute lightweight slacks instead of wearing shorts, dresses, or skirts when spending time outdoors.

Encourage the residents to wear sunglasses while outdoors. Just remember, that with certain diseases of the eye and as we age, the pupils take longer to adjust from (Continued on page 17)
National Certification Council of Activity Professionals
The NCCAP
http://www.nccap.org

Mission Statement: The National Certification Council of Activity Professionals is a credentialing body, which sets standards and criteria to ensure that those we serve have optimal life experiences.

Modular Education Program for Activity Professionals (MEPAP)
Kathy Hughes, ADC

The “MEPAP” (Modular Education Program for Activity Professionals) was first designed by NAAP and NCCAP as a course that met the unique needs of activity professionals in long term care. Many educational programs available at the time did not have the components that many activity professionals needed to deliver activities services to those that they served. The need to have an educational opportunity for activity professionals to learn specific information that can only be of interest to those working in long-term care. Documentation, medical aspects of aging, management of an activities and volunteer department, marketing activities, program planning, implementation and evaluation were of utmost importance to those who were delivering activities to their facilities.

Through the years NAAP and NCCAP provided many opportunities for individuals to take training in order to assure our consumers that they would be taught the pertinent information and that all would learn the basic skills required for activities. Instructors updated their skills regularly and attended training courses. The MEPAP Instructor was given manuals and information that would assist them in developing their courses to meet the educational needs of the activities profession. The MEPAP Course was being taught across the country to many individuals who wanted to update their skills and learn all about the activities profession.

NCCAP’s MEPAP Re-engineering Committee then took on the task of re-engineering the MEPAP to meet the current needs of the activities profession. As we all know, changes in regulations, interpretive guidelines and the level of resident needs encourages all of us to increase our skills as professionals. Many activity professionals needed to hone their management skills and their delivery of activities to today’s increased consumer awareness of activities. With the advent of the Baby Boomers moving into long term care it was important that the MEPAP reflect those individual needs and interests.

The MEPAP now is being offered in traditional face-to-face venues across the country as well as “non-traditional” venues such as home study and online courses. All have been teaching the original content of the MEPAP and by the end of 2007 they will all be re-engineered to meet the current requirements. This course will include an increased awareness of current challenges.

(Continued on page 19)

Why Become NCCAP Certified?

1. Federal Law, OBRA, states that an activity department must be directed by a “qualified professional.” One of the ways to become qualified is to become a Certified Activity Professional.
2. NCCAP certification is recognized by HCFA (Health Care Financing Administration) as an organization that certifies activity professionals who work specifically with the elderly.
3. NCCAP certification assures administrators and surveyors that you have met certain professional standards to become certified.
4. Many administrators will only hire activity professionals who are already certified.
5. Some administrators offer a higher salary to a certified professional.
6. Become NCCAP certified so others will know that you are nationally qualified and giving quality activity service to residents/clients.

QUALIFICATION DESCRIPTION:

A. ACADEMIC EDUCATION May derive from a wide variety of curricula: Social Work, Recreation, Education, and Business degrees. These are a few of the educational backgrounds that represent our certified members.
B. ACTIVITY EXPERIENCE Activity work experience with elderly populations, where at least 50% are 55+ years of age. Some volunteer work with elderly clients may be applied.
C. CONTINUING EDUCATION Current education (within past 5 years):

D. CONSULTING EXPERIENCE May include: advising a group, working one to one, teaching a class, conducting workshops, publishing professional articles, supervising students and/or managing 5 or more activity staff persons.

FEES: The cost of being certified initially ranges from $45 to $65 depending upon the level. Renewal is required every two years with 20-40 hours of continuing education and a fee of $40.

For further information visit http://www.nccap.org
needed.”

You can find lots of useful information simply by asking your elders. This is what is called a resident’s activity assessment, and it includes current and past interests, preferences, needs, skills, and history.

Here are some things you may want to ask about:
- Past jobs, educational achievements and military, community, or religious involvement.
- Preferred sports, hobbies, readings, movies, characters, authors, actors, and sportspersons.
- Favorite activities (e.g., music, dancing, singing, reading, reminiscing, games, puzzles, painting, exercise, gardening, trips).
- Volunteer groups/projects the elderly would like to join in.
- Skills they would like to learn, such as how to use the computer or how to play an instrument.

You can gather further useful information by talking with family members and friends. And remember, your own observations on what the elder finds pleasure doing are very valuable, too.

Select the activity. This means using the information, you have gathered to choose an activity your elder will find meaningful, pleasurable and satisfying.

Make it happen. Finally, you need to address any issue that prevents the resident’s participation in the activity, like poor eyesight, hearing problems, dementia, or being unable to talk, walk, or use hands. It’s important, says the CMS, to take steps to make the activity possible, regardless of any limitation the person may have.

So, for example, you may need to:
- ensure that those who need eyeglasses and/or hearing aids wear them;
- use the hand-on-hand technique with those with hand difficulties; or
- set up a word chart for residents with speech difficulties.

All staff involved

All this should be a team effort. The CMS says the activities don’t have to be formal interventions involving only activity directors. All staff, including nurses and assistants, should be involved in delivering them at any time of the day that suits the elder and should involve family members (including young children), friends, volunteers, and other residents as much as possible.

A few practical examples:
- **Mr. Smith** has been a proud train driver all his life, and he loves crosswords. He has hand tremor and can’t see well. A good example of person-centered activity would be a crossword with words relating to trains. Write instructions in large, bold letters to facilitate reading. Place a rubber matt underneath the crossword and give Mr. Smith a large-body pen to make writing easier despite the tremor.
- **Mrs. White** used to be a dance teacher and is a great admirer of Dean Martin. She has dementia and is wheelchair bound. A modified dancing activity would be nice, in this case. Sit on a chair next to Mrs. White, and with Martin’s “That’s Amore” playing softly in the background, place your arm around her shoulders and move together gently to the rhythm of the music.
- **Mr. Brown** has Alzheimer’s disease and paces incessantly with no apparent reason.

He believes the facility is the school where he used to be headmaster and thinks the residents are his schoolchildren. You may want to ask him to walk with you around the facility delivering books. This is an example of person-centered activity, which will also make him feel useful, thus enhancing his self-confidence and sense of purpose.

Remember, the way you treat your elders during the activity is also very important. Treat them the way you would want to be treated: with kindness and respect. Be warm, pleasant, and supportive.

References
6. Smyth T. *Caring for older peo-

(Continued on page 12)
Volunteering at other activities might provide some personal satisfaction to the resident.

> **Computer access and computer activities** are important for the younger resident. Adaptive equipment is readily available for computers which would allow them independence. Once adept at the computer, the younger resident may be able to create departmental posters, signs or newsletters for the activity department.

> **Health and wellness programs** where the focus is on diet, stress management, holistic techniques and alternative medicines provide a sense of growth and direction for the younger resident.

> **Sensory/diversional tasks** for the very impaired would need to be tailored to the age group of those served. Sensory boxes can be created based on the 1970s’ and 80’s topics. The same technique utilized for creating sensory/diversional approaches for the elderly would apply to the younger resident. It is a matter of collecting pertinent information and creating an individualized approach based on the information gathered.

**Resources for Young Adult Programming**

Assistive Technology Solutions (for computer access)  
www.abilityhub.com/

New Horizons (Service organizations for persons with disabilities - lots of resources on this site)  
www.newhorizons.org/index.html

TR Directory - has a lot of information on programming for various populations. There is a page on the site with lots of programming ideas.  
www.recreationtherapy.com/

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**GASOLINE PROBLEM**

A man was driving down the road and ran out of gas. Just at that moment, a bee flew in his window.

The bee said, "What seems to be the problem"?

"I'm out of gas."

The bee told the man to wait right there and flew away.

Minutes later, the man watched as an entire swarm of bees flew to his car and into his gas tank. After a few minutes, the bees flew out.

"Try it now," said one bee.

The man turned the ignition key and the car started right up.

"Wow!" the man exclaimed. "What did you put in my gas tank"?

(Answer Page 18, bottom left)
Monthly Observances
For activity idea nuggets visit us at:
http://www.theactivitydirectorsoffice.com/ActPlannerIntro.html

Monthly Events

Almanac Month
Anti Boredom Month
Hay Month
Hitchhiking Month
National Baked Bean Month
National Blueberries Month
National Hot Dog Month
National Ice Cream Month
National Purposeful Parenting Month
National Recreation and Parks Month
National Tennis Month
Tahiti Awareness Month

Famous Weeks in July...

Week 1
Be Kind to New Jersey Week
Man Watchers Compliment Week
Music For Life Week
National Canned Luncheon Meat Week
National Character Counts Week

Week 2
Nude Recreation Week
Pleasure Week
Mosquito Week
National Therapeutic Recreation Week
Special Recognition Week
Take Charge of Change Week

Week 3
Backwards Masking Awareness Week
Captive Nations Week
Lyme Disease Awareness Week
National Avoid Boredom Week
Space Week

Week 4
National Animal Agriculture Week
National Hospitality House Week

Incidence of cognitive impairment (evaluate the environment, involve residents in cognitively stimulating activities such as word games, trivia, discussion groups, and educational programs)

When we take on the role of Activity Director, along comes with that the responsibility of ensuring the activity program meets the needs and interests of the residents and follows standards of practice, regulations, and policies. Therefore, set criteria, chose the appropriate tools, gather statistical data, report the findings, analyze the data, make recommendations, and follow-up, and when done with all of that, start again!

For great Quality Assurance Tools, purchase the Recreation Department Review Manual, by Re-Creative Resources Inc.

Copyright Kimberly Grandal, 2006. All rights reserved.
Clipart for the Month
Stand-Alone Star Craft
TEMPLATE

Enchanted Learning
http://www.enchantedlearning.com/crafts/july4/
Copyright ©2000-2007 EnchantedLearning.com
Happy 4th of July
light to dark. When helping a resident to go indoors, remind the resident to remove his/her sunglasses before entering the building. It is also a good idea to pause for several moments once inside the door, so that the resident’s eyes will have time to adjust to the diminished light. This is especially important for ambulatory residents and for those using canes and walkers.

Ask each resident’s family to purchase sunscreen, sunglasses and a hat for their loved one. Have them mark the items with the resident’s name so that they won’t get “lost” during an outing.

Some residents like to go outside the facility by themselves and enjoy the fresh air. Remind them to let their nurse know that they are going. If you notice that the resident’s eyes will have time to adjust to the diminished light. This is especially important for ambulatory residents and for those using canes and walkers.

As we age, our sense of thirst decreases and by the time the resident “feels thirsty,” they are already dehydrated. Giving the resident a salty snack will encourage him/her to accept a drink.

Involves the residents and family members in establishing and meeting hydration goals. Make sure that the residents, families, staff, and volunteers at your facility know the importance of hydration, not only for the residents, but also for themselves.

Teach the interdisciplinary staff to use a direct, positive approach when administering fluids. Avoid asking, “Do you want something to drink?” Instead say, “Here is some cool, refreshing water for you Mrs. Jones.” Older people may not feel thirsty and may not recognize their need for fluid.

Consider giving residents water bottles (such as those used by athletes) to carry with them while outdoors. On a regular basis, be sure to refill the residents’ water bottles with water or their favorite cool beverages.

Leaving the facility’s grounds and going to a forest preserve or park for a picnic can be a lot of fun. Enjoying a meal outdoors is something the residents look forward to. Before planning a picnic, meet with the dietary supervisor and review safe food handling practices. Develop a protocol for outings involving food. Make sure the coolers you’re using can maintain the proper temperature for the length of time needed. A good rule is NEVER take any salad, sandwich or dish containing mayonnaise. Always dispose of leftover food that has been out of the cooler for more than a few minutes.

Barbecues are another favorite activity during the summer. When grilling chicken, hamburgers, and other raw meat, be sure not to serve food with the same utensils used to cook the raw meat. ALL meat must be served well done, including hamburgers. Facilities are being cited for serving residents grilled hamburgers “partially cooked.”

According to the surveyors, “serving half-cooked hamburgers results in a citation with a scope and severity of D.” According to the 1993 FDA Food Code, the internal temperature of ground meat, i.e., pork or hamburger, should be 155 degrees.
Recognizing Abuse—Continued from page 6

- Injuries requiring emergency treatment or hospitalization.
- Incident involving broken bones. Especially a fractured hip.
- Any injury or death occurring during or shortly after an episode of wandering (including outside the facility) when the staff is not aware that the resident is missing for some period of time.
- Heavy medication or sedation
- Rapid weight loss or gain
- Unexplained death
- Frequently ill
- House very cold or very hot.
- No food or fresh food in the cabinets or refrigerator.
- Clothes dirty
- Bed linen stained and home filthy.
- Care giver can not adequately explain condition
- Open wounds, cuts, bruises, welts
- Elder reports being slapped or mistreated.
- Slapping pushing, shaking or beating
- Has “imprint injuries” bruises that retain their shape of traumatizing object. Inner Arm and thigh bruises, also head, face and scalp

Sometimes neglect may be unintentional due to lack of training and education such as over medicating, or not knowing proper body mechanics. At other times neglect may be intentional.

Be on the look out that the Dementia client may be the abuser. Often times care givers never report this because of isolation, shame, embarrassment and lack of awareness of outside resources or unsure who can help them. The Dementia resident may abuse in many of the same ways listed above, such as sexually aggressive, physically abusive, violent outbursts, demanding and verbally abusive. At times it may be due to loss of cognition, medication changes, pain, paranoia, confusion and or the well spouse is no longer recognized.

If you suspect elderly abuse you can contact several reporting agencies or resources such as Adult Protective Services, Law Enforcement, Social Services, Alzheimer’s Association for contact numbers and Referral, Hospice Services and County Office on Aging for referral. Alternative Solutions in Long Term Care www.activitytherapy.com has a fantastic power point presentation called “Recognizing Abuse and Neglect in the Home” and is a great in-service for clergy, law enforcement, EMT’s, home health workers and the general public.

Often time’s caregivers are reluctant to take away a family members ear keys even though they have a diagnosis of dementia and clearly are at a point in their lives that they need care and supervision . It is negligent to allow them to drive. One caregiver stated, “I write out clear directions to the airport because once he is gone, it’s the only time I can get rest. He always comes back!”

Be on the look out for anyone you see driving erratically, too slow, suddenly stopping or exhibiting road rage. In many states, law enforcement can issue a ticket and force the driver to retake the driving test before he is issued a new drivers license. But be aware that sometimes, there may be a medical condition other than dementia that may be causing this behavior such as stroke. Law enforcement are trained to look for medical conditions that may be causing confusion. Sometimes, it is simply that they don’t have the adaptive devices to drive safely or are not positioned correctly in the car. If you do see an elderly person who is driving unsafe, it’s a good idea for their safety to notify law enforcement.

There are many great web sites for resources on driving and safety tips for the elderly. such as:
- Alzheimer’s Association www.alz.org
  Free Fact Sheets
- National Council of Certified Dementia Practitioners www.nccdp.org
  Law Enforcement Alzheimer’s & Dementia Training
- New York State Office for the Aging “When You’re Concerned” A handbook for families friends and caregivers worried about the safety of an aging driver. http://www.aging.state.ny.us/caring/concerned
- “Law Enforcement and the Older Driver: A lack of policies, procedures and resources” by National Older Driver Research Training Center

http://driving.phhp.ufl.edu/publications/icadi_6pdf
- The Beverly Foundation http://www.beverlyfoundation.org/
  senior_transportation_resource_store/snapshots.html
- Senior Drivers http://www.seniordrivers.org/home/ Older but Wiser Self
- AAA 55 Plus Self Test http://www.aaafoundation.org/quizzes/index.cfm
- Alternative Solutions in Long Term Care “Power Point Presentation” www.activitytherapy.com

END

(Prom page 12)

The Bee Answered:

Can you believe this came from a certain preacher we all know?
Challenges facing the activity professional of the future. NCCAP’s Re-engineering Committee is aware that changes in the future will also be needed in order to assure consumers that their NCCAP certified activity professional has the skills and knowledge to meet their needs and interests in their long-term care experience.

Requiring the entire MEPAP for NCCAP certification as an ADC, ADPC and ACC went into effect starting January 1, 2007. This requirement was part of the NCCAP strategic plan to assist with the evolution of the activities profession. By successfully completing the MEPAP, an activity professional will have the tools to implement a program that is specific to the ideals and needs of their facility and activities department.

MEPAP is a continuous process of education and refinement of the profession. It is a step toward legitimizing the profession and a step toward a national standard of professionalism. The original authors, original NAAP and NCCAP Boards and those who were charged with bringing the profession into the new millennium were prophetic in their desires to see the profession evolve into a realm that is equivalent to all those professions involved in long-term care. The current authors, NAAP and NCCAP Boards are looking forward to the future of the activities profession. Their dedication to the evolution of a relatively new profession is amazing and we thank them for their professionalism. The Core Competencies that are available in the MEPAP cover the range and depth of the activities profession and it’s uniqueness in today’s long-term care continuum.

MEPAP is the course that has been able to fill in the areas of educational needs for those who want to join the activities profession and those currently working in the activities profession. The NCCAP Board and the NAAP realize that a continuing education opportunity to provide the consumer with an activity professional who is able to meet their needs and interests is part of the professional standards.

The “Modular Education Program for Activity Professionals”, (MEPAP) is now a requirement for NCCAP Certification. This requirement is part of the strategic plan for NCCAP to eventually have a national exam for Activity Professionals. For those currently NCCAP certified, this will not effect your certification, however, if you let your certification lapse then you will have to meet the current NCCAP Standards, which could include taking a national test.

MEPAP will continue to grow and continue to be updated to meet the changing needs of consumers and the long-term care market. We are looking forward as well as thanking all who are working toward making the activities profession a great career for many.

END

When using buses to transport residents on outings, try to get one that is air-conditioned. If this is not possible, make sure that the windows open and that there is adequate ventilation while in the bus. Carry ice water and disposable cups on the bus. It is also a good idea to take disposable washcloths along.

If the bus breaks down, try to get the vehicle into the shade and open the windows for ventilation. If this is not possible, try to move the residents into the shade. Encourage each resident to drink a glass of water at frequent intervals. Wet the washcloths for the residents to use on their face, neck and arms -- the evaporation will help cool them.

It is extremely important to educate the residents, family members, staff and volunteers about summer safety issues through the facility newsletter and/or inservice training. Many of the hints contained in this article apply to everyone and are especially important considerations for those living and working in long term care.


Activity Director Today Page 19

(MEPAP—Continued from page 10)

Fahrenheit. In today’s era of e. coli, “mad cow” disease, and other threats, the staff must be very careful and not serve food to residents that may prove hazardous to their health and well-being.

To prevent heat exhaustion, keep the residents out of the direct sun whenever possible. Have them wear light colored, lightweight clothing and encourage them to dress in layers. Ask the residents to remove their sweaters and lap robes as the temperature begins to rise or you notice the resident perspiring. Have them cease physical activity and encourage the resident to drink a glass of water. Move them to a cooler location if you expect heat exhaustion, but be careful that the area is not too cold as this will shock the resident’s body and cause more problems.

As we age, our bodies have a more difficult time adjusting to temperature changes; therefore, try not to have the common areas too cold. This can also shock the system when coming in from the outdoors where it is very hot -- 85° -- into the facility where it is 72° F.

(End Celebrations—Continued from page 7)

What type of music could be incorporated into the story?

The Pied Piper used music to lead the rats out of town. Make your own music! Set out an assortment of empty tin cans, bottles, cardboard tubes and other odds and ends. See how creative everyone can be making their own musical instruments.

Since rats like cheese, you have two options. Number 1: serve a delicious cheesecake for dessert or number 2: cut up cheese and dig out your old fondue pot. Have a snack of cheese fondue with bread cubes.

End
The following four pages contain a pre-written facility newsletter which you may use as your own. It is intended to help make your departmental responsibilities time saving and cost effective. All you need to do is put your title on the front and your address on the back.

Suggestions for the Effective Use of Your Newsletter

This newsletter concept is the result of several years of preparation and the generous support of the sponsors whose advertisements are contained within its pages. Because all of the material in the newsletter is copyright free, you may feel assured that the publishing and distributing of your free newsletter is legal.

PREPRINT

After you have downloaded your newsletter you have several choices to make before printing it.

- First type or paste the title of your newsletter into the blank area of the front page mast.
- On the mailing page insert your facility’s name and address in the upper left corner where it says “From:”.
- Prepare any printed material you may have for insertion into the newsletter. At a minimum we suggest you prepare your monthly activity calendar on one side of an 8.5”x11” sheet or paper. On the other side you may enter residents facts and figures (new admissions, birthdays, residents who went home, deaths). Also, on the back of the calendar page you may want to advertise upcoming activities and events, a management roster and other items of interest specific to your facility.

PRINTING

- If you decide to print your newsletter on your facility copier you may print the newsletter on 8.5”x11” sheets of paper. However, it is far more professional looking to use 17” x 11” sheets (this size is larger than legal size paper, but can be hand fed into most modern printers).
- If you use a print shop have them print your newsletter on 17”x11” paper. They will have a variety of colors for both your paper and ink. You can expect to pay more for color ink. If you decide to print your newsletter on color paper, avoid using dark colors and extremely bright colors (e.g. fluorescent colors), they are too difficult to read.
- If you take it to the print shop they will also print and insert your extra material and fold your newsletter for you. One fold makes your newsletter ready for hand outs. Two folds prepares the newsletter for mailing.

MAILING

(an excellent activity for your residents)

- To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
- Each piece you plan to mail must be sealed twice on the loose page edge. Use 1/2” pieces of transparent tape (you can purchase seals at most office supply stores if you wish).
- Write or stick your address labels where it says “To:”. Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5”x11” insertions.
- Your newsletter is now ready to mail. The Post Office appreciates it if you pre-sort your zip codes and bundle the newsletters with rubber bands.

BULK MAILING

With bulk mail you can save a bundle on postage. However, you must set up an account with the post office, mail at least 200 newsletters at a time, presort your mail, prepare a billing form and deliver the newsletters to the post office. Although it sounds complicated, it becomes routine after you have done it a couple of times.

DISTRIBUTION

For the most effective marketing of your facility, we recommend that you make an extensive mailing list including these listed below. The more newsletters you circulate, the more successful your marketing will be.

- All responsible parties
- Seniors at home
- Banks
- Hospital discharge planners
- Nursing homes
- Adult day care centers
- Churches
- Home health agencies
- Federal, State and local social service agencies
- Social organizations and clubs
- Business organizations
- Corporate headquarters
- Area schools
- Area radio stations
- Area television stations
- Area newspapers
- Area businesses

TIMING

For timely distribution, your newsletter will always be available to you at the first of the preceding month. It should be published by the last week of the month and mailed prior to the first of the month the newsletter is dated.
The Pledge of Allegiance

Thirty-one words which affirm the values and freedom that the American flag represents are recited while facing the flag as a pledge of Americans’ loyalty to their country. The Pledge of Allegiance was written for the 400th anniversary, in 1892, of the discovery of America.

A national committee of educators and civic leaders planned a public-school celebration of Columbus Day to center around the flag. Included with the script for ceremonies that would culminate in raising of the flag was the pledge. So it was in October 1892 Columbus Day programs that school children across the country first recited the Pledge of Allegiance this way: 

I pledge allegiance to my Flag and to the Republic for which it stands: one Nation indivisible, with Liberty and Justice for all.

Controversy continues over whether the author was the chairman of the committee, Francis Bellamy — who worked on a magazine for young people that published the pledge — or James Upham, who worked for the publishing firm that produced the magazine. The pledge was published anonymously in the magazine and was not copyrighted.

According to some accounts of Bellamy as author, he decided to write a pledge of allegiance, rather than a salute, because it was a stronger expression of loyalty — something particularly significant even 27 years after the Civil War ended. “One Nation indivisible” referred to the outcome of the Civil War, and “Liberty and Justice for all” expressed the ideals of the Declaration of Independence.

The words “my flag” were replaced by “the flag of the United States” in 1923, because some foreign-born people might have in mind the flag of the country of their birth, instead of the U.S. flag. A year later, “of America” was added after “United States.”

No form of the pledge received official recognition by Congress until June 22, 1942, when it was formally included in the U.S. Flag Code. The official name of The Pledge of Allegiance was adopted in 1945. The last change in language came on Flag Day 1954, when Congress passed a law which added the words “under God” after “one nation.”

Originally, the pledge was said with the hand in the so-called “Bellamy Salute,” with the hand resting first outward from the chest, then the arm extending out from the body. Once Hitler came to power in Europe, some Americans were concerned that this position of the arm and hand resembled the salute rendered by the Nazi military. In 1942, Congress established the current practice of rendering the pledge with the right hand placed flat over the heart.

Section 7 of the Federal Flag Code states that when not in military uniform, men should remove any headdress with their right hand and hold it at the left shoulder, thereby resting the hand over the heart. People in military uniform should remain silent, face the flag and render the military salute. The Flag Code specifies that any future changes to the pledge would have to be with the consent of the president.

The Pledge of Allegiance now reads:

I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

The Department of Veterans Affairs
http://www1.va.gov/opa/feature/celebrate/pledge.asp
(ARA) - As the oldest baby boomers move closer to retirement, studies indicate that approximately one-third have intentions to participate in community service.

Although one would think that individuals volunteer in greater numbers once they retire, as a general rule, the percentage of those giving of their time actually peaks at mid-life and then gradually declines. At the same time, Americans who do volunteer during their early years of retirement do it with greater frequency than younger volunteers.

A recent study by the Harvard School of Public Health followed 1,200 elderly adults over a seven-year period and found those that volunteered even a little, lived longer than those who didn't.

"We have many regular volunteers at Little Brothers - Friends of the Elderly who are age 60 and over that help other elders by delivering meals, setting up special events at our local chapters and providing friendly visiting," comments Liz Drew, executive director of Little Brothers - Friends of the Elderly, with headquarters in Chicago.

Take Anne and Lou Yauss of Cincinnati, a couple in their seventies who knows first hand the value of volunteering. They have been contributing their time and support to Little Brothers - Friends of the Elderly since the local chapter was launched in 1997. Nona Hanson, age 75, of Minneapolis has seen the benefits of sharing her skills and imparting her knowledge and wisdom through the nonprofit organization’s Elders Counseling Elders program.

Older Americans like Hanson and the Yauss' can create a social legacy much like the early years of President John F. Kennedy's call-to-service. As reported by the Harvard School of Public Health, other research has demonstrated that social connectedness, remaining actively engaged in the community, is a key to healthy aging.

What can you do to get involved as a volunteer with local organizations?

1. Think of the skills you have developed over the years in a job you had previously or are currently involved. Whether it's healthcare, finance, social service or education, the experience you have can lend a boost to a variety of nonprofit or civic organizations in your community.

2. Look beyond job skills to hobbies and other inspirational areas of your life. You have a lifetime of experiences to share with others that can leave a lasting legacy on future generations.

3. Don't wait for organizations to come looking for you. Contact your local Chamber of Commerce to get listings of nonprofit and other volunteer-oriented organizations in your area. For instance, Little Brothers - Friends of the Elderly has nine chapters throughout the United States (www.littlebrothers.org).

4. Evaluate the time commitment you can make and decide if you want a short-term (i.e., helping out charitable organizations with special events) or a long-term commitment (i.e., making daily or weekly visits to elderly or disabled residents).

5. Dismiss the image of volunteers as those that having nothing else to do. Whether you are working part-time, full-time or not at all, you are part of a generation that is educated, motivated and able to leave a positive mark on society.

Courtesy of ARAcontent
Frozen Yogurt is Back and Better than Ever

(ARA) - There's nothing better on a summer day than a cool treat. But summer also means shorts and swimsuits, and thinking twice about the foods you eat. Fortunately, a surprising player is making a comeback on the dessert scene, and it's an indulgence that you can feel good about.

Frozen yogurt first appeared on the scene in the '80s and '90s. For most ice cream lovers, frozen yogurt was a necessary, if unfortunate, compromise. Today, frozen yogurt products taste better than ever thanks to improved recipes and production technology. Additionally, recent news regarding the health benefits of yogurt has created a buzz around this cool dessert.

Most of yogurt's outstanding benefits come from the unique way it is made. Yogurt contains "live and active cultures," (technical names: Streptococcus thermophilus, Lactobacillus delbrueckii subsp. bulgaricus and Lactobacillus delbrueckii subsp. lactis) which are basically good bacteria that are necessary for the body to function at its best. These bacteria prevent the growth of harmful bacterial infections and diseases. They also promote digestive health and boost the immune system.

Additionally, live and active cultures actually reduce yogurt's level of lactose, making yogurt a great alternative for anyone who is lactose intolerant. Yogurt is also packed with calcium, which is important for bone density and to help maintain healthy nervous and cardiovascular systems.

To make it worth every bite, go for a super premium brand like Häagen-Dazs frozen yogurt, which uses all natural ingredients to create a creamy and delicious taste. Choose from an array of flavors, including Vanilla, Vanilla Yogurt and Raspberry Sorbet Swirl, Coffee, Dulce de Leche and Wildberry.

Try this quick recipe that combines the natural goodness of yogurt with the antioxidant power of pomegranate or cranberry juice to make a truly healthy indulgence with a taste of summer.

**Berry Good-For-You Smoothie**

**Ingredients:**
- 1 scoop (1/2 cup) Häagen-Dazs Wildberry Frozen Yogurt
- 1/3 cup vanilla soy milk or milk
- 1/4 cup pomegranate or cranberry juice

**Preparation:**
Place frozen yogurt, milk and juice in a blender container. Whirl on high speed until smooth. Pour into a glass and serve topped with a small scoop of Wildberry Frozen Yogurt if desired.

**1 serving**

For more recipes and tips using frozen yogurt, visit: www.haagen-dazs.com.

Courtesy of ARAcontent
A man was driving down the road and ran out of gas. Just at that moment, a bee flew in his window.

The bee said, "What seems to be the problem"?

"I'm out of gas."

The bee told the man to wait right there and flew away.

Minutes later, the man watched as an entire swarm of bees flew to his car and into his gas tank. After a few minutes, the bees flew out.

"Try it now," said one bee.

The man turned the ignition key and the car started right up.

"Wow!" the man exclaimed. "What did you put in my gas tank"?

The Bee answered:

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* BP
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