

USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

HEARINGS BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE NINETIETH CONGRESS SECOND SESSION

PART 1—WASHINGTON, D.C.

JULY 23, 1968



Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

95-974

WASHINGTON : 1968

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 60 cents

SPECIAL COMMITTEE ON AGING

HARRISON A. WILLIAMS, JR., New Jersey, *Chairman*

GEORGE A. SMATHERS, Florida

WAYNE MORSE, Oregon

ALAN BIBLE, Nevada

FRANK CHURCH, Idaho

JENNINGS RANDOLPH, West Virginia

EDMUND S. MUSKIE, Maine

EDWARD V. LONG, Missouri

FRANK E. MOSS, Utah

EDWARD M. KENNEDY, Massachusetts

RALPH YARBOROUGH, Texas

STEPHEN M. YOUNG, Ohio

WALTER F. MONDALE, Minnesota

EVERETT MCKINLEY DIRKSEN, Illinois

FRANK CARLSON, Kansas

WINSTON L. PROUTY, Vermont

HIRAM L. FONG, Hawaii

JACK MILLER, Iowa

THRUSTON B. MORTON, Kentucky

CLIFFORD P. HANSEN, Wyoming

WILLIAM E. ORIOL, *Staff Director*

JOHN GUY MILLER, *Minority Staff Director*

Part 1—Washington, D.C., July 23, 1968.

Part 2—Seattle, Wash., October 14, 1968.

Part 3—Ogden, Utah, October 24, 1968.

*Part 4—Syracuse, N. Y., December 9, 1968.

*Part 5—Atlanta, Ga., December 11, 1968.

(*Hearings scheduled but not held at the time of this printing.)

CONTENTS

	Page
Opening statement by Senator Harrison A. Williams, chairman.....	1
Statement by Senator Frank E. Moss, presiding.....	2

CHRONOLOGICAL LIST OF WITNESSES

Taylor, H. Ralph, Assistant Secretary, U.S. Department of Housing and Urban Development.....	6
McGuire, Mrs. Marie C., Assistant for Problems of the Elderly and Handicapped, HUD.....	20
Bechill, Hon. William, Commissioner, U.S. Department of Health, Education, and Welfare.....	33
Bernstein, Mrs. Bernice, Regional Director, Region II, HEW.....	40
Wilson, Mrs. Margaret Bush, acting director, St. Louis Model City Agency.....	47
Gordon, Mrs. Naomi, project director, Ecumenical Center of Roxbury, Roxbury, Mass.....	51
Batchelor, Roy T., executive director, Chattanooga-Hamilton County Community Action Agency, Chattanooga, Tenn.....	57
Mathiasen, Mrs. Geneva, Executive Director, National Council on Aging.....	60
Nenno, Miss Mary, associate director, National Association of Housing & Redevelopment Officials.....	65
Joyce, David, chief, Division of Community Services, Providence, R.I.....	70
Yessian, Mark R., Morton Hoffman, urban and economic consultants....	78

APPENDIXES

APPENDIX 1.—Additional Material From Witnesses:

Item 1.—Exhibits provided by Hon. H. Ralph Taylor, Assistant Secretary, HUD:	
Exhibit A.—HUD news release, Thursday, November 16, 1967..	87
Exhibit B.—The Model Cities Program, Questions and Answers, June 1968.....	89
Exhibit C.—Applicants for Model Cities Planning Grants, May 22, 1968.....	95
Exhibit D.—Cities Selected for Model City Planning Grants, November 16, 1967.....	97
Exhibit E.—Cities Selected for Model Cities Program, September 6, 1968.....	98
Item 2.—Exhibits provided by Hon. William Bechill, Commissioner, Administration on Aging:	
Exhibit A.—Checklist of Goals, Services, and Planning Components Which the AOA Considers Essential to the Purposes of a Model Neighborhood Project.....	98
Exhibit B.—Programs and Services for Older Persons.....	99
Exhibit C.—Program Components for Model Cities.....	100
Exhibit D.—Food and Nutrition Project Grants, February 1968..	110
Exhibit E.—Food and Nutrition Project Grants, January 1968..	113
Item 3.—Material provided by Mrs. Marie C. McGuire as addenda to her statement.....	116
Item 4.—Material provided by Roy T. Batchelor, executive director, Chattanooga-Hamilton Action Agency, Tennessee:	
Exhibit A.—Presentation of project "Team".....	119
Exhibit B.—Memorandum—Health Needs of the Aging Poor....	121
Exhibit C.—Training Program for Team.....	122
Item 5.—Statement submitted by Mrs. Geneva Mathiasen, executive director, National Council on the Aging.....	123

IV

APPENDIX 1.—Additional Material From Witnesses—Continued	
Item 6.—Exhibits provided by Miss Mary Nenzo, associate director, National Association of Housing & Rehabilitation Officials:	
Exhibit A.—List of NAHRO Studies on the Elderly and on Relocation, 1962-68.....	Page 126
Exhibit B.—Chapter II, An Overview of the National Relocation Population, The Elderly in Older Urban Areas, by Paul L. Niebanck, with the assistance of John B. Pope, Institute for Environmental Studies, University of Pennsylvania, 1965.....	127
Exhibit C.—A Statement of Principles in Management of Public Housing for the Elderly, Management of Public Housing for the Elderly, National Association of Housing & Redevelopment Officials, 1965.....	131
Exhibit D.—Fact Sheet on "Model Area-wide Projects," section 2 of title III, Older Americans Act of 1968, S. 3677.....	134
Item 7.—Exhibit provided by David Joyce, chief, Division of Community Services, Providence, R.I.....	135
Exhibit A.—The Social Functioning of the Dislodged Elderly (study financed by the Ford Foundation).....	135
APPENDIX 2.—Letters and Statements From Individuals and Organizations:	
Item 1.—The Aged in Cities, study by James E. Birren, University of Southern California.....	139
Item 2.—Communication from John W. Edelman, president, National Council of Senior Citizens, Inc.....	146
Item 3.—Notes by Mrs. Grace K. Fassler, consultant on aging, Community Health & Welfare Council, Minneapolis, Minn.....	147
Item 4.—Letter from William C. Hudelson, director, Division of Services and Programs for the Aging, Prince Georges County, Md.....	149
APPENDIX 3.—Study Prepared by the Legislative Reference Service, "Model Cities Program Summary and Pro-Con Arguments".....	149

USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

TUESDAY, JULY 23, 1968

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to notice, at 9:45 a.m., in room 4200, New Senate Office Building, Senator Frank E. Moss presiding.

Present: Senators Moss and Hansen.

Also present: William E. Oriol, staff director; John Guy Miller, minority staff director; and Patricia G. Slinkard, chief clerk.

Senator Moss. The hearing will come to order.

I am pleased to offer a statement for the record from Senator Williams.

OPENING STATEMENT BY SENATOR HARRISON A. WILLIAMS, CHAIRMAN, U.S. SENATE SPECIAL COMMITTEE ON AGING

Senator WILLIAMS. Mr. Chairman, I want to take only a moment to extend my thanks to you for agreeing to conduct the study which you are beginning today for the entire Committee on Aging. As you know, I feel that the model cities program offers great opportunities for dealing with chronic problems that have existed for too long for too many Americans.

Furthermore, the program is meant to help us find answers to many questions—questions admirably summed up by Secretary of Housing and Urban Development Weaver when he asked:

How do we free the slum environment for children and their parents, for the elderly and the handicapped, for the unemployed and the uneducated, for those who are physically impaired, and for those who are socially isolated?

His reference to the elderly was made in response to the directive issued by President Johnson in his message on aid for the aged last year. That message requested HUD "to make certain that the model cities program give special attention to the needs of older people in poor housing and decaying neighborhoods."

I am sure that the President's statement has received very careful attention by Federal and community officials, but I am also sure that the Committee on Aging can render a service by inviting an exchange of ideas on ways to make the model cities program be of service to older Americans. A few years ago—in 1965 and 1966—the committee conducted a similar study of the war on poverty and the elderly; and we discovered our hearings gave momentum to several ideas which have since become part of the Office of Economic Opportunity program. Perhaps we will find opportunities for similar constructive action in the model cities program, too.

STATEMENT BY SENATOR FRANK E. MOSS, PRESIDING

Senator Moss. To begin today's hearing, I will ask that information sheets be submitted into the record at this point. They give essential information which I will summarize as we go along:

SHEET 1. MAJOR PROVISIONS: MODEL CITIES

TITLE ONE: COMPREHENSIVE CITY DEMONSTRATION PROGRAMS OF THE METROPOLITAN DEVELOPMENT ACT OF 1966

- A. To Enable Cities of All Sizes To—
 rebuild or revitalize slum areas;
 expand housing, job, and income opportunities;
 reduce dependence on welfare payments;
 improve educational facilities and programs;
 combat disease and ill health;
 reduce the incidence of crime and delinquency;
 enhance recreational and cultural opportunities;
 establish better access between homes and jobs;
 and generally improve living conditions for the people who live in such areas.
- B. The Secretary of Housing and Urban Development Is Authorized To—
 make the grants and provide technical assistance to enable city demonstration agencies to plan, develop, and carry out comprehensive city demonstration programs.
- C. A City Demonstration Program Is Eligible for Assistance if It—
 is comprehensive;
 is of sufficient magnitude to make a substantial impact on the neighborhood's problems;
 contributes to a well-balanced city;
 has available adequate local resources and administrative machinery;
 utilized private enterprise;
 is consistent with substantive local laws and regulations;
 includes a relocation plan;
 obtains the approval of the local governing body and cooperating agencies;
 is consistent with comprehensive planning for the entire urban or metropolitan area;
 and does not reduce the existing levels of activities.
- D. Financial Assistance Includes—
 (1) grants to city demonstration agencies to pay 80% of the costs of planning and developing programs;
 (2) grants to city demonstration agencies to pay 80% of the cost of administration of the program, but not the cost of administering any project or activity assisted under a Federal grant-in-aid program;
 (3) assistance under existing grant-in-aid programs if part of an approved comprehensive city demonstration program;
 (4) supplemental grants to city demonstration agencies to pay up to 80% of the aggregate amount of non-Federal contributions otherwise required to be made to all projects or activities assisted by Federal grant-in-aid programs—
 (a) these grants are not earmarked for any particular activity;
 (b) the amount of the grant is based only on those grant-in-aid programs related to the problems of the area and takes into account the intensity of local pressures;
 (c) to the extent funds are unnecessary to support new and additional projects, they may be used for the non-Federal contribution to a grant-in-aid program part of a comprehensive city demonstration program;
 (d) these grants may not be used for general local administration or to replace non-Federal contributions in a federally aided activity in a city demonstration program if such local funds were obligated prior to the filing of an application for assistance in planning the city demonstration program.

Broad objectives as spelled out in the law, itself, indicate that this program is clearly intended to do far more than change the appearance

of neighborhoods or to erect new buildings in place of old ones. What is obviously sought here is an improvement in the way of life for people who live in parts of our cities that for too long have been neglected. Older Americans live in those target areas; they should be served, along with all other age groups.

SHEET 2. PROGRESS THUS FAR: MODEL CITIES

A. Each Community Program Goes Through Three Phases:

(1) Application for planning grant (usually takes about 3 months to prepare.)

(2) Completion of initial planning (may take 6-12 months.)

(3) Implementation (based on 5-year goals.)

B. Planning Grants Already Awarded:

Seventy-five cities and counties (list attached)¹ have grants ranging from \$53,000 to \$239,000.

Some will conclude initial planning by October 1968, when they will submit applications for supplemental grants and give specifics on 5-year plan, First Year Action Program, Planning and Evaluation Program, Statement of Administration Structure.

C. Second Round of Planning Grants:

163 applications are now in; approximately 75 are expected to be granted within next few months.

D. Appropriations Thus Far:

As of June 1968, \$23 million for planning grants, \$200 million for supplemental grants and \$100 million for urban renewal projects in model cities programs.

E. Housing and Urban Development Act of 1968:

This statute (P.L. 90-448) authorized \$12 million for model cities in fiscal year 1969 for planning grants and \$1 billion for fiscal year 1970 for financial assistance for approved comprehensive city demonstration programs. (On Thursday, July 18, the Senate approved a \$1 billion appropriation for model cities under a previous authorization as part of the Independent Offices and Housing and Urban Development Appropriations Act, 1969.)²

Seventy-five communities have already received planning grants ranging from \$53,000 to \$239,000; and a second round of planning grants will soon be approved. (See footnote 1.)

Planning, therefore, is already far advanced, and model city directors will soon be in a position to define 5-year objectives.

This is, therefore, a strategic time to raise questions about the planning thus far, and whether it gives adequate consideration to the special problems of the elderly.

SHEET 3. CONGRESSIONAL AND ADMINISTRATIVE INTENT TO MAKE THE MODEL CITIES PROGRAM SERVE THE ELDERLY

A. Excerpts From Hearings on the 1966 Legislation:

Some references to the aged as one of the primary target groups concentrated in slum and blighted areas of the central city. Also, a discussion of the grant-in-aid programs likely to form the base of city demonstration programs included specific programs for the elderly—for example, adult basic education, community health service for the chronically ill and aged, Old Age Assistance, and low-rent public housing.

B. Excerpts From the Law (Title I, Section 101, P.L. 89-754):

See Information Sheet One.

C. Excerpts From HUD Guidelines:³

¹ See p. 97. Additional planning grant approvals were announced Sept. 16, 1968.

² The Senate-House conference committee, appointed to resolve differences between Senate and House versions of this appropriations measure, agreed upon a compromise reducing the \$1 billion to \$625 million. The compromise version of the bill was approved in the House on Sept. 19, 1968, and by the Senate on Wednesday, September 26, 1968.

³ "Improving the Quality of Urban Life: a Program Guide to Model Neighborhoods in Demonstration Cities" HUD PG-47, December 1967.

“ . . . provide substantially all Model Neighborhood children and adults with adequate work skills and/or academic training commensurate with their ability and expressed desires.” (p. 7)

“Adults lacking basic educational skills and adequate work skills also may need special services.” (p. 8)

“Special efforts may be required to identify indigent, disabled, and dependent older persons in the neighborhood, to provide information, to make referrals, and to mobilize and coordinate the work of a wide range of community services to provide assistance to this group, perhaps through a multipurpose senior citizens center.” (p. 11)

D. Action by the Administration on Aging:

As testimony from Commissioner Bechill will indicate, the AoA has been involved in interdepartmental review of model cities applications. An article in the January 1968 issue of *Aging* published by AoA reported: more than 400,000 persons age 65 and over live in the first 63 urban areas selected to participate in the Model Cities program.

The article detailed some of the programs for older people included in the 63 applications for grants: cooperatives and condominiums (Richmond, California); health, financial, and mobility services for the socially isolated elderly poor (Trinidad, Colorado); mobile day and-night care program (Manchester, New Hampshire); information services (Detroit, Michigan); Tests of guaranteed annual income (Dade County, Florida, and Honolulu, Hawaii); subsidized buses (Kansas City, Missouri); recreation areas (New Haven, Connecticut); garden parks (Honolulu, Hawaii); health unit trailers and neighborhood health centers; multi-purpose centers; and satellite resource centers.

Here we have definite evidence of congressional intent to make the model cities program serve the elderly. Guidelines issued by the Department of Housing and Urban Development also affirm responsibility in this area. The mandate is clear—we will determine at this hearing and others whether the mandate is being met.

SHEET 4. PROPOSED COMPONENTS OF CITY DEMONSTRATION PROGRAMS RELEVANT TO THE ELDERLY

Items listed below extracted from H.U.D. study based on review of a sample of the 193 applications submitted by May 1, 1967. Thus, the findings are based on tentative descriptions of objectives, not all of which are in funded programs. Nevertheless, the study gives some idea of potential service areas for the elderly:

88% of the applications listed housing as one of their high priority items; other categories listed as high priority were education-training (78%) and employment, on-the-job training (68%).

29% of the applications cited education-training as their number one priority item. Other substantive areas listed as number one priorities were citizen-participation (23%), employment, on-the-job training (18%), administrative machinery (15%), and housing (13%).

57% of the cities proposed upgraded vocational education and training. Of these, 36% specified programs for adults, 32% for youth, and 10% for general groups. 47% of the applications mentioned adult literacy or supplemental education program. However, most cities did not relate vocational training to existing or projected employment opportunities.

Cities mentioned underemployment (32%) almost as often as unemployment (41%) as targets of employment programs; the elderly were mentioned specifically in 4% of the applications as targets.

62% of the cities proposed programs to more efficiently match people and jobs through collection of relevant data.

Application statistics showed that Model Neighborhoods had higher rates of density and overcrowding of housing than cities as a whole. In one third of the cities, standard housing constituted more than 40% of the housing units. Efforts in the area of housing included studies to update housing information, proposed new housing construction, proposed programs to increase housing choice, and proposed services and programs to meet relocation problems.

43% of the applications mentioned social services and 12% mentioned welfare assistance as high priority goals. Of the 32% proposed new or expanded

special group services, 21% called for supportive services for the aged. Statistical data showed that a high percentage of the Model Neighborhood residents 65 and over received Old Age Assistance.

A HUD study based upon early applications for the program describes a commendable interest in needs of the elderly. We will, during the course of these hearings, determine whether that interest has remained high.

SHEET 5. THE ELDERLY IN URBAN AREAS

GENERAL

Available information indicates:

The aged do not generally live as a self-contained group in the city. Households headed by persons 60 and over form a substantial portion of the renewal areas that are in poor physical condition. However, the proportion of the elderly in renewal areas is smaller than in the cities as a whole.

NUMBER OF POOR IN URBAN AREAS

As following table shows:

Of the 6,048,000 Americans past 65 who live in central cities, 1.6, or 27 percent, are in poverty status.

Thirty-three percent of all Americans past 65 live in central cities.

POVERTY STATUS OF 65-PLUS PERSONS IN THE NONINSTITUTIONAL POPULATION, BY RESIDENCE, 1966

[Numbers of persons in thousands]

Residence	All			White			Nonwhite		
	Total	Poor		Total	Poor		Total	Poor	
		Num-ber	Percent		Num-ber	Percent		Num-ber	Percent
Total.....	17,937	5,371	29.9	16,517	4,634	28.1	1,421	736	51.8
Inside SMSA.....	10,945	2,876	26.3	10,109	2,520	24.9	836	356	42.6
Central cities.....	6,048	1,675	27.7	5,378	1,404	26.1	670	276	41.2
Suburbs.....	4,879	1,201	24.5	4,731	1,116	23.6	166	80	48.2
Outside SMSA.....	6,991	2,496	35.7	6,406	2,113	33.0	585	382	65.3
Urban.....	2,792	943	33.8	2,564	801	31.2	228	141	61.8
Rural nonfarm.....	3,094	1,322	42.7	2,820	1,129	40.0	274	193	70.4
Farm.....	1,105	231	20.9	1,022	183	17.9	83	48	57.8
Percent distribution:									
Total.....	100.0	100.0	.....	100.0	100.0	.....	100.0	100.0	.....
Inside SMSA.....	61.0	53.5	.....	61.2	54.4	.....	58.8	48.4	.....
Central cities.....	33.7	31.2	.....	32.6	30.3	.....	47.1	37.5	.....
Suburbs.....	27.3	22.4	.....	28.6	24.1	.....	11.7	10.9	.....
Outside SMSA.....	39.0	46.5	.....	38.8	45.6	.....	41.2	51.9	.....
Urban.....	15.6	17.6	.....	15.5	17.3	.....	16.0	19.2	.....
Rural nonfarm.....	17.2	24.6	.....	17.1	24.4	.....	19.3	26.2	.....
Farm.....	6.2	4.3	.....	6.2	3.9	.....	5.8	6.5	.....

Source: Social Security Administration.

We hope that witnesses will give the committee much detail about the conditions under which many older Americans live in areas that will be served by the model cities project. Our preliminary surveys indicate that 1.6 million older Americans in central cities fall below our official poverty lines, and we know that 33 percent of all Americans past 65 live in central cities.

Surely, they cannot be ignored or underrepresented in any model city program.

We have much ground to cover during this opening hearing and so I will limit myself to a few additional remarks.

First, I wish to note for the record that I am conducting this hearing for the full Senate Special Committee on Aging at the request of Senator Harrison A. Williams, committee chairman. Because I am chairman of the Subcommittee on Housing for that committee, I have a special interest in several major objectives of the model cities program.

As I have already indicated, however, the program goes far beyond meeting shelter needs. It is nothing less than an attempt to take what is best in existing Federal urban programs, add large amounts of careful and imaginative planning and deliberately experiment on a scale large enough to yield important lessons for all Americans who live in urban areas.

With me, serving on the committee this morning, is Senator Hansen.

Do you have any comments you care to make?

Senator HANSEN. Thank you, Mr. Chairman, I have no comments.
Senator MOSS. We are pleased to have several outstanding witnesses we expect to hear this morning.

STATEMENTS OF H. RALPH TAYLOR, ASSISTANT SECRETARY, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT; MRS. MARIE C. McGUIRE, ASSISTANT FOR PROBLEMS OF THE ELDERLY AND THE HANDICAPPED; AND WILLIAM BECHILL, COMMISSIONER, ADMINISTRATION ON AGING; MRS. BERNICE BERNSTEIN, REGIONAL DIRECTOR OF REGION II, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

The first witness will be the Honorable Ralph Taylor, the Assistant Secretary of the Department of Housing and Urban Development.

With Mr. Taylor is Mrs. Marie C. McGuire, Assistant for Problems of the Elderly and the Handicapped, Housing and Urban Development; and the Honorable William Bechill, Commissioner, Administration on Aging, Department of Health, Education, and Welfare.

All these witnesses are before us and we will proceed now.

I ask Mr. Taylor if he would like to proceed.

STATEMENT BY MR. TAYLOR

Mr. TAYLOR. Thank you.

Mr. Chairman, Senator Hansen, I welcome this opportunity to appear before you this morning to discuss with you the relationship of the model cities program to the needs of the elderly, to tell you what some of the cities are planning, and to advise you of what the model cities administration is doing to assist the cities in preparing plans with appropriate consideration of their senior citizens.

The model cities program provides a major new approach designed to demonstrate how the living environment and general welfare of people living in slums and blighted neighborhoods can be substantially improved in cities of all sizes and in all parts of the country.

It calls for a comprehensive attack on social, economic, and physical problems in selected areas through the concentration and coordination of Federal, State, and local—public and private efforts.

The program is designed to help communities increase their capability to deal with the complex problems they face. Federal financial and technical assistance is presently going to the 75 cities already in the program to assist them to plan, develop, and carry out their comprehensive local programs. Another group of approximately 70 cities will be announced soon.

The model cities program is the cities' program—in the scope of problems which they consider, the priorities which they set, and the solutions which they determine to be necessary. The statute establishing the program requires communities to consider the degree to which they face certain problems—lack of jobs, ill health, undereducation, for example, and requires that they make a substantial impact on those problems over the life of the program.

Although the statute does not require special consideration of any particular segment of the low-income population such as the elderly, substantial improvement in the lives of residents of the model neighborhood would necessarily require substantial improvement in the quality of the lives of the elderly.

Within this context, then, let's examine briefly the role of the Model Cities Administration and the cooperating Federal agencies in aiding the cities. We see the Federal program development function as embracing the following activities:

PROGRAM DEVELOPMENT FUNCTIONS

1. Searching throughout the country—among model cities and other communities, public and private agencies, and businesses—for the community efforts that have proven to be significant successes, and for the failure experiences, too, so that we can learn from and avoid replication and duplication of errors.

2. Analyzing that experience and making it available through a variety of channels to city demonstration agencies, resident groups, and the public and private organizations which cooperate with the model cities effort at the local level.

3. Arranging for technical assistance—from Federal agencies, States, universities, businesses—to help those communities plan and implement their programs. We hope to aid communities to find advisers whose views and experiences are benefited by, but not limited to, the old ways of attacking urban problems. We want to put the cities in the position of selecting from among competitive concepts in a buyer's market of action ideas.

4. Monitoring the progress of these programs and of the technical assistance, for the purpose of continually strengthening the capability of the communities to work out their own solutions.

With respect to the problems of the older residents, this process is underway.

The model cities administration is fully alert to the special problems of the older residents in the designated or target neighborhoods. These areas generally have heavy concentrations of minority group members and are selected in part because of the acute problems of poverty and unequal opportunity which afflicts the residents.

The special dimensions of the problems of age and minority group status in neighborhoods like these are made brutally clear in an ex-

cellent little booklet prepared by Hobart Jackson for the National Urban League in 1964, entitled "Double Jeopardy—the Older Negro in America Today." Jackson points out that this group—

brings to their older years a whole lifetime of economic and social indignities, a lifetime of struggle to get and keep a job, a lifetime of overcrowded, substandard housing in slum neighborhoods, of inadequate medical care, of unequal opportunities for education * * *

He notes that:

Three times as many of them as their white counterparts are dependent upon old age assistance * * * that many are living at starvation levels * * * Of every 1,000 white Americans in their late forties, five will die in the coming year—if they are Negro, 10 will die.

If there is a right to life, it is a more restricted right for the Negro whose life expectancy, Jackson points out, is 7 years less on the average than his white American brother.

PLANNING FOR AND WITH THE ELDERLY

Most of the model cities agencies, which we refer to as CDA's, are just now in the problem identification and analysis phase of planning. We do not yet know in detail—at least, we do not know at the Washington level—what they are finding in the various model neighborhoods regarding problems of older people.

We believe there may be a considerably higher concentration of older people in the model neighborhood than the national average. Our analysis of 72 of the first-round applications showed that the percentage of residents 65 and over receiving old age assistance ran from a low of 20 percent to a high of 92.3 percent. Almost one-half of the funded cities indicated in their applications that they expect to identify the problems of the elderly as one of their priority concerns.

Participation of citizens is an integral part of the model cities program, and the elderly in model neighborhoods are being involved in the planning and development of programs as—

1. Members of the policy advisory board representing the neighborhood;
2. Representatives of the older residents (otherwise unorganized) of the neighborhood;
3. Representatives of an older persons organization; or
4. Older persons' representatives from the CDA to the mayor or Governor's Commission on Aging.

FEDERAL INTERAGENCY COOPERATION

The model cities program represents a unique effort on the part of all Federal agencies to help cities use Federal resources more effectively. Even the process of reviewing applications is an interagency endeavor.

Quite often during the review of first-round applications representations from HEW and OEO on the review committee would point out instances in which the applicant had given inadequate attention to problems of the elderly. These comments were recorded and, if those cities were funded, the recommendation that more attention be paid to the elderly became a part of the discussion papers which regional interagency teams took with them on the initial visits to funded cities.

This same interagency process is currently being used in the review of second-round applications.

Carrying interagency involvement over into the area of program development, an informal task force has been developed through which the model cities staff works closely with Mrs. McGuire in HUD; the Center for Community Planning and the Administration on Aging in Health, Education, and Welfare, and the Office of Older Persons Programs in OEO.

We expect to distribute shortly to all of the CDA's, program descriptions from the Administration on Aging and OEO; an action handbook developed by the National Council on Aging and the compilation of HEW programs relevant to older persons.

This printed material is to be accompanied by a statement prepared by the task force and intended to stimulate ideas and facilitate effective local planning and use of resources.

INNOVATIVE PLANNING FOR THE ELDERLY

The following examples of current planning by model cities illustrate some of the possibilities for improving the lives of older residents. These initial ideas are especially significant when we consider that we are discussing a group which, in the main, has not expressed itself militantly in behalf of its legitimate claims to a larger share of our nation's abundance.

In that context, the record of the cities participating in this program—buffeted as they are by other legitimate claims for priority—is encouraging.

Norfolk, Va., is considering a demonstration program directed toward reducing health hazards in the home, office, and shop, and increasing and improving safety practices. The program is designed for the entire model neighborhood, but it has significant implications for the aged. This city is also considering a broad nutritional program for the elderly.

In Hoboken and San Antonio, the CDA's have been instrumental in getting social security offices opened in the model neighborhoods.

I may add parenthetically that HEW has designated its social security representative in each model city as the liaison man at the local level for HEW in connection with the work of the CDA's, so that there is a direct and close tie between the office which services the elderly in a very bread-and-butter way and the model cities planning process.

Philadelphia has formed a joint welfare policy committee whose membership was drawn from professionals and the area wide council which is primarily composed of model neighborhood residents. The committee will direct special attention toward housing, leisure needs, employment of retirees, geriatrics and mental problems.

In Eagle Pass, Tex., to cite one of our smaller communities, the community action agencies, the CDA, and the local housing authority are planning housing for senior citizens. There, too, the CDA and the local hospital are working on problems of extended hospitalization of indigent patients.

Philadelphia; Richmond, Calif.; and Trinidad, Colo., have made special provisions to integrate planning for the elderly into their total planning process, rather than treating the elderly as an isolated group.

San Antonio is attempting to raise old-age assistance grants to a level which will allow for special needs of the elderly such as enriched nutrition and transportation; to increase jobs for older workers in local labor markets; and to expand adult health clinics for the elderly in the model neighborhood.

In Tulsa, the CDA is the local agency that will help implement an \$80,000 project funded by the Administration on Aging to study the problems of diet and isolation among the elderly.

The Waco, Tex., CDA has assisted the local United Fund in the preparation of a \$150,000 application to the Administration on Aging to provide a cafeteria-type food service for the elderly in the model neighborhood, as a means to overcome isolation and to assure that the elderly have adequate nutrition.

NEXT STEPS FOR MCA

The performance of these first-round communities, selective examples of which I have just cited, appears to justify our policy of requiring the cities to consider all of their needs and allowing them to set their own priorities. The Model Cities Administration is neither "selling" consideration of any special group or program panacea, nor is it discouraging communities from adopting any legally approvable measures.

What are the prospects for improving the quality of life in the model neighborhoods for the older residents? I believe that they are excellent.

To advance those prospects, the Model Cities Administration is taking the following steps, some of which are already underway:

1. Reminding the city demonstration agencies of the value of involving significantly the older residents—along with the younger ones—in planning and implementing the activities which are intended to improve their lives.

2. Providing the city demonstration agency planners, and the citizen groups with whom they are working, with comprehensive information on the kinds of Federal programs which are available and the amount of funds which may be made available by all of the relevant Federal agencies for model cities improvement.

3. Encouraging the OEO and HEW particularly to utilize the model neighborhoods as sites for research and demonstration activities and to expand significantly their proven programs into the model neighborhoods in order to benefit the older residents there.

4. Stimulating the expansion of technical assistance advice available to CDA's and resident groups through all of the relevant Federal agencies, and encouraging greater participation by State agencies, including commissions on aging, education offices, welfare agencies, health departments, and any other relevant agencies of State government.

In conclusion may I say that I am pleased to have had the opportunity to make this presentation to the committee, and to inform you of the progress being made on behalf of the elderly in the model cities program.

I will be happy to try to answer any questions you have. I hope you will keep in mind, however, that by the very nature of the model cities program some of the answers you probably seek are to be found in the cities which are currently preparing their comprehensive model cities plans with our encouragement and our support.

Thank you.

Senator Moss. Thank you, Secretary Taylor, for a very fine statement. This will be very helpful in making the record we are trying to compile today.

I noticed that early in your statement you said that there were 75 cities already in the program and that another group of approximately 70 cities will be announced soon.¹

How soon can we expect those to be announced?

Mr. TAYLOR. We are in the final stages of the review process on that, Senator. We have some questions still to resolve. My estimate is that we will have those announced within 30 to 45 days, maximum.

Senator Moss. You indicated that you are searching throughout the country and among model cities and other communities for the community efforts that have proven to be significant successes as well as failures.

How do you conduct that search? Is it a systematic thing or random? How do you carry it out?

Mr. TAYLOR. We have several aspects of that effort.

We have organized our relationship with the cities in common with other Federal agencies concerned with urban problems, on a team basis. There are working teams at the State level composed of representatives of HEW, OEO, the Departments of Labor, and Housing and Urban Development, with input as necessary and advisable by the Community Relations Service, Department of Justice, by EDA, by the Small Business Administration, and for smaller communities we are getting very active support from the Department of Agriculture.

Our standing instructions to the working teams are that if there is a new idea which either works or does not work or if a different way of doing things is attempted, we want to know about it.

Then there is a regional interagency system which brings in higher level people at the regional level of the same Federal departments that I had mentioned, with HUD serving as, in effect, a project manager, a team captain. Thus, we have an interagency structure that is learning to work together as a matter of regular business day in and day out.

We are asking them to identify and refer up any new and interesting ideas or experiments, whether they think the ideas are going to work or not work. We then will pull in from the other departments or from HUD, depending upon the nature of the experiment, relevant Federal people who can go out and look at it. In short, our search is systematic, but it rests on the basis of an interagency working team and their regular frequent relationship with the cities.

Senator Moss. In connection with the smaller communities, you say you deal with Agriculture. You mean county agents or that sort of thing?

HELP FROM DEPARTMENT OF AGRICULTURE

Mr. TAYLOR. No; the Department of Agriculture has made available regional people, not the county agents, people who are aware of the various tools that the Department of Agriculture has in home loans, who understand the relationship between the agricultural hinterland and the problems of economic development and the community in question.

¹ See p. 98.

It is above the county agent level; it is a broader type of generalist. Senator Moss. You indicated in your statement that you believed that there was a considerably higher concentration of older people in the model neighborhoods than the national average.

Do you have any figure on that, any "ball park" figure as to the higher percentage?

Mr. TAYLOR. I can try to get you one. I asked for a median figure and they were not able to provide one in time for this hearing. I looked for that kind of figure and I will be very happy to provide for the record the information that we do have.

Senator Moss. All right. If you would supply that for the record, it would help.

(The following information was received for the record:)

Percentage of Aged Population in Model Cities Neighborhoods

Six cities with 20.1 percent and over

Texarkana, Tex.....	26.0	Portland, Maine.....	23.6
Springfield, Mass.....	25.6	Duluth, Minn.....	21.6
Denver, Colo.....	24.4	Reading, Pa. ¹	21.2

Thirty-five cities with 10.1 to 20 percent

Manchester, N.H.....	20.0	Hartford, Conn.....	13.5
Seattle, Wash.....	19.0	New Bedford, Mass.....	13.2
Waco, Tex.....	18.5	Tampa, Fla.....	12.6
Butte, Mont.....	18.4	Boston, Mass.....	12.4
East St. Louis, Ill.....	17.0	Providence, R.I.....	12.1
Pittsburgh, Pa. ¹	16.8	Trinidad, Colo.....	12.0
Minneapolis, Minn.....	16.7	Highland Park, Mich.....	11.8
Trenton, N.J.....	15.9	Chicago, Ill. ²	11.7
Lowell, Mass.....	15.5	Rochester, N.Y.....	11.4
Newark, N.J.....	15.4	Texarkana, Ark.....	11.4
Portland, Oreg.....	15.2	Columbus, Ohio.....	11.2
Worcester, Mass.....	14.8	New Haven, Conn.....	11.2
Des Moines, Iowa.....	14.2	Toledo, Ohio.....	11.2
Helena, Mont.....	14.1	Athens, Ga.....	11.1
Smithville, Tenn.....	14.0	Philadelphia, Pa.....	11.0
Cohoes, N.Y.....	13.8	Cambridge, Mass.....	10.5
Kansas City, Mo.....	13.6	McAlester, Okla.....	10.1
Detroit, Mich.....	13.5		

Twenty-nine cities with 1 to 10 percent

San Antonio, Tex.....	10.0	Baltimore, Md.....	6.8
Wichita, Kans.....	9.9	Nashville, Tenn.....	6.7
Wilkes-Barre, Pa.....	9.8	Flint, Mich.....	6.6
Richmond, Calif. ³	9.2	Gainesville, Ga.....	6.6
Dayton, Ohio.....	8.6	Charlotte, N.C.....	6.5
St. Louis, Mo. ⁴	8.5	Pikeville, Ky.....	6.3
Atlanta, Ga.....	8.4	Oakland, Calif.....	6.0
Buffalo, N.Y.....	8.3	Eagle Pass, Tex.....	5.9
Bridgeport, Conn.....	7.6	Gary, Ind.....	5.9
Huntsville, Ala.....	7.4	Tulsa, Okla.....	5.9
Winooski, Vt.....	7.4	Albuquerque, N. Mex.....	5.7
Winston-Salem, N.C.....	7.4	Dade County, Fla.....	5.4
New York City.....	7.0	Honolulu, Hawaii.....	4.4
Washington, D.C.....	7.0	San Juan, P.R.....	3.5

Five cities with no information re aged population

Bowling Green, Ky.		Poughkeepsie, N.Y.
Fresno, Calif.		Saginaw, Mich.
Norfolk, Va.		

¹ Age 60 and over.

² Computed from study area population projections rather than model neighborhood population estimates.

³ Age 65 and over receiving OAA.

⁴ Age 64 and over.

In the work of the review committee, you said that there are instances in which the applicant gave inadequate attention to the problems of the elderly. What do you do? Do you send it back and say, "Give it more attention"?

Mr. TAYLOR. No, sir. We reviewed these applications and made our funding decisions on a process quite different from the usual Federal grant-in-aid process, where applications come in at any point in time. In the usual process, there is negotiation with the applicant prior to any official announcement of designation. Then when the application is brought up to the level of acceptability, it is funded if dollars are available.

The model cities planning application review, on the other hand, is a competition. Our mandate was to select the approximately 70 cities that had the best chance of success and that would also meet the demonstration objectives of testing out conditions and approaches to solutions to those problems in a variety of cities of all sizes in all parts of the country.

Accordingly, during the review period, we did not negotiate; we did not send back. What we did instead was to prepare a discussion paper for each city. That discussion paper was a composite of the major comments, recommendations, and criticisms that the inter-agency team made in the course of review of the application.

If the HEW or OEO or the HUD staff had noted a failure to be sensitive to the problems of the elderly, that point of concern was called to the applicant's attention on our first visit to the city following announcement of its designation. We expected before dollars actually would be transmitted that they would come in with a new work program showing how they intended to meet the criticisms that were made in the discussion paper so that it became a very effective way of saying, "You have a gap, you have a deficiency in this area; now, you show us in your work program how you intend to approach it" and then we funded them.

Senator Moss. Thank you, Mr. Taylor.

Senator Hansen, do you have any questions?

Senator HANSEN. I do have one or two that I think you have raised already, Mr. Chairman.

Referring to your testimony, Secretary Taylor, you make this statement:

An analysis of 72 of the first-round applications revealed that the percentage of residents 65 and over receiving Old Age Assistance ran from a low of 20 percent to a high of 92.3 percent.

When you speak of 72 first-round applications, does this represent 72 different cities in this country?

Mr. TAYLOR. Yes, sir.

Senator HANSEN. Then the second paragraph continues:

The Model Cities program represents a unique effort on the part of all Federal agencies to help cities use Federal resources more effectively.

Would I be right if I were to infer that it would not be uncommon at all for this program to call the cities' attention to various programs that might be helpful to them—programs of which they were not aware? Is this right?

Mr. TAYLOR. That is correct, sir.

A TOTAL LOOK AT PROBLEMS

If I may add just a comment. We have asked the cities in the planning process for this program to analyze their problems, working with the people of the neighborhood. We want the cities and the neighborhood residents to be looking at the total range of problems, all the things that they seek in that neighborhood; then to set their priorities.

Then the Federal interagency teams come into the city, hear the city's description of the problem and describe the resources that are available, that can be used by the city to address their problems.

So, it is a dialog; it is not a selling of Federal programs with available funds. It is a description of the programs as tools so that they can be used to attack the locally diagnosed problems.

Senator Hansen. What I understand you to say, then, is that these community development agencies identify problems that may or may not be unique or specific to their areas but are at least problems which exist in their several communities.

Mr. TAYLOR. Yes, sir.

Senator HANSEN. And then your people come in and say, "Here are the different programs that we think could be helpful to you in addressing yourselves to the problems that you have identified." Is that what you are saying?

Mr. TAYLOR. Yes.

The CDA's are related to the office of the mayor, to the chief executive in the community.

Senator HANSEN. Then further on I notice you say:

Next Steps for the Model Cities Administration: The performance of these first-round communities appears to justify our policy of requiring the cities to consider all of their needs and allowing them to set their own priorities.

My question is: How responsive are these various tools that you offer the cities to their particular problems? What little experience I have had has inclined me to think that sometimes communities will make available to themselves programs which may not address themselves to problems of the highest priority.

I am wondering how responsive you think these programs are to the goal of letting the cities set their own priorities. I assume by that you are saying city "X" may say these are our five major problems and city "Y" may have only three of the problems that are identified by city "X."

Do these programs do a good job, in your opinion, of allowing each city to attack first the most important problems that it faces?

Mr. TAYLOR. I think the potential of doing the good job is there, Senator. I think there were changes needed in the way the Federal agencies relate to the cities to make sure the programs are as responsive as they should be.

The city has a problem that requires the coordination of funds from several granting agencies in order for that problem to be attacked. Under today's system, they don't have the certainty that the funds will come on a timely and sequential basis. We are working with the cities and with the rest of the Federal agencies concerned with urban problems to develop through the interagency process a mechanism

for review and action where the timing will be related to the local needs. We feel this is necessary to make the Federal programs more responsive.

EXPLANATIONS AS WELL AS LISTINGS

We are talking about a new kind of technical assistance which is more than just a description—OEO catalog style—of what the tools are, but a description of how the tools can be made to work effectively and link together in relation to the local diagnosis of the problem.

I can't sit here and say to you that the existing tools as they now are, are as effective as they should be. I think we have underway in the model cities program on a cooperative interagency basis some changes in the way business is done that will make them more responsive.

As the Assistant Secretary in charge of the program, I look upon that kind of change in the Federal system—to make us more responsive to local needs—as a major responsibility.

Senator HANSEN. What about funding? I am not certain that you have such a program but just in order to illustrate and identify the concern I have, let me say that perhaps you have a program that would make available some financing for a sewer system in the city and you have another program that would provide funds to improve the diet of elderly people.

Is it possible within the laws that you deal with in this broad spectrum of helping the model cities, that one program can help fund another if, in the judgment of a community, sewer and improved sewer systems would be more important than feeding the elderly or vice versa, or is there any latitude given that way?

Mr. TAYLOR. No, sir. There is no latitude given to change the legislative constraints on the use of the program funds.

Senator HANSEN. Then to that extent the cities while they would be given as much latitude as you could give them in setting their own priorities, would have to choose the particular programs that may be most responsive to their needs. But that is as far as they can go—they could not appeal to one program for funding to help them with another program.

Mr. TAYLOR. No, sir; that is not true for the reason that the model cities supplementary grant, so called, the model city program money is free and flexible. That money is not tied to the constraints of any existing Federal program. It can be used by the city in any way, provided it is a part of the approved plan which they develop and provided it relates to improving the quality of life of the people in that neighborhood.

So, if their priority, for example, were to improve nutrition among the elderly and there were not funds available through any of the existing categorical grant-in-aid programs that would allow them to do it as they thought would be the most effective way of doing it in their community and they chose as a priority to say, "We want to use a half million dollars of model city program money for this purpose," that is completely within their discretion.

This is the freest and most flexible kind of money, tied to a locally developed plan for their priorities, attacking the problems in their neighborhood.

Senator HANSEN. In your opinion, is the funding which is provided for these various types of programs a studied and fair reflection of the

overall needs of the country or would you on the basis of your experience suggest some changes which might be made to provide more funding for one program and perhaps a little less for another?

In other words, what I am wondering is, recognizing that a persuasive chairman and an effective committee may do a better job of selling a particular program to the Congress than is done on behalf of another program, on the basis of your experience in trying to implement what the Congress in its wisdom or lack of wisdom may have determined was good for the country, do you endorse these different grants as they have been set up or do you think some changes may be made. If so, what programs would you emphasize or would you call attention to as deserving more funding and where might any changes be made in order to best serve the people?

Mr. TAYLOR. I think I could answer that question in about 6 months to a year, Senator. It would be presumptuous on my part to attempt to answer that prior to the time we have the plans completed by most of the 75 cities.

They are now in the problem analysis; they are now beginning to move aggressively into planning. We will start getting complete plans, oh, maybe the first of them in September. We expect to have perhaps half of them by the end of this calendar year.

INFORMATION HITHERTO UNAVAILABLE

The planning process that we are asking cities to go through would give us the kind of information we have not had before as to the range of problems, the priorities that city governments working with the people of the neighborhood place on problem solving, and identification of how adequate they consider these programs to be. We have never had that in the urban area.

We have always had a single area, single problem kind of approach and there has not been the opportunity to get a valid testing of how responsive each of the programs is. I think the planning process in the model cities program will give us that opportunity. I think that question you asked is a very relevant and a most important one.

Senator HANSEN. I would like to make one further suggestion. I would hope that some cataloging could be done of the initial requests that come in from cities. I am inclined to think that possibly the needs of our cities might be given a slightly different schedule of priorities.

I say that as a former member of the board of trustees of a hospital in Jackson which was funded in part by Hill-Burton funds. We recognized after we studied the Hill-Burton program a need for a minimal care section which we had not previously discerned when we found that we could get 40 percent funding for that and only 33½ percent for some of the intensive care units.

I suspect that sometimes what we are doing is picking out programs in which funds are made more readily available.

Mr. TAYLOR. I have said publicly, sir, that all too often public opinions are warped by availability of funds and that this planning process is an attempt to get behind that. If I would be allowed to make the appeal, I would hope that the Congress would understand the importance of having the funds available for program evaluation, for the critical look at how things are working to get behind just the statistics of the program.

All too often we don't do that and the failure to do that perpetuates mistakes and in my judgment costs the country money and people problems that we could avoid.

Senator HANSEN. I have been overlong. Mr. Chairman, you have been very indulgent.

Senator MOSS. Your questions are very pertinent and I appreciate them very much, Senator Hansen.

Thank you, Secretary Taylor, for your very fine testimony. This will be most helpful to us.

Mr. TAYLOR. May I be excused, Mr. Chairman?

Senator MOSS. Yes, sir; you may if you would like to leave.

(The chairman, in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

Question 1. It would appear that the new housing bill signed by President Johnson on August 1 may offer new opportunities to help the elderly in Model City areas. What do you see as the most promising of those opportunities?

Answer. Certainly the Housing and Urban Development Act of 1968, which is the most comprehensive act ever passed by Congress in this field, will offer many new opportunities to improve the living conditions of residents in Model Neighborhood areas including residents who are elderly. Among the provisions of the new Act which should be especially helpful are the following:

Increased production of housing

Both the new home ownership and rental housing programs emphasize volume of production to reduce the deficit in standard housing. The construction of 6 million federally-assisted units is expected to make standard shelter more readily available to the elderly.

Rehabilitation loans and grants

These programs are broadened by the new Act and provide for a doubling of the maximum rehabilitation grant to \$3,000; and a loosening of geographic strictures. Low income elderly often own their homes, but in Model Neighborhood areas, they will often be in need of repair. The broadened programs should thus be of particular use to the elderly.

Relocation payments

A payment of up to \$5,000 is now authorized for a displaced owner-occupant of residential property to enable him to purchase a replacement dwelling. This provision of the new Act should be especially useful to the elderly, since they are often the owner-occupants of acquired property.

National Insurance Development Program

This new re-insurance program should be especially helpful to the elderly property owner, since many older persons own property in inner city areas where insurance coverage has been unobtainable in recent years.

Mortgage Insurance for housing in declining areas

The new Act authorizes FHA to insure mortgages for the purchase, repair, rehabilitation or construction of housing located in older, declining urban areas without regard to normal requirements of economic soundness. This could be of significant assistance to older persons wishing to acquire or improve residences in older sections of our cities where it may be more convenient for them to live.

New Community Land Development

This new provision can be used by developers to assist the elderly, when developers use it to build communities designed for a balance among age groups or as retirement communities.

Interstate Land Sales Full Disclosure

This provision of the Act will protect all prospective buyers, including the elderly, who are particularly vulnerable, against land purchases based on misrepresentation.

Urban Mass Transportation

The elderly rely heavily on public mass transit, and thus should benefit from the expansion of the urban mass transportation program in the new Act.

Tenant Services

The new Act authorizes the Secretary to make grants to local public housing authorities to provide counseling and other community services related to tenant needs. Elderly tenants are expected to avail themselves of such services.

Question 2. You'll remember that I asked for additional information on your statement that there may be a "considerably higher concentration of older people in the Model Neighborhood than the national average." I would also like to have details on the range of density of older Americans in the Model City areas.

Answer. The information concerning the concentration of older people in Model Neighborhoods is set forth in the table submitted. (Table on p. 12.) The range of density of older Americans is from 3.5 to 26 percent of the Model Neighborhood population.

Question 3. When may the Committee have copies of the action handbook to be developed by the National Council on Aging, as well as the compilation of HEW programs relevant to older persons?

Answer. I am advised that copies of the Action Handbook still are not available. The National Council on Aging (NCOA) has told me that the handbook is expected to go to the printer in the very near future. As soon as it is available, copies will be obtained and sent to the Committee.

We have arranged with the Administration on Aging for copies of their compilation of HEW activities in aging to be sent directly to the Committee.

Question 4. I am interested in the joint welfare policy committee established in Philadelphia. Can you give additional information on its plans for employment of retirees and other projects related to the elderly? I would also like to have information about the programs you discussed in Eagle Pass, Texas, and San Antonio.

Answer. The Social Security Office in the San Antonio, Texas, model neighborhood opened July 7, 1968. The City Demonstration Agency (CDA) in San Antonio was instrumental in demonstrating the need for such an office in the neighborhood and in having it centrally located in the model neighborhood. The office offers full Social Security services including claims for Social Security benefits, medicare enrollment, and issuance of Social Security cards. There are 8 bilingual employees. To date they have handled over 1,000 cases including 290 claims for monthly benefits. The office seems to be well received and the community has been assured that it will remain open as long as there is the need for such a service.

Another interesting aspect of the San Antonio program is the joint effort of the Council of Governments (COG), the Community Action Agency (CAA), and the staff of the Senior Community Center (SCC) to increase services to the aged particularly in the model neighborhood. This group (COG, CAA, SCC, and CDA) is working closely with the Administration on Aging to develop additional, innovative programs and services for the aged, particularly in the areas of: (a) protective services; (b) transportation; (c) provisions for preparing meals; and (d) adult education.

In Eagle Pass, Texas, the public housing program is currently serving about 60 elderly people. They are developing plans to add 100 units for older persons including space for a health clinic.

Recreation is also a very important part of the Eagle Pass program. Only 2 of the 60 elderly residents have their own television sets, so the other 58 are dependent upon the television available in the recreation room. The recreation room is open 24 hours a day for maximum availability. I understand television programs must be transmitted into Eagle Pass by cable, and that the cable company donates this service to the recreation room in this public housing development.

The Philadelphia program, like all of the Model Cities programs, is still in the planning rather than the operational phase. They are presently developing one- and five-year objectives based on their problem analysis. One of their first year objectives, as included in a preliminary report, is particularly relevant to the aged. The preliminary report says they plan to examine more closely the categorical restrictions of various State and local welfare programs and particularly those which adversely affect people through age restrictions.

Question 5. Your statement said that the Model Cities Administration is encouraging OEO and HEW particularly to utilize model neighborhoods as sites for research and demonstration activities of special significance to older residents. Can you give us details or general descriptions of any such projects now under way or contemplated?

Answer. Details as to the sites and content of such experiments or demonstrations have yet to be worked out. We do have agreements with OEO and HEW on making available for this purpose funds which they are authorized to use for demonstrations. We also have a procedure whereby such projects will be identified. It is essentially an extension into the areas of report review and technical assistance activities of the inter-agency relationship developed for the review of the initial planning grant applications and described in my testimony on that subject.

Question 6. You also said that you will encourage greater participation by State agencies including commissions on aging. What liaison has been established with State units on aging? What more may be needed?

Answer. In our relationship with States we are committed, as we are in the case of cities, to considering the chief executive officer as the appropriate point of contact. Consequently, the liaison which has been established with the States and their agencies has been through Offices of Governors. Each of the six HUD Regional Administrators have met with the Governors of each State in his region having one or more Model City. As a result of urging from the Regional Administrators at these meetings the Governor of every state having a Model City has designated a State Model Cities coordinator. Typically their coordinator is either a member of the Governor's staff or the director of the State's department of community affairs. The role of this state coordinator will include adapting state plans and budgets (including federal funds which flow through the States) to take into account Model Cities needs.

It is still too early in the program for us to know what more, if anything, is needed to improve liaison with State units on aging or to improve their ability to respond to the Model Cities program.

Question 7. You speak of making recommendations to funded cities that more attention be paid to the elderly. If cities do not heed these recommendations, could or would other means be applied to achieve compliance with the recommendations?

Answer. The model Cities program calls for local initiative and for locally set priorities. The role of the Model Cities Administration is one of rendering technical assistance—making recommendations and expediting the delivery of federal resources.

As I indicated in my testimony, we are prepared to employ our power to recommend vigorously and have already done so to good effect in securing revisions in work programs from the cities. Work programs were revised in response to our recommendations.

In the last analysis, however, the priority which a given city places on the problems of the elderly is likely to be a function of how thoroughly older people take advantage of the opportunities which this program has opened up for residents of Model Neighborhoods to participate in the planning.

Question 8. Where there is more than one Model Neighborhood within one city (such as New York) or where Model Neighborhoods are closely situated (such as Boston and Cambridge) do you envision joint efforts in any activities in relocation, housing, transportation?

Answer. Where a given city has more than one Model Neighborhood we expect the city to coordinate activities in its several neighborhoods. Where two or more neighboring cities have Model Neighborhoods which are contiguous or in close proximity we encourage them to work together and we expect that there will be joint activities by neighboring cities. According to our information Detroit and Highland Park in Michigan will be one example of coordination of activities such as job training programs.

Senator Moss. We will now hear from Mrs. McGuire, Assistant for Problems of the Elderly and the Handicapped in HUD.

Glad to have you with us, Mrs. McGuire.

STATEMENT BY MRS. McGUIRE

Mrs. McGuire. Thank you.

I, too, like Assistant Secretary Taylor, am very pleased to be here today to represent the Department of Housing and Urban Development before this committee, and specifically the hopes and aspirations it has for the model cities program.

I would like to take this opportunity to mention how helpful the work of the Senate Special Committee on Aging has been to the work of my office. Your concern over the years for the welfare of the old encompasses the widest sphere—including the basics in life such as health and housing; employment and retirement incomes; consumer interests; long-term care; Federal, State, and community services; and the problems of retirement, with particular emphasis on the individual. As a result, your hearings and studies have provided us with a background fund of vital information, and you have brought to us a fund of knowledge that has proven very helpful.

We have prepared as appendix I of this statement, Mr. Chairman, a discussion of my recent experiences in Europe where I accompanied a group studying housing for the elderly with particular emphasis on the delivery of medical services.

In appendix II, we included a brief description of our housing and related programs, objectives, operating philosophy, and a summary of our progress. With your permission, I will not take your time during this hearing to include that information in my oral statement.

Senator Moss. The appendices will appear at the conclusion of your remarks in full.¹

Mrs. McGuire. Thank you.

Experience has demonstrated that old neighborhoods, old buildings, and low-income older people seem to go together almost automatically. Just as experience has demonstrated that older, less mobile people often are found in disproportionate numbers in urban renewal areas, so, too, are a significant number of senior citizens likely to be found in what will become model neighborhoods.

WHY ELDERLY LIVE IN TARGET AREAS

Why do the elderly live in these areas? First, rents often are low. Despite other shortcomings, these areas are familiar to the elderly, accepted, and even respected, because they feel at home there. Because of this familiarity, neighbors willingly help each other in times of crisis.

Further, these areas often are close to downtown where so many conveniences are available, including shopping and other services, and health and medical facilities which are so important to senior citizens.

In short, these are areas where the elderly often enjoy a true feeling of belonging. In fact, I think many elderly may feel that the designation of their home areas as part of the model cities program might present a real danger to them—that their lives will be upset and uprooted. This is natural when people feel threatened suddenly by the fears of the strange and unknown thrust upon their familiar patterns of living.

¹ Text on p. 116.

However, once they are reassured that life in the neighborhood will be improved for them, and their fears replaced by this understanding, the elderly, as all residents in the area, hopefully can, and I am sure will benefit significantly from the progress promised by the model cities program.

Let me delineate some of the factors which can improve the quality of life for the older residents of model neighborhoods. Of primary importance is the need to embrace the elderly as an important segment of the neighborhood. To achieve the important sense of belonging, we not only must retain status for older people in the general neighborhood pattern, but also provide opportunities for use of their talents and wisdom and experience gathered over the years.

For example, activities for the youth in the neighborhood can be promoted by the use of voluntary or paid employment of the elderly in day care centers, as leaders in the Boy and Girl Scout movement, or in afterschool counseling programs. Similarly, the elderly can be trained as aides in various health and medical facilities where there is a tremendous shortage, and in a host of other functions necessary to achieve the model cities goals.

In short, senior citizens are a mother lode of talent that can and should be involved in the program in whatever ways possible, including citizen participation aspects in the planning stages.

For the poor, we must remember that their decades of poverty probably offered little or no opportunity even to know that many of our cultural opportunities exist. For too many elderly, a concert, a play, or the art of making things, or a visit to a museum would be a totally new experience. And so in the model cities effort, we not only can encourage a continuation of life's pleasures, but for many, the program can be a new beginning and appreciation of living.

This is the philosophy underlying our efforts in housing. We view housing not just as a place to live, but where people can have an opportunity to blossom—to enjoy—to feed the spirit—as well as where their comfort and convenience can be enhanced.

POTENTIAL FOR PHYSICAL IMPROVEMENT

In terms of physical development of housing and other facilities and services in model cities, we should consider the following, among others:

1. The construction of new rental housing specially designed for the elderly and responsive to various income groups.
2. The rehabilitation of existing rental housing, either by purchase or lease by public sponsors, or by private action.
3. The retention of homeownership, and, where necessary, assistance in the rehabilitation of these homes, not only because many older people prefer to remain in their own homes, but to minimize the need for new and costly housing. We also must face the necessity of services that older people may need in order to remain in their homes, such as home aides, visiting nurses, meals on wheels, and friendly visitors, and others.

It will be a comfort to know that, at least in the model city areas, the elderly will not be living in fourth-rate hotels, four-story walkups to dreary quarters, or rooms in slum basements or over dirt-floor garages and in firetraps.

4. Community centers for the full or part-time use by older persons with other age groups and with their own peers are essential to the well-being of senior citizens in any given neighborhood.

A well-operated and accessible center can provide counseling on nutrition, money management, employment, job training, educational opportunities, health and family matters, or offer advice on how to obtain assistance for home repairs or home rehabilitation and, I might add, even home purchase.

The center can offer opportunities for new friendships and help the elderly to escape from loneliness. It is a place to go where the welcome mat is always out and the individuality of the person is respected. The center can motivate involvement in many activities, including political activity, and voluntary community services.

A center can reach out to provide many of the home services needed for the housebound. It can include physical and occupational therapy, as well as dental care, podiatry and treatment for minor ailments. In short, the center, through its staff, can be a focal point in the neighborhood for case finding and solutions for programs, whether social, economical or medical. It also can find answers for families, regarding their parents or elderly members' needs.

5. A local planning mechanism to delineate the needs of the elderly and to establish priorities for the entire community is essential. Indeed, I should think it would be most essential in the model cities areas.

Today, public and private housing sponsors, nursing home sponsors, community center groups, and health service advocates generally work primarily in their particular areas of interest. For want of an overall interest group, we find a variety of gaps in essential services and facilities.

For example, in some localities, there may be an over-supply of housing for the elderly for higher-income older people, while little or none is available for those in the moderate-income group or the poor. Or, the opposite may be the case. We find some organizations providing excellent care facilities for their own—sometimes ethnic groups and sometimes other groups—while for others, and especially among the lower-income levels, such facilities are entirely absent, though desperately needed.

A local planning group could be most helpful in achieving a more balanced program in the model neighborhood and for the entire community, and should be encouraged. State commissions on aging are urging local planning groups to consider these problems, and I think we can anticipate more favorable results over time because of this effort.

OUTDOOR RECREATION

Now, to speak a little on outdoor recreation and its benefits to the elderly.

The benefits of outdoor recreational facilities for the elderly are often overlooked. There is a very great need, for example, for small parks in busy areas of the city where the elderly can sit and enjoy the activity that goes on. Studies show that the elderly can benefit particularly from continued mild exercise. The inclusion of running or jogging paths and even safe adult tricycling paths are very appropriate for this purpose.

Our vocabulary is beginning to include the term "adult playgrounds," with sheltered outdoor facilities for pleasant games such as chess, checkers, dominoes, and cards. Shuffleboard, miniature golf, croquet, and bowling on the green also are outdoor activities involving mild exercise together with pleasure.

I might pause here to say, in some of the countries with colder climates, this kind of activity—in the months that are warm and more conducive to outdoor activity—is even more important than in those climates where there is continuous warmth and opportunity. This emphasis I found in Finland where in the summertime there are a host of activities that can be enjoyed in milder weather.

These adult recreation grounds also can be placed where elderly ladies can display their homemaking talents through food and cake sales, and both men and women can offer their handiwork for sale and pick up some extra "pin money." They also could offer the joys of cookouts and picnics and they could also enjoy other kinds of humanizing activity.

It may be that the adult playground is the kind of environment Walt Whitman had in mind when he wrote:

"Youth, large, lusty, loving—
Youth, full of grace, force, fascination,
Do you know that old age may come after
You with equal grace, force, determination."

While we focus on the well and energetic older person, or the retiree who has just left his job, we must not overlook planning for those who are frail, but not ill; nor should we omit from consideration the very weak and the ill.

Our independent housing developments are especially designed for safety, comfort, and convenience for the well. This is the emphasis in our country.

Community centers and the adult playground are intended primarily for the well. But let us not forget that a substantial, if minority, of the ambulatory elderly require some care in every-day living—help in dressing or bathing, and meal services for those no longer able to cook for themselves.

LACK OF PERSONAL CARE HOMES

The lack of personal care homes is probably the biggest single gap in the continuum of our programs for the elderly. These are homes which could make it possible for many older people to continue living with relative independence, instead of taking up premature and costly residence in various kinds of medically oriented institutions. So, the model neighborhood might well include housing of this type in its plans, as well as independent housing, nursing homes, extended-care facilities, and hospitals which are more common to the everyday scene.

There are a number of other areas worthy of consideration for the elderly. For example, many cured mental patients now languish in State hospitals or other mental institutions because of the lack of housing which, with proper services, could bring them back to the community for a normal life.

Toledo and Columbus, Ohio, are two cities where housing for this purpose has or is being developed through the cooperation of State agencies and local housing authorities. I might note that the National Institute of Mental Health is interested in the evaluation of this social adjustment concept in the housing field.

Many elderly who live on the farm or in isolated rural areas could live better if housing were available to them in the nearby towns and cities. We don't know how many frail and elderly farmers may come into the urban area.

Many low-income veterans and their families could be housed and obtain services through veterans hospitals if a program could be established to provide some family housing nearby on the hospital grounds.

The organization of the flow of health services into a housing development is certainly a fertile field for innovation. Perhaps we need to give more consideration to the special housing needs of certain ethnic groups, or, couldn't there be more attention given to those who have become skid row residents?

How about the retired plantation workers, the fishermen, all the special kinds of groups that are pleading for housing that doesn't fall in the category of large-scale development and do have special kinds of needs?

USE OF SUPPLEMENTAL FUNDS

To me, one of the most exciting aspects of the model cities program is its own innovative provision for supplemental grants, which can be used by the city demonstration agency in imaginative ways to assist it in carrying out its plans. The supplemental grants are not earmarked by law for any one specific project or activity. They may be used without further local matching, as Secretary Taylor already has said, for any project or activity included as part of the approved comprehensive program.

The maximum amount of the supplemental grant is 80 percent of the aggregate amount of non-Federal contributions required for all projects or activities assisted by Federal grant-in-aid programs carried out in connection with an approved model cities program.

Cities are expected to be innovative in their use of supplemental funds, to test new ideas, develop new techniques, and perfect new problem-solving tools. Thus, these supplemental grants provide possible sources of funds needed to put some of these ideas for the older residents into effect in a model neighborhood. A community could experiment with an adult recreation facility, or special services for the elderly in a neighborhood center, or special educational opportunities.

If only one such neighborhood reflected such a completely balanced program for the elderly, this alone could be a good example for many, many cities and States to follow.

Funds could be used to demonstrate the effectiveness of personal services to sustain independent living, or continued counseling and other services to discharged mental health patients. They could permit special treatment based on individual needs rather than the average, looking at them as an individual instead of as a group.

In effect, these are the funds which can enable a model neighborhood program to experiment, to innovate, to make dreams a reality.

ALL HUD PROGRAMS CAN HELP

The model cities program holds great promise for fulfilling the objective of improving the quality of urban life for our senior citizens. It is important to recognize that every program administered by HUD, which can and does assist older people, can be used in the model cities program. This means that public housing, direct loans, and FHA mortgage insurance programs for housing for the elderly all can be involved; so, too, can the rent supplement program and the nursing home program, and the new group practice program.

Our mortgage insurance programs can be used for the purchase of homes; our home rehabilitation grant and loan programs are available; so, too, is the neighborhood facilities grant program. Turnkey and leasing programs under public housing also can join the attack on slums and blighted areas, requiring as they do that housing be made standard as a condition for purchase.

These are just some of the programs and they are important and significant. They can be used in many ways, and each community and each project, we hope, will use its imagination to the utmost in being responsive to its particular needs. But I would like to describe briefly another innovation which I hope might be particularly exemplary of the kind of ingenuity that should flow into any model neighborhood plan.

You may have read, as I did with great interest and personal excitement, of the development of a new "touch and see" nature trail here in Washington at the National Arboretum. It is specially designed for the blind, and I understand it is only the second of its kind in the country. But what a new horizon it has opened to our fellow citizens who cannot see with their eyes, but can with their fingers and hands and minds and hearts.

I suspect that in the model city areas we will have not only the elderly but handicapped people for whom this kind of action would be most significant and humane.

On this trail that I mentioned, guided by a continuous rope and waist-high markers in braille, the blind embrace tree trunks, sniff the leaves, listen to twigs crackling under their feet, and run their fingers over the bark of fallen logs.

What the "touch and see" trail exemplifies so effectively, is that a willingness to try innovations can do much to improve the lives of our citizens—whether old or young, handicapped or not—who, in the past, have often been deprived of the full measure of living which most of us take for granted. The challenge is for us to be equally creative and rewarding on behalf of our elderly in model cities. What a challenge and what a rare opportunity it is for us to provide an improved urban life for our elderly in truly model cities.

Thank you, Mr. Chairman.

Senator Moss. Thank you, Mrs. McGuire, for a very excellent statement and a rather eloquently phrased one. I think you have pointed out the great needs confronting our elderly citizens.

We are just in the planning stages of our model cities program and your plea is that in the planning we release the imagination of the local communities and get into all areas that affect the elderly.

Mrs. McGUIRE. To release and alert them, I think, Senator, as well. I think sometimes not all communities fully realize the impact

of longevity and the tremendous increase in the number of older people in our population, nor are some aware of what is needed and the extent of the problem.

The Administration on Aging and other departments, but particularly the Administration on Aging, are making a tremendous contribution in alerting the communities to the extent of the problem and the possible solutions.

Senator Moss. Are State agencies on aging involved in this planning process where there is such an agency?

Mrs. McGUIRE. I suspect that Commissioner Bechill can answer that better than I. I do know in some State agencies they are working directly with the local agencies in behalf of all the people; yes, and busily at work setting up local commissions and committees.

Senator Moss. What about the complications of involving all the relevant Federal programs? Is this a limiting factor or a confusing factor, in the planning?

Mrs. McGUIRE. In the model cities areas, you mean?

Senator Moss. Yes.

Mrs. McGUIRE. I suspect that it is probably one of the most complex undertakings. I don't think it is impossible of solution. I believe as the process continues we will begin to delineate the areas of social needs, and I would include the low-income elderly persons as one of the serious areas of social needs of this country which we are only beginning to meet now. But I certainly think it can be done and to a degree, is effectively being done today. However, we have a long way to go in all honesty.

Senator Moss. Well, we certainly do appreciate your statement and your contribution in this very important field.

Senator Hansen.

Senator HANSEN. Thank you very much, Mr. Chairman.

May I add my expression of appreciation, Mrs. McGuire, for your very challenging testimony.

I have one question.

HEALTH CARE NEEDS

Several days ago, when Dr. John H. Knowles, of the Massachusetts General Hospital, appeared before the Subcommittee on Executive Reorganization of the Government Operations Committee, he commented on the failure of urban renewal and similar programs to consider the health care needs of the urban resident. He seemed to feel that all too little attention was given the health care needs of a community insofar as preventative medicine was concerned. We have great hospitals that can attack and treat acute diseases but all too little is done in trying to upgrade the health of the people so as to obviate or minimize the necessity for this intensive sort of care which all too often is denied to many people.

My question is: What attention is being given to these needs in the overall planning of HUD?

Mrs. McGUIRE. Well, that, of course, is in the medical field and it is in HEW. I could agree with you and with the good doctor in the fact that the hospitals and the medical profession have not in this country solved the problem of finding out where the needs are and offering treatment. Hospitals need to be more community related than in the past.

Today one goes to the hospital for acute treatment. Hospitals could be the center of reaching into the community to bring their services and to find where the needs are.

In my experience abroad, which I mentioned earlier, and is described in the appendix, you will find that a great deal of attention is being given to this in relation to the elderly for two reasons.

One is to relieve the tremendous demand for hospital beds for older people, many of whom don't need acute medical attention at all. They might need a little, or they might need a little for a little while. The effort in so many countries is to find what the pathology is before it becomes a chronic situation, treat it, and thus relieve the hospital, and the person too, of the costly experience of medical care after it becomes severe.

Second, as mentioned in the testimony, Senator, one of the areas of great need in our housing programs, I think, is intermediate housing, the personal care home as opposed to either the nursing home at one end, which many do not need, and the independent living on the other.

Again, abroad, much more emphasis is given to this kind of home as opposed to our philosophy in this country of giving major emphasis to independent living. However, I think we need to recognize the gap; one that has elements of both social adjustment and some minor medical care aspects.

I believe it has already been suggested by this committee that this area be looked into, so that we can relieve the necessity of going to an unneeded medical atmosphere on the one hand and relieve the responsibility at the same time of having to cook and prepare meals when one really is too frail or perhaps too disoriented to do so safely.

Senator HANSEN. I think this is a very important area. I know as a former Governor of a Western State I was struck with the very real problem that is posed by people who are the continuing responsibility to State and welfare agencies and who must be kept in mental institutions. I think you spoke about cured mental patients who stay on simply because there is no place else for them to go.

Two things happen: No. 1, the cost of this sort of treatment is sharply increased, and No. 2, the restorative work that could be done in improving those persons is not accomplished because of the burden imposed by the people who stay on.

We have been trying to reach a solution by working with small units; that is, we have been trying to get homes. Here is another role where elderly people can come in and perform a very important function. They can come in and take care of one or two or three of these persons and do a better job because of the tender, loving care that is necessary in that kind of relationship.

I think they can help those people and relieve the State of the burden of trying to care for them in an institution that was not set up for that purpose at all.

Mrs. McGUIRE. I think you would agree with me that it is a great tragedy that an individual must stay in a mental institution with all that it means apart from the economics when he needs only social adjustment and minor care in his own hometown.

Senator HANSEN. Thank you, Mrs. McGuire.

Senator MOSS. Thank you, Senator.

Thank you very much, Mrs. McGuire. We do appreciate your testimony.

(The chairman, in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

Question 1. It would appear that the new Housing Act signed by President Johnson on August 1 will provide additional programs of special significance to the elderly in model cities areas. May we have your comments?

Answer. The Housing and Urban Development Act of 1968 has been described by President Lyndon B. Johnson as the most comprehensive housing program in American history. Most of the new Act's provisions will be helpful to families of all ages, including the elderly. However, a few relate more directly to senior citizens and our programs for the elderly, and my comments primarily are on the latter.

Aids for Homeownership and Rental Housing

New programs of subsidies to reduce mortgage interest rates on behalf of lower income families to facilitate home ownership and occupancy of good rental housing are among the most significant features of the new Act. With assistance available which can reduce effective interest rates on mortgages to as low as one percent, many lower income families, including the elderly, will be able to afford good housing previously not available to them.

Eligibility to participate in these new programs—homeownership under Section 235, and rental housing under Section 236—is limited to families whose incomes do not exceed 135 percent of the incomes set for admission to low-rent public housing in the area, except that 20 percent of the funds may be used for families with higher incomes which do not exceed 90 percent of the limits for 221(d)(3) below market rate housing. Under Section 236, 20 percent of the units in any one project also may be occupied by tenants receiving rent supplement benefits.

The Section 235 program will, of course, be helpful to those elderly interested in purchasing their own homes generally, as well as in model neighborhoods. On the whole, however, I expect that the Section 236 program will be of more interest to the most older people since under Section 236 it will be possible to develop rental and cooperative housing, and related facilities primarily designed for the elderly and handicapped.

Another important provision is the eligibility for Section 236 refinancing of any loan made under the Section 202 direct loan program at any time up to within a reasonable period after the project is completed, as permitted by the Secretary of HUD. These direct loans are being made at a maximum interest rate of three percent. If refinanced with an interest rate as low as one percent, it should be possible to reduce the monthly rentals, which would be important to the elderly, lower income residents.

Loans to Nonprofit Sponsors

Many nonprofit groups with otherwise excellent qualifications as potential sponsors have lacked the capital necessary to finance preconstruction costs related to the development of low and moderate income housing, whether for all age groups or the elderly. The enactment of Section 106 in the 1968 Act will help overcome this problem. Section 106 authorizes the Secretary to make 80 percent interest-free loans to nonprofit sponsors under federally assisted programs, including Section 202 and Section 236, to cover costs such as those incurred for preliminary surveys and analyses of market needs, preliminary site engineering and architectural fees, site acquisition, application and mortgage commitment fees, and construction loan fees and discounts. A revolving fund of up to \$7.5 million is authorized for fiscal 1969 and \$10 million for fiscal 1970. Normally, these loans will be repaid when the project is permanently financed, but the Secretary is authorized to cancel any part of such loans which cannot be recovered from proceeds of the permanent financing.

Limited Dividend Sponsorship in Direct Loan Program

The Section 202 direct loan program was broadened to permit loans to limited-profit sponsors for up to 90 percent of the development cost of the projects. Previously, only nonprofit groups, consumer cooperatives and certain public agencies were eligible.

Low-Rent Public Housing

In addition to benefiting from the increased authorization for low-rent public housing, the elderly will be among the beneficiaries of the new authority given to HUD to make grants to local housing authorities to help them upgrade their management activities and tenant services. Preference will be given to programs which provide for maximum tenant participation in the development

and operation of tenant services. Included among the services eligible are: counseling on household management, housekeeping, budgeting, and money management; advice on job training, placement, education, welfare, health and other community services; services directly related to meeting tenant needs and providing wholesome living environments; and referral to appropriate agencies.

Home Rehabilitation Loans and Grants

The 1968 Act amended the Section 312 home rehabilitation loan and Section 115 grant programs to include areas with a workable program in effect which are certified by the local governing body as containing a substantial number of structures in need of repairs and improvements, and which are definitely planned for rehabilitation or concentrated code enforcement within a reasonable time. Previously, eligibility under these programs was limited to urban renewal and concentrated code enforcement areas. A very important amendment to the grant program was the increase in the maximum grant to \$3,000 from the previous limit of \$1,500. Another helpful amendment provides that grant funds may be used to correct code violations such as unsafe walks, driveways, fences and other structures relating to the dwelling. Previously, the grants could be used only to rehabilitate the dwelling structure.

Relocation Payments

The 1968 Housing Act includes two new provisions with regard to relocation payments which should be of particular interest and assistance to the elderly. One broadens HUD's authority to make "additional" payments over a two-year period, in an amount not in excess of \$500 per year, to assist displaced families of all ages and elderly single persons in obtaining suitable replacement dwellings. Eligibility for these payments is also extended to handicapped individuals. Previously, the maximum payment was \$500 payable over a five-month period.

In addition, the new Act provides authorization for a "replacement housing" payment to an owner-occupant (regardless of age) of residential property which is acquired for a HUD-assisted project, to enable him to purchase a replacement home. This payment could be up to \$5,000. It would be paid only if the displaced owner buys and occupies a dwelling within one year after the date on which he is required to move, and he elects not to receive an "additional" payment. This may prove to be particularly helpful to elderly persons who are dispossessed by public action from a modest home which they own—often free of debt—without sufficient compensation otherwise to enable them to purchase another home suitable for their needs. For many, these payments probably would permit those who wished to do so to remain homeowners for the rest of their lives.

Mortgage Insurance for Nursing Home Equipment

FHA's Section 232 program was amended to permit the cost of major equipment used in the operation of a nursing home to be included in the FHA-insured mortgage.

Mortgage Insurance for Nonprofit Hospitals

A new program authorizes FHA to insure mortgages covering new or rehabilitated nonprofit hospitals. Under the program, the maximum mortgage amount will be \$25 million or 90 percent of replacement cost. To be eligible, a certification that the hospital is needed, and that State or local laws providing for minimum standards will be applied and enforced, will be required from the designated State health agency.

Summary

These are some of the major provisions of the 1968 Housing Act which can and probably will have a meaningful impact on the lives of our older citizens, whether or not residents of model neighborhoods. In addition, the 1968 legislation provided for increased authorizations for the model cities program itself, and for rent supplements, among others. The 1968 Act authorizes HUD to guarantee borrowings of private developers of new communities and to make supplementary grants to States and localities in connection with federally aided water, sewer, and open space land projects that assist the new community development. The Act authorizes an alternative form of urban renewal to facilitate more rapid renewal and development of urban areas through a new neighborhood development program. Another provision authorizes the FHA to insure mortgages on properties in older, declining urban areas and a Special Risk Insurance Fund was established to cover losses arising out of such activities. Other provisions of the 1968 housing legislation also will assist the elderly and families of all ages toward attaining the national goal of "A decent home and a suitable living environment for every American family."

Question 2. You referred in your testimony to the possibilities for using the leased housing program established under the 1965 Housing and Urban Development Act. A later witness, Mr. Joyce, described that program "as a constructive step in helping ease housing problems for elderly persons within the slum areas of cities."

May we have additional commentary from you on this point. Do you think that opportunities for using this program for the elderly are clearly recognized? Do you believe that Model Cities Supplemental Grants could be used for innovations that would broaden the usefulness of the leasing program?

Answer. Local housing authorities generally are using the leasing program very effectively as a mechanism to provide decent housing for their senior citizens. If anything, we are concerned that a disproportionate amount of the leased housing is being planned for and occupied by the elderly.

Nevertheless, some local model city agencies might wish to use supplemental grant funds for leasing housing for their elderly citizens and this could be quite appropriate. One area in which more experience would be welcome is congregate housing for low income elderly who may need some occasional or daily assistance to live independently. Supplemental grants could be used to lease housing in the community for elderly occupants of mental institutions who could be discharged if other, more suitable housing with services were available. Other innovations might include the use of leasing to experiment with housing with special features or arrangements to meet habits and customs of various ethnic groups.

Thus, while the leasing program is being used to a very considerable extent on behalf of the elderly, there still are possibilities for experimentation using the leasing mechanism with financing through the model cities supplemental grants.

Question 3. You called for "a local planning mechanism to delineate the needs of the elderly and to establish priorities for the entire community." Would this be a unit similar to the city agency on aging of the kind that exists in Baltimore, Detroit, and elsewhere? Or would it be an entirely new agency created as a unit of the local CDA? What would be the relationship to the state agency on aging?

Answer. This suggestion stems from my strong belief that every community should give special consideration to the needs of its elderly citizens. How to organize for this purpose may vary considerably between communities.

In my own experience, I believe the most effective method of organization is a community-wide senior citizens planning group. For communities participating in the model cities program, it could be an advantage to have a sub-group within the community organization which focused on the model neighborhood. In this way, the sub-group would have access to plans and actions on behalf of the elderly for the whole community, and could relate them to the needs of the model neighborhood.

Because the existing institutional framework of organizations involved in the area of senior citizens activities varies so widely, I doubt that one blueprint for all model neighborhoods could be established. The planning mechanism could be a city-wide agency, or part of the local CDA. In any event, the group should be in touch with and coordinate with the local social welfare council and it also should be in touch with the state commission on aging on a regular basis. Further, the group acting on behalf of the model neighborhood elderly should become familiar with and plan to use any and all local, state, and Federal programs which could be helpful, as well as seeking the cooperation and assistance of private agencies in the aging field.

Question 4. I am very much interested in your statement that "the lack of personal care homes is probably the biggest single gap in the continuum of our programs for the elderly." I take it that you are suggesting that entirely new facilities be constructed to serve those who cannot live alone but who do not belong in a hospital or nursing home. Do you believe that an entirely new federal program is needed in this area? Do you believe that Model Cities supplemental funds could be used to establish personal care homes on a demonstration basis? I would put the same questions to you about the "day hospitals" described so well in your report on your visit to European nations.

Answer. It is my feeling that older people who are no longer able to live independently, but who do not need hospital or nursing care, should have opportunities to live in congregate-type facilities, preferably physically separated from housing for the independent elderly.

For several years now we have had a program for the elderly in low-rent housing providing for the development of group residential or congregate facilities. These are intended primarily for the frail elderly—those who need help in preparing meals, assistance in caring for living quarters, and sometimes minor health

services. So, these facilities are designed with individual non-housekeeping dwelling units and community facilities which include a central kitchen and dining room. The dwellings do not contain private kitchens as the residents are expected to use the central dining service.

The law does not permit the use of Federal annual contributions to cover deficits incurred in food service operations. Thus, it has been necessary that other agencies—generally public—assume this responsibility by contract with LHAs over a 40-year period. It has been difficult to find other agencies willing to assume this burden, and as a result, we have had very little activity in the congregate program. If LHAs were permitted to cover these deficits, if any, then I think the congregate program would expand very substantially, and fill a large gap.

The personal or limited care home might include residents with similar or somewhat more extensive needs than residents of our congregate facilities. I think a new Federal program would not be necessary to permit their construction. The public housing program, the Section 202 direct loan program, and FHA's nonprofit Section 231 and Section 221(d)(3) market rate (with rent supplements) housing for the elderly programs probably could be adapted to meet this need. However, I believe appropriations for public housing, 202, and rent supplements probably would have to be increased substantially. Otherwise, any funds allocated for the construction of care homes would be at the expense of the much larger need for housing for the well elderly. Also, in order that personal care homes be financially feasible, it may be necessary to reconsider current construction cost limitations (in view of state licensing requirements) and to request specific appropriations to cover the cost of necessary services for low-income occupants.

I also would suggest that housing for the independent elderly and for those who need limited care be planned at the same time, and when feasible, by the same sponsorship to permit the economies of joint administration. However, I believe the two should not be on the same site, but could be reasonably close together so that friends could visit easily even as their housing needs varied. I believe the well and vigorous elderly should not be housed with the frail elderly for social and psychological reasons and also because the services needed and activity programs would and should be quite different for the two groups.

We do need more information about the need and effective demand for these care facilities; the characteristics of the prospective occupants; what kinds of staff and services would be required; what changes, if any, would be necessary in construction criteria; data on construction and operating costs; charges that would be required of the residents; state licensing requirements, and other matters. I would say that model cities supplemental funds could be used very effectively to demonstrate how personal or limited care homes can serve the needs of our elderly and provide some of the answers to our questions.

Day Hospitals

As indicated in my testimony, some of the day hospitals in Europe are similar to community centers which have been developed in this country, but the European facilities, it seems to me, often have more services, staff and equipment than are available in centers in this country, particularly in the health area.

An entirely new Federal program may not be needed to develop day hospitals here if the variety of existing services and programs could be coordinated between departments and agencies at each level—national, state and local. I do think that supplemental grant funds could be used very effectively in demonstrating whether such coordination is feasible and whether in fact centers with more extensive services could be effective in reaching the elderly on a neighborhood basis. In Europe, the effectiveness of the centers is dependent not only on the services they provide within the centers, but also on the wide range of home services which they make available. These services permit the older person to remain in his own home longer than would be possible otherwise, often delaying or avoiding the necessity for costly institutionalization in a nursing home, hospital, or other facility. In addition, because of the services which are available at home or conveniently through the day hospital, many older people are able to leave the hospital or other medical facility much sooner and receive the benefits of the various services they need for their well being while living at home. The extent to which model cities supplemental grants would have to be used in centers in this country to provide the variety of services so often found in the European day hospitals would be some indication of existing program gaps and also would indicate areas for possible legislative action.

Question 5. When you refer to new rental housing specially designed for the elderly do you envision types of housing not now available in federally supported programs? Would you comment on the feasibility of retention of home ownership in light of urban renewal policies and services required to maintain independent living? Should maintenance of home ownership in a familiar neighborhood be a top priority goal?

Answer. In my testimony, when I suggested that the construction of new rental housing specially designed for the elderly and responsive to various income groups be considered, I was referring to the need for more senior citizens housing of the types we are all familiar with, rather than new types, except for personal care homes and perhaps a boarding house concept, which is successful in Canada.

To answer the second part of this question, I would say that the general policy of the Federal Government, whether in regard to urban renewal or other programs, is to provide such assistance as is necessary to make possible effective voluntary decisions on whether to own or rent one's home. I think it fair to say that legislatively, there has been increasing emphasis in recent years on making homeownership, possible among those of limited incomes, including the elderly, while at the same time expanding, strengthening and liberalizing rental housing programs.

In recent years, we have had the addition of the rent supplement program and "turnkey" and leasing in the low-rent program. Some provisions for homeownership have been included in both the rent supplement and low-rent programs, but not with the elderly specially in mind. The 1968 housing legislation, in particular, includes new and especially promising programs to encourage homeownership, while also strengthening our rental housing programs. For example, opportunities for purchase have been expanded in low-rent housing and we also have the very significant and new assistance programs for both homeownership and rental housing, as described in more detail in response to Question #1. On the whole, however, I would expect the elderly to be more interested in the rental portion of these new programs and to benefit more from the rental provisions than the homeownership program.

Independent living, whether in a rented apartment or in one's individually owned home, can be extended for many elderly people through a variety of services if they are available in the neighborhood or community, or delivered at home. These services could include home aides, visiting nurses, friendly visitors, meals on wheels, counseling on a variety of matters, and others. The degree to which such services are available varies considerably from community to community and between neighborhoods. It is likely that most places could improve their services to the elderly in their own homes, and thereby extend the ability to remain independent. Model cities supplemental grants also could be very helpful if used for such purposes.

In conclusion, I would say that it is very difficult to generalize on the question of whether homeownership should be a priority goal for the elderly even in familiar neighborhoods. Homeownership may be most desirable for some; others may not be interested. I believe the decision must be left to the individual to make. We should provide the ways by which alternative choices can be made effectively.

Question 6. Should Model Cities programs reach out into the rural areas to bring the poor elderly to urban areas for better housing and services?

Answer. Of course, whether older people in rural areas should continue to live there should be based on their own voluntary decisions, just as with any other age group or person.

Within this framework then, I think local City Demonstration Agencies should consider the needs of any rural elderly in their areas of concern. Some of the communities which have received planning grants have elderly poor rural residents in need of better housing and plans are being considered by the CDAs in some of those communities to work in cooperation with the local housing authorities to provide the needed housing. It is expected that these elderly generally will move into the community from their rural homes.

One interesting example of planning for the rural elderly will be found in Pikeville, Kentucky, which was the smallest community to be included among the cities chosen in the first round of awards for the Model Cities planning grants. Pikeville has a population of about 5,000, of which 18 percent are elderly. Plans are being made by the Pikeville CDA to bring some of the elderly from its rural portions into the town itself, where new housing would be made available, using various HUD programs to facilitate construction. In addition, the county will be divided into five areas, where housing and services will be developed in each for older residents who do not wish to move into the town of Pikeville itself.

While the Model Cities program is urban oriented, communities of every size are eligible to participate. Some include rural areas within their boundaries, and their rural elderly will be eligible equally to apply for the benefits of the housing, services and activities generated from the Model Cities program, as will their in-town counterparts. Some of the elderly in such areas might wish to move into the nearby towns and cities where services may be better and more easily available. Others may prefer to remain in their present rural homes. The task is to serve both. Pikeville's plan may be a reasonable solution.

Senator Moss. We will now hear from the Honorable William Bechill, who is Commissioner of the Administration on Aging for HEW.

Mr. Bechill.

STATEMENT BY MR. BECHILL

Mr. BECHILL. Mr. Chairman and members of the subcommittee, I appreciate this opportunity to appear before you today as the subcommittee focuses its attention on the relevance of the model cities program for older people in our Nation.

I am very pleased to be accompanied today, Mr. Chairman, by Mrs. Bernice Bernstein, who is regional director of region II of the Department of Health, Education, and Welfare.

Mrs. Bernstein is an attorney and distinguished employee of the Department. Her region includes some of the most heavily urbanized areas in the Nation. She has been giving outstanding coordination and leadership to the Department's effort in connection with the model cities program to the States in the region—New York, New Jersey, Pennsylvania, and Delaware.

I view this hearing, and the subsequent action which may stem from it, as extremely essential. It will help assure that the action and dialog that is taking place about the reshaping of our urban environment will give appropriate attention to the particular interests of the older population.

Like others in the Department of Health, Education, and Welfare, I view the model cities program as having the highest type of priority. It offers a major vehicle for those of us who are concerned with the planning and provision of opportunities and services to move in a coordinated fashion with other major agencies of the Federal Government and our State and local counterparts, to better meet the needs of people.

Today, I would like to discuss two aspects of the model cities program which I hope will be of particular interest to the subcommittee. The first of these is the general needs of older people in our urban areas and certain implications which are posed thereby for planning and implementation.

The second aspect is to describe some of the actions which the Administration on Aging has undertaken in relation to the model cities program.

MODEL CITIES AND THE OLDER POPULATION

Currently, it is estimated that about two-thirds of the 19-million-plus older people in our national population live in urban areas. Of these, about half live inside the central cities of metropolitan areas, the prime target in the majority of the community demonstration areas of the model city program.

Within the central city, nationally, 26 percent of the white aged and 41 percent of the nonwhite aged are poor.

The model cities program, therefore, holds great promise for improving the current living conditions of thousands of economically and socially deprived older citizens. This program which focuses on the effective concentration and coordination of resources for human development has the potential for expanding the range and choice of living arrangements, improving recreational and educational opportunities, and establishing better access to facilities and services needed by older people.

The model cities mechanism is one through which individual programs can be brought together in joint action in areas such as housing, physical facilities, employment, income, education, medical care, transportation, recreation, and culture. In the planning that takes place in model cities, of course, it is our hope that a major consideration will be given to basic needs and interests of older people so that they feel needed and wanted and respected.

We would hope that buildings both old and new will be made inviting and accessible to older people and to others who may be restricted in mobility. Zoning laws and construction practices must consider the accessibility to older people of shopping centers, recreation areas, municipal and education buildings and other facilities. Parks and recreation areas and programs, as mentioned by Mrs. McGuire, must be planned to include opportunities and facilities for older people. Transportation designed to meet the special needs of older people need to be incorporated into the planning structure.

Adequate choices for the continued participation of older people in community life should also be incorporated into the planning of "model cities."

I would like to point out this is being accomplished today in several communities through the participation of already existing commissions or local councils on aging who are working very closely with the programs of the city demonstration agency and its citizens advisory committee.

For example, Baltimore, Boston, Chicago, Detroit, Kansas City, New York, San Antonio, and Tulsa are leading examples where local councils on aging now have major leadership roles in coordinating and planning programs for older people in the community demonstration area.

Opportunities to engage in creative pursuits must be developed. I will not enlarge on this; Mrs. McGuire's statement was eloquent.

Services are another important area. The range of services to help meet the varied needs of older people needs to be an integral part of the planning and execution of the model cities program. Specifically, I would want to select out for special mention the need to provide a centralized information service to older people where they could find accurate information and assistance in such areas as housing, health, recreation, social services, and income support.

SPECIFIC ACTIVITIES OF ADMINISTRATION ON AGING

Mr. Chairman, I would now like to review with you the activities of the Administration on Aging as they relate to the model cities program.

First, like all parts of the Department, we work in close cooperation with the Center for Community Planning which is a part of the Secretary's office. The center was established 18 months ago and is the

focal point of the Department's concern with urban problems generally. The center is specifically in charge of coordinating all activities connected with the model cities program for the Department.

The Administration on Aging is represented on the Center for Community Planning's Urban Coordinating Committee. The purpose of the urban coordinating committee is to assure the uniform development of working procedures and policies among the various program of DHEW.

We have regularly participated in a number of activities by the center and its urban coordinating committee, including conferences held with mayors, city managers and planners, and representatives of State government.

In May to June 1967, four staff members of AOA spent 2 weeks reviewing model city applications. In addition, the Administration on Aging prepared criteria for project review teams outlining the desired aging content for applications. AOA staff conducted a briefing for the reviewers and participated in a postreview analysis of the process which led to major changes in the second-round reviews.

The Administration on Aging has also been extremely interested in the guidelines prepared for model cities. In the first-round guidelines no mention was made of major needs of older people. We have consulted with the Center for Community Planning on this problem and have submitted material to support our request that programs for older people be included in all future guidelines.

Papers have been prepared by the Administration on Aging to go in the kits for model cities planners on—

- (a) Planning for the aging;
- (b) A model senior center program; and
- (c) A model information and referral program.

In addition, substantial activity takes place on the part of the regional staff of the Administration on Aging. The Regional Associate Commissioners on Aging, working as a part of a regional team, have taken an active part in reviewing model city applications and in providing consultation to model city applicants.

Through both our central office and our various regional offices, we have been working closely with the State commissions and agencies on aging, who administer the title III community grant program of the Older Americans Act. If given additional resources for state-wide leadership and planning such as proposed in the Older Americans Act Amendments of 1968, now before the Congress, we believe that the State agencies on aging could make a major contribution to the developing of aging components of the model city programs, through both increased capability to provide consultation to community demonstration agencies and the support of future title III projects in the community demonstration area.

Mr. Chairman, although by no means satisfied with our present efforts in connection with the model cities program, there are currently several activities taking place under the various programs of the Older Americans Act that could, if replicated broadly, have a major impact on the future development of basic programs and services for older people in communities receiving model city awards.

These include:

1. COMMUNITY-WIDE PLANNING FOR THE AGING

For example, the Chicago Commission for Senior Citizens has been designated by the mayor as the coordinating agency for aging in work with model cities. Baltimore's City Commission on Aging has been given a similar responsibility. In New York State, the New York Office on Aging, the State agency, is represented in the Office of Planning and Coordination established by the Government for Model City Planning. This kind of direct involvement by State and local agencies on aging is essential.

2. INFORMATION CENTERS FOR THE AGED

Our experience under the Older Americans Act indicates that there is a continuing need for effective information, referral, and counseling services for older people. It is clear that many communities do not have anything approaching a central information and referral service.

As a result, when an older person or a member of his family needs such information, they are usually confronted with a bewildering lack of coordinated information as to what services are and are not available. Under title III and the title IV demonstration grant program, we are now beginning to see the development of senior information and referral centers. These may be either separate programs or a part of a general information service for people of all ages.

The benefits of such a service have been clearly shown in a demonstration conducted by the United Community Services of St. Joseph County in South Bend, Ind. Using older people extensively as information and referral aides, over 5,000 persons were assisted and a central citywide registry established in the first year of the project.

We also believe that educational television can be adapted successfully to meet the information needs of older people. In two demonstrations under title IV of the act, educational television has proven itself as a highly effective means of communication with older citizens.

The first of these is a project conducted by WITF-TV in Hershey, Pa., which has a weekly television show which includes an information and referral component.

Another project conducted by KTCA-TV in St. Paul, Minn., features extensive cooperation between the State agency on aging and educational television to develop a broad-gaged statewide program about activities and services of special interest to older people.

With a little imagination, educational television programming could be adapted to provide specific information tailored to the needs of older people in community demonstration areas.

3. SENIOR ACTIVITY CENTERS

I will not duplicate, Mr. Chairman, the excellent statement made by Mrs. McGuire on the importance of having such centers as a basic core of the services available to older people in the model city areas. I have listed in my prepared statement one or two examples of the type of activity that is possible.

As you know, this is another primary emphasis in the title III grant program. Senior centers, through outreach services, in the central cities could help meet varied needs of older people. For example, two

title III projects made by the Maine State agency in Portland, Maine, have established direct linkage with the model cities program.

The Salvation Army Golden Age Centers provide services to all persons 60 and over in Greater Portland. Emphasis is given to serving an area where 50 percent of Portland's older population lives, many in poor housing and living in poverty. The center provides daily meals both in the center and to take home. Health clinics, craft workshops, and social activities are also part of the program.

Persons confined to their homes are served by both friendly visitors and a telephone reassurance service. The second Portland project, "Greater Portland Area Senior Citizens Centers," operates two satellite centers in the model city neighborhood for older people residing there.

Under a grant from the Washington State agency, a title III project in Seattle is actively involved with the model cities program. The project is located in a center which is part of public housing project for the elderly within the model city neighborhood. It is providing a spectrum of services to older people in the area. Related to this effort is a recent title III grant to the Kings County Model Cities Administration for the employment of a planning specialist for services to the aging.

4. FOOD AND NUTRITION SERVICES

This past year, the Administration on Aging launched a national pilot program to demonstrate new approaches to the organization and provision of food and nutrition services to older people. Several of the 27 grants made as part of this demonstration are located in communities receiving model city funds. It is our hope that the results of these demonstrations can ultimately be built into the planning and implementation of services for the aging in model city neighborhoods.

5. TRANSPORTATION

Limited mobility is one of the common problems of older people, especially when major reliance must be placed on public transportation. In the inner city areas particularly, we know that there are large numbers of older people who are isolated and find it very difficult to shop, visit friends, or obtain needed services because of lack of mobility and access to transportation.

If transportation needs of older people are identified as a major problem in the model cities program, we hope that some special planning and special arrangements could be made to assist in this area. In one of our research and demonstration projects conducted by the YMCA of Chicago in an innercity area, substantial success has been achieved with a mobile unit. Senior citizens have used the van for shopping, trips, home-delivered meals, and other activities. By using the van for transportation, the YMCA has been able to organize small group meetings and bring older people to the center. Over 2,500 older people have been served as a result.

This is a very outstanding project that involves really the bringing of a center on wheels to many older people in the downtown area of Chicago.

In one instance, I think this center afforded some of those people the first opportunity they had had for any immediate social contact with

other people for years. The benefits from this one program are outstanding.

Transportation is one of the major barriers to the continued involvement of older people in community life. The unique needs of older people in this area should not be overlooked.

Mr. Chairman, this has been an overview of the model cities program as it is viewed by the Administration on Aging.

I want to assure this committee that the model cities program is of the utmost importance to the Administration on Aging. We will continue to support it and work with it in every way possible and push for the development of a special concern for the elderly living in these cities.

Senator Moss. Thank you, Commissioner Bechill, for a very fine statement and, as you call it, an overview of the model cities program as it affects the Commission on Aging. You have been very helpful.

I think your observations on the needs of elderly people for mobility and for a center and for access for information are matters that certainly ought to come within our planning. They are vital to our elderly citizens.

(The chairman, in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
ADMINISTRATION ON AGING,
Washington, D.C., August 21, 1968.

DEAR SENATOR MOSS: Commissioner Bechill has asked me to respond to your letter of August 2 raising a number of questions that emerged from the recent hearing on model cities.

Attached are detailed responses to each of the five questions.

Sincerely,

BERNARD E. NASH,
Acting Commissioner,
Administration on Aging.

Enclosure.

Question 1. You mentioned that the AOA prepared criteria for project review teams outlining the designed aging content in model cities applications. May the Committee have a copy of that document for our study? We would also like to have the papers prepared by AOA on planning for the aging, a model senior center program, and a model information and referral program.

(Material appears in appendix 1, p. 98.)

Question 2. You mentioned that the New York State Office on Aging has been assigned a role in model city planning within that State. How many other State agencies on aging have been involved in such planning? What other steps by State agencies might be desirable?

Answer. We have specific information on seven State agencies on aging which have been assigned a role in model city planning within their States. These are the New York Office for the Aging, the Florida Commission on Aging, the Office of Family Services in the Pennsylvania Department of Public Welfare, the New Jersey Division of Aging, the Georgia Commission on Aging, the Hawaii Commission on Aging, and the Massachusetts Commission on Aging.

As I stated in my testimony, if the State agencies on aging are given the additional resources for statewide leadership and planning proposed in the Older Americans Act Amendments of 1968 which are now before the Congress, we believe they could make a major contribution to the development of aging components for the Model Cities programs, through both increased capability to provide consultation to CDA agencies and the support of future title III projects in the community demonstration area.

In addition, State agencies on aging could be extremely helpful to CDA's in: (1) making available information and data on the problems of the aged; (2) serving as a clearinghouse for information on resources available to assist older people in

the model cities neighborhoods; (3) supplying technical consultation on the most successful types of programs; (4) relating existing programs funded under the Older Americans Act to the Model Cities program; and (5) encouraging the involvement of older people living in the Model Cities neighborhoods in the planning and implementation of programs.

Question 3. How are your food and nutrition service demonstrations being related to model cities programs? I would like to have additional information and examples from a few cities.

Answer. The Washington Inter-departmental Committee on Model Cities has been supplied with announcements and background material on the food and nutrition program. (See attached material.)¹ In addition, a policy was established that first preference for nutrition grants would be given to projects serving persons in model cities and neighborhood services program areas.

The AOA regional staff interpreted the program to other members of the Regional Model Cities Coordinating group and potential grantees and assisted with ideas, advice and help in setting up a coordinated program.

Extensive consultation was provided potential applicants by central office and regional staff in developing and coordinating the food and nutrition services with other service components undertaken in MC and NSP areas.

A few examples of the planning and coordination of activities:

(1) The Chicago Commission for Senior Citizens, a local commission on aging established by the Mayor, in consultation with the regional office on aging and the Model Cities staff, developed a comprehensive city-wide demonstration which will test techniques and delivery systems of nutritious meals and services to older people. For demonstration purposes, the city will be divided into three districts, each using a different technique of distribution. Older adults will participate in the program planning and will be employed in the provision of services.

(2) The First Methodist Church, Seattle, Washington, was provided extensive consultation by central office staff in the development of an application for a demonstration food and services project designed to combat loneliness and poor health of low income elderly men living alone in the inner city. The applicant had documentation of support for the project from public and private agencies.

(3) The Detroit Department of Parks and Recreation, Detroit, Michigan, received extensive consultation from the regional office in developing a proposal for a Food and Social Services Program for the Elderly.

In addition, a meeting was held in Detroit with representatives of central and regional office staff, the local Human Resources Staff, and the Mayor's representatives. The demonstration includes a catered meal service in three central city sites; weekend senior citizen dining clubs for meals and social activities; nutrition education and counseling; senior citizen mobile service for transportation; and a friendly neighbors visiting service for the homebound elderly.

Question 4. Your description of the mobile unit in Chicago leads me to wonder whether any statistics are available on the number of persons served by the center before and after this service was initiated. How large is the van? How does it pick up passengers? How many more are needed?

Answer. The mobile unit service provided by the Y.M.C.A. of Metropolitan Chicago provides transportation to a number of shopping, cultural and educational centers. A seven passenger mobile unit is used to transport older persons to places where they can participate in activities and benefit from services, seven days a week. A chartered bus is used on the average of once a week, to transport larger groups, when it is more convenient or more economical. Passengers are picked up by appointment as close to their houses as is practical.

A total of nearly 2,000 different people have been contacted so far by the service. Exact data on the number using the various centers before the service was initiated, is not available.

The Y.M.C.A. plans to add another van next year. There is, however, no accurate way to estimate the number of units needed in Chicago with the data now available.

Question 5. Would you discuss the feasibility of making Model Cities areas eligible under proposed 1968 amendment for special demonstrations in model area-wide projects, as suggested in the enclosed statement by Miss Nenno?²

Answer. We agree with Miss Nenno that it would be desirable for a special allocation of funds to be made available to conduct demonstrations in model cities areas geared to meeting the total needs of older persons. Although the amount

¹ Appears in Appendix 1, p. 110.

² See pp. 67 and 131 for remarks by Miss Nenno.

of money available for this under the proposed 1968 amendments would be quite small, we would anticipate that a number of model area-wide projects would be started in model city neighborhoods. One of the purposes of this proposed new program of area-wide projects is to channel a major effort into areas where there is the greatest need at the moment.

Senator Moss. We are glad you brought Mrs. Bernstein with you. Do you have any comments you want to make, Mrs. Bernstein?

STATEMENT BY MRS. BERNSTEIN

Mrs. BERNSTEIN. Mr. Chairman, I have a prepared statement that I would be very happy and privileged to present to the committee, if you would like me to do so.

Senator Moss. Would you care to place it in the record and summarize it or would you like to read it?

Mrs. BERNSTEIN. I should be proud to be able to present it to you, sir.

Senator Moss. Thank you.

Mrs. BERNSTEIN. As our Commissioner indicated, I have been regional director of our Department's regional office for region II since January of 1966. Prior to that time, I was identified with our Department and its predecessor agencies as an Assistant General Counsel and as a regional attorney. In both positions, I have been privileged to work across the board on all of our health, education, and welfare programs during the period when the number and scope and depth of those programs was increasing and expanding.

One cannot look back at our prior experience without a keen recognition of the isolation in which each of our programs had previously been administered and the tremendous thrust that we are now feeling and that exists toward meshing programs to achieve maximum effectiveness at the point of their delivery to the people they are designed to serve.

We are at the inception of this kind of change now. The model cities program is one of our most significant vehicles for that kind of change. In it, we are meshing not only Federal but State, local, private, and neighborhood programs at the point of delivery. The model cities program is one of our most important vehicles for maximizing Federal, State, local, private, and neighborhood resources for meeting the needs of the whole person who is residing in a blighted urban area.

To carry out our Department's program under the model cities approach, our Secretary established a Center for Community Planning. That Center, functioning at the Secretary's level, in our Washington organization, has done an outstanding job in developing, maintaining, and promoting the kind of coordination and follow-through among our operating programs and agencies, without which our efforts in the field could not have been effective.

FUNCTIONS OF REGIONAL OFFICES

Most of our Health, Education, and Welfare programs are administered through our regional offices. Each region covers a given group of States. Thus, for example, our office in Boston covers the New England States. As our Commissioner indicated, my office in New York City, of course, covers the States of New York, New Jersey, Pennsylvania, and Delaware, and so on.

Within our regions, the regional directors are the Secretary's official representatives. Each regional office includes representatives and staff support for the agencies and programs within the entire Department.

At the regional level, we work closely with State and local organizations who are delivering the services with which our programs are concerned. The model cities program is a vehicle for tailoring these programs to fit the needs of the local area. It reflects our focus on the point at which our programs reach the individual and the community, the point of impact, and what really is happening there.

It demonstrates our Department's thrust and commitment for change in the delivery of services in urban crisis areas and, as our Commissioner has indicated, it has our very top priority.

Secretary Gardner and Secretary Cohen have repeatedly emphasized that priority. Most recently, Secretary Cohen described our departmental position with very significant specificity. I would like to quote him in part.

This Department administers vast programs affecting America's most urgent problem, the crisis in our cities. HEW must give its highest priority to helping solve this problem. To do this, we must be both willing and able to work constructively with other Federal departments, with State and local government, and with individuals and communities. We must now seek to use our manpower and funds most effectively and successfully in meeting our legal and moral responsibility. The need is extraordinary; our response can be no less extraordinary.

Secretary Cohen has pointed out the importance of the model cities program to health, education, and welfare agencies in five ways:

1. It moves cities into the business of coordinated planning to meet the needs of all people.
2. It provides incentives to close the gaps between the independent local agencies, the city government, and the neighborhood.
3. It provides a vehicle with which improved methods of State support to cities can be developed.
4. Critical urban problems demand a coordinated approach eliminating waste of funds and effort.
5. The model cities priority is not a conflicting priority with individual program priorities; it gives agencies the opportunity to achieve maximum effective programming of their resources.

As I indicated, the model cities program has been laid down as a challenge for all of us in the field, and we in the regional office face that challenge forthrightly and realistically. We know the obstacles in our way. We are making a conscious identification of the various processes involved and facing the factors that must be worked through.

All of the resources—Federal, State, city, community, private, and neighborhood—are the focus of the model cities effort and they all must contribute actively.

Each regional director of the Department has mobilized his staff resources to carry out the model cities challenge. May I say that that mobilization could not have occurred without the very intensive and effective job that has been done by our Department's Center for Community Planning that has been established and is now functioning in our secretary's office.

Most of us as regional directors have a full-time regional coordinator who is responsible for organizing, establishing, and maintaining the health, education, and welfare technical assistance system for the model

cities within that region. The coordinator directs and supports through regional office resources the model cities work of each Health, Education, and Welfare liaison representative who is assigned to a model city within the region. He functions as a central point of contact within the region for interdepartmental relationships on model city matters with local liaison representatives and the local CDA's.

He assures prompt and appropriate response to questions and requests by local liaison representatives or CDA's and, through him, program and administrative technical assistance is channeled.

He serves as our regional director's representative on the regional interdepartmental coordinating committee that is chaired by the regional housing and urban development organization.

REGIONAL RESOURCES COMMITTEES

Each of our regional offices has a regional resource committee consisting of representatives from each Health, Education, and Welfare operating agency that has program responsibilities under the model cities program. The regional coordinator serves as chairman of this committee assuring the flow of information to and from designated Health, Education, and Welfare agency representatives, local liaison representatives and appropriate State, county, regional, and private agencies concerning needs, opportunities, and priorities involving model cities within the region.

Primary responsibility for the overall effectiveness of our Department's input in the model cities program within each region is vested in the regional directors. Responsibility for providing direct technical assistance on HEW programs for model city target areas rests with the appropriate regional program representative.

The program representative in the region, jointly with the CDA's, spearheads relationships within his counterpart State and city governmental agencies to maximize their contribution to the model city target areas.

The regional director's office is responsible for finding ways to mesh HEW program resources to achieve a comprehensive attack at the local level.

The managers of our social security district offices in each of our model cities have been designated as local liaison representatives between their city and its HEW regional office. These people are particularly sensitive to and knowledgeable about the problems of the aging. In the regional offices, program representatives have similarly been designated as regional liaison representatives to the city, in some cases for all programs within their overall agency and in other cases for all programs within the entire department.

At the regional level, professional staff members are broadening their basic outlook beyond their particular program concerns toward the comprehensive needs of people in the central cities. They are learning to work as a team in developing resources to meet those needs. The model cities approach is helping them to develop resourcefulness in finding ways to maximize the effectiveness of their own particular areas of program concern. They are recognizing the importance of training local citizens to help develop and maintain essential community services and facilities, of promoting among the residents of our

central cities a sense of awareness about how to attack their problem; of promoting a sense of usefulness and the satisfactions that come from contributing.

We are accumulating more and more experience in breaking down the barriers between professionals and the residents of our central cities.

All of these changes within the intergovernmental family may be one of the most significant results of the model cities program when its history is written.

The needs of aged people in the target areas of our model cities are many, but many of those needs are not solely those of the aged. They are interrelated, tied up with one another.

So it is that model cities health projects and social service projects are being developed with the needs of the aged as well as other residents in the target areas in mind.

SOUTH BRONX HEALTH PROJECTS

Thus, the Department recently approved two projects in the Hunt's Point area within the south Bronx model city area of New York City. One will provide comprehensive health services to the 55,000 people living in the area who currently are locally served by only three practicing physicians there.

The health project was developed under the Partnership for Health Act, administered by the health services and mental health administration. One of the services to be developed through that project is an environmental health task force of specially trained community residents who will investigate and seek remedies for environmental hazards to health.

Another service that is being developed under this project is a transportation service to bring residents of the area to the health center.

I mention these because of the references that Mrs. McGuire made to the particular needs of the aging and to demonstrate that in the process of intermeshing our HEW resources, we can meet not solely the needs of the aged, but those of the total community.

Community residents in the South Bronx area will serve on the health center's board. Community residents will be employed in its operation, wherever possible, and will be given opportunities to advance, through training and experience, along career ladders in the health field.

The second project recently approved for this same area is an outreach project developed through the New York State and the New York City Department of Social Services. That project is funded under section 1115 of title XI of the Social Security Act. The outreach process contemplated in this project, will develop and help both the clients and potential clients of the assistance programs and all others in the target area in need of social services.

The project is organized to demonstrate that the indigenous staff of the area can be used to reach out and represent people in the area and help them secure the social services that they need.

The project contemplates a systematic followthrough that will result in increased services in health, in education and in social service activities.

HEEDING THE "UNSEEN MINORITY"

Because the aged living in the target areas of our model cities are and have been an "unseen minority," we have been particularly emphatic about keeping their needs in the forefront in connection with our model cities program activities. Thus, when we were reviewing the original model cities applications, regional Administration on Aging staff members participated in the review in order to give particular attention to cognizance of aged programs.

Written comments from the Administration on Aging regional staff about problems and State and local resources in each applicant city were included in the review. Where the city's application failed to consider needs of elderly residents in the target area, the review brought this to the attention of the regional resource committee which in turn incorporated those items into the comments that were sent back to the city. The review had the salutary effect of educating the interdepartmental Federal family on the problems of the aging in these target areas.

In our recent reviews of the second-round applications in my region alone, 15 out of the 26 reviews of such applicant cities included specific comments about problems and plans for the elderly.

Regional AOA staff and their counterpart State agencies are in frequent communication about State activities in or including model cities target areas. Thus, for example, in Philadelphia, the mayor has established a steering committee for services to the aged (funded under title III of the Older Americans Act) that is working closely with the Human Resources Task Force for model cities and the joint welfare policy committee of the model cities residents. In New York City, the mayor's office has developed a plan for an office on aging, funded under title III of the Older Americans Act, with neighborhood satellites, for which a title IV grant application has been submitted.

Within the regional social and rehabilitation service, a community services committee has been established to handle problems and planning in regard to model cities and other urban programs.

This committee is the pipeline through which information from the regional director and the model cities coordinator, regarding model cities, flows outward to the operating administrations of the SRS. At the other end of the pipeline, technical assistance flows back to the State and local counterparts in need of specialized services.

This system facilitates the flow of information without cutting off normal communications within the regional office. The model cities coordinator refers plans and proposals for services to the aging to SRS, AOA. The AOA staff, in turn, alerts the model cities coordinator and the chairman of the SRS Community Service Committee to potential problems and to funded projects.

The New York Regional Health Services and Mental Health Administration, on the other hand, has assigned a particular staff member to work directly on each model city program and to assist in health programing across the board, under a phased program that will develop an in-depth approach. The subcommittee may be interested in that type of programing. I am attaching a copy to my statement.

(The program referred to follows:)

REGION II—HSMHA—SPECIAL MODEL CITIES PROJECT—FIRST ROUND CITIES

PHASING OF PROGRAM

Phase I. Tooling for action (July 15-31)

A. *Objective*.—Orientation of Health Services Mental Health Administration staff to the current situation in each of the model neighborhoods in the Region vis-a-vis health planning, agency participation, and consumer involvement.

Sub-Objectives:

1. Establish contact with the CDA, official and voluntary health agencies, professional organization, and community groups in the model cities.
2. Familiarize staff with health content of application as submitted to DHUD.
3. Identify current health program activities of all types impacting partially or wholly in the model neighborhood.
4. Identify gaps in planning and programs both in terms of professional concept of need and consumer demands.
5. Design a strategy for technical assistance to the model neighborhood.

B. *Resources*.—Special Project staff assignees and consultants.

C. *Products*.—

1. Established relationship with community.
2. Health Program Book for model city.
3. Plan for technical assistance activities.

Phase II. Technical assistance (August 1-September 30)

A. *Objective*.—Provision of technical assistance to the model city to assist in establishment of objectives, development of strategies, identification of resources, etc.

B. *Resources*.—Special Project staff assignees, central office technical consultants as indicated.

C. *Product*.—Rational consumer-oriented action plan for health programs in the model neighborhood.

Phase III. Project Development (October 1- ——)

A. *Objective*.—Provision of assistance in identification of most appropriate Federal sources of funding for health programs and in preparation of necessary applications.

B. *Resources*.—Special Project Staff, central office technical consultants, staff of other funding agencies.

C. *Product*.—Fundable project proposals for submission to appropriate review bodies.

Phase IV. Program audit (October 1- ——)

A. *Objective*.—To provide continuous monitoring of development of health component, and to assure coordination with other program elements of the total model neighborhood package.

B. *Resources*.—Special Project staff assignees.

C. *Product*.—Periodic progress reports.

MODEL CITIES SURVEY

1. Assemble a book for each city with—

- (a) Map of the area to be covered;
- (b) Copy of the health component of plan and any revisions;
- (c) Critique of health component;
- (d) List of health organization in area and a contact for each; and
- (e) Summary of currently-supported projects, contracts, etc., wholly or partially serving the model neighborhood (in case of a city-wide or state-wide program, make a "rough and dirty" estimate.)

All of our HEW regional offices have developed staff support along similar lines for the model cities program and its input for the aged in the model cities target areas. We are now heavily involved; the 75 existing model cities agencies are completing their organizations and their first year action plan. We expect some of the cities to submit

first year plans by late summer; most will probably not be submitted until the fall or winter months. We understand that 30 more model cities planning grants will be announced shortly for our region II States. We are gravely concerned about our resources and funding for the needs.

As the 1967 report of your special committee¹ so aptly recognized the aged who live in the blighted urban areas of our cities are perhaps a more neglected "minority" than almost any other segment of the population, because they cannot be seen and have no articulate organization to speak for them, and are outside the public awareness that other groups have achieved. For this group in the central cities, the neglect is a national tragedy, even worse than the tragedy of the children, because we are now achieving more and more help for these children. For the aged living in the blighted areas of our cities, we in the field believe that an urgent issue on the domestic front today is achieving a more adequate measure of equality in meeting these needs. In this area, I believe that we all share a long-time failure. As governments, government servants, and administrator, I believe we now have an affirmative action vehicle. We think that vehicle can contribute actively to change.

I am grateful to you, Senator Moss, and to this subcommittee of the U.S. Senate Special Committee on Aging, for the privilege of being here today, to describe what we, as regional directors, see and are doing through the regional offices in the model cities program, with particular reference to that program as the vehicle for meeting the needs of the aged.

In summary, I would say that we in the regional offices regard the model cities program as an important vehicle not only for promoting the needs of the aging in those target areas but for intermeshing total resources and helping the local communities build their programs in a way that will take maximum advantage of those programs.

Thank you very much, Mr. Chairman.

Senator Moss. Thank you, Mrs. Bernstein, for that very fine summary of the functions of the regional office. Your particular region, of course, is one of the largest and most fraught with problems. You have given us a very important addition to our record.

We do appreciate your coming here to testify for us this morning.

I believe that completes the panel now.

We do thank all of you for coming to appear.

We are going to move on to some further areas. We have much pressing in on us on the floor and other meetings.

I am going to suggest that others who will testify for us, if it is at all possible to submit your statements to be placed in the record in full and to summarize for us as best you can, emphasize the high points of interest so that we can, if possible, be through here by 12:30.

Thank you very much.

Mrs. Margaret Bush Wilson, who is the acting director of the St. Louis Model City Agency, will be our next witness.

Mrs. Wilson is a former practicing attorney and former president of the Missouri NAACP.

We are glad to have you.

¹90th Cong., second sess., Report No. 1098, dated Apr. 29, 1968.

STATEMENT OF MRS. MARGARET BUSH WILSON, ACTING DIRECTOR,
ST. LOUIS MODEL CITY AGENCY

Mrs. WILSON. Thank you, Senator Moss.

Shall I proceed?

Senator Moss. Yes, you may; please.

Mrs. WILSON. You have asked that we abbreviate our testimony. I am presenting you with an abbreviated statement so I think I can read it very quickly.

Senator Moss. Very good.

Mrs. WILSON. First of all, I would like to thank you for the privilege of appearing before you to comment on the usefulness of the model cities program to the elderly.

My statement, in large part, will reflect the specific plans and proposals which are emerging from the five neighborhoods in St. Louis comprising the model city area in that city.

These neighborhoods, through nonprofit resident corporations, have been involved in model city planning for several months. The results of this planning are to be submitted for approval to the St. Louis Board of Aldermen in mid-August and to the Department of Housing and Urban Development on September 1, 1968.

The approximate total population of the model city area in St. Louis is 68,624. It is adjacent to the downtown area—bounded on the south by Delmar Boulevard, on the west by Grand Avenue, on the north by St. Louis Avenue, connecting with Palm Street, and on the east by the Mark Twain Highway—1-70.

According to recent figures, approximately 10.41 percent of our model city population is age 65 or over—or approximately 6,592 persons. Fifty percent of this elderly population is black and 50 percent is white. Some 3,027 are male and 3,565 are female.

The primary source of income for this age group is old-age assistance. The most urgent needs of our aging population have been well documented. These needs include improved standards of income maintenance, better housing, and better health, medical, and social services.

A quick look at the resources available to meet these needs in the St. Louis model city area reveals the following:

There are five major health facilities available to the elderly whose services are either free or based on ability to pay. Two are city hospitals—Homer G. Phillips Hospital on the north side, and St. Louis City Hospital on the south—neither of which are located in the model city area and, for the elderly, transportation to these services can be a problem.

Another is a veterans hospital located on the western boundary of the model city area—John Cochran Veterans' Hospital. And, two are health centers on the north side of the model city area—Jefferson-Cass Health Center and Montgomery Health Center—which is a center developed out of a neighborhood resident corporation.

In addition, the visiting nurse association provides home visits based on need. The value of this service is computed to be \$6 for the first hour and \$1 for each 15 minutes thereafter. It is available to the elderly based on ability to pay.

Agencies primarily concerned with the affairs of the elderly that exist in or serve the St. Louis model city area include—

1. The Society for the Little Sisters of the Poor, which provides free homes for the elderly and has a capacity of 160.
 2. The Jewish Center for the Aged, which provides free physical and medical care for Jewish persons over 65.
 3. The Monsignor Butler Neighborhood Center, which provides special programs for senior citizens.
 4. The Ferrier Harris Home for the Aged, primarily serving residents of the black community and with a capacity of 28.
 5. The St. Louis Housing Authority reserves one building at this time for the elderly at reduced rates in the model city area.
- I might, parenthetically, say this particular building is located adjacent to the other public housing units and does not have within walking distance a single drugstore or grocery store or other shopping center which could be available to the residents who live in that project.

It has a capacity of about 140. Two other buildings for the elderly will be opened soon in Blumeyer housing project which is also in the model city area.

6. Grace Hill Settlement House serves hot lunches at 50 cents each to persons over 60. This program is funded through the Department of Health, Education, and Welfare with a capacity of 120 persons.

7. Fellowship Center, another settlement house, conducts a service program for the elderly in the Cochran housing project.

8. An information and referral service for the elderly is conducted by the Health and Welfare Council of Metropolitan St. Louis with Federal funds from the Office of Aging.

Clearly, from this inventory, the needs of 6,592 older persons in the St. Louis model city area are not adequately met. Older persons often find themselves increasingly isolated because of lack of funds, lack of inner resources, fear of attack, lack of family and community roots.

The experience of being without cash, food, and comfort is distressing at any age. In later years, when one has less physical vigor and fewer resources, the experience is devastating. Such confirmation of hopelessness and helplessness strips the elderly of dignity and replaces that dignity with despair.

The resident planners in the model city area in St. Louis have perceived without distortion the plight of the elderly among them. What follows are very brief sketches of the plans they have designed for the elderly with the help of professionals whom the residents have asked for assistance.

These are not listed necessarily in priority but are listed here for information:

Maintenance Care in Homes

Many of our elderly, unable to find space in existing free homes for the elderly, or to afford space in existing facilities must live alone. In many cases, they are unable to provide even basic services for themselves such as bathing, dressing, feeding, shopping, or cleaning. This proposal would provide paid residents in the neighborhood to provide these services.

Chaperon Service to Clinics, Hospitals, et cetera

Residents feel that even when appointments can be arranged at the few existing clinics in the area, many of the elderly cannot afford the cost of transportation, if infirm, or where the facility is in walking distance, cannot find the facility due to failing eyesight and memory. This proposed service would include picking up prescriptions, making future appointments, and returning them to their homes safely.

Expansion of Existing Clinical Facilities

As a stopgap measure, neighbors propose to expand the physical plants and staffs of existing clinical facilities—such expansion to be earmarked for extended care for the elderly.

Geriatric Clinics

Present clinical facilities are totally inadequate to serve the needs of the total population of the area. In the scramble for appointment and treatment, the elderly, for obvious reasons, are usually overlooked, the last to be served or not served at all. Either one large such facility for the total area, or several smaller such facilities will substantially aid in solving this problem.

Extended Welfare and Social Services

Pending enactment of necessary legislation, residents propose to extend benefits of old-age assistance either through creation of a senior citizen-type Neighborhood Youth Corps program or through outright subsidy.

Senior Citizen Centers (Multiservice)

Residents propose the creation of "all-purpose" senior citizen centers geared to the social, civic, educational, and recreational needs of the elderly.

Vest Pocket Parks Designed Specifically for the Elderly

I might add parenthetically that the residents have submitted proposals for about 22 such parks in our model city area.

Most neighborhoods have indicated that, of several vest pocket parks planned, one or more in each neighborhood should be designed with the specific interests of the elderly in mind; that is, seclusion, fencing, and supervision.

Housing Complexes for the Elderly

Specially designed but not isolated housing for the elderly, either through use of rehabilitated structures or new construction, has been proposed.

It should be noted that in their planning for the elderly the residents have emphasized two points:

- (1) Direct services to the elderly where needed; and
- (2) Services and participation from the elderly to others, where possible.

The goal of the resident planners is to create a climate in which people as they grow older can maintain normal community life and remain as self-directing and independent as possible.

These plans have been designed by the model city residents and their advocate planners in St. Louis with the specific needs of specific persons and groups in mind. They are practical plans which seek to improve the plight and lives of elderly persons in their neighborhoods.

We hope these plans become real programs. They will lift the spirits as well as the level of living of many older persons. They may also spark deeper concern and greater esteem for our senior citizens, which, in this youth-oriented culture of ours, are very much needed.

Thank you, Mr. Chairman.

Senator Moss. Thank you, Mrs. Wilson. That was a very fine statement and I appreciate having you come to report on the planning you have done and are doing in St. Louis.

I just wonder about one thing. Does it seem to you that the model cities program is so complex that it may be a little bit overwhelming? Would it be better if it were simplified somewhat?

Mrs. WILSON. I think we have to balance the complications over against what I consider to be an essential and necessary part of this program and that is the involvement of the total resources of a community to deal with the problems. I would rather work with the complexity than eliminate the possibility of having for the first time a program structured in this way.

It can bring the resources of the Department of Health, Education, and Welfare and the Department of Labor and the Department of Housing and Urban Development together to work at solving problems.

Senator Moss. Thank you very much. We do appreciate your testimony.

(The chairman, in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

Question 1. You listed several agencies that give health, housing, or social services to the elderly, and you clearly indicated that such resources are inadequate. Will you, however, seek to make maximum use of existing resources and add to them? Do the directors of such agencies have a deep interest in the model cities program?

Answer. Yes, we will seek to make maximum use of existing resources. The present interest level of the directors of existing agencies varies from general interest to keen interest. As the program develops and neighborhood corporations increase their efforts to coordinate their activities with existing programs we expect deeper involvement.

Question 2. I am very much interested in this comment from your statement.

"Pending enactment of necessary legislation, residents propose to extend benefits of old-age assistance either through creation of a senior citizen type Neighborhood Youth Corps program or through outright subsidy."

What legislation is needed? What would be the objectives of the "senior citizen Neighborhood Youth Corps"?

What kind of subsidies are now under consideration?

Answer. Legislation to increase maximum benefits is needed.

1. Maximum benefits under Public Assistance are established by state law. The current maximum monthly payment in Missouri for an individual under the Old Age Assistance Program is \$85.00. This figure, established by the Missouri General Assembly the past year, represents a \$5.00 increase from the previous maximum of \$80.00 per month per individual.

This limitation is unrealistically low, as is graphically evidenced by a report of the U.S. Department of Labor, dated July 14, 1968, which indicated that a moderate living standard for a self-supporting retired couple in St. Louis required a yearly budget of \$3939.00. On a monthly basis, this amounts to \$328.25 per couple. Although an individual can live cheaper than a couple, it is doubtful that one could live for half that budget figure, which would be \$164.13. Even so, that figure is almost double the maximum benefit provided by the Old Age Assistance program in Missouri.

2. The "Senior citizen type Neighborhood Youth Corps" would provide meaningful work, some income and involvement with community and people for elderly persons who are physically capable.

3. Neighborhood planners feel that certain jobs requiring minimum physical effort and formal training can be performed by the elderly. They envision a pool of such jobs with outreach workers to seek out the elderly to perform them. Some supplemental Model Cities funds would be used for this purpose in the first year while funding from other sources was being sought. Other assistance which might be considered subsidies would be free transportation to health centers and free lunches or lunches at nominal cost.

Examples of community service programs that could be performed by a "senior citizen type Neighborhood Youth Corps" include:

1. Management aids in operation of apartment buildings, particularly public housing, performing functions such as rent collection, spotting trouble situations, information dissemination;
2. Operating Day Care Centers as aides, or serving as baby sitters for families;
3. Clerical assistance in public housing projects;
4. Playground monitoring (as reporters to proper authorities);
5. In some cases, tutoring of youngsters; and
6. Acting as "friendly visitors" for those over 75 or for disabled persons.

Question 3. What proposals are now being considered that would involve "services and participation from the elderly to others, where possible"?

Answer. There has been proposed a Homemaker and Home Aides Program which would involve the elderly assisting the elderly in areas of housekeeping, home visits to combat loneliness and a "buddy" program for clinical visits etc. all coordinated by the neighborhood corporations. Where possible the elderly would supervise programs and activities at multi-purpose neighborhood centers and in vest pocket parks for the elderly.

STATEMENTS OF MRS. NAOMI GORDON, PROJECT DIRECTOR, ECUMENICAL CENTER OF ROXBURY, MASS., AND ROY T. BATCHELOR, EXECUTIVE DIRECTOR, CHATTANOOGA-HAMILTON COUNTY COMMUNITY ACTION AGENCY, TENNESSEE

Senator Moss. We will now move on to something on problem areas with Mrs. Naomi Gordon, the project director of the Ecumenical Center of Roxbury, and Mr. Roy T. Batchelor, executive director of the Chattanooga-Hamilton County Community Action Agency in Tennessee.

Mrs. Gordon.

STATEMENT BY MRS. GORDON

Mrs. GORDON. Thank you, Mr. Chairman.

I am very pleased to be here and to discuss some of the problems our elderly face in the model city area.

I am presently working as the project director of an outreach for the elderly program in Roxbury, Mass., and I come here to testify, briefly, out of this experience.

When we address ourselves to the problem of the older American living in our low-income communities, we are talking about an alienated American whose life space is tragically devoid of relevancy. This is an individual who suffers restrictions more so because of his age than any other reason. He lives in a rejected community and is in turn rejected by that community.

For the most part, his standard of living is below bare subsistence levels and he ranks lowest on every priority in both service and income maintenance programs. Added to this appalling picture is the large number of invisible or isolated elderly now being uncovered in our urban centers. The plight of the elderly is perhaps most vividly played out when we consider this our most tragic human waste.

Efforts are now underway to cope with this problem of isolation and in some way to reverse or at least prevent this psychological phenomenon. The outreach program for the elderly, currently being funded under title IV of the Older American Act, is designed to demonstrate an economically feasible method of training nonprofessional community workers to recognize and overcome the distinctive psychological obstacles which isolate the aged from group and community life.

Eight community residents with an average age of 75 are undergoing training to equip them with the needed methods and skills of reaching out to the isolated elderly living in the target area. The project has revealed some interesting results with respect to the concept of isolation, methods of involvement, and the use of the elderly themselves as aides in reinvolvement.

What we have found is that it is the environment which is of major concern to the elderly. Isolation is often a direct result of environmental pressures and the elderly are the least able to cope with these pressures.

We are talking about the pressures born of a fast-moving, mobile society, of the compartmentalizing and fragmentation of goods and services, of the disappearance of local merchants and the family doctor.

DISAPPEARING NEIGHBORHOODS AND PEOPLE

We are talking about the disappearance of streets and houses and the families that once lived there. We are talking about a population of elderly whose limited resources deny them the flexibility inherent in coping with change, whose immobility imprisons them, whose fears entrap them, and whose confusion isolates them.

Let us consider the case of a 75-year-old woman who had always had an active social life. During the past 2 years, she had been forced to vacate several condemned apartments and had finally settled in a dilapidated apartment building in a commercial section of Roxbury.

When the community aide found her, she had received an eviction notice giving her 1 month to leave before the building was to be torn down. She did not know where to go. During her 2-year transiency she had made several applications to the Boston Housing Authority and was refused each time due to the fact that she was judged financially ineligible.

She refused to make any further applications to the housing authority and had decided that she would not move regardless of what happened to the building. Her repeated discussions of the past to the total exclusion of any consideration of her present situation testified to her withdrawal.

The environmental pressures had finally overwhelmed her and she had no energy left to invest in another change. She was immobile; she was fearful; and she was confused. She had refused to see any of her friends; her appearance had deteriorated markedly; she was becoming an isolate.

The community aide intervened and helped her reapply to the housing authority where she was accepted for housing and eventually moved into the new Castle Square project.

This case example was used to illustrate the impact of environmental stress. We see such stress not only in the area of housing but in the

area of obtaining medical care, and social welfare services, and the obtaining of goods and services necessary for daily living. Medical help is usually located in large medical complexes which are confusing at best.

Social and welfare services are fragmented, compartmentalized, and hard to secure. Shopping is organized in large centers too remotely located for easy access by walking.

NEIGHBORHOOD CONCEPT EMPHASIZED

It is my opinion that if the model cities program is to make a significant contribution in the area of neighborhood renewal, it must examine the neighborhood concept more closely. Housing and rehabilitation should reflect the community as an entity, as a livable environment. The informal human relationships that give the community life must be preserved.

In addition to the emphasis on the environment, the model cities program must concern itself with the creation of meaningful opportunities that will tap the natural talents and resources of the elderly.

Low-income elderly reject the traditional institutional centered attempts to deal with the problems of growing old. Golden Age Clubs generally are not a productive use of talents accumulated over years of living and working.

It is only when the elderly, themselves, have a voice in setting policies and priorities; in making recommendations, and in overseeing the implementations of their recommendations that we can talk about a real use of their skills.

They must sit on the planning boards and program committees to guarantee that their voices will be heard. They must share in the creation of job opportunities related to their own needs and not the needs of child-centered programs. For only as we create such opportunities can we say that the elderly have returned to the mainstream of community life, and to a more relevant and less restricted existence.

Thank you, Mr. Chairman.

Senator Moss. Thank you, Mrs. Gordon. That is a very excellent summary, particularly your references to actual case histories.

As I understand your statement, the real burden of what you are saying is that each community has a flavor and an identity all of its own and that they just can't be stamped out in the same model all the way across the Nation. The important thing is to preserve this identity and the identification the older people feel with it. Is that what you are saying?

Mrs. GORDON. Yes, Senator. What I am trying to say is that in order to preserve the identity of the community and the identification the older person feels with it, we must build for the generation that is, and not for future generations. I am talking about such things as earmarking a section of Roxbury, for an instance, for rehabilitation rather than demolition. New housing as it is presently being designed and conceived is for the young. The older community resident prefers the preservation of recognizable structures wherein his comfort and security are assured. The older resident becomes attached to the very land on which his house once stood even though the structure he once knew is now gone. This identification indicates that massive relocation out of the community, for the elderly that is, is unwise and that no amount of

new and modern buildings can compensate for his emotional attachment to a particular community or area in that community. We must remember that the elderly are a powerful stabilizing or balancing force in the community because they bridge the continuity gap between generations.

Senator Moss. I often think of this as we visit these rather fine centers they built for older people. They were just in there as a kind of conglomerate; they were not in the environment that they had experienced over the years in which they felt an attachment.

I always got the feeling they were just like sojourners away from home for a few weeks. They were really thinking of getting on back home rather than establishing an identity and living permanently in this new location. And so I think this is very important what you have underlined for us.

Thank you very much.

(The chairman in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

Question 1. May we have additional details on: the functions and organization of the Ecumenical Center of Roxbury; the purposes and amount of funds granted for your outreach program funded under Title IV of the Older Americans Act, and the number of elderly isolates you expect to help through that program?

Answer. The outreach program for the elderly funded under Title IV of the Older Americans Act is operating under a three-year Grant, the project dates are June 1967 through June 1970. The total approved cost of the first year budget period, including both Federal and Grantee support was \$35,700. The second year (the current budget period) approved total cost, including Federal and Grantee support is \$46,059.

The purpose of the project is to evolve and demonstrate an economically feasible method of training non-professional community workers to recognize and overcome the distinctive psychological obstacles which isolate the aged from group and community life. A secondary objective is to demonstrate, both in the training effort and in "second stage" programs for the aged, how close and effective coordination between independent agencies can be achieved.

Three hundred and fifty individuals have been helped through this project, up to this point. One hundred and fifty of these individuals are receiving continuous and intensive service around the isolation problem and twenty of these individuals have been re-involved in the community.

Enclosed for your perusal is a copy of the functions and organization of the Ecumenical Center in Roxbury.

Question 2. I would like additional discussion of the following points made in your testimony: "The project has revealed some interesting results with respect to the concept of isolation, methods of involvement, and the use of the elderly themselves as Aides in reinvolvement."

Answer. The concept of isolation defined in the classical sense implies that when one is not isolated one is involved thereby implying a continuum. Isolation and involvement are viewed as two extremes of a state of being. This definition can present many problems in terms of determining just how "isolated" the individual really is, or where the individual fits along the continuum and then what types of services he needs to effectively involve him again. Experience to date has pointed out that isolation, for the purposes of intervention, should be viewed as a reaction to stress and that this stress becomes the key for breaking the behavioral cycle. Stress in the presence of ego-alien behavior leads to social withdrawal in many elderly individuals or leads this individual to behave in such a way as to identify him as an isolate. The amount of stress an individual may be experiencing is evidenced by his behavior and is an indication of his ability to change. In all cases, however, the individual must *feel* isolated in order to accept help in changing his behavior.

The methods of involvement being developed in the outreach program are, therefore, based on this concept of intervention or help in the stressful situation. The one-to-one method of intervention called the client-worker relationship is the vehicle through which the individual receives the initial help during the crisis. The crisis situation enables this relationship to develop quickly and the worker

gains the confidence of the client as they work on the problem. Once the energy is freed from the presenting problem or crisis the individual is then able to begin the long process of reinvolvement in the community.

Community reinvolvement or social integration is the second step in dealing with the problem of isolation. If the changes made under stress can have any permanence then the individual will need the support of the community and his peers to buffer him against future losses. This concept is based on the fact that some of the major characteristics of social isolation or withdrawal are feelings of worthlessness, a lack of identity, and a loss of status. This community support so vital in helping the elderly regain his feelings of self-worth and dignity can best be offered in the group setting. Here in a protected environment the individual can re-learn social roles and become acclimated to the world around him. The confidence he gains in the group experience is the behavior counterpart of a renewed sense of worth. This confidence enables him to feel that he can indeed cope with stress and that there are indeed behavior alternatives to solving his problems. This indicates something about the nature of the group to which the individual is introduced. The climate, atmosphere, organization purpose and program of the group must be conducive to accepting this individual and providing the environment which will assure the growth of his self-confidence. Many "Golden Age Clubs" are clearly unsuited for this person because of their rigid structure and "cliquish" nature.

Briefly then, we may summarize the methods of involvement as follows: what the individual has learned in the one-to-one relationship is then coupled with a successful group experience where he acquires confidence in his own ability to learn and change and therefore the solution to his original problem becomes a behavior model for future stressful situations.

This brings us to the third point and that is the use of the elderly themselves as Aides in reinvolvement. The Aide provides a clear role model for the isolate. His own successful solutions to losses both in the area of health and social contacts create an atmosphere of acceptance of the worker by the client. The Aide can also interpret to the client the group program in the client's own terms. Very often the Aides knew many of the client's friends and family and the community in which the client lived. Using this knowledge the Aide can approach the client as a "friendly person" and establish a relationship that is less formal than that of a "professional" social worker. Since the Aide lives in the client's community the relationship has a "friendly neighbor" component that is familiar to the client and one that he has had experience with. It is perhaps this last point which is the most important use of the elderly as an Aide in reinvolvement. The friendly neighbor role is a role that the client knows and understands. Many of the complaints and problems expressed by the elderly isolate revolve around the loss of a friendly neighbor and the feeling of estrangement in the community. The elderly Aide is best equipped to fill this role because he alone understands it best and because it is a "natural" role for him.

Question 2a. I take it that you had good reason to require that your outreach personnel be elderly. What advantages result from this requirement? How are these elderly participants trained?

Answer. The requirement that our outreach personnel be elderly was a requirement of the Administration on Aging and not one of the original requests in the project design. The advantages resulting from this requirement, aside from those mentioned in the first part of this question, are mainly in the area of work training. I think this program is demonstrating that the elderly person can indeed work and that he can be trained or re-trained to do a specific job. The training of the elderly participants in this program has taken the form of weekly group instruction coupled with a supervised field work experience. The training content has been designed along a pragmatic vs. technical presentation of material and deals mostly with problem solving techniques coming out of the work experience.

Question 3. What additional suggestions do you have to fulfill your proposal that the Model Cities program concern itself "with the creation of meaningful opportunities that will tap the natural talents and resources of the elderly?"

Answer. The productive use of talents accumulated over years of living and working refers to a use of the elderly themselves as leaders and workers in the community. New career opportunities that broaden service tasks in social and medical programs should be developed and encouraged. Job counseling and business consultation programs should be developed where the retired person can offer help to the young entering the business and professional world. Educational centers operated for and by the elderly themselves should be developed and should offer a flexible curriculum from attacking functional illiteracy to retirement

adjustment. The elderly themselves should operate and direct community centers and social welfare programs. Their numbers and impact should be felt on school boards, housing authorities and all other public as well as private institutions.

If the image of the elderly as a "worthless" member of society is ever to change *the elderly must do it themselves*. They must be visible in the community carrying out tasks that are regarded by the community as important and necessary. These tasks must be related to upgrading themselves as well as their community. The youth orientation of this society is too often evidenced by child-centered programs involving the elderly. Such programs do little to change the stereotypic "non-role" status of the "grandparent" and in fact merely serve to reinforce the low status position the elderly hold in our communities. Family roles are merely one type of role that the elderly have learned in their lifetime, community leader and business man are two other roles which the elderly have also had a great deal of experience with. These roles should receive an equal amount of emphasis in the later years and the experience gained from practicing these roles should consequently be tapped.

Question 3a. How should housing reflect the "neighborhood concept" that you espouse?

Answer. The neighborhood concept transcends the physical environment we have always concerned ourselves with and deals rather with the psycho-social elements that really constitute a neighborhood. It is the human element, or the informal relationships, that give a neighborhood life and character and that eventually must be preserved. These informal relationships are based on friendship patterns and a feeling of comfort in and identity with one's community or neighborhood. Role and status play an important part in the neighborhood concept, too, since the informal relationships are built on the establishment of meaningful roles for everyone in the community. Therefore when we look at the neighborhood concept with respect to the elderly, we must consider the culture and life styles of the elderly resident, their informal relationships with their neighbors, and the roles they play in sustaining the community life.

In order to reflect these psycho-social elements we must consider several points (a) Location. Location is vital. It would be a mistake to locate a housing facility on a quiet site far from any activity. Site criteria should stress the maintenance of familiar surroundings which means not only building in the community where prospective residents now reside, but in retaining THAT familiarity through the judicious use of design. (b) Generational integration. This refers to housing that is carefully planned to provide alternatives in living arrangements. Many elderly prefer to live among younger people and this alternative should be offered. However, the elderly, generally, do not care for the noise and clamor of young children. They are most fearful of teenagers and housing plans must take this into account. The young and old should meet not collide. (c) Retention of the elderly in the community. Housing plans should provide for the return of displaced elderly to their community. The elderly resident should be guaranteed the chance to live in the renovated or new housing in the area or preferably in the exact location from which he was displaced. This minimizes the shock of displacement and assures the generational balance so vital to every community. (d) Develop housing that gives a "positive image" to the elderly. Designs for a housing facility should be concerned with avoiding the stigma of "the old age home." This can be done by planning a complex where the residents are encouraged to participate in the community. "A living school complex" is one way to attack this problem. Here the residents actively engage in a flexible educational curriculum offering new career opportunities and leadership training programs. Generational integration of the program level would add to the breakdown of stereotypes. The facility could provide a base for community projects as varied as job counseling or plans for upgrading the local school system.

The neighborhood concept with respect to housing for the elderly should also reflect the wide variety of needs that the older residents present. These wide variety of needs center around a need to be active and a need to receive health care. Housing in the community, therefore, should run the gamut of a "living school complex" for pre-retired and recently retired and active residents to partial care units offering group dining facilities, onsite nursing care, and medical and social services. In all this discussion the concern is primarily with the environment and the quality of that environment. The neighborhood concept is simply a means of maintaining a balance between the young and the old, the rich and the poor, the sick and the healthy in our communities.

Senator Moss. Mr. Batchelor of Chattanooga, Tenn.

STATEMENT OF MR. BATCHELOR

Mr. BATCHELOR. I am very pleased to be here to relate to you an experience that Chattanooga has experienced during the last 30 months. We had the good fortune of being chosen as one of 14 cities to participate in a pilot neighborhood program. At the beginning of this program we thought big, so to speak, and involved some 23 different neighborhood councils located in a pilot city neighborhood for a core city in the study of the problems of the area. The problems of the aging of the area occupied a No. 1 priority in our study.

For example, of the 12,000-plus elderly citizens over 65, some 6,354 live in the pilot neighborhood area. Seventy percent of these people fell into the ranks of the poor. We did find with the residents of the areas the real problem areas.

I think this could be boiled down into probably two or three categories. One area was isolation and insulation from the mainstream of our community's life. Of course health problems of the poor occupied a very high priority.

Another was in recreational and educational needs. We put together a real nice packet of proposals all into one program. For some reason or other our packet didn't fit the funding structure that has existed at the Federal level so we were not able to fund it as a single program. As a result of this, the burden fell upon the local community to see what could be done in pulling together the total resources of our community to meet the needs of these 6,354 elderly people who resided in that area.

EXISTING PROGRAMS FORM COMPOSITE

We looked about and identified the existing programs that could be used. For example, the public health department had been offering certain services, and the public welfare department other services. We built a composite program from existing programs.

In this area in the pilot neighborhood area we had three neighborhood centers being operated by the Community Action Agency and funded by OEO funds. In each center we had established a position of coordinator for the elderly in their particular area. We submitted to the Administration on Aging agency a proposal that would make it possible for us to accomplish our original goals as they were outlined in the proposals submitted to the regional team. This proposal was for a \$22,000 grant. Actually, it gave us the structure under which we could pull together several organizations in several agencies under one roof.

We employed a project team technician who was elderly. We used the Neighborhood Youth Corps and two colleges in the area to provide college work study and NYC youngsters. We persuaded the "people service" agencies, some 14 existing agencies, to join in our effort and as a result we came up with what we call project team. On this team we had a team technician, a Neighborhood Youth Corps worker, a work-study student, and many volunteers.

We divided our area into several subareas and each subarea had a team assigned to a four- to 10-block area.

1,000 ELDERLY ISOLATES

During the past year we have been able to take a head count of the citizens in the area and found that our original information of some 6,300 aging citizens was correct. We found over a thousand of the elderly who were completely insulated inasmuch as they could not leave their home. By working as a team during the past month we served 790 elderly of these in their homes in various and sundry ways.

For example, we made arrangements for 60 people who were confined to their homes to leave their homes, with ambulance service and other methods of transportation, and take a boat ride down the beautiful Tennessee River. We secured as volunteers for the boat ride the services of four physicians and eight nurses who accompanied the elderly citizens down the river on the boat ride.

We have arranged for picnics, we have arranged for weekly get-togethers. As a result agencies that heretofore have served the elderly only on a minimal basis have become a part of a team that is really becoming involved in meeting the needs of the elderly citizen.

Agencies like the Salvation Army, the United Catholic Charities, the Humane Society, the Social Security Administration have joined the team and as a result we feel that we have something started in Chattanooga that will make life a little bit more happy for the elderly citizens in the pilot neighborhood area.

Senator Moss. Thank you, Mr. Batchelor, for that very fine description of what you are accomplishing there in Chattanooga and Hamilton County.

I take it you don't have a model city program there at this time, is that correct?

Mr. BATCHELOR. We followed our experience with the pilot neighborhood by submitting a request for the second go-around of the model cities and we expect it to be funded very shortly. The experiences that we have had on this pilot neighborhood will make it possible, I think, for us to act as a team at the local level in really doing something about the problems in our community.

Senator Moss. Community planning. You will be already started down the road when you get your model cities grant approved and you will be able to move that much better, is that correct?

Mr. BATCHELOR. We think we will have a head start, yes, sir.

Senator Moss. Thank you very much, Mrs. Gordon and Mr. Batchelor. We appreciate your fine testimony here and for our record.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to Mr. Batchelor:)

1. Your testimony indicates that you have coordinated local efforts related to several federal programs, including: the Pilot Neighborhood Program, the OEO Community Action Program, and Title III of the Older Americans Act. For the sake of our record and for the guidance of others who may now be planning programs similar to yours, can you provide the Committee with—

- (a) a brief description of each program involved;
- (b) suggestions for relating such programs to the overall objectives of the model cities program; and
- (c) any suggestions for legislative or policy changes that might make such programs even more helpful.

2. You mentioned that more than 1,000 of the 6,300 aging citizens in your target area were "completely insulated inasmuch as they could not leave their home." Do you believe that this is a fairly high percentage caused by unique conditions in your city? Or do you believe that it may be a fairly typical condition?

3. Do you have reason to believe that most of the isolates were long-term residents, or newcomers?

(The following reply was received:)

ANSWER 1. COORDINATED LOCAL EFFORTS RELATED TO OTHER FEDERAL PROGRAMS

(a) *Brief description of each program involved*

Pilot Neighborhood Program

This program was started as a result of a speech that President Johnson made in Syracuse, New York, in which he mentioned the possibility of setting up Neighborhood Centers that would assure each citizen of the comprehensive services that he must have. The aim of the program is to devise a system for effective delivery of total services within a given community. In Chattanooga the program includes educational services, social welfare services, health services, employment and manpower services. This program is in its formative stages in Chattanooga with only partial components in each area being funded at this time.

OEO Community Action Program

In Chattanooga the Community Action Program operates three Neighborhood Centers serving a geographic area that contains 85% of the poor who reside in our county. In each area an attempt is being made to set up a coordinated system for delivery of services similar to the Pilot Neighborhood Program, but without the Federal resources that this Pilot Neighborhood Program has brought to Chattanooga. In the two Neighborhood Centers, not including the Pilot Program, an effort is being made to concentrate the meager services that are presently available through the conventional service delivery agencies.

Title III of the Older Americans Act

This program was designed to demonstrate that a coordinative system for delivery of services to the aging can be set up even where meager services are available. This program provides for the employment of an Aging Technician around whom the program develops. In addition to the Aging Technician, a Neighborhood Youth Corps trainee, a college work-study trainee, and volunteers all join the team for the purpose of meeting the physical and social needs of the homebound aging citizens who live in the target area.

(b) *Suggestions for relating such programs to the overall objectives of the Model Cities Program*

I think that a special effort will have to be made to prevent the Model Cities from stereotyping their thinking to the point that it becomes a brick and mortar program. It is imperative that cities make comprehensive *program plans* for the elderly within the overall objectives of the Model Cities program. One of the best ways that I can think of to assure that this develops is through the utilization of the residents of the area in making program determination. In most areas, if an adequate job has been done in involving the residents in program determination, this will assure the linkage necessary for such programs that have started in our city.

(c) *Suggestions for legislative or policy changes that might make such programs even more helpful*

It is my opinion that legislation should be directed toward the full utilization of all resources whether local, state, or Federal. This can be accomplished by including within the legislation a provision that linkages between programs must take place. By this, I would give as an example the Project Team program that was funded under the Older Americans Act, which only gave us the nucleus for beginning the program. In order to expedite the program, we had to link it with other programs that were available.

ANSWER 2. AGING CITIZENS REFERRED TO AS "COMPLETELY INSULATED INASMUCH AS THEY COULD NOT LEAVE THEIR HOME"

In regard to the number of aging citizens whom I referred to as completely insulated, I would answer your question by saying that I feel Chattanooga is a fairly typical situation inasmuch as the older a person gets the less mobile he becomes. I think the limited research that I have done in this area would indicate that certainly we are a typical city.

ANSWER 3. LENGTH OF RESIDENCES OF ISOLATES

In regard to the question concerning the length of residences of the isolates, our experience would tend to lead us to believe that most of the elderly who are receiving services from this program were long-term residents of the trade area of Chattanooga. Many of them are newcomers to the City of Chattanooga but have lived in or around Chattanooga for most of their lives. By and large, the newcomers are resident of low-rent housing provided for the elderly.

I trust that this will help in clarifying the questions that you have.¹

Senator Moss. I am now going to call on Mrs. Geneva Mathiasen, who is executive director of the National Council on Aging.

Mrs. Mathiasen.

**STATEMENT OF MRS. GENEVA MATHIASEN, EXECUTIVE DIRECTOR,
NATIONAL COUNCIL ON AGING**

Mrs. MATHIASEN. Thank you very much, Mr. Chairman.

I will file a statement with the committee perhaps within the next few days.² I had a preliminary statement prepared. I will omit a great deal of that in order to stress two points which I would like to highlight.

Senator Moss. That would be very fine, and your statement in full when you get it prepared will appear in the record.

Mrs. MATHIASEN. I make this statement first in order to bring what I hope is a kind of air of realism into the size and nature of the needs of older people in the model cities program. I also want to stress what seems to me to be the major thrust and the major purpose of the model cities program which offers a hope, if not indeed our only hope, of ever getting the delivery of services to older people to the extent they are needed.

The model cities program guide reads beautifully in relation to the needs of older people but we are not sure to what extent the planners of the model cities can be at this point realistic about what the implications for older people are.

It is reasonable to expect that the special requirements and particularly the special services needed for the elderly cannot be soundly estimated for we have had little concept and no experience anywhere in providing the full range of services for the elderly that are implied in the program planning guide.

This is not to minimize the importance of all the programs of limited scope and duration that have been going on. National Council on the Aging has sponsored and participated in many such programs.

We have been trying recently however to see if we cannot get a little better concept of what is really needed countrywide if we are really going to get any place within this century in relation to the basic and at least the major needs of older people.

One NCOA program, Project FIND,³ I would like to speak briefly, because of what we hope it may contribute to our specific knowledge of the need for services. Project FIND is sponsored and supervised under contract from OEO in 14 communities. Elderly people were employed to contact all households in a given area with persons over

¹ Additional material from Mr. Batchelor appears in app. 1, p. 119.

² See p. 123.

³ Project FIND: Friendless, Isolated, Needy, and Disabled.

50 and to administer an 18-page questionnaire. When need for services of some kind were revealed the aides attempted where possible to refer the individuals to appropriate sources of help in the community.

SERVICES NONEXISTENT IN 16,000 CASES

Through May of this year about 40,000 of these interviews had been completed and more than 20,000 people had been referred to some kind of service, but it would appear from the incomplete tabulations that at least 16,000 people had need for some kind of service which did not exist in the community.

The list of services needed most often included public assistance, social security benefits, medicare, medicaid; medical services, dental care, health services, drugs, work full or part time, food stamps, surplus commodities, food, clothing, housing, home repairs and maintenance, home furnishings, homemaker, recreation and social relationships, personal counseling, and legal aid. That is quite a list.

To indicate the complicated problems involved in order to make just a beginning in getting some of the needs satisfied, I would like to quote a couple of sentences from a letter of the director of one of the projects to her Senator, who had expressed interest and asked her to give him some indication of the problems uncovered by the questionnaire.

I quote from the part of her letter which relates to the food stamp program. She wrote:

Almost exactly 50 percent of the persons we surveyed had never heard of the food stamp plan, and two-thirds of the people eligible don't use it. For example, there are 1,400 that were automatically eligible because they are receiving some form of assistance but only a fifth of them are actually using the stamps. Two out of three said they didn't have enough money to purchase them but there were two other factors. One was that some people had to transfer buses three times in order to get to the food stamp office. Some joint planning was instituted to get food stamps sold in the public housing unit where there were 300 eligible families, but it took five months to get this accomplished.

She also reported that in another relatively rural area, people had to travel 20 miles in order to get to some kind of central place where food stamps and other services were available. What I am suggesting here is the complications at the community level in getting services to the persons who need them.

Another thing which has taken a tremendous amount of time of the Project FIND aides is help for those people who are eligible for some sort of financial assistance who know nothing about it and hence have no idea about applying.

For instance, a 79-year-old man was living in the top floor of a wooden structure in what was once a store room, getting his entire provisions for the year from a little garden which he cultivated. In checking the records it was found, however, that he was entitled to social security and veterans' benefits totaling \$140 a month, when those records were finally straightened out.

Partial tabulations as of March 1968—showed that about 649 persons had been referred to social security for benefits, 516 of which were accepted, documenting, I believe, that there is a reality in this lack of knowledge by people who don't read newspapers, who don't look at television, who don't own a television, who very often don't even own a radio.

Seventeen hundred and thirty-three persons were referred to public assistance and 1,503 were accepted. I think this illustrates the point, I don't need to stress it further.

"OUTREACH" A PRIME NEED

These examples point up to the first three major aspects of a program of services in model city programs for the elderly which we feel are essential. The first is a vigorous outreach program. There have been many outreach programs other than Project FIND—one of them was very well reported on today. We believe the merit in the find program is the national scope and the documentation of kinds and the extent and the specific kinds of need.

We have prepared a "model" for this outreach program which is available, together with six other kinds of programs which may be carried on in the model cities for older people. We would be glad to make those available.

The second requisite for the model cities program and the one which, as I indicated, we believe is the basis for its major thrust, is that needed services should be available and accessible in quality and quantity related to the need. This saturation of even a small portion of the community would be helpful as a demonstration. Essential services for the elderly would be identified, priorities determined, and those agreed upon be made available to all who need them. The demonstration will be of inestimable worth in estimating the nature and extent of the need and the cost of adequate service.

The third requisite has been spelled out in the guidelines of the model cities program and some of the testimony today has made it sound extremely easy, I may say, almost accomplished. In my opinion the system deserves some special emphasis and perhaps a little less optimism.

This need is for a system of health and welfare services with all the implications of that word, a system in the health and welfare services into which one may dip for whatever is needed at the moment.

The National Council on the Aging has frequently pointed out that often there is little to differentiate health and welfare services. If a bad heart makes climbing of stairs a health hazard, finding an appropriate living environment may be considered both a health and welfare service.

The multiplicity of health and welfare services are apt to be provided under separate auspices by a variety of agencies. The essential new requirement is to work out collaborative arrangements for delivery of whatever services are needed by a single individual irrespective of auspice. I just would like to say that this is easier said than done, even though there may be committees appointed for that express purpose.

PROTECTIVE SERVICES

In another NCOA demonstration is a protective service program, that is a program to provide appropriate care for those people who are so mentally or physically deteriorated that they can no longer care for their personal or financial needs. We have sponsored and supervised some experimental protective service programs in three communities during the past 2 years. In carrying out that kind of a pro-

gram there is an essential collaboration among social, medical, psychiatric, and legal professions and often including police officers. But at the practitioner level, down at the level of providing a service, I think in each community effective agency and professional collaboration was pointed out as a major stumbling block.

When we had a meeting of some 20 protective service agencies in Houston last winter to find out what are the major stumbling blocks to providing protective services on a communitywide basis in everybody's mind this was No. 1. A recent bulletin from a hospital providing coordinated home health care, another type of combined health and social program at the practitioner level, describes a similar situation.

There has been developed an impressive array of services which can be tapped in one way or another from various sources, as the handbook of national resources referred to earlier in the testimony documents.

In general, the service needs of older people have been identified over the years and they have been met through many different kinds of demonstration programs which have been reported. What remains to be done is to provide the essential services, and to the extent possible those which may not be essential to maintaining life and health but which lend grace to the later years.

MUST GO BEYOND DEMONSTRATIONS

But they need to be provided on a communitywide and continuing rather than on a demonstration, limited time, limited personnel basis once their usefulness has been proved. They need to be made known through an information and referral service and to be accompanied by a vigorous outreach program. The National Council on the Aging welcomes the contribution of the model cities program toward this end and will be glad of any possible assistance to a community so engaged.

Senator Moss. Thank you very much, Mrs. Mathiasen.

In pointing out to us the efforts that are being made now in the services that are being rendered by the National Council on the Aging, what you say is often very startling to us when we realize that there are vast numbers of people who really don't have any communication or contact with the community through newspapers or television or otherwise, and that we have a problem of finding them and communicating with them and then being able to help them by giving them guidance as to what can help them.

I am sure that things you have described here for us briefly and that you will supplement by your prepared written text will make a very meaningful record as we look at this whole problem. Your assertion that the model cities program and its planning aspects is going to be most helpful in accomplishing the things that you are already doing with the council is heartening to us.

We appreciate your coming. You, like the other witnesses we have heard, had really very little time to prepare for these hearings. I appreciate the wealth of information you have been able to bring to us in this short period of time and appreciate the effort that has gone into coming here to present the information to the committee.

I do thank you, Mrs. Mathiasen.

Mrs. MATHIASSEN. Thank you. We will always try to respond to any request of this committee which is possible, because we have great faith in what the work of the committee will do for the older people in the country.

Senator MOSS. Thank you very much.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to Mrs. Mathiasen:)

1. You said that "we have had little concept and no experience anywhere in providing the full range of services for the elderly that are implied in the program planning phase."

As you can well imagine, this statement is of considerable interest to the Committee. I take it that you mean that in no community of any size in the nation to date has there been a comprehensive, total effort to provide services to older Americans on a scale that could serve as a model, or at least could be said to meet minimum standards.

Would you, therefore, suggest that in one of the model cities area such an effort be made? Have you any suggestions for the type of site that would be most suitable? Could national organizations be enlisted to help make such a program as useful as possible?

2. Your report on the progress of Project FIND leads me to hope that you will keep us informed as new developments occur. What efforts are being made in Project FIND areas to link that project with model city planning? When Project FIND completes its assignment, will efforts be made to hire participants for service in model city activities?

3. The Subcommittee on Consumer Interests of the Elderly, I am informed, is gathering information on the food stamp program as it affects the elderly. All information on this subject, as gathered through Project FIND, will be helpful to that Subcommittee.

4. Your statement describes several model city programs for older people. Are these programs similar to those provided to the OEO? If the Committee does not already have the publications, can you provide a set for our study?

5. You called for "collaborative arrangements for delivery of services needed by a single individual irrespective of auspice," and you also said that lack of collaboration can be a major stumbling block for the provision of services. Do you see any way in which the Committee on Aging might be of help in bringing national organizations concerned about such services into productive discussion? If so, we would welcome suggestions—at your convenience and not necessarily for our hearing record—on how best to proceed.

6. We would like to have a copy of the recent hospital bulletin to which you referred.

7. You asked that essential services be provided "on a community-wide and continuing rather than on a demonstration, limited time, limited personnel basis." Have you any suggestions on changes that might be made in the model cities program and other Federal programs in order to meet that objective?

(The following reply was received:)

Answer No. 1. Your understanding of my statement is quite correct. While communities vary widely in the quality and quantity of services for the elderly, I am confident that none would lay claim to having "provided services on a scale that could serve as a model." To take a single example, I know of no community of any size that can now provide suitable housing for its elderly population.

As indicated in my written statement, I believe the Model City program provides the only hope at present of such an experiment. I believe many national organizations would be interested to contribute to such a program, if the effort were clearly defined and the goals set high enough to present a real challenge.

Answer No. 2. One stipulation of the FIND projects is that at least part of the program be continued in the community.

Answer No. 3. Although I am not familiar with all the details of the 12 projects, I believe many of them have been concerned with the stamp program. I would be glad to request the staff to prepare a memorandum on Project FIND's experience with the stamp plan for the elderly poor for the Sub-Committee on Consumer Interests of the Elderly if it would be helpful.

Answer No. 4. NCOA will be glad to provide a complete set of the "models" for community action programs for older people prepared under the OEO contract for the use of the Committee or for the use of any Model City planning group.

Answer No. 5. Collaborative planning at the national level is important as a guide and example. However, in the last analysis in the delivery of services the action is at the local level. Collaboration is difficult if not impossible to legislate, and most local affiliates of national voluntary agencies have a great deal of autonomy. Public opinion and the practical problems of effectiveness in providing services will, I believe, compel increasing practice of cooperative endeavor. The ways in which your committee may promote this tendency on the part of national organizations is worth exploring.

Answer No. 6. I am sorry I no longer have the hospital bulletin to which I referred in my testimony. It was part of the airplane reading to Washington and hence fresh in my mind at the hearing. It did not seem appropriate for the permanent library collection of material and I threw it away after reading since it did not deal primarily with aging. I believe it was from the Jewish Hospital in St. Louis, but I'm not sure.

Answer No. 7. I believe programs must be looked at in terms of priorities. The trend in AOA grants to encourage continuation of demonstration projects which have proved useful is a step in this direction. However, demonstration programs at best can serve relatively few people and even if continued tend to continue the spotty pattern of services which now exist. It might be useful if some communities would try out one or more priority programs available to all older people in the community. For example, I believe every community could profit by a well publicized telephone number of an information and referral service available on a 24 hour basis. This is relatively simple and inexpensive and would enable older people, their families and their landlords to handle emergencies more effectively.

Senator Moss. We have one additional phase on housing and relocation that we will have testimony on from Mrs. Mary Nenno and Mr. David Joyce, and then Mr. Yessian representing Mr. Paul L. Niebanck.

Now it is going to be necessary for me to keep another appointment. Mr. Oriol, who is the staff director of the Committee on Problems of the Aging, will preside and continue to take the testimony so that we can complete our record today.

Let me say in advance that I apologize that I must leave. I appreciate your being here. The important thing is we are making this record which is going to be read by all of the committee and not just me or Mr. Oriol. That is the purpose for being here.

STATEMENTS OF MISS MARY NENNO, ASSOCIATE DIRECTOR, NATIONAL ASSOCIATION OF HOUSING & REDEVELOPMENT OFFICIALS; DAVID JOYCE, CHIEF, DIVISION OF COMMUNITY SERVICES, PROVIDENCE, R.I.; AND MARK R. YESSIAN, OF MORTON HOFFMAN & CO., URBAN AND ECONOMIC CONSULTANTS

Mr. ORIOL. Have you decided who will start off here?

Miss Nenno.

STATEMENT BY MISS NENNO

Miss NENNO. Mr. Oriol, we realize the constraints on time that remain to us so that we are going to ask that our full statements appear in the record and also that the supporting material which is attached to some of the statements also appear in the record. We will try to hold as far as we can to the time deadline that has been set, so that we can get out of here within the next 15 to 20 minutes.

Mr. ORIOL. I might point out that Mr. John Guy Miller, minority staff director, is with us if there are any questions.

PREPARED STATEMENT OF MARY K. NENNO, ASSOCIATE DIRECTOR, NATIONAL ASSOCIATION OF HOUSING & REDEVELOPMENT OFFICIALS

Mr. Chairman, and members of the subcommittee, I am Mary K. Nenko, Associate Director for Program Policy and Research of the National Association of Housing and Redevelopment Officials. It is a privilege to appear before you this morning and take part in this special hearing on the relationship of the model cities to the elderly. Our Association is composed of the individuals and agencies responsible for administering the nation's low income housing, urban renewal and codes enforcement programs; it currently represents about 7,000 local, state and federal officials in some 2,500 localities.

Since 1962, NAHRO has been engaged in a number of activities and studies related to the elderly and to relocation. The range of these activities includes the development of training materials and conducting of training institutes for the management of housing for the elderly, and studies of the experience and practice of local relocation agencies charged with providing services for those displaced. For the information of the Subcommittee, I request that a list of these studies and activities be filed for the record.

Since 1964, NAHRO has participated with the University of Pennsylvania in a study-demonstration project concerned with elderly who are displaced by public action. I have served as field director for this project which included demonstrations in four cities (Providence, New York, San Antonio and San Francisco). The two additional witnesses appearing with me, Mr. Joyce and Mr. Yessian, have also been associated with this project.

NAHRO has also been actively involved with the concept and practice of the Model Cities program since it was first proposed to the Congress in 1966. Many of our local members are actively participating in model cities activity. In May, 1968, NAHRO convened the first nation-wide meeting of model city directors here in Washington so that they could discuss matters of common concern.

Mr. Chairman, I mention the involvement of the Association in the subject matter of this hearing, not only because it gives the subcommittee an insight into the background from which we speak, but because we see inter-relationships between these matters—the elderly, relocation activity, and model cities—which we believe can be developed and strengthened. We will make a specific recommendation in this regard as a part of our testimony.

It is important to recognize the close relationship of elderly to model cities in two aspects: (1) there are substantial numbers of elderly persons, mostly single persons of low income, who live in model cities areas and (2) our experience with housing locations for low income elderly persons indicates that many, if not most elderly persons, prefer to live in central city locations where they are a part of vital, urban activity and where they have important access to the transportation and health services which they require.

In terms of the location of persons in the renewal areas of central cities (which are typically model cities areas) our research indicates that just over 20 percent of this population can be expected to be elderly; and in rooming house areas, a percentage of 50 percent elderly is more common. From 45 to 50 percent of these elderly households are single persons. About 80 percent of the incomes of single elderly persons in such areas are under \$2,000 annually, while 80 percent of the elderly households with two or more persons have incomes under \$5,000. These figures are taken from Chapter II of one of the publications resulting from the study by University of Pennsylvania and NAHRO ("An Overview of the National Relocation Population", *The Elderly in Older Urban Areas*, University of Pennsylvania, 1965).¹ Because this information is so pertinent to the matter under discussion here this morning, I respectfully request that it be filed for the record.

In terms of providing new housing locations and access to important services geared to the needs of the elderly as a part of model cities planning, there are a number of important considerations. We have already indicated that most displaced elderly do not want to be relocated in remote areas in the countryside, however beautiful the surroundings, but in central city areas, where they can be a part of activity. In addition, our experience in relocation has shown that relocating the elderly person in a "decent, safe and sanitary dwelling" is only a small part of the relocation task; in fact, we find that sometimes elderly who have been relocated in dwellings of quality, substantially better than those which they have left, are unhappy because they are remote from relatives and friends, or from familiar institutions and shopping. The selection of new housing locations for the elderly is a sensitive task related to understanding the psychological needs of the aging

¹ See p. 127.

person, as well as his physical needs. The most compelling problem which we have found in our work with elderly in low income housing and in relocation is that of detachment and of loneliness. Housing locations and services must be related to alleviating this situation.

The NAHRO training institutes for management of public housing for the elderly developed "A Statement of Ten Principles" for elderly housing. Because they exemplify the special considerations in housing location and management relative to the elderly, we also request that they be included in the record.

The concept and direction of the model cities program is particularly relevant to an effort to assist those elderly persons who are living, or who would like to live, in central city areas. Model cities calls for a comprehensive attack on social, economic, and physical problems in selected slum and blighted areas through the most effective and economical concentration and coordination of Federal, State, and local public and private efforts. The accumulation of new knowledge over the past five years on the special locational and service needs of the elderly provides a unique opportunity to undertake demonstrations in model cities geared to the application of this knowledge.

There is a special opportunity to maximize the application of this new knowledge about the elderly, to concentrate it in a target area, and to coordinate it with a total renewal effort. It is our hope that model cities planning throughout the nation will recognize and take advantage of this opportunity. However, to insure quick progress toward such planning, it would be very helpful to have some local demonstrations of how such activity might be accomplished.

For this reason, Mr. Chairman, NAHRO recommends that a special allocation of funds be made available to conduct demonstrations in model cities areas geared to meeting the total needs of elderly persons. We believe that such demonstrations could take advantage of the new knowledge on housing locations and facilities for the elderly, their relocation needs, as well as the improving resources for special service needs. We note that an amendment to the "Older Americans Act of 1968" (S. 3677), presently under consideration by the Committee on Aging, provides for a new Section 2 of Title III, authorizing special funding for "Model Area-Wide Projects." We suggest that "model cities areas" be made eligible under this section so that important demonstrations can be undertaken as a part of model cities activity. We file as part of our testimony a fact sheet relating to this new section.¹

We appreciate the opportunity to present our views to the subcommittee.

Miss NENNO. Mr. Oriol and others here in attendance, we are very pleased to be here this morning to present some of the experience that we have accumulated in recent years dealing with housing for the elderly, and particularly with the relocation of the elderly.

Since 1962, NAHRO, which is the National Association of Housing & Redevelopment Officials, has participated in a number of research activities conducted with both elderly and relocation.

Since 1964, NAHRO has participated with the University of Pennsylvania in a study demonstration project concerned with elderly who are displaced, and I have served as field director for this project which covered four cities—Providence, New York, San Antonio, and San Francisco. Mr. Joyce and Mr. Yessian, who are here this morning, have also participated in this project.

NAHRO has also been actively involved with the concept and practice of model cities since it was first established in 1966; and many of our local members are actively involved in this program. As a matter of fact, in May of this year, we held the first nationwide meeting of model cities directors.

I cite this involvement of the association in these matters not only to give the subcommittee an insight into the background from which we speak, but because we see interrelationships between these matters—the elderly, relocation activity, and model cities—which

¹ See app. 1, p. 134.

we believe can be developed and strengthened. We will make a specific recommendation in this regard as part of our testimony.

Now, there are two points which I think have been brought home to us very clearly as a part of our research. One is that there are substantial numbers of elderly persons, mostly single persons of low income, living in model cities areas. Secondly, our experience with housing locations for the elderly indicates that many, if not most, elderly persons prefer to live in central city locations that are part of urban activity and where they have important access to transportation and health services which they require.

In terms of the location of elderly persons, renewal areas—which are typically model city areas—we find that just over 20 percent of the population can be expected to be elderly. In roominghouse areas, sometimes this may go as high as 50 percent.

ELDERLY IN RENEWAL AREAS

We have some additional material regarding the incidence of elderly in renewal areas which we would like to file for the record; I think it is fairly typical of what we can expect in model cities areas.

In terms of providing new housing locations for elderly, as a part of model cities planning, I believe there are a number of important considerations, one already stated, that most elderly prefer to be in the central city areas. Secondly, we know from our relocation experience that finding a decent, safe, and sanitary dwelling is only a small part of the relocation job. In fact, sometimes elderly have been relocated in better housing than what they had before and are still unhappy because they are remote from relatives and friends or institutions and shopping. Housing location is a sensitive task involving psychological as well as physical needs of the elderly.

The most compelling fact about elderly in low-income housing and relocation is that of detachment and loneliness. Somehow we must use our new resources under the model cities program to help in alleviating this situation.

I might make one added comment in reference to some conversation which took place this morning about elderly and their attachment to their neighborhoods. This is true, but I think it is also true, as we have found in many cases, that neighborhoods have changed so much that elderly are strangers in their own neighborhoods. So it is not always just a simple case of keeping them related to the existing neighborhood; because that neighborhood in itself has changed. I think sometimes we are inclined to forget that.

I believe that the concept and the direction of model cities gives us a new opportunity to maximize everything that we have learned in the past few years about the elderly. I think certainly we have learned a great deal about housing for the elderly, not only about housing design and location, but about housing management. We are learning a great deal about relocation of the elderly. We know much better how to deal with the elderly to assist them in making this very difficult transition.

Mr. ORIOL. May I interrupt at that point? Has NAHRO made a study of current Federal relocation policy? When the highway comes along that is one kind of relocation. Urban renewal will come along;

that is another. Have you made an analysis of present policies and offered a suggestion on how those policies could be improved?

Miss NENNO. We are just completing two studies on relocation. One is a survey of centralized relocation activities in the 12 cities throughout the country; this will be published sometime within the next few months and deals with all aspects of relocation caused by public displacement. In addition to that, we are just completing a survey of the 10-year relocation experience in New Haven, Conn., which deals with a great many of these things. So the answer is yes, we have. Then there are our reports that came out in the study of the elderly relocation, some 6 or 7 reports from the Pennsylvania study; it is this last publication on which Mr. Yessian will comment.

Mr. ORIOL. In your other statement, too, will you also have some reference to the special problems that you found in San Antonio with the high Mexican-American population causing special need for this?

Miss NENNO. Yes. This is why we are filing for the record the complete statement of our studies as a resource document for whoever might be interested.

I would like to make one final point, if I may. We think there is a special opportunity in the model cities program to maximize what we have learned about housing for the elderly and relocation for the elderly and newer services for the elderly in the last 5 years. There is an opportunity to concentrate it in target areas and to coordinate it with a total renewal effort. So I hope model cities planning will take advantage of this opportunity.

However, we do feel that we could make substantially quicker progress, and perhaps set some models for what might be done, if we had some special demonstrations in perhaps three or four cities to indicate how all of these rather complex programs, even if we consider only the elderly programs, could be tied together.

In preparing for this hearing, I noted that the Special Committee on Aging had pending under the Older Americans Act of 1968 an amendment providing for special demonstrations in model areawide projects. Now I recognize that this has a little bit different focus because it deals with the metropolitan area component of elderly programing, but I raise the possibility and suggestion to the subcommittee that it might want to consider making model cities areas eligible under this demonstration program and thus provide a new kind of incentive and stimulus to do this kind of integrated elderly planning in terms of model cities programing.¹

I really believe that if this were made available, we would be able to move much more quickly into really testing out these things and set a model for all model cities so that they could begin to participate more quickly and effectively.

That I believe is the conclusion of my statement.

Mr. ORIOL. Commissioner Bechill made reference to the point you are discussing. We will definitely take it up with him, assuming Congress passes that amendment.

Did you have any questions, Mr. Miller?

Mr. MILLER. No.

¹ See pp. 33 and 98 for Administration on Aging discussion of this point.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to the witness:)

1. Are you planning to publish all or part of the proceedings of your May 1968 nationwide meeting of model city directors? If so, we would like to have a copy of all discussion relevant to older Americans.

2. On July 29, the Senate passed S. 698, the Intergovernmental Cooperation Act of 1968. That act, as you know, includes provision for uniform relocation assistance and specifically mentions that additional help shall be given to elderly individuals. Do you believe that the new provisions will deal effectively with the difficulties described in your studies of relocation? Do you believe that the model cities program can be utilized to make the best possible use of the new relocation standards?

3. You make the point that the model cities program gives special opportunity to maximize the application of this new knowledge about the elderly. Are you satisfied that this new knowledge is receiving adequate distribution?

Do you have suggestions for additional action to make the best possible use of it?

4. Do you have suggestions for potential sites of the model programs you suggested in the final paragraphs of your statement?

(The following reply was received:)

Answer No. 1. The meeting of model cities directors conducted by NAHRO in May, 1968 was the *first* meeting of these directors and thus covered major organizational matters, rather than subject material such as the elderly. We will keep you informed about any information we have on elderly considerations in model cities planning.

Answer No. 2. The special help which would be given to elderly individuals in S. 698, the Intergovernmental Cooperation Act of 1968, deals largely with elderly persons who own businesses. Elderly persons, as well as other types of households will, of course, benefit from the broadened relocation provisions of S. 698 relative to payments to rental households and other kinds of assistance. In general terms, the new relocation provisions of S. 698 are an improvement over present standards, although they are still below what we recommended in our testimony. Model cities programs as well as displacement programs in general, will benefit from the new relocation standards in this Act.

Answer No. 3. The big need in relocation for the elderly, as we indicated in our testimony, is to work out administrative organization and procedures at both the federal and local level to maximize the new knowledge which we have about the needs of displaced elderly. This involves primarily the proper "packaging" of this knowledge so that it can be directly related to a local relocation operation. As we indicated in our testimony, we believe that one of the most effective ways to stimulate "packaging" and the application of this knowledge is through a series of "model programs" under the model cities program. This might be done with assistance under the Older Americans Act.

Answer No. 4. We would suggest that the best potential sites of the model programs would be in localities which already have a strong base of housing programs and other services for the elderly. In the case of strong housing programs, we would recommend: San Antonio; Providence; Dade County (Fla.); Minneapolis, and Seattle.

Mr. ORIOL. Mr. Joyce, are you next?

STATEMENT BY MR. JOYCE

Mr. JOYCE. Yes; thank you, Mr. Oriol.

It is indeed a pleasure for me to be here to appear before this committee. Needless to say, the subject matter at hand is of vital interest to many people.

For brevity's sake I will submit the following statement.

Mr. ORIOL. Yes.

PREPARED STATEMENT BY DAVID JOYCE, CHIEF OF COMMUNITY SERVICE, DEPARTMENT OF PLANNING AND URBAN DEVELOPMENT, CITY OF PROVIDENCE, R.I.

It is a pleasure to have the opportunity to appear before this distinguished Committee today. Needless to say, the kind invitation of Senator Frank Moss of Utah, Chairman, Subcommittee on Housing for the Elderly, is deeply appreciated. I sincerely hope that my statement will produce some worthwhile information relative to the inquiry at hand.

First, I shall endeavor to provide the Committee with a brief biographical sketch relative to my association with the subject of the elderly and the Model Cities Program.

For more than twenty years, I have been directly affiliated with programs for elderly persons. In the late 1940's, I served as Senior Social Worker for the Rhode Island Department of Social Welfare, Division of Public Assistance. The bulk of my caseload consisted of elderly recipients receiving Old Age Assistance grants. From this point on, I have participated in several programs for senior citizens in varying facets of activities. In order to save time, I have provided a list of my past affiliations and experiences connected directly with the elderly which consists of the following:

Former Committee Member, Rhode Island Division on Aging

Former Chairman, Social Action Committee of same agency

1960—Developed a specialized program for service to elderly persons facing displacement by governmental action as part of a centralized relocation program in the City of Providence, Rhode Island

Served as Project Director—Two year Ford financed study of the impact of displacement on elderly persons in cooperation with the University of Pennsylvania, Institute for Urban Studies and The National Association of Housing and Redevelopment Officials

Contributing writer to "Essays on the Problems Faced in the Relocation of Elderly Persons", University of Pennsylvania Press

Co-Author of volume entitled *Social Functioning of the Dislodged Elderly*, Pennsylvania Press

Principal Investigator—City of Providence in conjunction with the establishment of the Multi-Purpose Center for Senior Citizens under the Old Americans Act

Organizing Member—Friends for People, Incorporated, a private, non-profit Rhode Island corporation providing statewide friendly visiting services to shut-ins

Director—Christmas Holiday Visiting Program for elderly persons

Registered Social Caseworker in the State of Rhode Island

From October of 1949 until last year, I served as Director of the Family Relocation Service. For the past year, I have held the position as Chief of the Division of Community Services, Department of Planning and Urban Development. As a result of my professional associations, I have served on various committees in the realm of private and public disciplines. These relationships with the sub-groups of elderly persons have afforded me gainful insight and precious knowledge relative to the problems and promises of our elderly citizens.

In commenting on the precise business before the Subcommittee relative to the "Usefulness of the Model Cities Program to the Elderly," it is worth stating that the serious multifaceted problems facing our cities today did not come about overnight. In effect, the city has been chronically ill for better than half-a-century. The illness of social unrest, civil disobedience, rising crime rate and unsafe housing along with all of the distasteful elements accelerated after World War II, and today has reached unparalleled proportions.

TASK "MONUMENTAL IN SCOPE"

While most would agree that this phenomenon cannot be controlled by any individual, group or sector, nevertheless, the ghettos and run-down areas of the city have increased with alarming speed. Areas of the cities previously labeled as residential have now become part and parcel of the so-called "ghetto" or "slum" area. Time does not permit reflecting on all of the ramifications and causes inherent in this syndrome. However, here today, I should at least touch upon some

of these causes in order to focus on the plight of elderly persons as related to the Model Cities Program. We do know, at least, that the task or remedy is monumental in scope, requiring advanced know-how and large expenditures of funds if we are to meet this awesome challenge.

From my experience working in the city for many years in the field of housing and social work, it is an established fact that most elderly people reside in the low rent, deteriorated, central core neighborhoods of our cities which are easily accessible to the downtown area for purposes of shopping, recreation, church, etc. These findings are not too illuminating when one considers that the elderly people of today are functioning on a very limited economic basis deriving their incomes, for the most part, from social security, welfare assistance and private pension funds.

Therefore, it is safe to assume that a fairly large percentage of our elderly population finds themselves in the designated model cities area of the cities. With this notion in mind, it would appear helpful to elaborate on some of the new approaches to programs consistent with the needs of this sub-group relative to the Model Cities Program. We are to assume that some of the basic objectives of the Model Cities Program are identifying needs, developing innovative and new approaches, along with the coordination of integrating interrelationship among private and public community services; therefore, it is equally important to give serious thought to ways and means of improving the lot of our senior citizens. Because housing is such an important ingredient in our daily lives, the present housing supply existing in most of our cities should be looked at in serious fashion. Experience dictates that provision of public housing facilities for the elderly represent a good attempt to meet many needs of elderly residents. This statement is based on our findings conducted during a two-year period studying the impact of relocation on elderly persons in addition to actual observation in our specialized program in Relocation.

LEASING PROGRAM CAN BE HELPFUL

However, I am concerned with the elderly person residing outside the realm of public or institutionalized housing. As mentioned, the quality of housing found in the model cities area is usually below minimum standards of the community, failing to meet many of the conveniences which should be expected by an elderly resident. Therefore, it is important and logical to stress the need for a leased housing program found in the 1965 Housing and Development Act. In essence, this program offers a ray of sunlight to a hemmed-in elderly tenement dweller functioning oftentimes without proper services in an unsafe and unsanitary setting.

I would like to emphasize that the leasing program is not a cure-all but rather a constructive step in helping to ease housing problems for elderly persons within the slum areas of our cities. Under this program, the local housing authority would maintain control from a management and maintenance point of view to insure a good flow of decent, safe and sanitary housing within the economic reach of elderly residents. These are some of the advantages if the leasing program were to be considered in model cities planning.

Oftentimes, services available to citizens within a city are not utilized by residents of the model cities area. Consequently, I would recommend that serious study and thought be given during the planning stages of the program to the development and possible implementation of a multi-purpose center located within the model cities area to service elderly persons. These centers could be established rendering many diversified services such as health advice, social service, casework and referral, educational counseling, employment counseling, and to some degree, limited recreational facilities.

It is this kind of establishment that could act as a focal point of activity for this segment of the populace. The facility should be staffed with professional workers knowledgeable in the various fields enumerated above. Although varied kinds of assistance could not be directly serviceable from the center, supportive services could be administered outside of the center facility. In keeping with this kind of facility, social caseworkers could be assigned to caseloads within the model cities area carrying out normal casework practices of interviewing, diagnosing and referring the various social, economic and health ills of the clientele.

The acute problem of social isolation existing in many of the central core cities should be minimized to a great degree by the establishment of such a diversified center. In fact, the problem of isolation could be faced more directly by the establishment of a friendly visiting service for elderly persons. This specialized service could act as a feed-back to the social service center in making available various kinds of service to the elderly as a group.

The friendly visiting service, as has been demonstrated in the State of Rhode Island, where some 3,353 visits were made last year using only a limited staff, could fill an important gap in providing a bridge for those who have become divorced from normal community activity. A small professional staff, augmented by neighborhood residents in keeping with the objectives of the Model Cities Program, would enable the visiting program a good opportunity to reach the isolated.

Specifically, this kind of specialized service would keep the individual in communication with the neighborhood and provide such services as running of errands, transporting to shopping centers, cashing checks or just making a telephone call to keep the isolated person informed of important day to day happenings.

SATELLITE EDUCATIONAL UNITS

In facing the educational aspect of the Model Cities Program as related to elderly persons, it would serve a very useful purpose to give serious thought to the implementation of satellite educational stations as part of our school systems within the model cities area. These so-called educational stations could develop a curriculum which would provide the senior citizen with additional educational knowledge in matters such as poetry, map reading, arts and crafts and the like. Also, general discussion groups could be conducted by a trained educator concerning day to day problems along with orientation in such important areas as budgeting, home safety, personal hygiene and good dietary practices. Employment counselors, along with vocational instructors, could render important information on the availability of opportunities within the community.

There are many facets of activities that could be expanded from this type of informal educational orientation station.

The health care of the elderly individual is an important factor in planning, and should be included in any recommendations or suggestions for future programming. Countless numbers of elderly people whom we have served over the years needed health advice and attention. However, various factors such as fear, undue anxiety, lack of motivation and economic instability caused many to neglect utilization of existing private and public health facilities. Consequently, the health of many elderly persons deteriorated. In order to meet this basic important need, each model cities area should weigh the possibility of establishing housing for the disabled within the specified area.

While this program is part of the housing for the elderly, so far, very little has been done in augmenting it. Many cities have large hospitals located in or adjacent to the model cities area. Housing for disabled could be built adjacent to or contiguous with the hospital facility. This would enable clients to obtain the necessary medical help in post-hospital care during the important days after discharge from the hospital proper. With the built-in factors of meals, laundry, daily visits from physicians plus a well-rounded program of activity, the elderly person could then return to the community in relatively good health.

Presently, most rest homes or health care institutions are over-taxed with long waiting lists. Over and above this factor, these facilities are oftentimes far removed, geographically speaking, from model cities neighborhoods. This presents a problem of inconvenience, travel and undue tension for the client and his family.

The need for this kind of specialized housing will increase greatly as future health technological advances are reached. As of today, most of our larger hospitals have to seek nursing homes and rest homes for patients not seriously ill but in need of custodial care for long and short periods of time. The presence of housing for the disabled would achieve the objective of filling this urgent need currently existing within any given city.

Various components mentioned in my statement emerge as perhaps the areas of concern which will benefit most the elderly sector of the model cities area. No doubt, there are many other vital services, facilities and programs that could be presented and elaborated upon; however, if the objectives of Model Cities is to be fulfilled in improving the quality of urban life, I am confident these suggestions may in some way make a worthwhile contribution toward that end.

It has been a rewarding experience to participate in this hearing. Perhaps during the questioning period, I shall have more time to discuss in detail the various aspects set forth in my testimony. Thank you.

Mr. JOYCE. Thank you.

For more than 20 years I have been involved in the problems of the elderly, problems and programs I should say, in various capacities. My field has been relocation and we have been involved with the

Ford Foundation, National Association of Housing Officials, University of Pennsylvania in this 2-year study and I feel confident that many worthwhile recommendations will come out of that study.

It is interesting to note that most of us here today have a vital concern in similar areas, so for the sake of brevity once again I shall be brief in enumerating these points.

No. 1, I think we are all concerned about the social being of the elderly people in this fast-moving computerized society of ours in which things are orientated toward the young. The old people to some degree seem to be lost in the shuffle and unfortunately I suppose that is the price society must pay for these great technological and space advancements.

However, I think most of us here, including the previous witnesses, share the thought that something must be done for the elderly in the field of housing. My recommendation, would be to look into the possibility of leased housing, under section 23. I believe it is, under the jurisdiction of local housing authorities so that these various houses could be sublet by the local housing authority in order to upgrade the housing and give added service.

FRIENDLY VISITING SERVICES

Second, I am concerned about the isolation of the elderly, which makes it impossible for them to cope with their new situation. I think a friendly visiting service is certainly one of the best tools we have at the present time. We inaugurated a program in Providence as a result of our study with the Ford Foundation, National Association of Housing Officials, and University of Pennsylvania. During the past year we have visited over 3,000 people with a very limited staff. To me this is very important because these people had become divorced from the mainstream of society and neighborhood activity.

In addition to these factors, I think many of our elderly have found themselves outside of the realm of activity in that they are not totally aware of all the services available to them. We document this in the Ford volume, incidentally, and I think it is a crying shame that especially when health services are available people don't know how and where to go and get them. There is a great deal to be done in this area.

I think this can be done as part of a multipurpose center that was mentioned by previous witnesses whereby we must go to the people rather than expect the elderly for reasons of immobility and transportation to go to the facility.

I think the best way would be to establish such a community within the model cities area knowing large numbers of elderly people reside there—go within their area with a professional staff and give the various diversified services such as employment counseling, vocational counseling, referral services, casework to some degree, and also to assign caseworkers from the center to go out into the neighborhood and do what they can for those who cannot come to the center.

I think there is a great deal of exploration to be done in this phase. In addition, I think many of our older citizens are in their homes, time is on their hands and life is really boring for them. To make it more meaningful I am suggesting in my statement that we set up educational "satellite stations." I use this phrase for lack of adequate terminology.

Mr. ORIOL. You mean a television station, a small center?

Mr. JOYCE. Yes, a small center affiliated with the school departments, preferably using school departments where we can have the small professional staff to help in poetry, map reading, and things interesting to this group of individuals.

Mr. ORIOL. Do you find that churches might open up a place for this stationary center?

Mr. JOYCE. Very definitely. I think the moral fiber of people requires this. I think that if we go back in history we will find that the various churches, synagogues, temples have taken active part in helping the elderly long before any formalized governmental agencies.

Mr. ORIOL. The church has a maximum capacity on 1 day of the week. I was wondering about the other days of the week.

ADVANTAGES OF CHURCH CENTERS

Mr. JOYCE. Yes. I think we could take advantage of any building within the model cities neighborhood. Geographically speaking, a church would perhaps be better located than some schoolhouse. I am trying to break this down to a degree so that people who can't go more than, say, four or five blocks could go to an educational station, so-called, to participate in these various kinds of discussions and informal classes. I am not thinking of a formal education, I think you would all agree that day is gone for the most part for the elderly. I do feel that they have a great deal to discuss, many things in common such as budgeting, home safety, personal hygiene, and other factors that would be of interest to them.

In essence, Mr. Oriol, that is all I have to say. I think the committee is to be commended because many programs that have been set forth by the Federal Government have not taken into consideration the needs of the elderly. I think that, viewing the entire program for the elderly, this is an opportune time to have a hearing of this type giving us all an opportunity to hear those who come here today to set forth some of their ideas with the hope that the committee will see fit to implement some of these suggestions.

I do appreciate the kind invitation. Thank you.

Mr. ORIOL. In connection with your last comment, I might point out that the Committee on Aging held similar hearings on the war on poverty and the elderly but in that case we held it about 18 months after the program had begun. Our efforts were very uphill for awhile. Several of our recommendations were finally implemented. I think there is a different attitude now in the antipoverty programs for the elderly.

(The chairman, in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

Question 1. You put a great emphasis in your statement on the potential usefulness of the leasing program as part of the model cities program. Can you provide us with more information on: a. The step-by-step process by which the leasing program could be made to serve the elderly on a broader basis than it now does?

Answer. In addition to my written testimony, I feel that the leasing program or Section 23 Leasing Program offers many additional tools to assist a local community in housing elderly clients.

First of all, this program is apparently capable of providing homes more quickly for elderly residents, a significant point in view of the predominantly tight housing market found within the private housing sector. Knowing there are long waiting lists in many cities for occupancy of homes for the elderly, this program offers new hope to a community by placing on the private market decent, safe and sanitary

homes within the pocketbook of the senior citizen. As an off-shoot of this factor, I am quite confident that the prerequisite of meeting decent, safe and sanitary housing standards will be guaranteed under the leasing program; I hope also that a fringe benefit would be the upgrading of the physical aspect of the neighborhoods while fulfilling the requirements of the leasing program.

Furthermore, a noteworthy plus relative to this program lies in the fact that the administration of the program is authorized to make additional contributions of one hundred and twenty dollars (\$120.00) annually toward shelter costs for each dwelling unit occupied by an elderly resident. This program could be applied to the same shelter cost for elderly residents residing in a nursing home or rest home situation. In addition, the leasing arrangement between the local housing authority and a home owner could greatly enhance not only the physical but the psychological characteristics while making available housing within the neighborhood of the model cities area. Such an implementation of Section 23 alone should be somewhat reassuring to senior citizens residing in the so-called model cities project area.

In essence, these are some of the steps which could be utilized in focusing more attention on the adoption or utilization of the leasing program. As stated in my testimony, this represents a positive step but, not necessarily, a "cure-all" in coping with specialized housing programs for selective sub-groups.

Question 1b. Any suggestions you may have for changes in model cities or leasing programs legislation or administrative policy?

Answer. At this time, I have no further suggestions for changes relative to the leasing program or model cities legislation and administration. Realizing that the program is relatively new, it would appear that several more months of actual planning will be necessary before worthwhile, concrete recommendations will be forthcoming from local communities. I am fully convinced that change for change's sake would do more damage toward the program during the early crucial planning stage. Therefore, I would prefer forgoing any suggestions for changes at this time.

Question 2. You make the statement that a small professional staff, augmented by neighborhood residents, would enable the visiting program a good opportunity to reach the isolated. Do you envision older persons as participants among the neighborhood residents so enlisted? If so, what special advantages do you see in their participating?

ELDERLY SHOULD BE ENLISTED

Answer. In keeping with the philosophy of the model cities program whereby a community should utilize the services of the area residents, I am in favor of enlisting neighborhood residents particularly elderly clients. There are many special advantages relative to the elderly participating in this kind of program.

First of all, many older citizens lack the desire to incorporate worthwhile projects in their daily routine. This in most instances is caused by a disability or emotional instability; therefore, it would be extremely helpful to have the elderly serve as volunteers in carrying out visiting, running of errands, paying of bills, making telephone calls and other related routine tasks. I can see great rewards derived from this type of activity. It would most certainly reassure the individual that he or she is an integral part of the neighborhood. By focusing attention on other people's problem, it would to some degree keep the person involved from unhealthy preoccupation with his own problem. In essence, it is hoped that this kind of participation would help elderly people serve a more meaningful function than would participating in passive activities such as watching television, reading newspapers, etc.

There are also many other advantages such as keeping elderly individuals informed relative to neighborhood activities, the making of new friends and companions during a stage of their lives when friends and relatives usually are non-existent. It is an established fact that an older resident can more easily befriend a fellow senior citizen than can a younger person in view of the fact that most of their problems are identical. This establishes a common ground of understanding in developing an effective visiting service. I am trying to make the point that there are many assets that the elderly person living in a model cities area might derive from this kind of specialized activity.

Question 3. You strongly suggest that educational and employment opportunities be opened to the elderly. Some observers might say that education and employment are low-priority needs of the elderly and that they should receive some form of guaranteed income instead. What evidence do you have, from your own experiences in Providence, that the elderly themselves place a high value on education and employment?

Answer. Since 1960, the Family Relocation Service under my direction instituted a specialized program for elderly residents facing displacement from governmental action. This program was born out of a concentrated need for additional specialized services required to meet the various problems of elderly residents. Since that time, some seven hundred elderly persons have been the recipients of these specialized social, health and educational services. In addition to these instances, the writer has served on many committees and commissions involved in various programs for the senior citizens as a group. This experience goes back some twenty years.

INFORMAL EDUCATION IN DEMAND

As a result of this kind of experience, I must conclude that many elderly people have expressed a desire for some kind of informal education and employment as was stated in my written testimony. For example, an informal educational center could be established permitting a fluid curriculum which would meet the needs of the elderly. By way of explanation, I am thinking in terms of small informal groups discussing world affairs, economic problems or standards, reciting poetry and discussing the affairs of the day. These small seminars, with full audience participation, would not only keep the mind sharp but likewise, would pass the time in a more productive manner which, hopefully, would create a healthy atmosphere for those individuals interested in this kind of activity.

In addition to the above, many residents have expressed a keen desire to become employed on a limited or part-time basis in order to prove to themselves that they have a useful place in society. Therefore, I place a high value on the educational or employment aspects of a program for the elderly because I feel that these aspects do possess distinctive possibilities for making life more worthwhile for those living in this type of situation.

Question 4. If housing for the disabled is constructed near hospitals, might not there develop a depressing or "sick" atmosphere? Or do you believe that it would be possible to take action to counteract such a possibility?

Answer. The establishment or construction of housing for the disabled or handicapped presents a useful added tool within the framework of the Department of Housing and Urban Development's Federal Housing Program. Frankly, I am not too disturbed over the fact that specially constructed housing facilities located adjacent to or near a large hospital would create a depressing atmosphere for the inhabitants. Basically, this recommendation or suggestion was put forth to emphasize the comparative lack of suitable rest homes or nursing homes housing people with various disorders. For example, many elderly persons, due to physical incapacity, are unable to prepare meals for daily consumption. As a result, many do not have the usual one hot meal per day. Compounding this situation is the lack of a balanced diet which is so necessary at this late stage of life. Likewise, many elderly persons find it difficult to take care of normal daily laundry needs. Therefore, to me it becomes strikingly important that the meals and laundry should be taken care of without too much difficulty in the type of setting involving specialized housing located near or adjacent to a hospital where dual services could be carried out with a minimum of planning. An additional built-in plus consists of the fact that the elderly would be within reach of a professional medical staff whereby out-patient and emergency services would be close at hand. Many of the larger cities in the Northeast are witnessing a need for this type of specialized facility to cope with the ever-increasing technological advances made in the field of medicine. We are all-to-familiar with the long waiting lists of senior citizens waiting to receive medical assistance in appropriate institutions. It is in this realm that the kind of housing suggested above could provide definite aid in alleviating a growing national problem.

Question 5. In your own central city areas in Providence, are there any buildings that would lend themselves to rehabilitation in order to serve as housing for the disabled or other kinds of intermediate or long-term care facilities? Do you believe that remodeling of such structures would be productive, or might it tend to perpetuate the idea that central city areas are strictly for the poor and the old?

Answer. To the best of my knowledge, there are no immediate solutions to the utilization of buildings in the central city of Providence which may be used as housing facilities for the disabled. Under our city master plan, several municipal and privately owned buildings have been demolished due to the fact that they were physically incapable of rendering future service. In view of the massive clearance program undertaken by the city more than twenty years ago, several of the serviceable buildings have been demolished to make way for public improvement or highway construction.

REHABILITATION OF OLDER STRUCTURES

However, I am of the opinion that the rehabilitation of older structures within the central city could serve a useful purpose after renovation. In trying to be realistic about the matter, one has to take into consideration the need that presently exists today. Namely, older people are in need of specialized facilities which would accommodate them on a short- or long-term basis. I think it is a truism that elderly people would feel more at home in the central city as opposed to moving to the suburbs or outer limits of the city proper. Much evidence gained here in Providence dictates that older residents are so familiar with the environment of the central city and its various services that to remove them from this type of setting would cause a great deal of anguish and anxiety.

Granted, there are other reasons, such as economic instability along with the lack of transportation facilities, which are added factors in reaching a valid conclusion that most older residents, of necessity, find the central city fulfilling their daily needs.

For different reasons, the poor find themselves in the central city mainly because of the low-priced costs of housing. The working class, particularly here in the Northeast, is located, for the most part, near their source of income, namely, the industrial structure of a central city. Also, the central city offers valid types of services which are peculiar to the central city's office of reassuring the individual of the lower rung on the economic ladder that many of these services are available without charge. For these reasons, I do not feel that special housing for the disabled or infirmed located within the central city would tend to perpetuate the notion that the central city is existing for the elderly or the poor.

Question 6. You mentioned in your oral statement that your Ford Foundation study documented the inadequacy of health services available to the elderly in central cities. For the sake of our hearing record, can you provide us with a summary of major points from that study?

Answer. I am attaching as an Exhibit A, Chapter Six, Conclusions and Recommendations, relative to the volume printed as a result of our two-year Ford Foundation financed study, "The Social Functioning of the Dislodged Elderly", carried out by the Family and Business Relocation Service in cooperation with the National Association of Housing and Redevelopment Officials.¹

One of the key findings within the two-year study relative to health services to the elderly consisted of unfamiliarity with the services that were available in the private and public sector. Many elderly residents in need of health prevention, diagnosis, treatment and care were unaware of the services available. Perhaps the statement made in my oral presentation should be changed to state that the health services were found not to be "inadequate" but rather "unknown" to the elderly segment of the project residents. It may interest the Committee to know that it was also noted in our study that many elderly clients failed to take advantage of health services for personal reasons which, evidently, goes back many years to an unfortunate illness or health experience.

The data concerned in the Exhibit, as previously mentioned, I am sure, will be of some value to the Committee in making a future judgment.

Mr. ORIOL. Mr. Yessian.

STATEMENT BY MR. YESSIAN

Mr. YESSIAN. First of all, Mr. Oriol, I want to point out I am not representing Mr. Paul Niebanck. There was a mixup in communications. I have consulted with Mr. Niebanck in the preparation but this is my statement.

Mr. ORIOL. Thank you for the clarification.

Mr. YESSIAN. My statement is based on the findings of the Ford study and particularly the final publication entitled, "Relocation in Urban Planning: From Obstacle to Opportunity," which has been published this month and which is authored by Mr. Niebanck and myself.

¹ See p. 135 for text.

In relation to the question you asked Miss Nenno regarding the development of relocation policies, I might note that in our study, we have traced in some depth the development of these policies since their beginnings in the 1930's and have concentrated, in particular, on the changes made in the past 10 years.

Model cities plans now being formulated across the country, while a notable departure from the total clearance programs of the past, will still necessitate the relocation of a good many households. Many of these will be households headed by or including elderly persons.

In its handling of this relocation job, the model cities program has an opportunity to make a most distinctive contribution. Relocation can serve needy households into contact with community services and of improving their living situations. The relocation policies developed under the urban renewal program have in recent years begun to reflect this understanding, and offer model cities planners a sound body of knowledge. The model cities program, in short, is in a position to take the lead and show how relocation can be a positive experience rather than a painful or merely tolerable one as has often been the case in the past.

My statement offers some guidelines as to how this objective can be reached in terms of relocating the elderly. I pointed out in my prepared testimony the plight of the elderly and their vulnerability to relocation. I think it is quite clear now that many of the elderly in older urban areas are in dire straits and are quite vulnerable to the disruptions caused by relocation. What I will do now then is to try to clarify what are some of the major rehousing needs of the elderly and I will close by offering some specific suggestions as to how the model cities program can help meet these needs.

The provision of "decent, safe, and sanitary" housing is obviously an important criterion in the rehousing of elderly persons. But in addition to the physical condition of the housing, older people are greatly concerned about the nature of their immediate environment, as has been emphasized today. In fact, their feeling toward home and neighborhood is the most important determinant of their satisfaction with the post-relocation living situation.

In light of the importance attached to environment, what then, are the relevant criteria to keep in mind when rehousing the elderly? Our studies indicate that the following three things become increasingly important as old age approaches and should serve as a guideline in devising rehousing policies:

1. MODIFIED INDEPENDENCE

Elderly persons desire to preserve their self-direction as long as they possibly can. This does not mean that they want complete freedom to come and go as they like, but rather a secure situation within which they can do as much as possible on their own. When it becomes necessary, they usually are amenable to receiving specific outside assistance in maintaining their dwelling, preparing meals, and resolving crises. They seek a housing situation in which they have the assurance that such help is readily available when needed.

The qualities sought in a housing site are those somewhat similar to what they have been accustomed, with a degree of privacy com-

mensurate with advancing years. The need to be close to commercial and other facilities is great, but so is the need for the security and congeniality of a genuinely residential area.

2. RESIDENTIAL CONCENTRATION

A factor that is only recently being reflected in public policies is that most elderly persons prefer to live in an environment where older people also reside. Studies have revealed the fact that they interact more frequently and meaningfully with their age peers than with younger persons, where contrasts are more evident and sympathetic understanding less possible. The enthusiastic reception among the elderly of public housing developments designed and intended solely for them appears to bear out this contention.

Related to the question of age, segregation is the fear of and dislike among the elderly of certain kinds of social change. Although it has been shown that members of different races may learn to interact freely to a much greater extent when they are of the same age than when they are of different ages, somehow a balance must be struck whereby the low income elderly are not asked to bear simultaneously the major burdens of age integration and racial integration, but are nevertheless introduced to new environmental relationships which contain more creative possibilities than those to which they have become accustomed. Concern along this line is especially pertinent in regard to the model cities program for its stated relocation policies foster dispersion of relocatees more so than do existing relocation policies. The bulk of dispersion efforts, I feel, should be geared to the younger households which are more capable than the elderly of withstanding the attendant pressures.

3. PROXIMITY TO FACILITIES

Reduced mobility makes routine duties more difficult and requires that important facilities be nearby. For an elderly person there should be a bus stop on the same block as his residence. Grocery stores and drugstores should be within easy walking distance—no more than 2 or 3 blocks away. Churches, clinics, hospitals, banks, and other facilities should also be in the general vicinity, but need not be as close.

Quite clearly a residence somewhere near the downtown area is preferable to a good many of the elderly. The central business district serves many of their shopping needs and provides them with ready entertainment. In some cases, a residence near a neighborhood shopping center can offer the same advantages.

In judging the importance attached to nearby facilities, it should be emphasized that the frequency of use is not the only major criterion. Although the church or clinic may be visited only rarely, for example, their importance is still great. Likewise, although many elderly persons take a bus trip infrequently, if at all, public transportation often serves as their only means of ready access to the outside when such access is needed. Thus, importance has to be measured in broad terms: terms which include an appreciation for the psychic as well as the immediate and physical.

In closing I will list three suggestions:

We see, then, that elderly persons desire to maintain a modified independence, to reside close to their age peers, and to be within easy reach of important neighborhood facilities.

Each of these generalizations—though suffering from the fault of any generalization—is rather well documented in the publications previously cited and together they provide a logical context within which to frame rehousing plans for the elderly. In devising the specific plans, there is much room for experimentation, which is, indeed, one of the basic charges of the model cities program.

Many specific suggestions have occurred to us during the course of our study. I will use the time allotted here to list three of them.

1. GROUP RELOCATION

Since elderly households are usually highly dependent on neighboring households and places of business why not try to preserve these relationships in the postrelocation situation? With proper planning an area could be set aside in a convenient location and the positive social features of the old neighborhood could be integrated with the better physical conditions of the new neighborhood.

Also along this line, group relocation might be used as a tool to achieve a natural regrouping of certain people who may wish to live near one another, such as church members scattered in different locations.

2. INTERAGENCY TRAINING PROGRAMS

The relocation agency alone cannot be expected to offer the multitude of services needed by their elderly clients. The active involvement of the citywide social service network is clearly needed. But in many cases most of the other agencies have their own hands full and in addition often have little understanding or interest in the problems of elderly relocatees. The model cities program might be looked upon as an opportunity to correct such situations and to promote the coordination and involvement of social service agencies in relocation efforts. Interagency training programs geared to workers at the operational level rather than the policymaking level could be a useful means toward this end. By promoting interagency contacts between workers and by providing information concerning particular social service needs, such programs could certainly help in oiling the wheels of the social service network.

3. NEIGHBORHOOD SOCIAL SERVICE CENTERS—WHICH MR. JOYCE HAS ALREADY STRESSED

One additional point I would like to stress is that in light of the importance of neighborhood to older persons and of their reluctance to exert much initiative in seeking assistance, neighborhood social service centers for the elderly would fill a most important need. Such centers, staffed with counselors from different public and private agencies, could serve as an important mechanism for coordinating services and for making them more available to the aged. The centers also could serve as a logical focus for the provision of relocation services, not only to those displaced by public activities, but also to

those who presently reside in substandard or inappropriate dwellings regardless of whether or not they are located in the redevelopment area.

These then are some of the specific steps which can be taken to assist elderly persons who will be relocated as part of the model cities program. If such steps are in fact to be taken, however, it is clear that relocation and rehousing considerations must assume a high priority status in model cities planning. More specifically, this means that relocation professionals must be called in early in the game to offer advice on the relocation implications of development plans as well as to offer their own plans. In turn, relocation staffs must be beefed up and allowed to develop expertise. A staff specialist on the problems and needs of the elderly should, for example, be a common feature of large city relocation agencies.

The model cities program can play an important part in fostering these larger developments as well as those dealing more specifically with the rehousing of the elderly. Because model cities is based on principals of equitable redistribution, it can and should be instrumental both in upgrading the role of relocation in development planning and in granting the urban elderly, who are troubled enough as it is, the assistance they deserve in coping with the burdens imposed by relocation.

Thank you.

(The chairman, in a letter written shortly after the hearing, addressed several questions to the witness. Questions and replies follow:)

Question 1. Could you elaborate on what types of housing under what circumstances would meet the demands for "modified independence"?

Answer: In our studies we found that most elderly persons prefer low-rise single- and multi-family structures. But, we also found that the type of structure is not the controlling factor in determining an older person's satisfaction with his housing. If a housing accommodation allows for a measure of independence in an atmosphere of comfort and security, satisfaction is likely to be high, regardless of the type of housing. This contention is borne out by the popularity among the elderly of some of the recently-constructed high-rise developments which offer a wide range of environmental supports.

Although not of high priority concern, the physical aspects of the housing structure and unit do have some bearing on an elderly person's satisfaction with his living situation. In regard to structure, low-rise developments are generally preferred because they are less impersonal than high-rises and more similar to the former homes of the elderly. In regard to the individual unit, such features as modest size, single floor construction, grab bars, and no-stretch closets, are usually desired because they make everyday chores easier to perform.

Question 2. To what extent is the desire for isolation of the elderly due to an actual preference for such isolation or due to the fact that often special dispensations for age are not made elsewhere (i.e., outside of a public housing project solely for the elderly)?

Answer. The fact that public housing developments offer special dispensations for age, which are not available elsewhere, no doubt encourages a greater congregation of the elderly than would otherwise be the case. Yet over and above this attraction, there is increasing evidence that older people usually prefer to have their age peers as neighbors. Studies have shown that the elderly tend to have more friends as the proportion of older people in their neighborhood increases, and that they participate more extensively in group activities when youthful competition is absent. Interviews that we conducted, with both the elderly and the administrators who work with them, strongly support these findings.

This does not mean that housing for the elderly must be concentrated in large developments. More in line with what the elderly want is the plan envisioned by neighborhood residents in a Model Cities area in St. Louis where special units for the elderly "would not all be concentrated in one location creating an elderly ghetto. Rather, they would be scattered throughout the housing target area. . . .

Each building would have one floor, with three-room efficiencies in groups of 12. . . . The elderly units would open up onto a common entrance walk, and each would have a garden in the rear". With such housing, the elderly would be provided a secure environment in which they would be able to associate freely with one another and, at the same time, participate in the community at large.

Question 3. You suggest that the bulk of dispersion efforts should be geared to younger households. How would you go about this?

Answer. As I noted in an earlier letter to Mr. Oriol, the point I am making here is, that in a case where dispersion is a feature of a local Model Cities plan, the effort should be geared to younger households. As to methodology, I think that can best be tested in local Model Cities programs, which—after all—are intended as a means of formulating innovative approaches. I would argue, however, that one crucial ingredient in any truly serious dispersion effort would be the construction of low-income housing in areas of the city and suburbs where such housing does not now exist.

Question 4. Has "group relocation" been attempted in any major redevelopment effort? If so, we would like to have any details you can send on to us.

Answer. Although I am acquainted with some instances in which groups of displaced, small businessmen have been relocated into the same area, I know of no comparable efforts involving households. However, Miss Constance Williams, Coordinator of Community Development Assistance for the Massachusetts Department of Commerce and Development, has informed me that plans are now being made by the Boston Redevelopment Authority to relocate a large portion of a "soon to be displaced" Chinese community into new housing which is to be built in the project area.

Question 5. You suggest that "relocation staffs must be beefed up and allowed to develop expertise." Might elderly individuals be trained to serve other elderly individuals in need of relocation counsel?

Answer. Yes, indeed! Providence, Rhode Island, offers a notable example in this regard. There, Mr. David Joyce, who has appeared before the Special Committee on Aging, heads a centralized relocation agency which for some time had as a permanent staff member an elderly woman. Before her recent retirement, she served as the agency's specialist on the problems of the elderly. She worked closely with elderly relocatees and built up a rapport with the clients that would have been far more difficult to achieve by a younger person.

Mr. ORIOL. Do you have any questions?

Mr. MILLER. No.

Mr. ORIOL. I would like to ask this question now, and ask that you give some details on it in a later statement.

You said that the model cities relocation policies caused greater dispersal than other kinds of relocation policies. We would be very much interested in getting the details of that.

Mr. YESSIAN. Fine.

(The following letter was submitted for the record in answer to the above question:)

MORTON HOFFMAN & Co.,

August 6, 1968.

DEAR MR. ORIOL: I am writing in response to your request that I explain the part of my testimony on July 23, 1968 in which I stated that relocation policies under the Model Cities program will "foster dispersion of relocatees more so than do existing relocation policies."

In case there was some misunderstanding, I was not trying to make the point that the Model Cities program as a whole would foster a greater displacement of households than have Urban Renewal and other public programs. This matter is made quite clear in the Model Cities program guide which states that the relocation plan "should indicate the measures which are to be taken to minimize dislocation of area residents."

What I was trying to point out is that when the relocation of households is undertaken as part of the Model Cities program, there will be a greater public effort to disperse the relocatees in other parts of the city than has been the case under past relocation practices. My primary basis for this contention is the relocation requirements specified in Federal statutes and administrative directives.

Under Model Cities law, relocatees are to be provided "a choice of a variety of decent, safe, and sanitary dwellings at rents or prices they can reasonably

afford in areas free of blight". The last part of this administrative guideline is a significant addition to the relocation requirements of other public programs. Under Urban Renewal law, for example, the specification is that relocatees are to be provided decent, safe and sanitary housing, "in areas generally not less desirable in regard to public utilities and commercial facilities than areas in which they currently reside". As stated in a recent article by H. Ralph Taylor, Model Cities Director for HUD, and George A. Williams, Deputy Director of Model Cities in Baltimore, "This means that present relocation requirements may be met by providing relocation housing which itself is standard but which is located in a blighted neighborhood, if the former neighborhood was itself blighted. Under Model Cities program requirements a relocatee must have a real option to select housing in a neighborhood that represents an improvement in the quality of his surrounding physical environment". (See "Housing in Model Cities", *Law and Contemporary Problems: Housing, Part II: The Federal Role*, Summer, 1967).

In the same article, Taylor and Williams also noted that the Model Cities program will aim to "avoid perpetuation of concentration of low-income housing in one area" of a city. In my work this summer as a research analyst for an urban and economic consultant firm, I have found indications that the Model Cities program is indeed moving in this direction. I have been in close touch with the Model Cities efforts of two large cities, and in both cases relocation is being considered as a means of dispersing low-income households to other parts of the city. In one of the cities, the Negro residents of the Model Cities area made it quite clear that they do not wish to concentrate all of the low-income families in their area and that they favor plans calling for the relocation of some low-income families to other sections of the city.

The wording of the law, the statements of two top Model Cities officials, and my experience with the Model Cities program thus form the basis for my statement that Model Cities will "foster dispersion of relocatees more so than do existing relocation policies". The point I wish to underscore, however, is that any public efforts aimed at dispersing low-income households should not be directed toward the elderly, who are less able than younger persons to adjust to major changes in their living situation and who have in most cases built up strong ties to their current environment. Relocation policies concerning elderly persons should reflect the facts that older people usually prefer to live in areas where many of their age peers also live, where important facilities are nearby, and where neighborhood associations are not radically different from those to which they have been accustomed. By devising innovative approaches based on these three criteria, the Model Cities program can be of great use to the elderly.

Sincerely yours,

MARK R. YESSIAN.

Mr. ORIOL. Another question I would like to ask to any of you who may know, has the Department of Transportation authorized any projects or liaison trying to tie together a transportation research or transportation action project with the model cities project, especially affecting the elderly?

Miss NENNO. Not to my knowledge, not in terms of the model cities area. I don't know. There are a number of projects, as you know, regarding low-income families in transportation, but I don't know of any particularly that are geared to model cities.

I am just not informed of any.

Mr. ORIOL. Another question I would like to address to all of you, you have all been around the model cities directors. Do you find that most of them sort of spring from the housing field, and if so, does this build in perhaps an overemphasis on housing or do you think housing is the ideal nucleus for all the other things that model cities programs are supposed to do?

Miss NENNO. In our analysis of the model cities directors—

Mr. ORIOL. City directors?

Miss NENNO. In terms of our May meeting, we found they came from very diverse backgrounds. In fact, housing did not predominate, which is an interesting development. Some came from the academic

field, some came from social welfare. There didn't seem to be any pattern of relationship. Many come from community organization, which of course is particularly important in terms of the concept of model cities and involvement of neighborhood people in the planning process.

As far as the relationship of housing and renewal to model cities, certainly it is a very vital and important one.

As you know, for a number of years now what we call the community development programs, housing and urban renewal, which are primarily physically oriented, have been moving much more strongly in the area of social implications and social relationships. Model cities is perhaps, you might say, the culmination of this effort to tie together physical and social renewal into one program. I don't believe you can say any one program predominates. It is rather the task of relating and coordinating all relevant programs which will either make model cities succeed or fail.

Mr. ORIOL. What do you think is going to happen, success or failure?

MODEL CITIES: SUCCESS OR FAILURE?

Miss NENNO. I was having a conversation with Secretary Taylor about that while we were having our coffee this morning. I said I was not sure that model cities is going to be a success in all cities, primarily because it is such a difficult and complex program. I think it will succeed in many individual instances, and in particular parts of the program.

I think the important thing is that an effort is going to be made to undertake complicated interrelationships; this is necessary, because urban problems are complex. We simply cannot avoid the necessity of trying to relate all programs in a common effort.

I think that the model cities experience over the next few years could well telescope the time by which we can learn how to interrelate and how to do this job. It will be a really pioneering effort which in the long run will succeed, even if our immediate efforts may not be fully productive.

Mr. ORIOL. On that note I would like to close this first day of hearings and echo the chairman's remarks about the quality of the statements from the witnesses. You have certainly helped us off to a very good beginning in this study of the model cities program and the elderly.

I also would like to note for the record that William C. Hudelson formerly of the Aging Committee staff and now with Prince Georges County Community Development, has already given us a preliminary statement and may give us more.

Are there any remarks you wanted to make at this time?

Mr. HUDELSON. No. The only thing I mentioned off the record was in terms of transportation. I believe housing and urban development has been researched, transportation might in community type of stuff. This was one time up for presidential transfer to the Transportation Department.

I don't think that part of it ever went through. I believe they do have some transportation.

Mr. ORIOL. Thank you once again.

(Whereupon, at 12:55 p.m. the committee recessed subject to call of the Chair.)

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL FROM WITNESSES

ITEM 1. EXHIBITS PROVIDED BY H. RALPH TAYLOR, ASSISTANT SECRETARY, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT *

EXHIBIT A. HUD NEWS RELEASE, THURSDAY, NOVEMBER 16, 1967

STATEMENT BY SECRETARY ROBERT C. WEAVER, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, ANNOUNCING THE FIRST MODEL CITIES PLANNING GRANTS, WASHINGTON, D.C.

This is a tremendously significant day for the people of America.

I asked you to come here this morning to announce the list of cities selected to receive the first round of planning grants under the Model Cities program.

I don't think I ever recall, during my years in government an event in the field of urban affairs which has generated so much interest, so much anticipation—and so much healthy involvement and competition, and so much promise for the future of our cities.

There were 193 applications filed for these planning grants. They came from communities of all sizes in all parts of the country. They came from communities with a wide diversity of problems. They came from communities determined and willing to do something about those problems.

Two factors emerged from these applications:

First, they comprise a searching and detailed pathology of the urban ills of America.

And, secondly, they brought forth greater ingenuity and imagination for the solution of those urban ills than ever had been seen before.

In the process, the self analysis and exchange of information and stimulation of thinking that took place in these communities has had an impact that will be of lasting benefit to us all.

Making a selection from among the 193 applications received by HUD was an extremely difficult and time consuming task.

The applications were reviewed not only by HUD, which is responsible for administering this program, but by an interagency review committee composed of representatives of the Department of Health, Education, and Welfare; Labor; Agriculture; Commerce; and Justice; and the Office of Economic Opportunity. It, like the Model Cities Program itself, was truly an Administration-wide effort, cutting across the activities of many departments and agencies.

The purpose was clear: To select those neighborhoods, all across the country, where the concentration and coordination of Federally-assisted programs could have the maximum impact in solving urban problems.

The criteria by which the applications were judged were—

Scope of the analysis of the problems involved.

Innovative approaches.

Capacity to carry out the program.

Commitment of city government and private groups.

Geography and population.

The cities which were chosen—and, of course, the responsibility for the selection is mine—will share in the \$11 million in planning funds which Congress has appropriated for the first round of applications. If they successfully complete the planning process, they will share also in the \$300 million which Congress has just appropriated for supplemental grants and extra urban renewal funds expressly earmarked for Model Cities. Unfortunately, they will not be able to share in an additional \$350 million which President Johnson had requested for this program—but which Congress did not appropriate.

*See pp. 6-19 for testimony by H. Ralph Taylor.

There is, however, another \$12 million in planning funds which has been appropriated for a second round of applications. We will soon be inviting applications for this second round.

It is our hope that many of the cities that applied for the first round, and were not selected for planning funds, will join other localities in applying for the second round. And we intend to work closely with those cities which were unsuccessful in helping them develop their applications.

Before giving you the list of cities, however, let me emphasize one more thing just as clearly as I can.

This program is part of the great vision which President Johnson has had for the future of the American city and those who live there. It is part of a dream—or, if you will, a conviction—that this country has the energy and the resources and the will to build decent communities where Americans can live in comfort and in dignity.

The pathway leading up to this announcement today has been a long one, and has involved the efforts of many people, but none more than the President himself.

Long ago—even before the creation of the Department of Housing and Urban Development—he set up a task force charged with finding new approaches to building a decent urban life in America. Two of the men who were on that task force now serve with me in this department—Under Secretary Robert Wood and Assistant Secretary Charles Haar.

One of the ideas they and the other distinguished Americans associated with them proposed, and which President Johnson made part of his program, is what has become the Model Cities program.

The President fought against tremendous odds to win the authority for this program from Congress and against even greater odds to win the funds for it.

The funds Congress finally made available were far short of what he asked and what is needed. But they were short because there were some who sit in Congress who could not or would not see what this program meant to the people of this country.

It is my hope that as the cities we announce today move ahead in their planning and as more and more of those who live in these communities become involved, that perhaps the members of Congress will understand this program a little better and appreciate it a little more. Perhaps if they do, the story on next year's appropriations will be different.

For the Model Cities program to succeed, there must be full involvement of the skills, commitment, and resources of Federal, state, county, and city governments with neighborhood residents, private enterprise, organized labor, and community agencies and organizations of all types.

The neighborhoods that have been selected for the first round of the program represent every section of the country. They are in communities of all sizes. They have an incredible diversity and complexity of problems. They represent the hard core both of need and of opportunity in meeting our urban problems. They are on the cutting edge of American life. For in them we shall start now to transform blight and decay into health and hope.

In the target areas there are one million families, or over four million people. Nearly a third of the families have incomes of less than \$3,000 a year, and the vast majority earn less than the medium income level in the locality. A fourth live in substandard housing, and many more are overcrowded in deteriorating buildings. Unemployment is double the national level and there is substantial under-employment. A third of the adults have less than an eighth-grade education. The infant mortality rate is double that for the nation as a whole.

These figures reflect some of the major social, economic, and physical ills which will be the concern of the Model Cities program. It is designed to develop and carry out a comprehensive, coordinated attack to deal with the human and physical needs of the target areas. Its purpose is not to patch up the community but to uncover and deal with the root causes of its deficiencies.

And herein lies the true significance of the Model Cities and the reason the program has been so identified. Not only is it a more concentrated and fundamental approach to the basic problems of our cities than has ever before been undertaken. But out of it should come models for dealing with these problems throughout urban America.

Our task now is to work closely with the cities on the specifics of their proposals in order that effective programs can be launched in each of the neighborhoods. This will be given top priority and all of the other Departments and agencies concerned with urban problems will join with us as partners in this effort.

As soon as I have finished reading the names of the cities, printed lists will be available at either side of the room, and data sheets on each of the communities will be available on tables in the corridor outside.

I know that some of you will want to get the word back to your offices as soon as possible, so we will interrupt the proceedings for about five minutes so those who need to do so can leave. Then we will reconvene to answer your questions. With me to help in that are Under Secretary Wood, Assistant Secretary H. Ralph Taylor who is responsible for the administration of the Model Cities program, and the Director of the Model Cities Administration, Walter G. Farr.

One last word:

President Johnson during recent conversations with President Diaz Ordaz of Mexico discussed the possibilities of a joint program for rehabilitating an urban area that stretches across the borders of the two countries.

As a first step in implementing this proposal the Department of Housing and Urban Development is initiating conversations with Mayor J. C. Martin of Laredo, Texas, in an effort to assist him in qualifying the city for a Model Cities planning grant. It is hoped the authorities in Mexico will concurrently take action to initiate similar planning in Nuevo Laredo.

EXHIBIT B. THE MODEL CITIES PROGRAM, QUESTIONS AND ANSWERS, JUNE 1968

FOREWORD

The Model Cities Program is authorized by Title I of the Demonstration Cities and Metropolitan Development Act of 1966. It is designed to help selected cities of all sizes in all parts of the country to substantially improve social, physical, and economic conditions in large blighted neighborhoods.

The material presented here is intended to give general information and serve as a handy reference on the Model Cities program. The "Highlights" give points of major importance about the Model Cities program. The "Questions and Answers" cover policy and other questions commonly asked about the program.

I. Model Cities Highlights

"Comprehensive" Approach.—The Model Cities program is designed to concentrate public and private resources in a comprehensive five-year program to solve the social, economic, and physical problems of slum and blighted neighborhoods.

Meeting Human Needs.—The Model Cities program should not only upgrade the physical environment of the neighborhood, but improve significantly the lives of residents. The program is expected to raise substantially the levels of education, health and medical treatment, employment and job training, income, and social services in the model neighborhood.

Relationships Between Programs.—Problems in the model neighborhood should not be considered separately, but as they relate to each other and to problems and forces outside the area. How do inadequate education and transportation reinforce unemployment, how does poor housing contribute to poor health? To meet these multiple problems, activities to improve health, education and other conditions must be linked to each other.

Citizen Participation.—Residents of the neighborhood and the city as a whole (labor, business, and other civic groups in the community) should have a hand in identifying problems, planning, and carrying out the program. Neighborhood residents must take part in making decisions in the Model Cities program to insure them a meaningful role in improving and rebuilding their communities.

Mayor and City Hall.—Under the law, the principal executive officer (Mayor, City Manager) and elected governing board (City Council, Commission) have local responsibility for the Model Cities program.

Multi-agency Effort.—The Model Cities program provides a basis for shared responsibility by all agencies and departments that administer social, economic or physical programs in the Federal, State, and local governments with the lead coordinating role in the local Model Cities agency.

Role of States.—States administer a number of Federal grant-in-aid programs—education, welfare, and health particularly—that are vital to local Model Cities programs. States should work closely with cities to relate these programs to the needs of the model neighborhood, redirecting resources where necessary, and coordinating activities of various State agencies. States can also provide technical

assistance to the cities in cooperation with the Federal government, respond to needs for State legislative changes, and contribute financial resources to local programs.

City-Wide.—The Model Cities program is designed to improve the target area and thereby contribute to a more well-balanced, healthy city and metropolitan area. It should also further develop the capability of local government to deal with city-wide problems similar to those faced in model neighborhood areas.

II. The Model Cities Program Is Not—

An overnight cure for all the problems of the city. The program should certainly make substantial improvements in education, housing, employment, and other conditions in the target area in a five-year period, but it will not bring about urban utopia.

Supported completely by Federal funds. The bulk of the funds for the Model Cities program comes from new investment of private, local and State funds, grants from existing federally aided programs, and better use of money already being spent in the model neighborhood.

The responsibility of a single agency or government. Although the law designates the U.S. Department of Housing and Urban Development as the administering agency, all Federal agencies with urban-aid programs share responsibility for the Model Cities program, as do State and local governments.

Slum clearance or strictly physical rebuilding. The Model Cities program emphasizes treating the social and economic needs of residents. Increasing the supply of adequate housing is a major goal, but this will come through rehabilitation of existing structures wherever possible, as well as through new construction.

A program to be run solely by the agencies of city government or solely by neighborhood residents. Since a successful Model Cities program depends on improvement and coordinated delivery of services which are largely the responsibility of the city government and private agencies, residents cannot run the program apart from the city government. Citizens should, however, have an important role in planning and carrying out the program and may administer parts of the program.

MODEL CITIES—WHAT AND WHY

Q. What is a Model City?

A. Any municipality (city or county) selected to receive planning funds as the first step of a five-year program to improve physical, social and economic conditions in a large blighted neighborhood—to be known as a model neighborhood.

Q. What are some of the improvements that may be made in the model neighborhood?

A. *Education*, from pre-school through adult; *health and medical services*; increase the supply of new and rehabilitated *housing* and offer maximum choice of housing for all citizens of all incomes; increased *income* levels as well as better *welfare and social services*; increased opportunities for *economic development, jobs and job training*; better *transportation*, particularly between home and job; *reduce crime and delinquency*; better *physical surroundings* through adequate public and commercial facilities.

Within these basic standards of the Model Cities program, the locality plans a program setting its own specific goals that will meet the most urgent needs of the particular neighborhood.

Q. Where does the money for a Model Cities program come from?

A. Major public funds will come from existing Federal urban aid programs and State and local sources. But even more investment should come from private sources.

Model Cities funds pay for 80 percent of the cost of planning and administering a Model Cities program. Model Cities funds are also available in the form of supplemental grants not to exceed 80 percent of the local share of all federally funded activities comprising the program. These supplemental funds which are available only upon approval of the city's plan can be used as cities choose, but with special emphasis upon high priority activities in their model neighborhood program not usually provided for by existing Federal grant-in-aid programs.

Q. Which Federal agency administers the Model Cities program?

A. The U.S. Department of Housing and Urban Development in cooperation with all other Federal agencies which administer major urban aid programs, including the Departments of Agriculture, Commerce, Health, Education and Welfare, Justice, Labor, Transportation and the Office of Economic Opportunity.

Q. What is so special about the Model Cities program if it only offers cities existing Federal grants, plus some extra Model Cities money?

A. The Model Cities program encourages cities to coordinate and concentrate public and private resources in a locally developed program to deal more effectively with urban problems. The incentive for local coordination is the "bonus" Model Cities money or supplemental funds, which can be used as the city chooses, and the promise of a coordinated Federal response to local needs.

Q. Will the Model Cities program mean that after five years the model neighborhood will offer the same benefits and the same opportunities as the city as a whole?

A. Probably not. During the five-year period the city is expected to make as much progress as possible toward raising the quality of life in the model neighborhood to the levels of the rest of the city. However, the neighborhood is selected because it has some of the worst conditions in the city, and it may not be possible to accomplish all goals within a five-year period. On the other hand, the five-year program should make substantial improvements in the neighborhood, and establish the ground-work for continued progress.

Q. If this is a program for rebuilding slums, why is it called "Model Cities?"

A. This is not just a program for rebuilding the slums, but one for improving the quality of life of the people in blighted areas. Although this, of course, includes improving physical facilities of the area, the emphasis is on social and human improvement. In attacking these human and physical problems, these selected cities are expected to use innovative approaches, new techniques, and reach a high degree of cooperation and coordination of Federal, State and local efforts. Accomplishments should serve as "models", to be followed by other cities facing the same problems.

Q. What are the responsibilities of the *Federal agencies* in the Model Cities program?

A. Federal departments and agencies with major urban aid programs jointly develop and review policy for the Model Cities program, review initial applications for planning grants, and review local planning work. Agency representatives at both the local and regional level help cities plan and carry out their programs. These representatives give advice on overall programs for specific problems, such as education and housing, help prepare applications for specific Federal grants, and advise on available Federal funds in areas of interest to the city.

Q. Who is responsible for a local Model Cities program?

A. The (elected) *chief executive and governing body* of the city or county have final responsibility for the Model Cities program. A local Model Cities administrative unit responsible to the Mayor, usually called a City Demonstration Agency (CDA), must be established or designated for the overall direction of the program, including policy development and coordination of activities of public and private agencies and residents of the model neighborhood.

Q. Who should be involved in planning the local Model Cities program?

A. *All public and private groups and individuals in the community* who are affected by what happens in the model neighborhood, provide services to the model neighborhood, or have resources, financial and otherwise, which can be used in treating model neighborhood problems.

A partial list would include residents of the neighborhood, all city and county agencies that provide services to the neighborhood (Police Department, Sanitation Department, County Welfare Department, Health Department State agencies (State Education Department, State Health Department) elected officials and boards (School Board), civic and citizen groups (Health and Welfare Council, Chamber of Commerce), organized labor, universities, industry, private businessmen and churches.

Q. Why is it necessary for *States* to get involved in local Model Cities programs?

A. The State government is actually the first resource of city governments. States administer many Federal programs, such as education and welfare that are vital to the Model Cities effort. States can also provide valuable technical, manpower and financial resources to the cities. Finally, unmet needs or problems identified by the program might necessitate State legislation for their solution.

Q. What part would local *industry* and *businessmen* take in the Model Cities program?

A. A successful Model Cities program will require not only public investment, but commitment of financial and manpower resources from private industry. Businesses and individual businessmen have much to bring to the Model Cities program in planning and carrying out programs such as job training, special

courses in schools, providing training and financial assistance to small businessmen, and building and rehabilitating low-cost housing. Businessmen also have valuable management skills to contribute to planning and operating Model Cities program.

Citizen Participation

Q. What part do the residents of the model neighborhood take in the Model Cities Program?

A. The Model Cities law requires widespread citizen participation in planning and carrying out the Model Cities program. HUD has issued general performance standards calling for a citizen participation structure in model neighborhoods. This would give citizens a direct access to decision making, so they can influence the planning and carrying out of the program. Leadership of the structure must be accepted by the residents as representing their interests. Residents must also have direct and timely access to technical help which they consider trustworthy.

Q. Who decides what the citizen participation structure will be?

A. The city and the local residents decide on a structure that will meet HUD's general requirements.

Q. How do residents choose the people they want to represent them in the Model Cities program?

A. Several Model Cities have already held elections in their model neighborhoods, but HUD does not require elections or any one method of picking the citizens who will represent the neighborhood.

Q. What happens if citizens and the city cannot agree on the way residents will participate in the program?

A. If residents and the city cannot settle serious disagreement in a way that will permit the city to meet the performance standards of the program, they will not be funded.

Q. Does HUD give money to citizen groups for technical help?

A. No. All funds for the Model Cities program go to the CDA through the city government. There are no direct contracts between HUD and local organizations. But many cities are contracting part of their Model Cities planning grants to residents' organizations to pay for staff and consultants acceptable and accountable to these organizations.

Q. Are the residents in the model neighborhood the only ones who should be involved?

A. No. Citizens from the entire community, and even suburban communities, should be involved, so that they can use their skills and resources in helping to solve the problems of the model neighborhood. Such broad participation is important because many slum problems have their causes in attitudes and behavior of the wider community.

Q. If a citizens' group feels it has been left out of the program, can it deal directly with HUD?

A. HUD staff will investigate the complaints and report its findings to the CDA. However, HUD's objective is to encourage a working relationship between neighborhood and city government, not between the neighborhood and the Federal Government.

Q. What is the relationship between residents who participate in the Model Cities program and the local Community Action Agency funded by the Office of Economic Opportunity?

A. Most model neighborhoods are in the Community Action Program target areas—either in part or whole. The Community Action Agency (CAA) can provide valuable help to the CDA by organizing residents to participate in the program, enlisting support of neighborhood residents and providing technical help to the residents. In some cities, the CDA has delegated some planning and organizing functions to the CAA.

Q. Can residents participating in the program be paid?

A. Where financial problems would bar them from participating in the program, residents can be reimbursed for such costs as transportation or baby sitting, and may also be aid for serving on boards. In addition, it is expected that neighborhood residents will work in planning activities, and carrying out the program. Such jobs should help develop new careers for neighborhood residents.

Q. Can model neighborhood residents run their own program?

A. Since the city government and various private agencies provide services to the model neighborhood, residents cannot run their own program apart from the city government. They can, however, have a voice in the decisions that are made about the Model Cities program. The CDA can designate residents to administer any program element for which they have the competence.

Q. How do citizens in the model neighborhood get involved?

A. The CDA has an obligation to inform the residents about the Model Cities program, how it affects them, and to offer them the chance to participate.

A Model Neighborhood in a Model City

Q. What size area is eligible?

A. The model neighborhood, the target area, can include up to ten percent of the city population in large cities or as many as 15,000 persons in cities of less than 150,000 population. For cities of 15,000 population or less the whole city may be treated as a model neighborhood. The area should be compact rather than broken up, and should have boundaries that logically outline the neighborhood.

Q. How is the model neighborhood selected?

A. The chief elected official and governing body select the area after consultation with and recommendation from interested citizen groups and residents of the proposed target area. It should be largely residential, and a substantial portion should be hard-core slums with a high concentration of low-income families.

Q. Is the Model Cities program important to anyone in the city other than those living in the model neighborhood?

A. Yes. A city cannot be healthy as long as it contains large blighted neighborhoods with a sizeable number of people cut off from jobs, schooling and housing. The development and improvements should be designed to tie the model neighborhood to the larger area surrounding it, and contribute to a well-balanced city. The program is not designed to make the model neighborhood an island apart from the rest of the city.

Choosing a Model City

Q. How are cities chosen for Model Cities planning funds?

A. Representatives of eight Federal agencies—Departments of Agriculture, Commerce (Economic Development Administration), Health, Education, and Welfare, Housing and Urban Development, Justice (Community Relations Service), Labor, Transportation and Office of Economic Opportunity—review the communities' applications for planning grants and make recommendations to the Secretary of HUD who makes the final selection. The applications are judged by these criteria:

Thoroughness with which the city analyzed the problems of the model neighborhood and showed the relationship between the social, economic and physical problems.

Seriousness of the needs of the proposed model neighborhood and its residents.

Ability of the city to carry out a program.

Commitment of the city government and private groups to the program.

Geography and population size.

Involvement of model neighborhood residents and other citizens in planning and carrying out the program.

Q. Does a city of 5,000 compete for selection with a city of 8 million people?

A. No. The applications of cities of the same general size and geographical area are considered together, so that large and small cities do not compete with each other.

Q. Do cities with the worst physical, social and economic problems get top priority?

A. Although the degree of need and seriousness of social, economic and physical conditions in the model neighborhood are important considerations, need is not the only basis for selection. Since Model Cities is a demonstration program, a special effort is made to select those cities which indicate they will be able to carry out the most effective program.

Federal Funds—How much? What For?

Q. How much money has been appropriated for the Model Cities program?

A. Congress has appropriated \$23 million for planning grants, \$200 million for supplemental grants and \$100 million for urban renewal projects in model neighborhood areas (as of June, 1968).

Q. How is the supplemental grant to each city figured?

A. The maximum amount of a supplemental grant is based on the total amount of matching money paid by the city, county, or State toward other Federal grant-in-aid programs included in the model neighborhood program. A city is eligible to receive up to 80 percent of the required non-federal share of all federally aided projects which are part of the local Model Cities plan.

An example of local model neighborhood plan might be:

Federally assisted activities included as part of local program	Cost of activity (in thousands)	Statutory Federal share (percent)	Non-Federal share (in thousands)
Urban renewal projects.....	\$15,000	66%	\$5,000
Neighborhood center.....	1,200	66%	400
Hospital.....	3,750	(¹)	2,500
Community action programs (including Headstart).....	3,000	90	300
Manpower training and development.....	3,000	90	300
Urban beautification.....	400	50	200
Vocational education program.....	400	50	200
Adult basic education program.....	500	90	50
Assistance to medically indigent.....	2,000	(¹)	1,000
Work-training program (Neighborhood Youth Corps).....	500	90	50
Total.....	29,750		10,000

¹Varies.

The *maximum* supplemental grant a city would be eligible for in this example is \$8 million, or 80% of the non-federal share. Within this maximum limitation, the actual amount of the grant will be based on the population of the model neighborhood and the relative degree of social and economic problems in the neighborhood.

Q. How can a city use supplemental grants?

A. Supplemental grants are "bonus" money that can be used to finance special experimental projects for model neighborhood residents, to fill gaps not met by other Federal, State or local resources, or for other activities that are part of the model neighborhood program. Supplemental funds should be used primarily for activities that will attract other resources into the model neighborhood, or redirect existing resources to make them more effective.

Supplemental funds cannot, however, be used to replace local funds that would normally have gone to benefit model neighborhood residents.

Q. Can supplemental funds be used to pay the local share of additional Federal grants for the model neighborhood area?

A. Only when there is no other money available to pay the non-federal share, and the supplemental funds are not needed to support new or additional activities.

Q. Can supplemental funds or any Model Cities money be used for projects outside the model neighborhood?

A. Only when these projects, regardless of location, will directly benefit model neighborhood residents.

For example, a health clinic which model neighborhood residents use regularly and can get to easily by convenient public transportation could be funded even though it is located outside the model neighborhood.

Another example:

A substantial portion of new housing for low-income people displaced by Model Cities activities should be built outside the model neighborhood.

Q. Can a city with a Model Cities program get a grant for any *Federal program* it wants to use in the model neighborhood?

A. No. The Model Cities program is not a guarantee of specific funds from other agencies. However, the Federal agencies cooperating in the Model Cities program will consider applications for model neighborhood programs as high priority projects.

Q. Do cities that receive Model Cities planning grants automatically qualify for supplemental funds?

A. No. Cities must carry out a planning effort which meets the general requirements of the Model Cities program to be eligible to continue the program and receive supplemental funds.

Q. How much do cities receive in *planning funds*?

A. Planning grants in the first round ranged from \$53,000 to \$239,000, based on population and the amount of money needed for planning.

Planning—The First Step

Q. How long is the planning period?

A. The city sets its own schedule for planning, but plans must be completed within one year.

Q. What happens during the planning period?

A. Under the direction of the CDA, groups and individuals involved in the planning:

Analyze the problems of the model neighborhood, giving facts, such as the school dropout rate and income levels that indicate problems and explore underlying causes for these conditions.

Develop long-range goals for improving the model neighborhood.

Work out a strategy for treating problems and achieving goals.

Develop plans for a broad five-year program and a detailed action plan for the first year of the program. The first year's plan will include the specific Federal programs to be used in the model neighborhood and show how the first year's supplemental funds will be spent.

Q. Will approval of the plans mean approval for the requests for other Federal grant programs included in the plan?

A. No. Applications for individual Federal grants will be approved separately, but since representatives of the agencies will be working with the city during planning and helping them with their applications, applications should receive prompt handling and high priority consideration for funding.

THE MODEL CITIES PROGRAM, JUNE 1968

Q. How many cities are in the Model Cities program today?

A. 75 cities and counties in 35 States, the District of Columbia and Puerto Rico have received Model Cities planning grants.

Q. Is this program only for large communities?

A. No. The first 75 cities range in size from Pikeville, Ky., with 5,000 people to New York City, a city of 8 million. Ten of the cities in the first group had populations of less than 25,000.

Q. When will the first cities get their plans in and be ready to start their action programs?

A. First plans are expected in the fall and some cities will begin their programs before the end of 1968.

Q. Will there be more cities selected?

A. Yes, about 70 more cities will be selected from 163 applications which were submitted for the second round of planning grants.

EXHIBIT C. APPLICANTS FOR MODEL CITIES PLANNING GRANTS, MAY 22, 1968

Attached is a list of the 163 communities which applied for the second round of Model Cities planning grants by the April 15, 1968 deadline. Municipal populations are generally 1965 estimates.

State and city	Population	Planning grant requested	State and city	Population	Planning grant requested
Alabama:			California—Continued		
Birmingham.....	345,000	\$190,000	San Francisco.....	745,000	\$263,900
Tuskegee.....	12,000	77,200	San Jose.....	308,000	210,028
Alaska:			San Mateo County.....	444,000	115,309
Juneau.....	7,000	72,752	Union City.....	11,000	88,729
Nome.....	3,000	99,282	Colorado: Walsenburg.....	6,000	73,757
Arizona:			Connecticut:		
Chandler.....	13,000	100,000	Danbury.....	45,000	80,580
Gila River.....	6,000	77,000	Norwalk.....	75,000	100,000
Navajo Tribe.....	119,000	122,639	New London.....	35,000	116,800
Tucson.....	245,000	200,000	Stamford.....	101,000	316,675
Arkansas:			Waterbury.....	106,000	119,876
Fayetteville.....	25,000	100,000	West Haven.....	47,000	80,000
Hot Springs.....	30,000	70,400	Willimantic.....	14,000	170,190
Little Rock.....	131,000	735,717	Delaware: Wilmington.....	93,000	332,000
Newport.....	8,000	75,870	Florida:		
North Little Rock.....	63,000	125,549	Palatka.....	12,000	67,968
Pine Bluff.....	57,000	75,000	Titusville.....	33,000	126,005
Russellville.....	11,000	68,346	Georgia:		
California:			Alma.....	4,000	72,387
Berkeley.....	116,000	128,000	Douglas.....	10,000	78,626
Compton.....	77,000	111,372	Savannah.....	141,000	138,148
Los Angeles City.....	2,695,000	965,728	Idaho: Boise City.....	55,000	100,603
Los Angeles County.....	6,921,000	912,368	Illinois:		
Pasadena.....	124,000	139,788	Carbondale.....	19,000	84,355
Pittsburg.....	21,000	79,414	Metropolis.....	9,000	69,472
Sacramento.....	265,000	126,624	Rock Island.....	53,000	131,948
San Bernardino.....	102,000	250,000	Springfield.....	87,000	150,175
San Diego.....	636,000	181,886			

State and city	Population	Planning grant requested	State and city	Population	Planning grant requested
Indiana:			North Carolina:		
Indianapolis.....	530,000	\$235,040	Asheville.....	62,000	\$120,000
New Castle.....	20,000	33,444	Beaufort.....	4,000	20,000
South Bend.....	135,000	180,835	Durham.....	81,000	116,000
Kansas:			Greensboro.....	136,000	154,850
Kansas City.....	121,000	197,081	High Point.....	65,000	100,368
Pawnee Rock.....	500	73,000	Kings Mountain.....	8,000	80,000
Kentucky:			Zebulon.....	2,000	78,980
Covington.....	57,000	123,800	North Dakota: Fargo.....	50,000	95,000
Danville.....	13,000	75,721	Ohio:		
Hazard.....	8,000	241,000	Akron.....	298,000	187,750
Louisiana: New Orleans.....	655,000	303,825	Cincinnati.....	495,000	352,750
Maine:			Circleville.....	12,000	76,704
Auburn.....	24,000	72,082	Cleveland.....	855,000	396,663
Bangor.....	39,000	88,400	Lima.....	56,000	88,000
Biddeford.....	19,000	49,960	Lincoln Heights.....	8,000	96,720
Lewiston.....	43,000	142,546	Martins Ferry.....	11,000	71,335
Maryland: Prince Georges County.....	583,000	216,370	Painesville.....	17,000	355,512
Massachusetts:			Springfield.....	83,000	100,000
Chelsea.....	32,000	65,557	Steubenville.....	35,000	97,590
Chicopee.....	67,000	111,504	Youngstown.....	162,000	147,147
Fall River.....	94,000	131,428	Zanesville.....	38,000	80,159
Holyoke.....	52,000	129,689	Oklahoma: Lawton.....	71,000	89,686
Lawrence.....	67,000	69,065	Oregon: Salem.....	64,000	109,862
Lynn.....	92,000	125,212	Pennsylvania:		
Malden.....	58,000	128,365	Allegheny County.....	1,024,000	341,089
Quincy.....	87,000	120,000	Bradford.....	14,000	84,526
Michigan:			Butler.....	20,000	16,392
Ann Arbor.....	80,000	187,319	Chester.....	68,000	399,402
Benton Harbor-Benton Township.....	39,000	95,098	Erie.....	136,000	-----
Grand Rapids.....	203,000	73,773	Harrisburg.....	75,000	187,235
Lansing.....	121,000	133,300	Lancaster.....	60,000	253,125
Muskegon.....	45,000	99,419	New Castle.....	42,000	117,990
Muskegon Heights.....	20,000	76,000	Scranton.....	105,000	166,555
Minnesota: St. Paul.....	308,000	214,780	Rhode Island: Pawtucket.....	81,000	119,614
Mississippi:			South Carolina:		
Brookhaven.....	10,000	95,236	Atlantic Beach.....	200	22,000
Holly Springs.....	7,000	54,754	Rock Hill.....	32,000	102,696
Missouri:			Spartanburg.....	47,000	91,989
Joplin.....	39,000	92,000	Tennessee:		
St. Joseph.....	77,000	142,578	Chattanooga.....	128,000	268,232
Springfield.....	104,000	107,653	Cookeville.....	14,000	53,310
Montana: Blackfeet Tribe.....	10,000	71,000	Greenville.....	14,000	78,400
Nebraska: Omaha.....	340,000	201,836	Memphis.....	525,000	375,351
Nevada:			Texas:		
Las Vegas.....	110,000	120,000	Alice.....	22,000	41,060
North Las Vegas.....	31,000	80,000	Austin.....	220,000	115,075
New Jersey:			Brownsville.....	50,000	83,403
Atlantic City.....	59,000	54,800	Crystal City.....	10,000	8,000
Cemden.....	113,000	159,360	Edinburg.....	20,000	83,110
Cape May.....	5,000	66,432	Grand Prairie.....	42,000	115,387
East Orange.....	77,000	146,540	Harlingen.....	40,000	90,960
Jersey City.....	270,000	197,931	Houston.....	1,100,000	270,260
New Brunswick.....	40,000	218,180	Poteet.....	3,000	68,250
Orange.....	34,000	101,445	Utah:		
Paterson.....	144,000	114,495	Ogden.....	75,000	160,000
Perth Amboy.....	37,000	122,960	Salt Lake County.....	261,000	-----
Plainfield.....	47,000	127,500	Vermont: Montpelier.....	9,000	79,372
New Mexico:			Virginia:		
Las Vegas.....	14,000	76,000	Hampton.....	110,000	140,367
Santa Fe.....	40,000	88,056	Newport News.....	130,000	165,293
New York:			Portsmouth.....	118,000	185,012
Albany.....	127,000	130,926	Richmond.....	223,000	188,066
Amsterdam.....	27,000	117,010	Washington:		
Binghamton.....	75,000	159,475	Anacortes.....	9,000	74,000
Mount Vernon.....	75,000	112,306	Tacoma.....	152,000	154,443
Syracuse.....	216,000	206,443	Wisconsin: Milwaukee.....	765,000	514,759
Utica.....	100,000	146,250	Wyoming: Cheyenne.....	50,000	97,000
Yonkers.....	206,000	177,955	Total.....	28,938,700	23,781,999

EXHIBIT D. CITIES SELECTED FOR MODEL CITY PLANNING GRANTS,
NOVEMBER 16, 1967

(City populations based on 1965 estimates)

Alabama: Huntsville (127,000)	New Hampshire: Manchester (90,000) ¹
Arkansas: Texarkana (21,000)	New Jersey:
California:	Hoboken (47,000)
Fresno (156,000)	Newark (395,000)
Oakland (378,000)	Trenton (107,000)
Richmond (83,000)	New Mexico: Albuquerque (242,000)
Colorado:	New York:
Denver (520,000)	Buffalo (505,000)
Trinidad (10,000)	Central and East Harlem ¹
Connecticut:	South Bronx ¹
Bridgeport (156,000)	Central Brooklyn ¹
Hartford (158,000)	Poughkeepsie (37,000)
New Haven (151,000)	Rochester (305,000)
District of Columbia: Washington, D.C.	North Carolina: Charlotte (230,000)
(802,000)	Ohio:
Florida:	Columbus (540,000)
Dade County (1,064,000)	Dayton (260,000)
Tampa (305,000)	Toledo (354,000)
Georgia:	Oklahoma: Tulsa (280,000)
Atlanta (535,000)	Oregon: Portland (380,000)
Gainesville (18,000)	Pennsylvania:
Hawaii: Honolulu (611,000)	Philadelphia (2,030,000)
Illinois:	Pittsburgh (560,000)
Chicago (3,520,000)	Reading-Berks County (95,000)
East St. Louis (82,000)	Wilkes-Barre (59,000)
Indiana: Gary (179,000)	Puerto Rico: San Juan (580,000)
Iowa: Des Moines (216,000)	Rhode Island: Providence (190,000)
Kentucky: Pikeville (5,000)	Tennessee:
Maine: Portland (72,000)	Nashville-Davidson County
Maryland: Baltimore (925,000)	(261,000)
Massachusetts:	Smithville-De Kalb County
Boston (616,000)	(11,000)
Cambridge (104,000)	Texas:
Lowell (87,000)	Eagle Pass (14,000)
Springfield (166,000)	San Antonio (645,000)
Michigan:	Texarkana (32,000)
Detroit (1,660,000)	Waco (105,000)
Highland Park (36,000)	Vermont: Winooski (8,000)
Minnesota:	Virginia: Norfolk (322,000)
Duluth (104,000)	Washington: Seattle (565,000)
Minneapolis (465,000)	
Missouri:	
Kansas City (530,000)	
St. Louis (710,000)	

¹ New York City, 8,080,000.

EXHIBIT E.—CITIES SELECTED FOR MODEL CITIES PROGRAM, SEPTEMBER 6, 1968

Robert C. Weaver, Secretary of the Department of Housing and Urban Development, announced the selection of 33 more communities for inclusion in the Model Cities program, September 6, 1968. More cities will be selected in the coming weeks bringing the total of second round grantees to 70 or 80, sharing a planning grant totaling \$12 million. An earlier group of 75 cities received about \$11,000,000.

The cities are:

Arizona: Tucson.....	\$178, 000	New Mexico: Santa Fe.....	\$94, 000
California:		New York: Syracuse.....	166, 000
Pittsburg.....	83, 000	North Carolina: High Point..	106, 000
San Diego.....	242, 000	North Dakota: Fargo.....	100, 000
San Francisco.....	259, 000	Ohio:	
Connecticut: New London....	91, 000	Akron.....	188, 000
Delaware: Wilmington.....	117, 000	Cleveland.....	266, 000
Georgia: Savannah.....	136, 000	Oklahoma: Lawton.....	108, 000
Illinois: Carbondale.....	81, 000	Pennsylvania:	
Indiana: Indianapolis.....	225, 000	Allegheny County.....	236, 000
Kentucky: Danville.....	78, 000	Erie.....	134, 000
Louisiana: New Orleans.....	245, 000	Rhode Island: Pawtucket....	112, 000
Maine: Lewiston.....	96, 000	South Carolina: Rock Hill...	89, 000
Massachusetts:		Tennessee: Chattanooga....	131, 000
Fall River.....	118, 000	Texas:	
Holyoke.....	101, 000	Austin.....	168, 000
Michigan: Grand Rapids....	161, 000	Laredo.....	106, 000
Minnesota: St Paul.....	189, 000	Washington: Tacoma.....	141, 000
New Jersey:			
Perth Amboy.....	92, 000		
Plainfield.....	98, 000		

ITEM 2: EXHIBITS PROVIDED BY WILLIAM BECHILL,
COMMISSIONER, THE ADMINISTRATION ON AGING ²

EXHIBIT A. CHECKLIST OF GOALS, SERVICES, AND PLANNING COMPONENTS WHICH THE ADMINISTRATION ON AGING CONSIDERS ESSENTIAL TO THE PURPOSES OF A MODEL NEIGHBORHOOD PROJECT

1. In defining and analyzing the problem, the applicant should:
 - A. Describe the composition of the 65+ segment of the neighborhood population;
 - B. Identify the social, economic, and physical problems of the 65+ population; and
 - C. Give special recognition to the needs of elderly persons of minority groups.
2. The applicant should get goals and propose services in areas of identified need, such as the following:
 - A. *Health*.—comprehensive physical and mental health programs oriented to older people and including prevention of disease, promotion of good health, and care and rehabilitation of the sick.
 - B. *Housing*.—a variety of housing suited to the needs of older people including congregate housing designed and located with reference to special needs and available at costs which older citizens can afford; foster homes; and supportive services for those living in their own homes.
 - C. *Employment*.—creation of opportunities for employment of older people, not only in the competitive labor market, but in innovative employment programs developed in connection with the model city program.
 - D. *Education*.—an out-reach program to encourage older residents to participate in existing basic, vocational, cultural, and recreational programs and the creation of innovative educational opportunities adapted especially to their needs.

² See pp. 33-40 for testimony by Commissioner Bechill.

E. *Social Services*.—a variety of social welfare services, including protective services, counseling and referral, provided in a coordinated manner and enabling older people to experience meaningful activity within the widest range of civic, cultural, and recreational opportunities; enjoy freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

3. The planning component should include:

A. The participation of the neighborhood's elderly in the planning.

B. The participation of the State unit on aging and of a local commission or council on aging if one exists.

C. Recognition of existing laws, statutes, social and physical science qualitative standards; the limitations they impose; and the need for study or changes.

EXHIBIT B. PROGRAMS AND SERVICES FOR OLDER PERSONS

The local program should be designed to assure that all community services and opportunities are equally available to older persons; that opportunities for independent living and usefulness are available; and that the special needs of this age group are given consideration. Listed below are three component programs which should be basic in any community program for the aging:

A. Community planning and development

Local committees on aging should be organized to survey needs, ascertain gaps in services, coordinate existing services, and develop new services to meet the needs of older persons. Since older adult people have varied needs, the provision of services must be provided by establishing an effective relationship with a variety of community agencies. The planning process is concerned with the entire spectrum of older adult services, and seeks solutions which will engage community resources most effectively and efficiently.

Functions of a local planning body should include: (1) the study, development, and dissemination of data and other information relative to all aspects of aging; (2) stimulation of local and State organizations and officials, the community at large, and older persons themselves, about aging, about needs and resources, and about the part they can play in improving the quality of life for aged persons; (3) a comprehensive pattern of services and the development of new facilities and services; and (4) engage in such action as is necessary to fulfill its planning objectives.

B. Information and referral service

Information and referral services should provide necessary knowledge and guidance to older persons and their families and to the community enabling a maximum adequacy and utilization of appropriate community resources to meet individual need. An information and referral service must have knowledge of the various agencies, organizations, and institutions in the community which offer health, welfare, recreational, housing, educational and related services and resources for use by older people.

An information referral service must: (1) Identify the agencies, organizations, and institutions in offering services or resources to older people; (2) Compile and maintain pertinent information about available community services; (3) Have staff competent in relating to and assisting older persons and their families; (4) Continually disseminate information to the community relative to older people rather than depending upon a request from them for it; and (5) Provide "outreach" services, to attend to the needs of the less mobile, isolated and homebound.

C. Multi-purpose senior center

Community visibility, central location for needed services, a focal point, and a bridge to the community are basic characteristics of the senior center.

Located centrally in the neighborhoods where older people live, the center has become a logical place where older people gather to connect with community life, and obtain needed counsel and services. Reaching out from the center to help the isolated and homebound elderly is an essential element of the center program and is facilitated by older volunteers.

A multi-purpose senior center should provide a variety of programs and services, be convenient and accessible, have an outreach program, and provide linkage

between community agencies. Programs might include information and referral service, counseling, extension outreach program, classes for leisure and cultural development, social and recreational activity, employment registry and referral services, and volunteer and community service opportunities.

EXHIBIT C. PROGRAM COMPONENTS FOR MODEL CITIES

Community Planning and Development

OBJECTIVES OF A COMMUNITY PLANNING AND DEVELOPMENT PROGRAM

The objectives of a Planning and Development component would be the—

- A. Creation of a representative structure within the community responsive to the varied needs of older persons,
- B. Initiation of studies of programs and services currently available to older people in the community,
- C. Drawing up of specific plans for strengthening existing and establishing new programs of services and activities which would promote and safeguard the independence and well-being of older persons, and
- D. Coordination with the policy and program of the State agency on Aging, and the utilization of all appropriate supportive programs which would contribute to a comprehensive program for older persons.

PROGRAM ELEMENTS

A. Community Participation

1. Characteristics of the Planning and Development group calling for community involvement would be:

- (a) Membership would consist of lay and professional persons representative of the community interests, both public and private, selected because of their understanding of problems and potentials of older persons;
- (b) The Planning and Development agency would have official sanction of, or be appointed by, the local civil administration;
- (c) It would have a full-time paid executive, qualified by his knowledge of the community, his experience and knowledge in the field of public or private agency administration, public relations and/or public service professions, and his conception of the role of programs for the aging in a dynamic society; and
- (d) The agency would be established on a continuing basis to meet ever-changing social conditions, would hold regular meetings, and would make periodic public reports of activities and progress.

2. Responsibilities of the community members of the agency would be to:

- (a) Determine the availability and accessibility of existing services, which seek to meet the needs of all older persons in the community;
- (b) Determine the immediate and long range needs of the aging population in the community;
- (c) Establish priorities for implementation of programs for older persons;
- (d) Recommend implementation of specific programs that will meet the needs as determined by the Study;
- (e) Structure (or coordinate in the structure of) the programs which will provide the needed services and activities; and
- (f) Gain recognition and understanding from the community on the necessity of continued support of programs to meet the needs of older persons.

B. Inventory of Community Needs and Resources

Up-to-date, accurate inventory will be made of all resources for older persons in the community. Gaps in services and activities will be determined, based on actual needs of older persons of the community. Such inventory shall:

- 1. Utilize the knowledge of professional persons and agency staff who work with older persons, to gain a comprehensive, balanced picture of the accommodations as well as the unmet needs for services and activities for older persons.

2. Go beyond the limitations of existing agencies which serve a specialized clientele, by using the information available to, and the experience of, such agencies as Social Security, Veterans Administration, Welfare Departments, only as a foundation from which to start.

3. Establish contact with individual older persons in such a way that the older persons may themselves express their feelings concerning needs, by use of such devices as:

- (a) Personal interviews, door-to-door;
- (b) Public meetings;
- (c) Referrals by existing agencies; and
- (d) Referrals through clergy, medical profession, etc.

4. To the extent possible, involve older persons themselves in the responsibilities of the data collection and evaluation.

5. Establish a realistic appraisal of the needs, and plan for the establishment of services for all kinds of older persons, including those who:

- (a) Wish to maintain their independence, even contributing to the well-being of others;
- (b) Want to be socially involved in a society which often excludes them and where the emphasis is on youth;
- (c) Have lost life-long friends and need to feel at ease in making new friends in a setting which is pleasant and not strange to them;
- (d) Have become isolated, but who could respond to friendly visitors;
- (e) Could remain in their own homes if a variety of special services are available;
- (f) Could return from, or avoid being placed in, institutions if foster homes were readily available; and
- (g) Could live a more meaningful and positive life while confined, provided adequate programs are available which offer rehabilitative care, therapy, educational and recreational activities.

C. Community Action

Recommendations shall be made and courses of action outlined for:

1. The strengthening and expansion of existing services and activities for older persons in the community.
2. Coordination of policy and program of all concerned agencies and organizations in order to accomplish better utilization of existing services and activities.
3. The establishment of new services and activities such as:
 - (a) Multi-purpose senior center with professional full-time staff which provide a variety of services and activities on the premises or in the community;
 - (b) Information and referral services which act as a central point which older persons may easily reach in person or by phone for solution to a multitude of problems;
 - (c) Volunteer programs, which provide a challenge to well older persons who, through retirement, or decreased responsibilities, find the need for service activities to put new meaning into their lives; and
 - (d) Services in the homes, such as meals-on-wheels, homemaker, handyman, which enable older persons to remain in a familiar setting, and reasonably independent.

Information and Referral Services

OBJECTIVES

A. In each Model City there should be an Information and Referral Service established to serve older persons, to assure that existing resources are utilized to the fullest extent possible, and to make it possible for all older persons of the community to have a place to turn to when seeking information or guidance relative to needed services and activities, or when desiring assistance in reaching agencies for specific needs.

Where there is an active community planning structure, the Information and Referral Service will undoubtedly work closely with it. Under certain conditions the logical association will be with a multi-purpose activity center. While some Information and Referral Services might be neighborhood oriented, the advantages of a city-wide program will obviously encourage the establishment of a number of such offices across the country. In any event, an Information and Referral Service designed to fit the needs of the community should:

1. Be housed in a central location, easily accessible by phone or in person;
2. Be operated either independently, or in a close relationship to another agency which is directly concerned with the needs of older persons;
3. Be staffed by at least one full-time professional person who is thoroughly familiar with all services and activities available to older persons in the community and who is capable of dealing patiently with older persons;
4. Encourage and involve the use of volunteers who are trained to assist in a professional manner all older persons who call the service or stop in for aid;
5. Offer to the extent possible, interviews in the homes of older persons where it is apparent that such older persons are reluctant or unable to call or stop in the office personally for needed assistance;
6. Provide follow-up counseling to determine that appropriate results have been achieved by the older persons; and
7. Maintain records of all calls, referrals and follow-ups, in order that an analysis of the operation might be made, leading to an up-grading of the program.

B. The Information and Referral Service for Older Persons would become a focal point for the promotion and publicity of activities and services for all older persons in the community. It would be utilized by not only the older persons themselves, but also a number of professional persons and agency staff persons who have need to direct clientele to appropriate services or activities.

C. We should anticipate that out of the experience of the Information and Referral Service, would be developed a directory of all services and activities available in the community which could be published and distributed on an as-needed basis to individuals, agencies and organizations who are concerned with the problems of older persons and who in their positions have need for such directories of services, activities, and programs as might be offered by:

- (a) Local, State and Federal government offices providing services for older persons;
- (b) Public and private agencies with special services for older persons;
- (c) Homes for the aged, nursing homes, hospitals with special care facilities; and
- (d) Housing authorities, as well as private housing organizations and institutions.

D. An analysis of unmet needs or inadequate services in the community could readily be determined by requests that are not met or which receive inadequate response. The gaps and deficiencies uncovered could be met by appropriate constructive action.

PROGRAM ELEMENTS

A. Referrals, counseling and follow-up should be made in a variety of areas, including:

1. Health services, both physical and mental, oriented to older persons and including prevention of disease; promotion of good health, and care and rehabilitation of the sick.
2. Housing suited to the needs of older persons, including congregate housing designed and located with reference to special needs and available at costs which older citizens can afford, also foster homes.
3. Employment opportunities for older persons, not only in the competitive labor market, but also in innovative employment programs.
4. Education which includes out-reach programs that encourage older persons to participate in basic vocational, cultural, and recreational activities.
5. Social services, including protective services, counseling, supportive services in the home.

Basic Service Components

I. THE MULTIPURPOSE SENIOR CENTER

The multipurpose senior center provides meaningful and creative services and activities to older individuals and groups, provides opportunities to perform community service, and makes information available about community resources under the direction of professional and volunteer leadership in a designated physical facility in and around where older people live.

Characteristics of a Multipurpose Senior Center

A. *Community Visibility*.—The designation of a specific facility for older people is one indication of a community's concern for its older citizens, just as schools and community centers are evidence of the community interest in youth. An attractive and functional facility has positive meaning to older people, while an old renovated store-front, warehouse, or church-basement setting can serve to reinforce feelings of rejection and unworthiness. An attractive building, designed to provide the necessary space and safety features, can actually change out-dated community attitudes toward older people.

B. *Central Location for Services*.—Social welfare institutions, in their effort to meet the changing needs of people, have frequently become complex and highly impersonal. Older people, in need of these social services, find the normal channels a formidable maze too difficult to negotiate. Some older people choose to do without these needed services, rather than to run from agency to agency in utter frustration.

A senior center provides accessibility to essential services in one distinct location from which they can be coordinated and delivered to all older persons who need them. If the facility in which these services are rendered is inviting and cheerful, providing an atmosphere in which to satisfy a basic need for socialization, older people will be attracted and motivated to seek help. Few people can admit to needing help, but most can express their need to be with people.

The central location also provides the base from which a concerted attempt to reach out and help isolated and friendless older people can be conducted.

C. *Focal point*.—The senior center affords older people a focal point for their concerns and interests that is generally not available in any other type of community program. The visibility of the facility and its central location attract and draw older people with unmet needs. Most community agencies establish priorities, and one of those priorities should be a concern for older people. The senior center is totally committed to the older person, his needs, his aspirations, and his ideas. The center's governing body, staff, and objectives clearly and purposefully focus on the older person, and no other age group. While the center is concerned with the relationship and connection between older and younger people, it is the older person who receives the primary attention.

D. *Bridge to the Community*.—The senior center is a part of the community. To participate in the senior center is to participate in community life. One of the major problems affecting older people today is their loss of role and status in life. The center provides opportunities and options for establishing substitute roles for the former employee, employer, student, parent, homemaker, and decision maker.

The senior center, through its program, helps the older person to feel that he can and should continue to contribute to his community, and that he is a wanted and valued part of that community.

E. *Program Purposes*.—While each of the program elements has specific objectives, it is helpful to list the broad range and dimensions of benefits possible in a senior center.

1. For the individual, senior centers provide opportunities for:

- (a) meaningful individual and group relationships;
- (b) learning new skills for personal enrichment in the arts, languages, music, dramatics, nature, sports and games, dance, and crafts;
- (c) being useful and helpful to others through volunteer community service;
- (d) assisting a person to maintain physical strength;
- (e) promoting mental health through the use and development of creative abilities;
- (f) developing a valued role in society;

- (g) helping the individual to keep informed about changes in the community and the world;
 - (h) developing an individual's group leadership skills and personal effectiveness in dealing with others; and
 - (i) information and consultation on personal problems.
2. *For the family*, senior centers provide opportunities for:
 - (a) developing new skills and experiences to share with family members;
 - (b) helping the older person be less dependent on family for activity and interests and not totally dependent on family relationships for emotional support; and
 - (c) helping the individual continue to contribute to the family's emotional well-being.
 3. *For the community*, senior centers provide opportunities for:
 - (a) helping the individual to remain in the community by assisting him to maintain his emotional well-being;
 - (b) helping the community to be aware of the total needs of its older citizens, pointing up gaps and needed services; and
 - (c) providing a resource of volunteer manpower from among the membership group for public and private non-profit community agencies and organizations.

F. Program Elements.—The program is the means by which the objectives are achieved. Broadly speaking, the program includes all the activities and services that occur in the center or in the name of the center. These elements should be integrated and woven into the total community fabric. Older people, whenever possible, should be encouraged to participate in planning and implementing the program.

1. *Recreation-Education:* The opportunity to participate, alone or in groups, in a creative effort or in competition, whether it be in social activity or language classes, is identified as recreation if done during free time for one's own enjoyment.

Programs which encourage socialization satisfy one of the most basic needs of all people, the need to love and be loved. Loneliness is the most destructive emotion to the human spirit. Older people are frequently the victims of changing personal relationships resulting from the loss of a spouse or the death of close friends. Retirement from gainful employment diminishes the older person's circle of friends and acquaintances. Married children, joining the masses of scattered mobile Americans, reduce the pleasure and security available to their elderly parents.

The majority of older people live in their own homes; many are widows and single people who are completely alone. The center provides the supportive-protective setting where these lonely people can engage themselves in meaningful relationship and enriching experiences. It can be satisfying and natural for people to search out the companionship of their peers. The interest in heterosexual companionship, despite popular attitudes to the contrary, continues for many healthy older people.

Learning through informal and continuing education is a basic need universal with people of all ages. Providing opportunities for low-pressured learning experiences in attractive surroundings reinforces the older person's feelings of personal achievement.

The most common reasons given as to why older people attend senior centers are "to make friends," and wanting "to do something." Friendship and activity, something to do, and someone with whom to do it are compelling needs, and centers can do much to meet them. If the older person is also exposed to other services and programs, he sometimes participates in them.

Centers provide a battery of recreation—education activities and classes. They include:

(a) *Arts and crafts.*—Oil and water painting, sketching, ceramics, wood-working, sculpture, weaving, needlepoint, model construction, whittling, leather work, basketry, rug-making, quilt-making, jewelry-making.

(b) *Nature, Science, and Outdoor Life.*—Fishing, gardening, hunting, hiking, animal and bird study, star-gazing, space travel, camping trips, camping picnics.

(c) *Drama.*—Writing and/or performing plays, skits, or musical dramas.

(d) *Physical Activity.*—Shuffleboard, roque, croquet, swimming, bowling, golf, team games, exercise groups, camping.

(e) *Music.*—Group singing, quartets, orchestras, choruses, bands, music appreciation groups (classical, folk, jazz, grand and light opera), recording concerts.

(f) *Dance*.—Modern, social, folk, square, country.

(g) *Table Games*.—Chess, checkers, canasta, anagrams, scrabble, pinochle, bridge, monopoly, mahjong.

(h) *Special Social Activities*.—Parties for holidays, birthdays, anniversaries, teas, dinners, including all kinds of themes and events, pot-luck suppers, covered dish suppers, luncheons for friends, children, grand-children.

(i) *Literary Activities*.—Book reviews, poetry reading, writing classes, reading aloud, debates, spelling bees, story telling, center newspaper.

(j) *Excursions*.—Concerts, plays, sports events, industrial centers, museums, parks, historical spots, boat trips.

Many centers for older people take bus loads of people for one-day trips to nearby towns, or nearby States. A few arrange more extended trips for a month or even longer to places of interest in the United States and even abroad. Some centers also arrange trips to other centers, to homes for the aged, nursing homes, and conferences.

(k) *Hobby or Special Interest*.—Stamp club, photography club, history, foreign language conversation groups, knitting and sewing groups, cracker barrel sessions, armchair travel groups, fashion shows, hobby shows.

(l) *Speakers, Lectures, Movies, Forums, Round Tables*.—Current events, legislation, aging in the modern world, health, social security, nutrition, family relationships, community affairs, political and international affairs, United Nations, travelogues.

(m) *Community Service Projects*.—Making scrap books for children at hospitals; Christmas packages for service clubs; assistance at hospital gift shop; Care packages; support of war orphans, work with patients at the state hospital; purchase of wheelchair for gifts to general hospital; cards to residents of nursing homes; entertainment of County Home residents; tea for benefits for "March of Dimes;" sewing for orphan homes; adoption of a ward at state hospital; cancer dressings; addressing envelopes for social agencies; making toys for orphan homes; adopting a family for Christmas through an agency; providing equipment for children's day center; writing history of a community; preparing toys and favors for hospitals; holding bazaars for hospital fund; soliciting ambulance fund; staffing United Nations information booths or selling UNICEF cards; telephoning to get people out to vote; collecting clothing for children's agencies; raising funds for Training School; raising plants for distribution to sick at Easter; clerical work for local fund drives; work for Red Cross and the Parent-Teachers Association, and preserving historical buildings and sites.

2. *Information, Counseling and Referral*: These elements comprise the heart of the individual services provided by the center. They can be classified as follows:

(a) *General Information Service*.—This service would be available to all older people in the community, and would be appropriately publicized. Older people could call or come in to receive information or directions on matters which concern them. It would be especially helpful to home-bound older people who, by simply dialing a number, could receive guidance and consultation services on pressing problems.

(b) *Intake and Registration Service*.—The purpose of this service would be to welcome and interview new and prospective center members while exploring the purposes and programs of the center. Efforts would be made to link up the appropriate activity and service with the older person based on his needs and interests. This is the beginning of an individualized process of helping the older person to become engaged in using his own resources in relationship with others. Follow-up with the older person continues as irregular attendance is noted or illness is reported. Home visits by volunteers should be encouraged when appropriate.

(c) *Educational Program*.—If a particular area is noted as being generally problematical, such as frauds or quackery, the individual services worker could set-up a program to alert older people about the perils of these practices. Frequently this would involve cooperating with other community agencies or organizations interested in the problem.

(d) *Personal Counseling*.—It is desirable to include the counseling element in an information and referral service, even if the counseling is of short term duration. Frequently some counseling is required to help the older person identify the problem. For example, an older person may complain that her children don't love her, when in reality, the problem is that the older woman living in the suburbs with her daughter and family is isolated and lacks transportation to engage in meaningful activity.

(e) *Referral Services.*—It is a truism to state that the center cannot be "everything to everyone" but it is important to know what agency or government office can be helpful. Knowledge of community resources is vital in providing referral information, but also assisting the person to receive the service is even more important. Available transportation may mean the difference of whether the service is rendered or not, and should be built into the program.

In other cases, the community agency representative may come to the center, regularly or periodically, making the service more accessible. Social Security, Employment Security, Public Health, Visiting Nurses Association, Public Welfare, are some of the resources available in many communities.

Referral is a two-way street. Older Persons are frequently referred to the center by medical doctors, attorneys, family, social workers, agencies, and institutions.

(f) *Resource File.*—A handy guide can be the development of a comprehensive resource file, listing and describing available information and resources helpful to older people. Included in the file would be agencies, institutions, facilities, objectives, program eligibility requirements, addresses, names, and phone numbers.

(g) *Special Groups.*—Depending upon the need, special groups or classes may be formed focusing upon a particular problem. Examples are lip reading classes, braille, physically handicapped and recently discharged older people from institutions. Individualized attention may then be given to these older people with special problems, assisting them to be integrated into the general program.

3. *Housing and Living Arrangements and Employment:* This service seeks to provide a central location as a source of information for older people in need of housing or special living arrangements. This service could also work cooperatively with other interested housing groups to call attention to inadequate and unsafe housing conditions, and could stimulate and consult in the planning, remodeling and construction of housing for the elderly. Another important function would be assisting in the relocation process when older people are forced to change their residence due to urban renewal or for other causes.

Connecting employment openings with older people interested in increased income is a part of this service. In some cases job retraining is needed to learn useful skills, and assisting the older person to enroll in one of these programs is essential. If income is not the principal concern, counseling the person into a volunteer position may be more appropriate. Older people are sometimes employed in senior centers but caution must be exercised as to which jobs require financial payment and which jobs require the services of a volunteer.

4. *Health Services:* This would work cooperatively with those interested in the health of older people such as county health departments, doctors, nurses, dentists, pharmacists, extended care facilities, nursing homes, hospitals, home health aides, etc. toward making basic health services readily available in the area. It would develop geriatric clinics if existing agencies could not be stimulated to establish them.

These clinics would be of a coordinating nature and could be limited to screening. When ill, the elderly are frequently affected by the malfunctioning of several systems or organs of the body. Medical clinics are usually focused in one area such as eyes, ears, nose and throat, heart, diabetes, skin, etc. Other malfunctioning conditions may go undetected. His illness may be complicated by an improper diet, social isolation, improper or non-activity, etc.

These clinics would make the older American aware of his specific need and coordinate the treatment, or at least make appropriate referrals for follow-up with their own physician. It would work cooperatively with pharmacists in providing necessary drugs at the most reasonable cost. This service could inform the older Americans in the area of the discount on prescriptions through national retirement organizations.

5. *Protective Services:* Three levels of protective service may be included:

(a) *Preventive.*—Services would be focused toward enabling the older person retain emotional stability and personal integrity. Assistance would be available in planning for the appropriate use of funds and to help older adults care for themselves. Services would help secure safe living arrangements, including removal from hazardous living conditions and prevent neglect and exploitation by others. Families will be helped to understand and deal with problems of older members.

The educational aspect of protective services would involve the complete cooperation of the community and professional organizations. Discussion groups would be held regularly in all areas where need is indicated by the group. Each professional organization would be responsible for assigning competent members to conduct the discussion groups, for example: Better Business Association, the Bar Association, the Nurses Association, the Dental Association, the Medical Society, and the National Association of Social Workers.

(b) *Supportive*.—Adults isolated or estranged from their families would be encouraged to visit and communicate their feelings informally. Family members would be engaged in the planning to meet current and predictable future needs. Interpretation and explanation would be made to friends and families to aid in their understanding of problems which indicate a need for protection such as behavioral changes, functional limitations and disabilities caused by illness or disease. Community resources would be mobilized to support the family in resolving crisis or emergency situations.

Supportive services would enable the older person to be as self-sufficient as he is potentially capable of. These would include help with activities of daily living, personal care, home and money management, maintaining safe living arrangements, homemakers, foster family care, and other substitute living arrangements. The older person would be helped to properly use medical nursing and rehabilitative care and adjust to the increasing limitations of a functional nature.

(c) *Intervention*.—Services would be available to the older person in a crisis or emergency situation when he has lost control of his ability to handle his immediate situation. These would include: services to assist relatives in the use of legal resources such as commitment or guardianship; services to assist the older person to close up his home and move to a more protected environment; and services for or on behalf of an older person to seek the assistance of law enforcement officials to investigate and remove the older person from a situation that is harmful. Protective services would aid older persons who are unable to manage their money, such as obtaining power of attorney, arranging for protected payments, use of the legal representative, arranging for a court-appointed guardian, and securing and using other legal procedures.

These services would assist the courts, such as helping to obtain data on which the court can make an adjudication, assisting the court by finding individuals willing to serve as guardians, drawing to the attention of the court situations in which court action may be indicated for the best interests of the older person and assist him in the restoration of his civil rights following discharge from a mental institution.

6. *Meals*: At least one, daily, hot, nutritionally balanced meal is needed by older people. Sometimes they become incapacitated by illness or disability and are unable to prepare such a meal. Many of the elderly, living and eating alone have little interest in preparing balanced meals. Others find it too expensive. This often contributes to poor appetites, illness or malnutrition. It has been discovered that certain symptoms considered senile disappear when the individual returns to a balanced diet.

Two types of meal services could be developed. The first would require a central location for serving a meal. If center space is available or developed, a light, hot, nutritionally balanced meal can be prepared and made available to those at the center for the cost of the food. Some centers have utilized USDA commodities, which makes the cost of such a meal in the 25 to 45 cent category. The participants of the center plan, purchase, prepare, serve and clean up eliminating most labor costs. A dietician or home economist serves as consultant.

The second type of meal service could be an extension of the meals provided at centers or may be developed independent of a center. This is the delivery service of meals to those in need. Meals are prepared at a central location and taken to the older person. Volunteers are frequently used in the delivery and may be used in the complete program.

7. *Friendly Visitors*: There is nothing so damaging as loneliness. Several studies have revealed a positive relationship between loneliness and health problems. Many older individuals need socialization brought to them in the form of a friendly, interested visitor on a regular basis.

Shut-ins cannot get out, therefore, their contact with the outside is usually limited to impersonal sources such as radio, newspaper and television. The need to communicate with others, talk and be listened to, seems to be a rather basic characteristic of most personalities. A friendly visitor helps to keep them in touch with what is going on in their community. This tends to prevent the feeling that their community has passed them by and are living in the past, waiting for the end.

A friendly visiting service would recruit, train and supervise volunteers interested in this type of service. An essential feature of this program is the continuing companionship which each volunteer is able to exchange with one isolated, lonely person who learns to look forward to the regular visit of an understanding, pleasant friend.

8. *Homemaker Service*: This service would provide a homemaker to assist in the usual duties of a home during the incapacity of the older person. It would be planned for a certain number of hours per day and days per week.

The visiting homemaker goes into the homes of older persons on a periodic schedule. She cleans the home, does the laundry, and prepares meals. She also buys food, drugs, and other necessities. She refers to appropriate agencies, such as the Health Department or Visiting Nurse Association any problems affecting the well-being of the persons she visits. She is the older person's link with the outside world. It is frequently difficult to arrange for these normal duties of a homemaker during one's illness or incapacity.

This service trains the visiting homemaker in the skills necessary to perform the service, and also supervises and schedules the visits. Older persons should be employed for the visiting homemaker jobs. In many cases persons over 65 are physically able to do this kind of work and can be employed on a part-time basis. The 55-65 age group will probably furnish many good visiting homemakers.

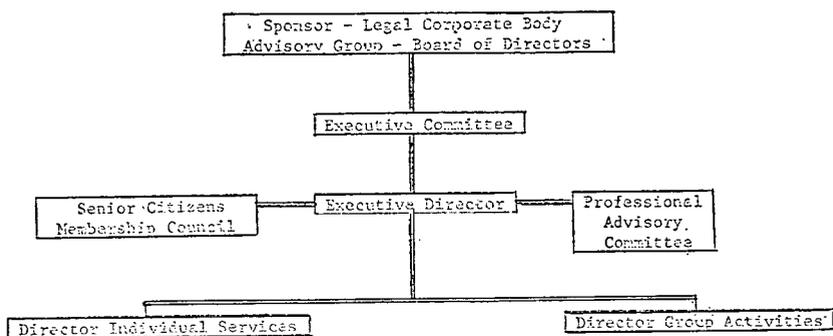
9. *Telephone Reassurance*: This consists of a daily call to the older person's home at an appointed time to determine that they are all right and whether there are any specific needs. When a specific need is discovered the telephone reassurer contacts the appropriate source in the community to see that the situation is remedied.

10. *Handy Service—Fix-It Shop*: There are many older people in need of small, short-term services due to temporary or permanent incapacity. This may be due to various types of illnesses or chronic conditions such as arthritis, rheumatism, or a severe cold. The handyman can be useful in disposing of accumulated trash, moving coal or wood to a more accessible spot, change light bulbs, repair door latch, toilet flush, or open stuck windows. Other chores involve repairing broken and unsafe furniture, replace sink washers, and unclog stopped drains. These can be valuable services to the isolated older person whose home needs minor repairs.

11. *Day Care Services*: Some older people require a maximum of protective-supportive services, ranging from custodial assistance for the very feeble to professional aid to the more able-bodied. Special and individualized attention is the focus in this service, requiring sensitive and highly trained personnel.

It is not essential to provide all of these services in the beginning, but rather to draft a plan and make a commitment to see these services in a coordinated whole. The major task is to fit each component service into place, meeting the total needs of the older person.

ORGANIZATION CHART
MULTIPURPOSE SENIOR CENTER



Intake-Registration

Information and Referral

Personal Counseling

Friendly Visitation

Telephone Assistance

Volunteers

Homemaker Services

Health Services and Nutrition

Housing-Living Arrangements

Employment Services

Legal-Protective Services

Recreation

Education

Transportation

Fix-it Service

Pre-Retirement Planning

Meal Service

Community Service Projects

Library Service

Volunteers

Special Programs

EXHIBIT D. FOOD AND NUTRITION PROJECT GRANTS, FEBRUARY 1968

A FRAME OF REFERENCE

Inadequate diet and loneliness affect the health and well-being of older people. A nutritionally adequate diet is essential to physical well-being, and companionship in eating is essential to personal and social well-being. The Administration on Aging is prepared to support a limited number of projects which are directed toward promoting and improving the health and well-being of older persons.

To improve the nutritional status of older people in the U.S.A., we need to examine the social and cultural traditions of the people. In the U.S., as in other cultures, certain eating patterns prevail. Custom dictates the time, place, and social settings appropriate for eating.

The first social relationship in human experience is eating. Furthermore, it is the most persistent occasion of social relationship. The family tends to be representative of the whole culture. They want to and do eat together by spacing eating to provide for mealtime, so that in many families breakfast is before 9:00 a.m., luncheon from 12:00 to 2:00 p.m., and dinner after 6:00 p.m. Most cultures favor the home and household as the primary place and setting for meals. However, alternative settings (i.e., restaurants, private clubs, etc.) may be provided for special groups and occasions. Improving food habits require consideration of established eating practices and patterns of older persons in order to plan programs acceptable to them.

This program is designed to develop, demonstrate, and test improved techniques, methods, and approaches for providing an adequate diet in facilities that afford opportunities for companionship. The approach should recognize the needs of the particular population group to be served.

Problem

While studies have documented the fact that the diets of groups of older people are lacking in some basic nutrients, the extent of the problem is not known. As has been documented, the later years of life are characterized by: (1) economic changes resulting from retirement and greatly reduced income; (2) physiological changes such as loss of teeth, diminished sensitivity of taste and smell, and decreased physical activity; (3) social changes in living patterns, routine, and family composition; and/or (4) psychological changes resulting from the effect of loneliness and anxiety. These changes may be deterrents to motivation for marketing, preparing, and consuming a well-balanced diet. Another obstacle to optimal nutrition among the aged is faulty eating habits of many years' duration.

Techniques will have to be developed which combine the knowledge of dietary needs, the social and cultural function of food habits, and the characteristics of the population. A sound nutrition program implies a knowledge of man and his attitude toward food as well as the social factors influencing his choice of food.

Purpose

The primary purpose of the nutrition program is to design appropriate ways for the delivery of food services which enable older persons to enjoy adequate, palatable meals that supply essential nutrients needed to maintain good health. Purposes that are an integral part of the program are the opportunities for socializing with friends and companions, participation in leisure time activities, consumer and nutrition education and counseling, and assistance in utilizing other community resources.

Objective

The specific objective of the food and nutrition program is to study and demonstrate improved methods of providing appetizing and nutritionally adequate meals in settings conducive to eating and social interaction with peers.

Scope

The scope of the program will be as broad and inclusive as the needs of the aged population are in a community, and the resources and auspices of the program permit.

People To Be Served

The food and nutrition program will serve persons 60 years of age and over who would benefit from the program.

Of the 20 million older persons, 96 percent are not institutionalized. Approximately 91 percent are active, "normal" aged persons who may be affected by one or more changes previously noted (economic, physiological, social, or

psychological). Five percent, or approximately 800,000 persons, are homebound at some time. The homebound may be a single person, or a couple, or one spouse of the couple. Of the non-institutionalized, 71 percent live in families, either with spouses or in the household of relatives; while 25 percent, or approximately five million persons, live alone or with non-relatives. Among the persons living alone, there are three females for every two males. The aged population may be classified as: (1) homebound, or (2) not homebound. Within each category are those who live: (1) alone, or (2) as a couple.

A. *The Non-homebound Couple*.—The non-homebound couple living in their own home or in the household of relatives generally will continue established practices of preparing and eating meals at home because they think it is more economical or because of special dietary needs. Services needed by such couples might include the purchase of raw foods, the planning of adequate meals, and the opportunity for dining out on special occasions or under special circumstances. Particularly where the wife is incapacitated, the husband may need instructions in food purchasing, meal preparation, the provision of a delivered main meal, or the provision of transportation to a central facility serving a main meal.

B. *The Single Non-homebound*.—Persons living alone may not have facilities for meal preparation or may lack motivation in preparing or eating a meal alone. Patterns of service may differ for the lone male and female. In our society, it is generally more acceptable for the male to dine out alone but traditionally society frowns upon a woman eating alone in public. Also, men are generally more accustomed to eating out and, therefore, upon retirement will go to a neighborhood restaurant or cafeteria. Women, on the other hand, may have attended church suppers or social luncheons and are, therefore, more comfortable in such settings. Therefore, the services for persons living alone would include various systems of providing prepared meals through voluntary, public, or commercial facilities which would also provide opportunities for companionship and education and counseling on dietary needs.

C. *The Homebound*.—For the homebound, particularly the lone person, the primary needs are food and companionship. Therefore, services needed might be an eating companion who would either prepare a meal or purchase prepared meals which would be eaten with the homebound person.

Delivery Systems

Different needs may be met with different delivery systems. Several alternate systems are suggested below. The primary criteria for selection of a particular system should include its promise to provide an adequate diet eaten in settings conducive to enjoying the meal and social interaction.

A. *Systems for Providing Raw Food*.—A comprehensive program of cooperative purchase of food for meal preparation at home.

1. *Cooperative Store*: A cooperative store might be established in an area where there is a high concentration of older people such as a public housing project for the elderly. Participants would organize and operate the cooperative store. The store would be stocked with foods in sizes and portions meeting the needs of a couple or one person family. Weekly menus might be planned and a week's supply of food be made available for purchase by the shopper or delivered to a homebound person who was unable to market but could prepare meals. Consumer education, menu planning, special diet information could also be made available in the store through public information material, group discussions, and individual counseling. The staff would consist of: (1) a cooperative consultant who would assist in establishing the cooperative, developing contacts with wholesalers, and training older persons in the operation of the cooperative; (2) a nutritionist or dietitian who would develop menus, plan the pre-packaged week's supply of food, and provide consumer and nutrition education and counseling; and (3) older persons who would operate the store. The duties of the older persons might be divided so that some would serve as clerks while others would order and pick up the stock. The method and plans for operating the store would be established by a board of directors elected from and by the older persons participating in this program.

2. *Cooperative Clubs*: Two types of cooperative clubs may be established either conjointly or singly: (a) a transportation club, and (b) a food purchasing club.

Small groups of individuals might form a club to arrange and purchase group transportation for the purpose of marketing. These groups might establish a contractual arrangement with a taxicab company for regularly scheduled trips. In addition, the club members might pool some of their food money. In this way, they might cooperatively purchase large economy items to effect savings. The

group would determine the time, place, and items to be purchased and work out the organizational patterns for the club. Additional activities which could be undertaken by the club might be the formation of similar groups. Staff needed for the cooperative clubs would be a community organizer or community aide who would encourage individuals to organize and to assist them in working out the necessary arrangements.

3. **Mealtime Companion Corps:** A mealtime companion corps composed of volunteers might be organized by a voluntary agency or a local civic group. Corps members would be assigned to a homebound person with whom he would share a meal. To serve the varied needs of the homebound, a flexible pattern of service might be established whereby corps members: (1) purchase the food, prepare the meal, and dine with the homebound person; (2) purchase prepared meals from a non-profit or commercial operation and dine with the homebound person; or (3) provide private transportation to take the less incapacitated homebound person to a central dining facility where they can dine together. Staff needed for this program initially might consist of a part-time director who would be responsible for organizing the program, recruiting the volunteers and assigning them to a homebound person. Also, a part-time secretary would be needed to handle phone inquiries and necessary clerical duties. The size of the corps would be determined by the local need for the service. Funds for out-of-pocket expenses of corps members might be provided.

B. *Systems for Providing Prepared Food.*—A prepared meal program might be established in existing public and voluntary nonprofit facilities or by contractual arrangement in commercial establishments.

1. **Non-profit Central Dining:** A comprehensive program of well-balanced meals, diet information and counseling, and social activities might be established in facilities such as a : (1) public school, (2) church, or (3) senior center.

Some non-profit facilities which have the space and, in many instances, the basic equipment needed to operate a meal program are:

(a) *Public Schools.*—Public schools (and non-profit private schools) operating a school lunch program might be used to serve meals to older persons inasmuch as space, equipment, and staff are available. A major consideration in establishing a meal program in a school is in the scheduling of the mealtime.

(b) *Churches.*—Many churches have facilities for meal preparation. Generally these facilities are used only infrequently and may, therefore, be available for meal service for older people. A major consideration in establishing such a program is the reluctance of people of other denominations to participate in programs which may appear to be sectarian. Staff needed in initiating such a program might be a part-time dietitian-nutritionist who would be responsible for menu planning, purchasing food, supervising kitchen staff, and presenting educational programs on diet and nutrition; a part-time cook and one or more assistants who would be responsible for preparing and serving the meals; and a part-time general maintenance person.

(c) *Senior Centers.*—The multi-purpose senior center and golden age clubs in voluntary agencies such as the YM and YWCA, Salvation Army, and settlement houses are developing at a rapid rate in the U.S. Many of these centers and voluntary agencies have facilities which meet the local sanitation and health codes and might prepare meals on the premises. Centers which lack adequate kitchen and storage facilities might arrange to purchase food from commercial enterprises or from non-profit institutions. Staff needs would vary with the type of operation undertaken. Centers planning to prepare meals would have approximately the same type of staff described in the church-operated program. Centers planning to purchase prepared meals from a commercial source might need a part-time dietitian-nutritionist who would be responsible for (a) planning menus to meet the dietary needs of older persons, and (b) developing an education-counseling program in nutrition. Other staff needed would be part-time persons to serve the food and clean the facility.

Meals purchased from a non-profit institution such as a hospital or home for the aged might not require a dietitian on the staff of the center since the aforementioned institutions may employ dietitians in their meal programs. Where a dietitian is not available, a cooperative arrangement might be developed with a health department or other community resource for the assignment of a nutritionist to the center on a scheduled basis to develop an educational-counseling program.

2. **Commercial Facilities:** Commercial eating places such as restaurants, cafeterias, and drugstore luncheonettes might be encouraged to designate a section of their facilities for older persons. Low cost meal plans might be worked out to insure the nutritional adequacy of diet. The older person participating in

this type of meal program would purchase a meal ticket at a price he could afford. The sponsors of the commercial meal program might be a voluntary agency, a retired persons' organization, or a civic group.

3. Dining Clubs: Dining clubs might be organized by and for older persons. Different approaches which might be developed are:

(a) *Home Dining Club*.—The group would (a) meet in the home of a member who would prepare the meal, or (b) the members would rotate on a regularly scheduled plan so that each member would prepare and serve a meal, or (c) the members might order prepared food which would be served in a single member's home or in each member's home on a rotating basis. The program might be sponsored by a voluntary agency. The agency might provide financial assistance and guidance in organizing and operating the program.

(b) *Dining Clubs at Commercial Establishments*.—The club would arrange with one or more commercial establishments to reserve a location where they would meet for luncheon or dinner. The club would meet on a regularly scheduled plan which the members would develop for themselves. Staff assistance might be needed to develop the plan and organize the club as well as to train the club members to take over the operation of the program.

(c) *Central Dining Room in Public Housing*.—Cooperation might be developed with HUD to permit the construction of a central dining room and kitchen in housing projects for the elderly. The local housing authority would arrange to staff and operate the program themselves or arrange to have a commercial establishment prepare and serve the meal.

SUGGESTED FOOD DELIVERY SYSTEMS FOR CATEGORIES OF OLDER PERSONS

Categories	Food delivery systems							
	Raw food			Prepared food				
	Cooperative store	Cooperative clubs		Eating companion	Central facility	Com-mercial	Eating com-panions	Eating clubs
Food		Transpor-tation						
Couples:								
Nonhomebound.....	X	X	X	-----	X	X	-----	X
Homebound.....	X	-----	X	X	-----	-----	X	-----
Single persons:								
Male (nonhomebound)....	X	X	X	-----	X	X	X	X
Female (nonhomebound)...	X	X	X	-----	X	X	X	X
Homebound (male and female).....	X	-----	X	X	-----	-----	X	-----

EXHIBIT E. FOOD AND NUTRITION PROJECT GRANTS, JANUARY 1968

ADMINISTRATION ON AGING, SOCIAL AND REHABILITATION SERVICE

President Johnson, in his message on older Americans to the first session of the 90th Congress, called for a program to improve nutrition services for the aging. Of particular concern is demonstrating how to bring wholesome balanced hot meals to more older people who are not eating adequately, through programs at senior centers and other community arrangements and facilities.

The Congress appropriated \$2,000,000 for such a program to be administered under the research and development grants authority of Title IV of the Older Americans Act.

The Administration on Aging is prepared to make grants and contracts for selected demonstration and research projects designed: (a) to develop improved approaches for providing food and nutrition services to older people through senior centers and other organizations and facilities serving the interests of the aging, (b) to measure the relative costs and merits of various approaches, and (c) to increase knowledge about nutritional problems among older persons and potentials for alleviating them through community service programs.

An applicant for a grant must be a public or nonprofit private agency, organization or institution. Contracts may be made with such agency, organization, or institution or with any individual.

Background

In every large community, and in most smaller ones, there are older people whose physical health and personal well-being are threatened by poor nutrition.

Poor nutrition can cause loss of physical vigor, a tendency toward despondency, withdrawal from friends and society; and eventually dependency. Older people will improve and maintain their diets if provided the opportunity and encouragement to do so.

Dietary deficiencies may result from a variety of causes such as (1) poor eating habits and erroneous beliefs about food, (2) inadequate income to purchase necessary foods, (3) inability to plan good meals, make trips to the grocery store and prepare food, (4) insufficient inspiration to prepare a meal to be eaten alone, (5) dental problems, (6) deterioration of appetite or changes in taste perception.

Dr. Robert Monroe, a noted physician has given a prescription to conquer malnutrition: "Equal parts of good food, good cooking, good health, good people to eat with, good places to eat, and good reasons for eating."

Improved approaches and techniques are needed in such areas as providing balanced meals to larger groups, food selection and meal preparation, use of prepared foods, and appropriate packaging for the person living alone or the person with special dietary needs. Educational programs are needed to provide older persons with information on balanced diets and the preparation and handling of foods. Certain fundamental knowledge is needed to develop more appropriate "food and friendship" programs where older persons congregate.

Criteria for Development and Demonstration Projects

The focus in each project is to be on a feasible system for the delivery of food, services, and pertinent information at reasonable cost to participant and community and on opportunities for friendship.

In all projects supported under this program, the ultimate objective must be to develop new knowledge or test existing knowledge which bears questioning; or to devise, test, and demonstrate improved approaches, methods, or techniques helpful to communities seeking better ways to reduce the incidence of poor nutrition and loneliness among its older citizens.

Particular preference will be given to projects which include each of the following elements to the greatest extent feasible:

1. Hot balanced meals delivered in or through a senior center in conjunction with another broader program of activities or services to the aging.
2. Nutritional counseling, education, and information services (e.g. classes conducted by grantee, instructors in home economics in a local school or university, also by arrangement with a local utilities company or other commercial concern) on such matters as marketing; food preparation, handling, and storage; uses of equipment; and budgeting.
3. Referral and follow-up services responsive to the requirements of individual clients (including identification of need for referral, initiating and reinforcing efforts to develop services not already available in the locality).
4. Provision for auxiliary services necessary to make it possible for older persons to use food services (e.g. transportation, dental care, counseling on individual dietary requirements).
5. Utilization and distribution of surplus, donated foods or food stamp programs from the Department of Agriculture when feasible.
6. Utilization of older persons wherever appropriate in staffing of services.

Settings for Projects

The purposes of this effort could be accomplished by nonprofit organizations or agencies in a variety of physical and social settings. Below are listed some which appear promising:

A. For Prepared Meals

Senior Centers (and similar programs in such agencies as the YW & YMCA, Salvation Army, Settlement Houses, and public housing with facilities for preparing and/or serving meals): those with adequate kitchen and storage space may prepare meals for serving on location or elsewhere while others may arrange to purchase prepared food from another nonprofit or a commercial institution.

Public schools: school lunch facilities, staff, space, and equipment already available may be adapted and supplemented to serve older persons.

Churches: a hot meal program and allied social or recreational activities may utilize existing space and equipment or adapt these as required.

Restaurants, cafeterias, and drugstore luncheonettes: Organizations of and for older persons may arrange for special hours and prices for meals and meeting space.

Dining Clubs: (a) home dining clubs may use members' homes for preparing and serving hot meals (b) other dining clubs may use restaurants for regularly scheduled meals at special prices and with menus and portions to meet their requirements specified by the club.

B. For Purchase of Food and Home Cooking

Food purchase and transportation club: regularly scheduled marketing trips and/or a food purchasing is arranged for. In some cases, members may pool food money to purchase cooperatively larger economy size items to effect food savings.

Mealtime Companion Corp: Volunteers either (a) purchase food, prepare a meal and dine with a homebound person; or (b) purchase or pick up prepared meals and dine with homebound person; or (c) provide transportation for one or more mealtime companions to a central dining facility where they dine together.

Many projects would combine two or more of these approaches, and possibly others.

In all cases, projects should anticipate that some participants will have other than food and dietary needs. Therefore, provision should be included for referral and follow up to see that dental and other health and social services can be arranged for as a need for them among participants in the food and friendship project.

Potential Research Projects

Research may be supported which promises information pertinent to the purposes of this program. Those studies should seek new knowledge on such matters as (1) dietary needs of different categories of older persons; (2) the significance of different social settings (eating alone versus group eating, for instance) for personal adjustment and adequacy of diet; (3) the meanings of meals and meal associated activities for older persons; (4) improved tools and appliances for food preparation, handling, and storage which promise greater safety and ease in their use by older people; (5) unit costs and benefits of different systems for improving diets and providing appropriate settings for meals and related activities.

Research data may be obtained from the development and demonstration projects supported under this program or from other sources, including projects especially designed to generate the data needed.

Requirements

Applications for grants must be submitted on forms available on request from the Administration on Aging. Applicants must meet all requirements for Title IV projects under the Older Americans Act. Full information is contained in an application for grant kit.

All applications should include (a) a description of the problem to be resolved, the methods and techniques to be used, and the benefits anticipated; (b) provision for evaluating the impact of the particular approach; (c) a description of related services and programs; and (d) written evidence of willingness to cooperate on the part of other agencies when the design involves the utilization of their facilities or services.

Consultation

Technical assistance and consultation in the preparation of the application may be obtained from the Washington staff and regional representatives in the nine D/HEW regional offices located in Boston; New York City; Charlottesville, Virginia; Atlanta; Chicago; Kansas City, Missouri; Dallas; Denver; and San Francisco.

Timetable

Applications for support prior to June 30, 1968 should be submitted to the Administration on Aging not later than February 15, April 15, or June 1 for review during the six weeks following each date. Applications may also be submitted after June 30, 1968 for later funding. Review periods for such applications will be announced later.

For application material, please write to: Research and Development Grants, the Administration on Aging, Room 3446, HEW North Building, 330 Independence Avenue, Washington, D.C. 20201.

Discrimination prohibited.—Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." Projects supported in whole or in part by the Administration on Aging must be operated in compliance with this law.

ITEM 3. MATERIAL PROVIDED BY MRS. MARIE C. McGUIRE
AS ADDENDA TO HER STATEMENT

EXHIBIT A. HOUSING FOR THE ELDERLY IN EUROPE

Mr. Chairman, I recently spent two weeks in England, Switzerland, Denmark and Sweden, studying housing for the elderly, with particular emphasis on the relationship between housing and the delivery of health services.

First of all, the Western European emphasis is on public programs which respond more to those who need care than for those who can live independently. However, there is a growing awareness that housing for the well that promotes self care and management should be given more emphasis.

Secondly, it is my impression that health services are made available to the elderly more easily than here. An important factor is that for each proposal assisted by the central government, the sponsor must accept responsibility for serving the needs of all the elderly in a well-defined area, and not just those in the housing or medical facility. As a result, massive programs of home services have been developed, as have many service centers—often called day hospitals—as resources for all the older people in an area. It is anticipated that these programs will lead to many economies, since fewer new housing units will be needed.

Economies in the field of medical services also are anticipated and now are being realized because of a very strong emphasis on rehabilitation programs, physical and occupational therapy, and case finding, which permits early treatment of a pathology before it becomes chronic.

Housing and health officials work in concert, and often it is found that the problems of the elderly are related to the need for social readjustment rather than for health or medical care. Cross-disciplinary teams are used to assess their problems and to come up with the best solutions, whatever may be involved.

This cross-disciplinary assessment and staged treatment has been effective in reducing demand for hospital beds among the elderly, buttressed by the availability of housing with varying degrees of care and staff trained to provide the proper milieu for the particular need.

Even as there is growing recognition that more housing for independent living is needed, the European countries also maintain a strong feeling that housing with limited medical and other services will continue to be necessary when those now capable of independence will need more assistance.

The European countries are increasing their programs for arts and crafts and other leisure-time pursuits. These programs are administered under professional guidance rather than volunteers, who are used to a large extent in this country, because of the feeling in Europe that all workers are entitled to pay for their services. Many of the housing developments include outlets for the sale of residents' handicrafts, and a limited amount of contract work is taken on by the residents, but generally the products are intended for use within the facility.

Almost invariably, the administrators of the homes recognize that the dwelling units for their residents are too limited and plan to expand living space in new facilities. Interestingly enough, we were advised that high-rise construction was more economical for facilities intended for the frail or those of advanced ages, because it permitted more efficient utilization of staff.

Of particular interest was the European point of view that large senior citizen villages should be discouraged to avoid age segregation and social stigmatization. In the past, they have considered that 100 units of housing for the elderly on a specific site should be the maximum. The current thinking among their experts leans to limiting a neighborhood housing development for senior citizens to not more than 40 or 50 units. The newer senior citizen projects are built in close proximity to housing for other age groups, and roads and walkways lead purposely through the grounds where the elderly live so that there will be continuous association between the various age groups.

Some of the day hospitals in Europe are similar to our community centers, but with far more extensive services and equipment. Meals are usually available in the facility, and arrangements are made to deliver meals to residents in the neighborhood from the day hospital. They also include activity rooms for leisure-time games and hobbies. In addition to these activities and services, however, the day hospital offers daytime health and medical care, and makes extensive use of elaborate physical therapy equipment. Care is taken to assure that the health and medical aspects do not dominate and result in a "sick" environment. Dental care, eye examinations, and podiatric services often are available. Some, but not all, of

these day hospitals also include overnight infirmary care, as in Oxford, England. Such care may be the first step in treatment or the last stage of a treatment that may have started in an acute-care ward of a typical hospital.

Contrary to the feeling often expressed here in this country, the presence of nurses in uniform in many housing developments in Europe is said to create a sense of security, rather than concern.

Finally, let me mention that because the field of geriatrics is often of minimum interest to doctors in Europe, it is not unusual that bonuses are paid to them for work in hospitals specializing in caring for the elderly.

EXHIBIT B. HOUSING FOR THE ELDERLY

HUD's housing programs provide assistance for the development of housing specially designed for the elderly through a variety of financing methods: annual contributions for low-rent public housing; direct loans for housing for the lower-middle income elderly; FHA mortgage insurance for older persons in a wider income range; and rent supplements, which make it possible for the low-income elderly to afford decent housing in the private sector—a program which complements our public housing effort.

Sponsors eligible to participate in these programs include local housing authorities—public corporate bodies set up by local governments in accordance with the housing laws of their respective states. Nonprofit and profit-motivated groups also are eligible for assistance; so, too, are cooperatives. Good housing for the elderly is developed through new construction, rehabilitation or conversion of existing structures. The new "turnkey" and leasing programs in public housing are providing housing for the elderly in many cases with greater speed, efficiency, and economy than often is possible through conventional methods, and encourage the involvement of private enterprise to an even greater extent than has been possible previously.

In addition to these primary HUD programs for older people in the rental housing field, HUD offers assistance to the elderly through a number of additional programs. Older people who wish to and can afford to purchase their own homes are permitted to borrow necessary down-payments under an FHA home mortgage insurance program, which is not permitted for home buyers under 62. The FHA also provides mortgage insurance for the development of both nonprofit and profit-motivated nursing homes, which are occupied largely by senior citizens. Our Renewal Assistance Administration is authorized to make below-market direct loans and grants for home rehabilitation in urban renewal and concentrated code enforcement areas. In addition, RAA administers the Neighborhood Facilities Grant program, which assists local communities in the development of multipurpose neighborhood facilities, many of which have included plans for senior citizens activities and services in their programs.

Similarly, the elderly are and will be beneficiaries of the advances, improvements, expansion and liberalization of major programs in HUD such as urban renewal, metropolitan development, and, of course, in Model Cities.

Objectives and Purposes

Our federally assisted senior citizens housing programs are intended to encourage and facilitate the ability of older people to live fully independent lives as long as possible, and as contributing and active members of their communities. To the degree that this objective is successful, it means that institutionalization and its high cost in terms of care and separation from community life can be deferred for a considerable period of time and, for many, permanently avoided.

A further objective of the programs is to offer senior citizens a wider choice in the kind of housing and living arrangements in which to spend their later years. Not all senior citizens are likely to seek opportunities to live in housing specially designed for them, but for those who do, HUD's programs make possible more effective choices at rates they can more reasonably afford.

Other than our nursing home program, our programs have been directed primarily to the well elderly—those able to sustain continued independent living, but who need and want improved and more suitable housing, related facilities and services. The programs are operated under a philosophy that the proper housing environment for senior citizens is one rich in social and cultural opportunities, security and complete freedom to participate in activities of their own choice and to assume whatever role in the total life of the community they wish.

The evidence available strongly suggests that a majority of older people want to and can live independently, even with chronic illnesses. They want to be near

their children, but for the most part, do not want to live with them. Many elderly also wish to be insulated from the clutter, noise, and competition of the very young in their immediate housing environment.

Independent living is supported by a number of special design features which facilitate adjustment to many of the declines which so often accompany aging, and by a wide range of services. These range from home aides to friendly visitors to visiting nurses. Opportunities for counseling, arts and crafts, recreation, voluntary service, and employment often are made available both by public and private agencies. In many cases, these programs and services are offered in community activity centers built into or near the senior citizens housing developed under our several programs.

Older people's needs and wants are as varied as their numbers. Each is different in some way from his fellow neighbor. His problems, interests and experiences all stamp him as an individual. Rather than generalizing about the elderly in terms of chronological age, each should be considered as a person unto himself, just as younger people are not subject to identification by stereotype. So, in recognition of their individuality, our housing programs seek to provide the widest possible range of choices of better and more suitable housing for our senior citizens. If their housing situation offers reasonable security and comfort, then we believe the elderly can and will be stimulated to continue their active participation in whatever goes on around them, and despite the passing of years, lead fuller, more meaningful lives as useful, contributing members of society.

Program Progress

Our programs have been in existence only since 1956. Far more needs to be done to meet the need for better housing for the Nation's senior citizens, but in recent years, there has been a substantial increase in the supply. The following preliminary data are encouraging, but we obviously cannot be satisfied.

Under the low-rent public housing, direct loan and FHA Section 231 senior citizens programs, the estimated net cumulative number of dwelling units approved from the beginning of the programs through March 1968, totaled about 241,000. Of these, nearly 135,000 were approved during the period since January 1, 1964, representing about 56 percent of the total. Over 22,500 dwellings were approved during the first three quarters of fiscal 1968.

Of the total approvals under these three programs, close to 175,000 units had been placed under construction through March 1968, of which nearly 111,000, or approximately 65 percent, were started during the period since January 1, 1964. During the first nine months of fiscal 1968 alone, over 21,000 dwellings were placed under construction.

Through March 1968, nearly 131,000 dwellings had been completed. Of these, close to 100,000 had been completed since the beginning of 1964, or over 75 percent of the total. Completions during the fiscal year only through March 1968, amounted to over 21,000 units.

In addition, through the end of May 1968, reservations or contracts for rent supplement payments had been made for 31 senior citizens projects under the FHA 221(d)(3) market rate mortgage insurance program. These will involve nearly 2,300 dwellings, the great majority eligible for occupancy by elderly people receiving the benefits of rent supplement assistance. These reservations or contracts for rent supplements will provide for maximum annual payments on behalf of those eligible in the amount of nearly \$2.3 million. With respect to financing the construction of these projects, the applications of commitments involve FHA mortgage insurance of over \$21 million.

The rent supplement program also provides for modest use of these funds in our direct loan and FHA Section 231 developments. As of the end of May 1968, about 130 of these projects—the great majority direct loan projects—had reservations or contracts for the annual payment of over \$2 million for rent supplements. These projects have a total of about 16,500 dwelling units. Occupants of over 3,100 of these will participate in the rent supplement benefits. At the end of May, one hundred of these projects already were receiving at least some portion of these rent supplement funds.

Under FHA's nursing home program, mortgage insurance had been approved for nearly \$360 million for over 550 homes, with a total of nearly 53,000 beds through the end of March 1968. Over 46,000 beds are included in nursing homes whose construction had been started through March 1968, and of these, over 36,500 beds had been completed and were available for occupancy.

ITEM 4. MATERIAL PROVIDED BY ROY T. BATCHELOR, EXECUTIVE DIRECTOR, CHATTANOOGA-HAMILTON COUNTY COMMUNITY ACTION AGENCY, TENNESSEE

EXHIBIT A. PRESENTATION OF PROJECT "TEAM"

A. OBJECTIVES FOR PROJECT YEAR OCTOBER 1, 1967, TO SEPTEMBER 30, 1968

1. To offer an opportunity for the isolated aging to form a group or groups among themselves to assist in meeting their own needs.
2. To provide services in health and home management to the elderly.
3. To provide employment opportunities through hiring the aging to work in the program and demonstrate their value and potential to local employees.
4. To demonstrate the feasibility of using other programs and personnel in a cooperative team effort to meet the needs of the aging poor.
5. To demonstrate the need and develop an atmosphere for closer coordination and cooperation between agencies and organizations providing services to the aging.
6. To determine gaps in existing services and pose tentative solutions for community consideration.

B. ACCOMPLISHMENT OF ABOVE OBJECTIVES

1. During the six month period from October 1, 1967 to March 15, 1968, the three neighborhood centers held 177 group sessions with 1,641 elderly individuals attending. These sessions ranged in nature from "Spend-the-Day" to hobby pursuing group sessions. Literacy classes, sewing classes, ceramic and knitting classes were also held. The objective of gathering together the isolated elderly into groups has been highly successful and has demonstrated:
 - (a) The benefits to the elderly from group identification and participation.
 - (b) The desirability of using volunteers to form and assist in group sessions for the elderly.
2. Services in health and home management:
 - (a) Through the use of the team concept, the project has been supplying services and counsel to the elderly in home management. Our objective is to get the elderly individual or family to help themselves when and if possible and if not to provide home management services to the elderly individual. For the project period from January 1, 1968 to March 15, 1968, 320 housekeeping services were provided by our Neighborhood Youth Corps Workers and Team Aides.
 - (b) Advances in health services to the elderly have been made. The employed team aides have completed the Red Cross Home Nursing Course and are equipped to give home nursing care when needed. Simple health services to the elderly individuals to continue to live independently without custodial care. For the project period from January 1 through March 15, 92 health services were provided. These services include purchasing and dispensing of medicine, baths given, beds changed, and transportation to clinics and doctors. Figures from October 1 to January 1 for health and home management are inconclusive due to the fact that hiring and the orientation period for Team intervened. The team members had to establish rapport with the elderly before a concentrated attack on their problems could be made. Figures for this first period reflect the concentration on home visitation.
3. To provide employment opportunities through the hiring of the aging has fallen short of desired goals. A request has been submitted to Washington to retain the employed elderly aides that we have. These aides have proven to be a faithful, diligent, and constructive arm of the Team approach. To discharge these aides after the establishment of rapport with the elderly would be detrimental to the whole Team approach.
4. We are demonstrating through the use of the programs and personnel that a concentrated attack can be made on the problems of the elderly poor.
 - (a) Project Team has made 482 referrals to agencies since the commencement of the project through March 15. Each aging coordinator meets periodically with all the agencies to seek better methods of cooperation.

(b) Use of Personnel:

(1) The volunteer aspect of the Team approach has demonstrated the interest and help the volunteers can render to the whole program with proper direction. Over 51 volunteers have offered their time and service to the project thus far. These volunteers are relieving the loneliness factor and keeping the elderly in the mainstream of community life. Through visitation programs and planned group sessions, volunteers are providing the interpersonal relationships necessary to sustain emotional life through the warmth, love, and affection that they are offering the elderly poor.

(2) The Neighborhood Youth Corps workers have assisted in heavy housekeeping chores. These Neighborhood Youth Corps workers are relieving the older person of many of the stresses of daily household management and consequently are preventing many from becoming institutionalized. However, the projected figure of 15 NYC students in the three areas has proven to be unrealistic due to two factors: (1) the need in each area, (2) the availability. A more realistic approach to use, and one we have been following, is to seek the cooperation of NYC in securing as many workers as needed in each area.

(3) The Work Study Student Program has fallen short of projected goals. Realistically we have not been able to secure the services of 15 work study students, but Team has used at least one work study student in each area. This summer we hope to secure more from City College. The other source of supply, The University of Chattanooga has placed all of their work study students on campus. We anticipated having (6) work study students made available to us in the next budgeting period.

5. An atmosphere for closer coordination and cooperation between agencies and organizations is developing:

(a) Two large meetings of an informational nature were held during the current budget period, one with all the agencies and one with the Health Department.

(b) Appointments to the Metropolitan Council's Task Force Committee on their aging study have been made from the ranks of the poor. Representatives are on committees pertaining to Health, Income Maintenance, Housing, Social Service, Leisure Time, and the Church and the elderly.

(c) Contacts have been made with all agencies seeking ways of establishing closer coordination. One concrete result has been the offering of volunteer services by the Area Literacy Movement to combat illiteracy. A local church has donated and staffed a bus to meet transportation needs in another area—and further innovative approaches are coming forth from agencies serving the poor.

6. A major gap in providing services to the elderly poor has developed as a result of six months of concentrated work with the elderly.

(a) The most apparent and pressing gap in meeting the needs of the elderly appears to be in the area of transportation. In section III-A we have requested a supplement to the budget to meet the needs of the ambulatory poor needing ambulance service and ranging in age from 50-65. Transportation is needed for the aging poor and could be provided with transportation allowances for the aides employed by Team.

(b) Plans in the next budgetary period.

(1) Plans are to proceed with all of the objectives of the initial Project Team grant and the mode of operation with the exception of the expressed objective which provides employment opportunities through hiring the aging to work in the program.

(2) Plans include spreading the services of Team to the elderly through constituents in each area.

(c) Plans include fulfilling a gap in existing transportation services through: (1) emergency ambulance to those 50-65 unable to pay for such service and in an ambulatory physical condition, and (2) transportation service to the elderly—by allowing employed aides with automobiles, a transportation allowance, Team can offer service with grocery shopping, agencies, food stamps, etc. Documentation in Section III-A.

(d) Summarization of projected goals: (1) The enabling the elderly poor to live out his or her life with a sense of honor, purpose, dignity, through finding a satisfying role in society.

EXHIBIT B. MEMORANDUM—HEALTH NEEDS OF THE AGING POOR

To: Metropolitan Council of Community Services.

From: Community action program.

The health needs of the elderly poor in the Chattanooga area are so immediate and varied that it is difficult to assess priority order, even from the viewpoint of the most frequent requests received by the CAP neighborhood centers. This narrative description of the daily efforts of the centers to "finger the dike" for the indigent or pensioned aging citizens is not intended to be a complete report of existent need, but is rather an effort to point out some of the most obvious gaps or inadequacies in community services.

The financial handicap, as it relates to health care, is obvious and needs no further explanation to those who are knowledgeable of the average income of the elderly. The elderly poor, who exist on pensions or welfare grants, and the elderly indigent, find even avenues leading to adequate health care.

Home visits by the family physician are almost a memory of the past, even for the family who has a regular doctor. For the elderly poor, who rely primarily on clinic treatment, physician's home visits are practically unheard of. Medical attention is usually sought from out-patient clinics, and while the quality of medical care is usually adequate (often good), the clinic patient is commonly treated as "second class". Some of this attitude can be attributed to the very human reaction of the overworked, but much can be traced to "management's" unconcern. Rudeness to patients comes usually from the lower salaried, or the wage earner, and seems to be overlooked or ignored by their superiors. We have found, in neighborhood center experiences, that the indigent patient is more likely to be treated with kindness and dignity when accompanied to the clinics by CAP personnel.

It is necessary for the clinic patient to be in the out-patient waiting room at 7:30 A.M.; it is usual for them to sit, waiting, the greater portion of the day before seeing a doctor. For the aged sick, this is burden enough, but additionally, no food is allowed in the waiting rooms.

To those whose income is from Social Security, or from Old Age Assistance, the purchase of medication is an impossible load. Budgets do not comfortably provide for shelter, utilities and clothing—and food dollars are always short. The need for medicine is often ignored because of limited means. When routine medication, such as insulin, is indicated, food is often the item sacrificed. Even for those eligible for MAA, many items are exempt from the drug list, and must be purchased at open market prices. When low- or no-cost prescriptions are written at the clinics, the hospital pharmacy is often closed, or the waiting line is very long. This either means the patient must return another day, or in the case of immediate drug need, must fill the prescription at a private (and more costly) outlet.

Public transportation is inadequate for the elderly ill: It is costly; "you can't get there from here" (too few buses, long waiting periods between scheduled runs, bus stops at points too far for the aged to walk); there is the physical problem of getting on or off a vehicle with steps; and the lengthy drive is uncomfortable, particularly for those in pain. The neighborhood center buses, while solving some of the transportation problems, are difficult to board and are quite uncomfortable for those in ill health.

Ambulance service for emergencies or for routine attention for the crippled or infirm, is a constant area of need. Medicare does not cover ambulance fees unless the patient is admitted to the hospital. In experiences at the three neighborhood centers there have been many instances where an early, or unnecessarily uncomfortable death has resulted from inability to transport the patient to the proper institution for attention. It has not been uncommon to make a desperation call to the police department for patrol car transportation as a last effort to secure care.

Related to transportation is patient need for visitors. The majority of the aging suffer a physical and/or psychological isolation from the general community. This is compounded for those confined to their homes or institutions, for families, friends and volunteers are often prohibited from visiting regularly (or at all) for lack of transportation. Public facilities for nursing and custodial care are located in areas difficult to reach without private transportation means. For some time, the only Sunday bus to Bork was in the very early hours. We understand that even this service has been discontinued.

Securing glasses, hearing aids and dentures for the elderly poor is a routine problem. There are some community resources for children and heads of households, but little or no provision has been made for the aged. While some assistance

for sight and hearing problems is provided through organizations such as Speech and Hearing, Lions Sight Saving Service and, for employable heads of households, through Vocational Rehabilitation, general dental care, dentures and denture repair for the elderly poor is non-existent.

There is frequent need for both long-term and short-term sick room supplies (wheel chairs, beds, crutches, etc.), and supply sources for low-cost rentals or lending shelf services are hardly adequate.

Many of the elderly who live alone enjoy relatively good health, but have minor disabilities that limit their physical activity. They are able to manage very simple meal preparation and light housework, but are physically unable to prepare nutritionally balanced diets, or to see to heavy cleaning (window washing, mopping, scouring bathroom and kitchen fixtures, turning mattresses, washing heavy items) or to household repairs. In the case of the more infirm—and the bedfast—housekeeping becomes even more haphazard, receiving only the attention that willing neighbors and friends are in a position to offer. The bedfast often remain, for long periods, unbathed, unturned, in unclean beds—making meals from whatever is within reach. Living quarters of the aged are often dirty—even filthy—constituting a health/sanitation hazard. Their inadequate diets often bring about further health problems that could be avoided.

Department of Public Welfare Homemaker Services are excellent, but not only are these services not adequate to meet demand, they are generally offered only to families with young children, thereby excluding the elderly population. Public Health's Team Nursing Project does not meet the needs of the elderly ill and infirm—again, because of insufficient numbers of personnel, and because of regulations governing eligibility for home nursing care.

While the general public seems to be aware of the shortage of nursing home space for both those with adequate incomes and for the indigent, the need for boarding homes for the elderly poor with minor infirmities is not realized.

EXHIBIT C. TRAINING PROGRAM FOR TEAM

AIDE TRAINING

Training for the aides has fallen into two categories (1) preservice orientation and (2) inservice training.

I. Preservice orientation

A. Within the individual centers, the Aging Coordinators and Social Service Coordinators briefed the aides as to services for the NSC and to the elderly.

B. September 6 the CAP Staff held a 1½ hour workshop explaining the role of the Community Action Program and Team.

II. Inservice training

A. Mrs. Barnett planned ten sessions for the aides to familiarize them with the agencies serving the elderly. These sessions lasted for two hours each. The agencies participating were the following:

1. City Bureau of Relief—Travelers Aid
2. Department of Public Welfare
3. Food Stamps
4. Social Security
5. Vocational Rehabilitation
6. Salvation Army
7. Health Department
8. Erlanger Hospital
9. Red Cross

10. Health Education—Health Department

Part of this 20 hour training period was spent in renewing the preceding day's activity. Aides became acquainted with other aides. The "Team" concept was stressed through a buzz session using Margaret's book "People Workers."

B. A home nursing program was set up in conjunction with the Red Cross. This session is planned for September 26, 27, 28, and October 2, 3, 4 for a total

of 12 hours. At the end of the course the aides would be able to render home nursing to the elderly as well as aiding them with—

- (a) household maintenance
- (b) personal care
- (c) provision of companionship
- (d) the teaching of household management and nutrition

C. Within the centers inservice training was conducted with the—

- (a) Home Economist
- (b) Aging Coordinator through work sessions geared to surveying, interviewing, rapport and the learning approach

The Aging Coordinators plan on sending an aide out with an aide that has had field experience. This experience will provide on the job training.

We plan on meeting with all team members once a month and as our program progresses, twice a month. This will enable Team members to exchange news, expand on existing services and expand on concepts dealing with the aged.

ITEM 5. STATEMENT SUBMITTED BY MRS. GENEVA MATHIASSEN, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON THE AGING

Senator Moss and members of the committee, the National Council on the Aging is very glad to speak briefly today on the potential usefulness of the Model Cities program for the elderly.

One has only to look at the headings under Section III, Program Standards, in the booklet entitled "Improving the Quality of Urban Life: A Program Guide to Model Neighborhoods in Demonstration Cities"¹ to understand the profound significance the basic components of the model cities demonstration would have for the older persons residing in the area.

(1) That the program should be comprehensive with the components of physical improvement to provide a satisfying and safe living environment, housing to meet the needs particularly of low and moderate income families; education, including adult and basic vocational education; manpower and development with creation of job opportunities, including location of public enterprises in or near the model neighborhood area; recreation and culture with a broad range of opportunities designed to serve the particular interests of the area residents; crime reduction (which would greatly relieve the anxieties and fears of older people who have been the frequent victims of assault and theft); health, concerned with physical and mental services and facilities accessible to and used by all residents; social services and public assistance with additional activities to meet special needs.

(2) That the program should make a substantial impact on the physical, economic, and social problems in the area.

(3) That the program should make marked progress in reducing social and educational *disadvantages*, ill health and underemployment, and provide social services necessary to serve the poor and the disadvantaged.

(4) That the program should provide maximum opportunities for employing residents of the area.

(5) That the program should contribute to a well balanced city with maximum opportunities in the *choice* of housing accommodations for all citizens of all income levels.

(6) That the program should make maximum use of new and improved technology and design . . . and so on.

When we at NCOA read these program standards, we think of them in terms of what they would mean to older residents, and what they require in terms of environmental change and program services.

We hope the local planning groups will be as mindful of the benefits of the Model Cities program to this age groups as to children and young people.

It is perhaps unreasonable to expect that the special requirements, particularly the special services needed for the elderly, can be soundly estimated, for we have had little concept and no experience anywhere I know of in providing the full range of services for the elderly implied in the program planning guide.

¹ U.S. Department of Housing and Urban Development, HUD PG-47, December 1967.

Even though the application plan calls for listing the number of persons 65 and over, there is generally not a very clear understanding of the special needs of this age group and how the needs vary according to income, health, living arrangements, and increased age. Average numbers and percentages alone are misleading, as two examples from population studies will make clear. In one State the percentage of those over 65 is 7.8 percent, but by counties the percentage varies from 2 percent to more than 20 percent. The County and City Data book for 1967 lists many cities with over 10 percent of the population over 65 and several with approximately 20 percent. In a study of the Los Angeles region by census tracts, there were at least three in which 40 percent of the population was over 65.

A further significant factor in planning is the wide variation in persons over 65. The Los Angeles study identifies three groups. The "younger aging" those between 65 and 75, who "have a great deal of usefulness left"; many did not retire of their own volition; they are looking for something to do, for a "reason to get up in the morning." This group comprises nearly two-thirds of the elderly population. The group 75 and over (about one-third) includes the majority of elderly individuals about whom the community is disturbed. Many are frail and need help, many are without friends and relatives, many have poor housing and environment.

Among those 85 and over, the majority can no longer care for themselves. These comprise about 6 percent of the population. In general, also, the degree of poverty rises with age, likewise the number of widows and persons living alone.

All these characteristics of the population effect services. The National Council on the Aging's most specific knowledge of the need for services come from its sponsorship and supervision of Project FIND in 12 communities. In each project, elderly people were employed to contact all households with persons over 60, to administer an 18-page questionnaire which revealed, among other things, their needs for service of some kind. Where possible the FIND aides were to refer them to appropriate sources of help in the community.

Through May of this year, about 40,000 interviews had been completed and more than 20,000 people had been referred to some kind of service. It would appear from incomplete records that there were some 16,000 who has identifiable needs for which no services were available to which they could be referred. The list of services for which referrals were made included public assistance, social security benefits, medicare, medicaid, medical care, dental care, surgical appliances, drugs, and other medicines, other health services, full or part-time employment, food stamps, surplus commodities, other food, clothing, housing, home repairs and maintenance, home furnishings, homemaker-home health aides, recreation and social relationships, personal counseling, and legal aid.

The reports of the 12 projects are just now being tabulated. Hundreds of examples of service needs can be cited. One example of a troublesome situation may be of interest to Model Cities planners as illustrative of the problems to be encountered in dealing with this age group. I quote from a letter written by a project FIND director to a Senator who had expressed interest:

"To date we have surveyed almost 4,000 persons 60 years old and older. Our survey form is particularly concerned with the monetary problems, health, nutrition, transportation, and services to the elderly. Almost exactly 50 percent of the persons we have surveyed had never heard of the Food Stamp program. We have found that two-thirds of the people eligible do not use the food stamps. For example, we have 1,400 persons automatically eligible because they are receiving some form of assistance, but only 20 percent are using food stamps. Two out of every three state they do not have enough money to purchase the stamps. In a few cases we have been able to get adjustments.

"I am sure that if an intensive training program could be given to the elderly people and some incentives toward improving nutrition plus the lowering of the cost of stamps, more would purchase the stamps. Two other factors are prominent in a person's not purchasing. These problems center around location of offices and physical health of the elderly. If the food stamps are really to be used by the people, they must be taken near to the people. Some people have had to transfer buses three time to get to the food stamp office. Joint planning was initiated by Project FIND to get food stamps sold in the public housing unit where there were 300 eligible families; 170 of these were elderly households. It took 5 months to get this accomplished.

"I understand that efforts are being made to try to extend the program to more neighborhoods in the cities. The other problem relative to the cities is that many older people are unable to take public transportation to the offices. Some of them have told us they are afraid to go to the central city office.

"The senior citizens living in the county are also concerned with the transportation and the health problems. Two hundred fifty thousand people live in the unincorporated areas. We have surveyed 600 older persons in these areas. For some of them, the closest office is a round trip of 20 miles. It would be much easier on the older people if a van carrying the stamps could go into their neighborhoods, rather than the older persons having to go to offices. We have also suggested that a mini-bus might be obtained by each neighborhood center of the Office of Economic Opportunity, to be used for transportation. At this time, Project FIND does transport as many as possible to the office nearest to their home.

"As a home economist, I see the use of food stamps needing these major improvements: an adequate staff to teach nutrition and getting the food stamps into the neighborhoods so that they are readily available."

Another example of the type of help most often given by Project FIND workers was the giving of necessary information and assistance to people who were eligible for social security and/or old age assistance without being aware of it. A Project FIND worker found a 79-year old man living on the top floor of a wooden structure in what was once a store-room, three blocks from the cityhall. He was growing food on a small patch of ground to feed himself. Checking into his records, the FIND worker figured that the man was entitled to social security and veterans benefits totaling about \$140 a month. He had never applied for the benefits because he had never known about them. Another man was found living in a trailer—not a house trailer but the kind you haul things in. He had retired because of a back injury and was living on a small amount of compensation money. His staple diet was dog food. He was, without knowing it, eligible for aid to the totally disabled and was helped to apply for it. He no longer eats dog food.

These examples are cited to point up the three major aspects of a program of services in a Model Cities program for the elderly. The first is a vigorous outreach program. The National Council on the Aging, under a contract with the Office of Economic Opportunity, prepared a "model" for this outreach project, which is being used in modified form in a number of communities. This "model" and those for five other community programs for older people can be supplied on request.

These models include programs of nutrition and delivery of surplus commodities and prepared meals; part time employment; community health services; multi-purpose senior centers.

The second requisite for the program is that the needed services should be available and accessible, in quality and quantity related to the need. If in even a small portion of a community essential services for the elderly can be defined, priorities determined and those agreed upon be made available to all who need them, the value of the demonstration will be of inestimable value in determining the real extent of need and cost.

The third requisite has been spelled out in the guidelines, but it deserves special emphasis. This need is for a *system* of health and social services, with all the implications of that word. It is not always easy to differentiate between the two, in relation to the elderly. At present, they are apt to be provided under separate auspices by a multiplicity of agencies. However, the essential *new* requirement is to work out collaborative arrangements for delivery of service needed by a single individual irrespective of auspice. This is easier said than done. In another NCOA demonstration—a protective service program carried on in three communities during the past 2 years the need for effective collaboration among social, medical, psychiatric, and legal services and the police officers was the major stumbling block to getting a job done for those aged persons who were no longer able to care for their personal needs or their assets or both.

For the most part, the service needs of people have been identified, and scattered demonstration programs have taken place. A fairly complete list of these community services is available on request from the NCOA office. There is also a vast array of resources to be tapped at every level of government and through a variety of voluntary agencies. "Resources for the Aging, an Action Handbook",

a comprehensive listing of these resources was prepared by NCOA last year under an OEO contract, is now being updated and will be available on request in late October. What remains to be done is to provide the essential services and—to the extent possible—those which may not be essential to maintaining life and health but which lend grace to the later years. They need to be provided on a communitywide and a continuing—rather than a demonstration—basis. They need to be made known through an information and referral service and to be accompanied by a vigorous outreach program.

The National Council on the Aging welcomes the contribution of the Model Cities Program toward this end and will be glad to be of any possible assistance to communities so engaged.

ITEM 6: EXHIBITS PROVIDED BY MISS MARY NENNO, ASSOCIATE DIRECTOR, NATIONAL ASSOCIATION OF HOUSING AND REHABILITATION OFFICIALS

EXHIBIT A.—LIST OF NAHRO STUDIES ON THE ELDERLY AND ON RELOCATION, 1962-68

I. *NAHRO Studies on Management of Housing For the Elderly:*

(a) *Background Readings.*—A volume of six papers by outstanding experts in the fields of gerontology, elderly housing design, low-income economics, and community services for the elderly, designed to serve as an introduction to the aging process and the world of the low-income elderly and as a guide to the management of housing for this age and income group. 1965. 92 pages.

(b) *Training Manual.*—A training guide for sponsors, discussion leaders, and others interested in upgrading the capabilities of managers of elderly housing. This manual describes a training format and makes recommendations concerning program, training materials, and financing. 1965.

II. *NAHRO Studies on Relocation: 1964-68. The University of Pennsylvania in cooperation with NAHRO (1964-68). Relocation of Elderly Persons Demonstrations and Research under a Grant from the Ford Foundation:*

(a) *Essays on the Problems Faced in the Relocation of Elderly Persons.*—NAHRO and the Institute for Urban Studies, University of Pennsylvania, 137 pp., June, 1963, Second Edition, January, 1964.

(b) *The Elderly in Older Urban Areas, Problems of Adaptation and the Effects of Relocation.*—By Paul L. Niebanck with the assistance of John B. Pope, Institute for Environmental Studies, University of Pennsylvania, 174 pp., 1965.

(c) *Reports on Local Demonstrations:*

1. *Relocating the Dispossessed Elderly—A Study of Mexican-Americans.*—(San Antonio, Texas) by Julie M. Reich, Michael A. Stegman, and Nancy W. Stegman, 136 pp., February, 1966.

2. *Preparing the Elderly for Relocation, A Study of Isolated Persons.*—(San Francisco, California) by Wallace F. Smith, 104 pp., September, 1966.

3. *The Social Functioning of the Dislocated Elderly, A Study of Post-Relocation Assistance.*—By David Joyce, Robert R. Mayer and Mary K. Nenko, 89 pp., December, 1966, Providence, Rhode Island.

4. *Operation Janus, Serving the Elderly in the Process of Relocation.*—(New York City), 1968 (in final stage of publication).

(d) *Relocation: From Obstacle to Opportunity in Urban Planning.*—University of Pennsylvania Press, 150 pp., July, 1968.

III. *NAHRO Studies Under a Section 314(b) Grant From the Department of Housing and Urban Development (1967-68):*

1. *Relocation Becomes a Program in New Haven.*—A History and Analysis of Relocation Experience from 1956-67, by Alvin A. Mermin (in final review stage).

2. *The Moving Picture: A Survey of Centralized Municipal Relocation Services.*—By Robert P. Groberg (in final review stage).

EXHIBIT B. CHAPTER II, AN OVERVIEW OF THE NATIONAL RELOCATION POPULATION, "THE ELDERLY IN OLDER URBAN AREAS," BY PAUL L. NIEBANCK, WITH THE ASSISTANCE OF JOHN B. POPE, INSTITUTE FOR ENVIRONMENTAL STUDIES, UNIVERSITY OF PENNSYLVANIA, 1965 (PP. 14-23).

THE ELDERLY HOUSEHOLDS AFFECTED

Renewal programs generally affect the sections of cities that are in poor physical condition. As can be expected the residents of these areas are among the least able to independently find adequate substitutions for their present living quarters. Minority groups are over-represented. Incomes are usually far below the median. Household types are commonly not of the "normal" variety. Dependence on the public sector is common, and for some persons the term "choice" has little or no application.

Households headed by elderly persons¹ form a substantial proportion of the total within these areas (Table 5). From city to city, the proportion of all relocated households that have heads aged 60 or older has ranged from less than 10 percent to more than 30 percent. For the most part, just over 20 percent can be expected, except in rooming-house areas where more than 50 percent is common.²

Up to 45 or 50 percent of these elderly households are typically composed of just one person. From sample evidence, it is apparent that these single-person elderly households constitute about one-third of all single-person households recorded by relocation officials. Furthermore, there are fairly large but indeterminate numbers of elderly single persons residing with younger families. These persons are generally not recorded by relocation agencies.

Among the white population in renewal areas, there seems to be an unusually large number of single individuals, who have for one reason or another not participated in the outmigration that has been so typical of urban whites as a whole. A particular problem is the elderly female, who has an average income considerably less than the elderly male, so that in many cases she is almost entirely without financial security. The single female is common in both the white and the non-white elderly populations, but among whites in renewal areas she comprises an extremely high proportion of all single elderly persons. In the seven cities' studies, the proportion of women in the white single group over age 60 ranged from 68 percent to as high as 85 percent. Nonwhite proportions were generally ten percentage points lower. As the average age of nonwhites in renewal areas moves up to meet that of whites, the proportion of single women may also increase. In any event, the problem of the single elderly woman will surely persist.

TABLE 5.—ELDERLY HOUSEHOLDS IN RELOCATION AREAS, AS A PERCENT OF TOTAL HOUSEHOLDS IN SUCH AREAS, BY SIZE OF CITY

City size	Number of cities	Total households in sample	Percent of households with head 60 or older	
			Median	Range
250,000 or more.....	8	1,314	20	16-30
100,000 to 249,000.....	5	616	21	7-27
50,000 to 99,000.....	6	1,030	25	17-33
Under 50,000.....	1	62	15	(1)
Total reporting.....	20	3,022	21	7-33
Projects in roominghouse areas.....	3	1,243	50	50-58

¹ Not available.

Source: Data supplied by local relocation agencies.

Although renewal areas in cities of all sizes contain large numbers of elderly households, the indications are that the proportion of elderly in these areas may actually be smaller than in the cities as a whole (Table 6). This is contrary to what many observers might expect, since the elderly are often thought to be especially numerous in the older areas of our cities. The principal reason for this

¹ The term "elderly" refers here to persons aged 60 or older unless otherwise specified. An attempt has been made to standardize at this age wherever the data permit.

² The reader will note that throughout the analysis, the emphasis is on elderly households rather than elderly persons. The characteristics of the responsible decision-making unit, rather than those of the population as a whole, are at issue; hence the particular emphasis. One by-product of this focus is that the elderly population may appear to comprise a larger proportion of the total than is actually the case, since the households which they head are smaller than those of the entire population.

unexpected relationship is that the newcomers to the urban core, Negroes, Mexicans, Puerto Ricans, are on the whole quite young. In the years to come, as these minority groups age, and as their life expectancy approaches that of other Americans, higher proportions of the in-city population may be elderly. Currently, however, the white immigrants of the late nineteenth and early twentieth centuries are not present in large enough numbers to counterbalance the large numbers of nonwhite and Spanish-speaking persons.

TABLE 6.—HOUSEHOLDS WITH ELDERLY HEADS, AS A PERCENT OF ALL HOUSEHOLDS, CITIES AND RELOCATION WORKLOADS COMPARED

City	Total	Elderly households as percent of all households	
		2-or-more-person households	1-person households
A city.....	31	24	49
Relocation load.....	25	17	36
B city.....	29	25	52
Relocation load.....	22	18	39
C city.....	21	16	30
Relocation load.....	17	9	26
D city.....	27	24	45
Relocation load.....	21	13	38

Note: City A includes relocation conducted between May 1962 and May 1964; city B, between December 1958 and April 1961; city C, from 1959 to 1961, inclusive; and city D, from 1958 to 1963, inclusive. "Elderly" is defined as aged 60 or older in cities A and B, and as 65 or older in C and D.

Sources: Special tabulations from 1960 census, Housing of Senior Citizens, for each city, and sample data supplied by local relocation agencies.

It is interesting to note that the members of these urban minorities who are elderly are in fact extremely likely to be relocated. The most striking example of this was found in the records of one large northeastern city, in which the number of single elderly Negroes who had already been relocated equaled an astonishing nine percent of all single elderly Negroes in the entire city.³

Income: A Basic Consideration

Although Chapter 3 will deal with income in considerable depth, it is introduced here because it is the most important single variable in the relocation equation. The degree to which a household of any type can deal with its environment is largely determined by its financial resources. Moreover, the absence of an adequate income can prevent the effective use of whatever other resources and motivation the members of the household may possess.

Even a cursory survey of the available evidence shows that a large proportion of the relocated elderly are subject to extreme economic limitations (Table 7). The consistency of these data gathered from five independent sources is convincing evidence that the elderly relocatee throughout the country is at a great financial disadvantage. In every case, 80 percent or more of the two-or-more-person elderly relocated households have incomes under \$5000, and a similar percentage of the one-person households have incomes under \$2000.

Additional meaning is given these figures when they are measured against what are currently regarded as necessary to provide minimum living standards. If the extremely low amount of \$2000 per annum is considered the minimum income essential for an elderly couple, and \$1000 for an elderly individual, about forty percent of all relocated elderly households fall into a category that can be properly labeled "extreme need." Similarly, if \$3000 and \$2000 are substituted, seventy to eighty percent fall into a category receiving less than modest levels of income.⁴

An elderly couple dislodged by urban renewal is about twice as likely to have an income under \$2000 as its counterpart living in an area unaffected by renewal. Likewise, an elderly individual living alone before relocation is 50 percent more likely to have an income under \$1000 than one living outside the renewal area.

³ Many of the findings concerning white-nonwhite differentials can generally be applied other minority groups. Unfortunately, the sample cities having the best data did not include large numbers of Puerto Rican, Mexican, or other minority population groups.

⁴ The standards of \$3000 and \$2000 have been widely used in recent discussions of poverty, and are applied in the fuller treatment in Chapter III. In this chapter, \$2000 and \$1000 are used, merely to indicate the severity of the restrictions on dislocated elderly households. While some readers may not concur in the former "poverty lines," the latter hardly need justification.

TABLE 7.—INCOME DISTRIBUTION OF ELDERLY HOUSEHOLDS, CITIES, AND RELOCATION WORKLOADS COMPARED

City	Number observed	Percent of households with incomes under—				
		\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
2-or-more-person households:						
A city		7	20	32	40	52
Relocation load	118	8	31	51	68	81
B city		7	20	33	42	53
Relocation load	153	9	40	54	67	80
C city		8	21	33	43	52
Relocation load	68	16	40	62	77	82
D city		8	21	32	42	53
Relocation load	217	12	56	76	86	94
E city		8	16	25	34	43
Relocation load	144	5	36	54	64	79
1-person households:						
A city		30	65	76	83	89
Relocation load	155	47	85	92	96	97
B city		40	67	79	85	90
Relocation load	68	38	82	88	93	99
C city		40	65	78	84	90
Relocation load	230	46	84	93	96	98
D city		39	65	78	85	91
Relocation load	526	51	84	91	97	99
E city		34	58	67	79	86
Relocation load	319	29	76	87	93	95

Note:—The income intervals do not always correspond precisely with those in the raw data. In the case of city A, they really are \$1,200, \$2,100, \$3,000, \$3,900, and \$5,040. In the case of city C, they are \$1,200, \$1,800, \$3,000, \$4,200, and \$4,800.

Source: See table 6.

Thus it can be seen that relocated elderly households suffer from low income to a greater extent than the elderly population as a whole. Their incomes are also lower than those of the total relocation population. When the elderly relocation population is studied by race, certain additional information comes to light. In one large city, for example, it was found that the relocated elderly white households possessed slightly higher average incomes than nonwhites. At the same time, they were at a greater disadvantage, relative to the elderly white population as a whole, than were the relocated nonwhites to nonwhites as a whole. These facts tend to confirm the assertion made earlier that many older white residents of renewal areas are there largely because they have not the financial resources to follow their more favored neighbors to newer areas. The data also indicate that the incomes of nonwhites are not only substantially lower than those of whites, but they are also more uniformly distributed. The latter is at least partly the result of severely circumscribed housing opportunities and other limiting influences that have applied at all income levels.

Past and Future Workloads Compared

It was estimated earlier that although renewal activity will continue to increase as time goes on, there will be no drastic speedup in the program. This conservative projection was based on the slow tempo of individual projects, the relative consistency of renewal goals, and a fairly constant degree of public acceptance. For similar reasons, it is not anticipated that the kinds of areas treated by renewal will substantially change. Some of the worst areas of our cities have already been cleared, so it might be expected that future activity will affect tracts containing fewer instances of extreme blight and deprivation. As the re-use of cleared land shifts from residential to commercial or industrial and as rehabilitation begins to play a more dominant role in residential renewal, the quality of the treated areas might increase to some degree. But these changes will not manifest themselves overnight, and their influence will be marginal.

The assumption of stability as borne out in the statistics on areas which have already been chosen by local agencies for future renewal action (Table 8). It is clear that, as in the case of past relocation, future relocation workloads are likely to contain large numbers of financially handicapped elderly households. Moreover,

as before, while considerable numbers of white elderly families will be dislodged, relocated households will contain disproportionate numbers of nonwhites. In the five cities studied, 41 percent of the elderly households in potential renewal areas are nonwhite, as opposed to 14 percent of those in the cities as a whole. Indeed, some cities report that the vast majority of their nonwhite elderly residents lives in areas where renewal action is planned (Table 9).

The proportion of elderly households in renewal areas will continue to be smaller than the corresponding proportion in the cities as a whole, for reasons explained earlier. However, the income, racial, and other characteristics of these groups will also continue to cause them difficulty in coping with their environment and satisfying their personal needs.

TABLE 8.—COMPARISON OF ELDERLY HOUSEHOLDS THAT HAVE BEEN RELOCATED WITH THOSE EXPECTED TO BE RELOCATED, SELECTED CHARACTERISTICS, FOR SAMPLE CITIES

	Past activity		Future activity	
	City	Relocatees	City	Relocatees
I. Spatial concentration of Elderly households:				
Elderly 2-or-more-person households as percent of all such households.....	23	13	22	14
Elderly 1-person households as percent of all such households.....	41	34	40	39
II. Income status of elderly households:				
Elderly 2-or-more-person households with incomes under \$2,000 (percent).....	18	43	17	40
Elderly 1-person households with incomes under \$1,000 (percent).....	36	39	35	49

Note: In terms of the characteristics used in this table, the cities having data on past activity are virtually identical with those having data on future activity.

Source: Weighted averages of the data in tables 6 and 7, plus sample data secured from local renewal agencies in 5 scattered cities.

TABLE 9.—ELDERLY HOUSEHOLDS IN POTENTIAL RENEWAL AREAS, COMPARED WITH THOSE IN THE CITIES AS A WHOLE, BY RACE

City	Nonwhite households as percent of all households		Elderly households in potential renewal areas as percent of elderly households of the same race in the city as a whole	
	Total, city	Potential renewal area	White	Nonwhite
1.....	26	56	3	6
2.....	23	50	17	53
3.....	15	30	23	67
4.....	34	73	17	70
5.....	42	67	15	74
6.....	35	82	6	51
7.....	10	53	7	89

Source: Data supplied by 7 local renewal agencies.

It will be recalled that 40 percent of the two-or-more-person elderly households, and 49 percent of the single-person households in the sample potential renewal areas have incomes below what are considered absolute minimum standards. If present differences between white and nonwhite incomes persist, as renewal areas are occupied more and more by nonwhites, average income levels within these areas will decline even below today's low levels (Table 10). Currently, the incomes of nonwhites tend to fall below subsistence levels up to twice as frequently as those of whites. The difficulties this creates are compounded (as will be shown in Chapter IV) by the fact that the asset position of whites, manifested in the rate of home ownership, exceeds that of Negroes at every income level.

TABLE 10.—AVERAGE INCOME OF ELDERLY HOUSEHOLDS RESIDING IN POTENTIAL RENEWAL AREAS—BY HOUSEHOLD SIZE AND RACE

City	2-or-more-person households			1-person households		
	Total	White	Nonwhite	Total	White	Nonwhite
1-----	\$3,005	\$3,810	\$2,660	\$1,173	\$1,347	\$1,138
2-----	2,905	3,775	2,371	1,200	1,577	971
3-----	2,642	3,255	2,404	972	1,137	939
4-----	1,939	2,601	1,741	941	1,035	930
5-----	2,415	3,177	1,841	1,033	1,370	778
6-----	2,106	2,800	1,539	996	1,277	855
7-----	2,421	3,087	2,122	851	1,076	754

Source: Data supplied by redevelopment agencies in 7 scattered cities and special tabulation from "1960 Census of Housing," vol. VII, "Housing of Senior Citizens."

SUMMARY

Since the inception of the urban renewal program in 1949, it has caused the dislocation of some 219,000 families and individuals. All sections of the nation have participated in the program, but it has been utilized to a greater extent in the large cities in the northeast, and to a lesser degree in the midwest and southeast. Participation has been lowest in the west and southwest.

It is expected that the next seven years will cause at least as much displacement as the first fifteen, and that participation rates will increase in the smaller cities. The population sectors that are directly affected will change very little. For the most part, they will be the minorities, the newcomers, the socially handicapped, and the poor.

The elderly residents of renewal areas, who are present in large, but not disproportionately large, numbers, are in many ways extreme examples of the renewal area population as a whole. Nonwhites predominate. Single-person households are common. Incomes and other resources are minimal.

The income scale, deemed the best single measure of well-being in our society, is heavily weighted at the low end in renewal areas. Among elderly households already relocated from renewal areas in five cities, the median incomes for those containing two or more persons was \$2410; and, for those containing one person, \$1165. In potential renewal areas in seven cities, the corresponding incomes are \$2490 and \$1105.

While local programs are individually relatively small, they affect persons with combinations of problems that magnify the apparent difficulties derived from the simple counts of dislocated households. When taken together, and expanded to include dislocation caused by highways and other public programs, even the simple counts assume a meaning of their own. Between 1964 and 1970, more than a million households of all ages are expected to face involuntary relocation, of whom fully one-fifth will have elderly heads.

The evidence from the records of past relocation efforts and the knowledge of the characteristics of the elderly residents of areas subject to future physical treatment strongly suggest that the relocation of the elderly poses a special concern for renewal, highway, and other planning officials. It is important, therefore, to examine more detailed information concerning the income, housing, social, and psychological needs of these persons, and the resources available to help satisfy their needs. The next chapters are directed to these points.

EXHIBIT C. "A STATEMENT OF PRINCIPLES IN MANAGEMENT OF PUBLIC HOUSING FOR THE ELDERLY," BACKGROUND READINGS, MANAGEMENT OF PUBLIC HOUSING FOR THE ELDERLY, NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS, 1965. (PP. 83-88)

The following Statement of Principles was developed in 1963 during NAHRO's first Demonstration Institute in Management of Public Housing for the Elderly. Although originally intended as a guide for subsequent training institutes, this Statement has also been found useful in guiding the development of local management policies for the elderly. The Principles are reproduced here in their original format with the hope that other housing managers may find them relevant, useful, and provocative.

* * * * *

Whenever a local housing authority undertakes new projects to serve the low-income elderly family, it is of first importance that the community at large be made to recognize that it has a substantial role to play in making the program

achieve its goals. Housing alone, regardless of how well conceived and designed or how efficiently operated, cannot serve the total needs of the elderly. To function effectively, the housing must be tied into health, welfare, recreational, educational, and related services—and these services must come from the general community. From the day that a local housing authority begins to plan a housing program for the elderly, all those agencies of a community with a concern for the elderly should work with the local housing authority to assess the need for their services that the new housing may uncover and should seek to develop a means of meeting these needs.

Further, local authorities, whether undertaking new housing for the elderly or finding themselves with a growing number of elderly tenants, must seek a means of providing specialized training for their staffs, bringing to them a knowledge of the special characteristics of the elderly and of the special management techniques that must be applied in serving such tenants.

Principle 1

The elderly represent a special group within the population and special management skills and knowledge must be used in administering public housing for the elderly.

The assumption underlying this Principle is that the psychological, physical, and social characteristics of older people, based on current knowledge of the aging process, set distinct differences on their potentials and limitations from those of other tenant groups. Understanding these characteristics is thus essential to management personnel in carrying out their day-to-day functions, including maintaining direct relationships with older tenants. Such knowledge enables management to help the authority identify needs, foresee problems, and modify or adapt practices and standards in a way that will provide a satisfying living environment for the elderly. These factors are compelling in their implications for the special training of management personnel, including an acceleration of in-service training activity.

Management must not be misled by the fact that older people are extraordinarily good tenants, in the sense that they pay their rents on time and take care of their homes. A more fundamental measurement of good housing management, as related to the elderly, is the extent to which the daily living of the older residents whom it serves is facilitated and relative success achieved in extending the span of their independent living.

Principle 2

Health is a primary concern of the elderly tenant. Therefore, the management function must include methods of identifying health problems and finding ways of dealing with them up to the point where independent living is no longer possible. The primary responsibility for meeting health needs must rest with the medical and health resources of the community.

This Principle recognizes the diminishing health factor of the aging process and the high incidence of chronic disease among the elderly. Management has responsibility to be alert to and informed about health needs of its elderly tenants, and resourceful regarding the medical care provided through community agencies. Management personnel are not expected to be diagnosticians but they *do* have responsibility for observation as to the general health conditions and needs of older residents, in order to encourage the elderly to seek and accept medical service when needed. Moreover, good management will seek to achieve an environment that furthers the maintenance of the older person's fullest health potential.

If management is to operate under this Principle, the local housing authority may often be called upon to make special provisions for hiring qualified personnel capable of finding and utilizing health services, an expense that must be accepted as a part of the cost of management.

Principle 3

The long-term prospect of improved incomes for the elderly are not encouraging via employment; some improvement can be expected to come through Federal Survivor's Old-Age, and Disability Insurance; pension plans; and improved social services.

This Principle has problem implications for both the elderly tenant and the local housing authority. For the tenant, increases in Social Security benefits, pensions, and special health and social services may not keep pace with the rising incomes of those in active employment—with the real income of older persons, therefore, actually deteriorating as compared to the income of the employed. A rising cost of living may further add to the stress on the budget of the elderly.

These circumstances may mean that the elderly may be forced to cope with even greater psychological and physical stress than was the case when they first retired in order to meet the cost of basic living essentials. Management must be sensitive to income trends and understand their implications for older tenants. For housing authorities, these income trends will make necessary the continuous evaluation of the fiscal feasibility of their operations, recognizing that economic pressures may force them to set a limit on their capacity to serve the low-income elderly.

Principle 4

The opportunity to develop their capacities and potentials through social participation and useful contributions to their community is of prime importance to the elderly. The responsibility for the provision of the kinds of recreational, educational, and leisure-time services that will help realize these potentials rests with the community-at-large.

Although this Principle pins responsibility for providing social services on the community, the implications for management are that it must find ways of determining what types of programs are needed and must help tenants make effective use of whatever facilities public housing may provide and whatever services local community agencies may develop. Backed by the observations of management, the housing authority can stimulate community recognition of the gaps in essential services for the elderly.

As in the case of Principle 2, if management is to operate under Principle 4, the local housing authority may often be called upon to make special provisions for hiring qualified personnel capable of finding and utilizing required recreational, educational, and leisure-time services, an expense that must be accepted as a part of the cost of management.

Principle 5

Good public housing management for the elderly must create an atmosphere that prolongs useful living and retards, to the extent possible, the inevitably diminishing capacities of older people. It must also provide a sense of security for older people, primary to which is giving them the knowledge that help in time of crisis is always at hand.

The older person's need for a sense of security is well documented as a characteristic of overriding importance. Management has a responsibility to develop techniques for meeting this need on a 24-hour basis, techniques that will necessarily differ in terms of large and small projects.

Principle 6

Management policy must recognize that each tenant is an individual, whose adaptation to age is a result of his own life experience, education, and personality traits.

The importance of this Principle lies in the urgency of recognizing the individualized and unique personalities of elderly tenants, with management prepared to be responsive to individual capacities and needs. Although there are generalized characteristics of the elderly that must be recognized in achieving an over-all understanding of the elderly, older people cannot be stereotyped any more than can other segments of the population. Although it is recognized that sound management calls for uniformity of basic policy, the importance of preserving the individuality of the tenant calls for flexibility and latitude in administering such policy. If the management operation is to be effective and each older tenant is to develop to his highest potential, individual circumstances must be given special weight when reaching tenant-management decisions.

Principle 7

Housing for the elderly should be either so located or developed that normal needs of living (shopping, churches, medical assistance, and opportunities for association with all age groups) are readily accessible. In addition, such housing should be designed to recognize the reduced capacity of older person to do things easily and quickly; to help create a feeling of emotional security; and to meet the changing ability of older persons to care for themselves.

The public housing manager should have some knowledge of the principles behind the design of the housing units and community facilities of the project he manages — and should be trained to observe the experience of older persons living within it, so that he can transmit his observations for use in either the alteration of existing facilities or for future design and construction.

An effective housing environment is achieved and management practices assisted when the needs of older persons are fully recognized in the design process. It is important to achieve a balance between social, economic and related considerations in design and planning.

In order to make the most effective contribution to development, a knowledge and understanding of design is necessary for housing management, particularly in relation to housing for the elderly. This involves an understanding of how design decisions were reached in regard to original development, as well as a sensitivity to tenant reactions in response to design.

Experience indicates that in housing for older people, all echelons of local housing authority personnel—from the director to maintenance personnel—play significant and sensitive roles in making such housing a satisfying experience to the older tenants. It is important, therefore, that appropriate channels exist to bring the benefits of the entire span of management experience to the attention of the authority's development and policy officials.

Principle 8

There are a range of choices that can be applied to housing design, including size of development, building types, and the degrees to which the aging desire proximity to other age groups. The approach selected will depend on the particular situation in regard to the housing site and the characteristics of the elderly to be served.

There is no single solution as to type of housing site or design that can be applied to all projects for the elderly. A desirable goal is to give prospective tenants a variety of choice. Although there is some difference of opinion with respect to the desirability of planning projects for a mixture of age groups, the preponderant experience at present is that the elderly wish to live among other older persons, with access to younger families and activities "on their own terms," permitting their choice of association or withdrawal.

Although the number of units in a project and their precise relationship to the homes of younger families will vary from community to community, it is important to assure access to other age groups and full opportunity to participate in neighborhood and community life. The decision as to the degree to which older persons will be concentrated in a housing development warrants the most careful and perceptive consideration. As in Principle 7, management experience with all types of developments should be constantly channeled to development and policy personnel.

Principle 9

Excellence in design should be vigorously and insistently sought. Being "economical" has been mistaken to mean using what costs least. Economy should be seen in terms of value received. Beauty and aesthetic values have equal validity with the other goals of a balanced program of housing for the elderly, in the rewards they can yield to older residents of public housing in terms of satisfaction, pride and self-respect.

The achievement of this Principle is seen as a prime influence in enabling management to help the older tenant achieve his highest potentials. Management experience in support of this Principle, again, must be channeled to development and policy staff.

Principle 10

For the protection of the elderly tenant, who is more prone to suffer crisis situations than tenants in other age categories, local housing authorities must adopt separate sets of formal and informal policies and practices in the areas of tenant selection, tenant relations, and community services.

Eligibility rules, application procedures, and tenant activity programming must be based on a knowledge of a tenant's medical and insurance plans, relationships with family or friends, and church and group affiliations. Management must be equipped to open up such questions of personal life tactfully, sympathetically, and confidentially and must know how to use the information wisely when emergency situations arise.

EXHIBIT D. FACT SHEET ON "MODEL AREA-WIDE PROJECTS," SECTION 2 OF TITLE III, OLDER AMERICANS ACT OF 1968, S. 3677

PROPOSED OLDER AMERICANS ACT AMENDMENTS OF 1968

Present Law

Under present law, title III State allotments are available for grants to pay part of the cost of community projects in the State. Projects are approved by the State agency in accordance with the priorities established by its State plan.

Proposed Amendment

The proposed amendment would add to title III of the Older Americans Act a new section authorizing the Secretary of Health, Education and Welfare to

set aside up to 10 percent of the title III appropriation for any fiscal year, to be used by him on a project-by-project basis, for State-wide, regional, metropolitan area, or other area-wide model projects. These projects would be conducted in priority areas identified by the Secretary.

Applicants for these grants would be State agencies responsible for administration of a State plan approved under title III. The Federal share of the cost of development and operation of projects could not exceed 75 percent. Such a project could not be supported under this authority for more than four years. The provisions for these area-wide model projects would become effective with fiscal year 1970.

Effect of the Proposal

This proposed amendment would give State agencies and the Secretary the flexibility to respond to urgent needs of older people by concentrating on area-wide approaches to the problems of older people. The purpose of these projects would be the implementation of action programs to an area, such as an entire city, county or State, which could provide a more effective organization and allocation of resources for meeting urgent social service needs.

The proven results of national demonstrations would be employed in State directed programs, *operating area-wide model projects*. The model area-wide project approach would enable the consideration of needs of all older persons within an area, and also allow the development of plans, activities, and services which would package various services, establish a fuller range of the services to be provided, and bridge limiting geographic and economic boundaries. This better coverage over a broad area would assure that services would be more readily available to all older Americans in an area.

ITEM 7: EXHIBIT PROVIDED BY DAVID JOYCE, CHIEF, DIVISION OF COMMUNITY SERVICES, PROVIDENCE, R.I.

EXHIBIT A. THE SOCIAL FUNCTIONING OF THE DISLODGED ELDERLY

(Study financed by Ford Foundation)

CHAPTER SIX—CONCLUSIONS AND RECOMMENDATIONS

During the demonstration project, through the application of various indices, it became clear that the needs of the elderly are not simple but composed of complex interrelationships. The conclusions and concrete recommendations that follow attempt to suggest means of satisfying needs by utilizing these relationships to improve the relocation experience.

CONCLUSIONS

Socialization

The most important phase of the FRS's ten-month program revolved around socialization needs, which were clearly intensified by the relocation process. Though not ignoring the apparently voluntary social isolates, the program was geared toward creating social contacts for the receptive elderly. This objective was accomplished through the many home visits of the field specialist, the planned activities (such as the movie party), and finally, the establishment of the Friendly Visiting Service. In the process, some of the socially isolated also evidenced increased socialization.

Benefits received from these services were varied and pervasive. The elderly were counseled on their needs and given considerable help in making important decisions. Many evinced a new sense of personal worth and a more optimistic attitude toward solving their problems. More specifically, many overcame the emotional impact of relocation and adjusted well to their new surroundings.

The widespread receptivity to friendly visits and other personal contacts certifies that the FRS was servicing a largely unmet need. Prior to the Friendly Visiting Service, no established community agency was operating in this field. It must be clearly recognized that, for older people, loneliness and insecurity are areas of need equivalent to, if not transcending, those in the realm of income, health, and housing.

Housing

The need for rehousing assistance was relatively small. Though there was some dissatisfaction with the inexpensive housing available, most of the accommodations were adequate and acceptable to those relocated to them. The Dexter Manor

development emerged in a particularly favorable light, for those who relocated there showed marked overall improvement. In regard to public housing in general, however, there were some basic misunderstandings. Both a more effective effort to acquaint the elderly with public housing and an expansion of facilities for the aged seem mandatory.

In addition to its locational and structural advantages, Dexter Manor's success is attributable to its comprehensive service facilities, covering health, income, and socialization needs. An occupant there is able to achieve a sense of personal security, while maintaining an independent manner of living.

Health

There was no evidence that relocation itself affected health status. Health problems seemed typical of those found among low-income older persons unaffected by relocation. The crux of the problem was to effectuate a close relationship between those needing health care and the city's ample health resources. Because alleviation of illness requires extensive cooperation and, frequently, a long-term commitment by the individual involved, health needs were the most difficult to serve. Impeding FRS's efforts even further was the fact that the elderly are not well-informed about available health services, or at least less informed than is the case for income assistance. Consequently, success required a considerable expenditure of time and patience to explain available sources of aid, convince the individual of his need, and then persist until some help was rendered. Although this was often accomplished, it was clear that with more time and a larger staff a more significant resolution of health problems could have been obtained.

Income

Quite clearly, the income of many relocatees was insufficient to engender security, or even to provide for many of the small personal comforts of life. This plight was attributable mostly to the basic inadequacy of Social Security and Old Age Assistance payments, since they were well acquainted with these and other sources of available income assistance. Only a few could have been helped by budgeting advice. Relocation itself caused the severest economic hardship for those who lost their means of employment and those who depended greatly on supportive arrangements with neighbors. In only a very few cases, however, did relocation actually cause a loss in personal income.

The goal of the service program was to provide as much economic security as possible within the limits of available resources. To make a better assessment of individual situations, the field specialist encouraged mutual confidence and often discussed rather personal matters with the relocatee. Some of the elderly were assisted in re-establishing contacts with acquaintances who might offer them financial help in an emergency.

Mobility and Transportation

Another important conclusion arising from the service program experience is that lack of mobility markedly impairs the ability to meet needs. The FRS field specialist spent much time transporting people to health clinics, the Social Security office, downtown stores, and friends and relatives. To be effective, any long-term program serving elderly relocatees must of necessity be concerned with the vital matter of transportation.

RECOMMENDATIONS

On the basis of the FRS's ten-month service program and its prior experience, some specific recommendations for future programs affecting elderly relocatees can be proposed. These cover six major areas: (1) time span and scope, (2) coordination of resources, (3) community social services, (4) neighborhood social service centers, (5) staffing, and (6) further study. In each of these fields, there is need for immediate, definitive action.

Time Span and Scope of the Relocation Responsibility

The FRS has provided services both well in advance of property acquisition and well after actual relocation. Knowledge gained through this experience suggests the following observation:

A relocation agency should extend service from 12 to 18 months before property acquisition until 6 to 24 months after relocation.

Such a lengthy time span is particularly crucial to the aged. They must be prepared for the strains involved, counseled on suitable housing, referred to appropriate community agencies, settled in new homes, and assisted in what is

often a very painful social adjustment. In view of the wide scope of services required, the following points are recommended:

The responsibility of the relocation agency should be focused on those needs most directly affected by relocation which are not served by other community agencies. Finding adequate rehousing has been and should continue to be its primary responsibility. The new housing, furthermore, should not only be adequate physically, but able to meet socialization needs. In the future, the concept of relocation assistance should be broadened to include the related health, income, and personal service needs of those affected.

Assistance should be based on an early, sensitive evaluation of these needs and an actively functioning liaison with relevant community services.

Since the need for a supportive relationship is decidedly accentuated by displacement, the trained worker should associate closely with the relocatee throughout the relocation process, and until at least six months after rehousing.

Coordination of Public and Private Resources

In order to discharge relocation services with optimum effectiveness, concerted action is needed among both public and private auspices. In relation to the federal government, these points are recommended:

The Urban Renewal Administration (now absorbed into the new Department of Housing and Urban Development), at both the regional and national levels, should undertake to assist local relocation agencies in effectively planning services for the elderly by providing definitive guidelines for both the organization and administration of such a program.

The Public Housing Administration (now absorbed into the new Department of Housing and Urban Development) and the Urban Renewal Administration should attempt to coordinate their activities and expand public housing as a resource for low-income, displaced elderly.

The Department of Health, Education, and Welfare should urge an increase in Social Security and public assistance payments to enable the deprived elderly to achieve a degree of comfort and security.

The Urban Renewal Administration and Office of Economic Opportunity should coordinate resources to establish neighborhood social service centers for the elderly under Section 703 of the Housing and Community Development Act of 1965.

In relation to the state government, these points are recommended:

State governments should direct the agencies concerned with the aged to survey the present services rendered to those relocated and make suggestions on how state resources can be mobilized to improve relocation programs.

A study should be undertaken by the state, perhaps through a task force appointed by the governor, to assess the feasibility of creating and providing financial assistance to a friendly visiting service.

In relation to private agencies, these points are recommended:

Private organizations with a special interest in relocation or the elderly should formulate further study projects on how the relocatee can be provided further assistance. Such organizations include the National Association of Housing and Redevelopment Officials (NAHRO) and the National Council on Aging.

NAHRO, in particular, should undertake a series of training workshops for staff members of local relocation agencies, giving special emphasis to the aged.

Gaps in Community Social Services

Though major policy changes are a national and state responsibility, the crucial phase of implementation rests at the local level. Many improvements can be made in the community, such as:

A program of health service education to increase the elderly's use of available resources.

An information program to clarify misconceptions about public housing.

An even greater effort to increase the cooperation between relocation and other community service agencies, both public and private, to provide the maximum possible service to elderly relocatees.

A more intensive effort by community agencies to work closely with the elderly through personal interviewing.

The establishment of a friendly visiting service, as a permanent institution.

Proposal for a Neighborhood Social Service Center

After reviewing overall needs and the ability of the FRS to satisfy them, it seems that there is a need in the city for neighborhood-centered social service resources for the aged. Such centers would have many advantages:

They would bring needed services within walking distance, thereby minimizing the problem of transportation.

They could provide informed counselors from health, welfare, and other agencies who could work more directly and personally with those needing help.

They might act as focal points for group recreation activities.

They could serve as a readily available resource to meet the emergency needs of the elderly, including transportation.

In order to test the feasibility of such a neighborhood social service center, it is recommended that funds be made available in several communities, perhaps through the anti-poverty program, to establish demonstration projects. Ideally, such demonstration centers would be established in connection with renewal projects displacing older persons.

Staffing of the Local Relocation Agency

It has been recognized that the elderly are an important relocation subgroup, requiring services which demand the attention of specially trained workers.

A local relocation agency, therefore, should have at least one staff member skilled in working with the aged. If an agency is not large enough to support such a worker on a full-time basis, it should procure such service under contract. This is particularly important for an early identification of needs and for follow-up services.

Need for Further Study and Demonstration

As mentioned at the outset, the central objective of this study was to investigate and define the dynamics of relocating the elderly. These have, indeed, been found to be multi-faceted and complex. An attempt has been made to elucidate these factors in this study, especially those concerning socialization needs. Yet, the extent of relocation's impact and the services best designed to ease this impact are difficult to substantiate adequately. Thus, the final recommendation here is that funds be made available from both public and private sources to conduct further study on the socialization needs encountered in relocating the aged. The benefits derived from such inquiry will be to the advantage of our society as a whole, as well as to those directly confronted with relocation.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1: STUDY SUBMITTED BY JAMES E. BIRREN

THE AGED IN CITIES*

(By James E. Birren, University of Southern California)

The problems of the aged in the city have to be looked at in broad scope so key ideas can be evolved that will lead to improvement of the city, the usual place of residence of the aged. The aged have not joined, or have not been able to join, the flight of the young family to the dubious "high water level" of suburbia to avoid the noise, the smog, the dirt, the social tensions, and the poorer housing of the "older city." The aged especially should be considered when we try to improve our present cities and plan cities of the future. Not only do millions of aged persons live in cities but they live in sections of cities with least adequate housing.

A haunting overtone of America's monumental work of recreating a higher quality of life in cities is the question of whether the past have overcommitted the future to patterns of buildings, uses of land, and ways of living. Whether we will be free enough to make more than just minor changes in our cities is a

*Prepared for Center for Community Planning, Department of Health, Education, and Welfare, December 1967.

different question than deciding upon the principles along which bold strides might be made in improving the quality of urban life. It is the second of these questions that we are concerned with here.

It should always be kept in mind that cities are primarily social organizations and secondarily physical organizations. The structure of cities in steel, bricks and mortar, wires and pipes has followed man's desire to gain the advantages of congregate living. If gains in congregate living and working in cities appear to be growing smaller in relation to increasing disadvantages, it is to matters of social organization that we should first turn our attention.

While considerable experience has been built up by business and industry in surveying sites and buildings for economic feasibility, little sophistication has been developed in surveying the social functions of proposed potential facilities. Even less experience has been developed to evaluate the outcomes of construction in meeting proposed social functions. Control of construction has been concentrated in persons who can best judge matters of material design and safety. Securing a building permit involves screening plans and construction inspection by experts in engineering and architecture.

Yet the primary function of buildings and land use in metropolitan areas is social, so city plans should also be reviewed by panels of behavioral and social scientists. Building programs of the future city ought to be approved by persons competent to analyze the social system into which the construction is to fit. Since there are few such specialists, programs of university training should be enlarged now so future groups of city planners will have the needed competence to serve the community.

It has not followed that the patterns of organization of cities which are good for young persons or efficient for commerce and industry are meeting the needs of the aged. By contrast, an urban way of life that is optimum for the aged may also provide the young with an environment with social and personal functions considered primary to physical design and construction. Old people live in unattractive, inexpensive housing in the centers of cities. If urban renewal is undertaken, new shopping areas, apartment buildings, restaurants, and hotels are too expensive for the elderly, and their housing is too unattractive to keep in the same area. Hence, the elderly as marginal residents of city centers are displaced when renewal proceeds.

SOME BASIC ISSUES

Fact gatherers in the government and universities are providing valuable statistical material for digestion and policy formation. That the nineteenth century city, blown up in size to cover twentieth century populations and functions, is breaking down hardly needs statistical support. Less often realized is that there are millions of the aged poor silently trying to cope with the inadequacies of the city and getting less than their share of its goods and services. The position of the aged in the cities is to a large extent an economic issue. There has been a downward trend in the number of aged persons living with relatives. However, rather than resulting from a decline in strength of family ties *per se*, it more likely reflects the fact that there has been a rise, however small, in the economic position of the aged. There is an inverse relation between income level and living with relatives, suggesting that an aged person lives with relatives as a compensation for poverty rather than as a choice of living arrangements. Given adequate income, the aged live near but independent of their children or other relatives.

Most elderly persons have resided a long time in their communities. The 1963 Social Security Survey of the Aged indicated that eighty percent of couples over the age of sixty-two had lived ten or more years in their community at the time of survey. The median number of years in the community was thirty-two, and the median residence in the current dwelling was sixteen years. Two thirds of the married couples had equity in a nonfarm home with a median equity of \$10,000. The median assets of married couples was \$11,180 (including their home). The data on assets should be considered along with income data. For married couples with at least one member over age sixty-five, forty-one per cent were classified as poor or near poor on the basis of income, i.e., less than \$2,500 per year. These data obscure the fact that there were large numbers with limited or no assets (two fifths of married couples had less than \$500 in assets) and very small incomes (fifteen per cent had less than \$1,500 per year). If all the assets of individuals are pro-rated as annual income over expected life, the median incomes for married couples over sixty-five would be \$3,795. This figure suggests a strong economic basis for the

non-moving of the aged. That is, even if the over-sixty-five couple spent one third of their annual income (plus assets), they could spend only \$1,625 a year for housing or about \$105 a month. At least half of the aged couples would appear to be "locked into" their housing arrangements because they have too little money for alternatives.

Of the nearly nineteen million persons over age sixty-five, about two thirds live in urban areas. Many rural aged leave their farms and move into small towns or nonfarm rural areas where they are relieved of the heavy work of farming yet remain in contact with friends and the familiar landscape of the area. Some retired farmers do move to cities, as do miners from thinly settled areas. Such aged have diverse expectations and needs when they come to the city and may make several housing changes. While change of residence among the aged is somewhat less frequent than among the young-adult population, large numbers of the aged nevertheless do change their place of residence. Upward mobility with increased income and attempts to improve one's housing apparently is a constant process with the young. The aged often appear to be dissatisfied with their housing but do not attempt to move as frequently as the young. About one fifth of the national population change their residence in a year. A survey in Los Angeles indicated that about ninety per cent of individuals fifty years and older were dissatisfied with their living arrangements, but only thirteen per cent actually did move during a one-year period. Two things stand out: higher dissatisfaction and lower mobility among the aged than among the young.

It is questionable whether the aged either regard themselves as or behave like a minority group. The circumstances of their being poor and their area of residence in the city do not in themselves lead older people to affiliate with others of the same age across ethnic, religious, and occupational groupings. It seems unlikely that any massive program to better the position of the aged in the city would have favorable effects if it were based upon the idea that the aged are or should be a single, self-contained group. The urban environment of the near future should recognize the wide range of individual differences in interests, education, energy level, health, religion, and customs. Rather than a single pattern, the many ethnic backgrounds and needs require a pluralistic approach to the living arrangements of the aged in urban areas.

Discussions of the needs of the elderly in the modern city often degenerate into a narrow discussion of housing for the aged. This is not to deny the very great importance of housing. The principle is, however, that good or pleasant housing is not the most important aspect of urban life. Discussions of the position of the aged in the city should be organized around the concept of life space. The individual's life space is that part of the city he occupies physically, socially, and psychologically. Certainly, housing is a large factor in the individual's life space, but it is also apparent that it is simpler to analyze housing needs than to examine the more complex relations of housing to other aspects of the urban environment.

The urban life space of the aged individual involves not only the characteristic services available to the young but also the ease of access to these services. Young adults, because of their higher mobility, can adapt themselves more easily to the scattered nature of urban functions. Because they can drive, they can cope with considerable distances between schools, places of entertainment, housing, and work. In the suburban sprawl surrounding our cities, it is the active function of the mother to integrate the services needed to maintain a growing family. She drives one direction to the market, another direction to take a sick child to the pediatrician or dentist; still other scattered trips are needed to take the youngsters to sports events, special schools, and social functions. These functions are geographically organized in specialized buildings for the efficiency of the professional person. It has been observed that the efficiency of a physician goes up when the patients travel to his office and wait for him. The clustering tendency of professional groups, i.e., dentistry, medicine, law, education, without a doubt increases the effectiveness of the individual professional person and reduces costs. It does require, however, an integrating agent, this agent being the family primarily expressed through the role played by the suburban mother.

The elderly person can hardly organize and cope with many professional specializations widely separated geographically. The mere lower mobility of the aged, due in part to his not being able to drive an automobile, for example, markedly reduces the life space of the aged person in most American cities. Absent is an organizing or integrating force to deploy services for the benefit of the individual. Some compensation is possible if the individual moves into an older neighborhood or community with its clustering of small shops and narrow streets. Paradoxically, it is in the most deteriorated areas of cities that aged persons may lead their most

independent existence and integrate for themselves combinations of needed services. The replacement of deteriorated areas with high-rise housing usually results in the shopping areas being placed a long way off in large specialized complexes. Many of these shopping centers are almost impossible to approach on foot.

The specialized nature of modern cities results in separation of many social sites and functions. Consider, for example, the cemetery. Older cities have within communities or neighborhoods cemeteries in which local residents are buried. Widows may visit graves on Sundays to place flowers, gossip with other widows, and share family information. In modern urban societies the social value of the cemetery has disappeared. To visit the grave of a member of a family by travelling a long way by car and caring for the grave among strangers in a complex of graves of unfamiliar persons is to crown the obvious anonymity of the large city. The community cemetery had a socializing role which cannot be served by physically more attractive but remote cemeteries. This is but another example of the impersonal atmosphere of the large city, in which more efficient services are available under conditions of low socialization.

Individual differences in the social, psychological, and physical needs are greater in an aged than in a young population. Marked individual differences in the aged occur in energy levels and desire for physical activities and in participation in cultural events. In comparison with the present young-adult population, the aged have a lower average level of educational attainment and a rather sizable proportion of functional illiterates. Thus, despite high motivation, many of their interests must necessarily be undeveloped as a consequence of the limited educational opportunity available when the older generation was young. In addition to the wide range of educational differences, the current population of retired persons has a high proportion of foreign-born individuals because of the large immigration waves of the early part of this century. Late in life such persons desire or seek the comfort of association with the familiar ways of their ethnic origins.

Coping and associating with unfamiliar customs produces emotional and mental tension. It seems to be a truism that men left to their own tendencies seek out companionship with their mirror images. Associations thus tend to be maximally congenial with members of the same ethnic, religious, occupational, and social-class grouping. It is therefore not at all surprising that religious groups have provided much of the specialized housing for the very aged since in addition to providing physical care, they also reduce the alienation that the older person feels in an impersonal urban society.

An optimum life space for the aged is one that offers support in the presence of familiar objects and persons, plus the opportunity for an individually selected pattern of privacy and involvement with social groups. Persons of all ages seem to like a relationship of detached involvement in which they can remove themselves to a private sanctuary yet alternately seek contact with others. The life space of the individual should be socializing in the sense that it surrounds him with a stream of information that is at times useful and at other times emotionally supportive. It does not follow, however, that a permanent place of residence remains for the aged individual supportive of an adequate life space. An aged individual may reside in the area where he settled as a young adult and yet live in a lonely and symbolic fashion the relationships of his early life. If in fact the number of daily personal contacts is counted and an estimate is made of the intimacy of these contacts, it may be found that he is poorly or tenuously related to the community of which he has been a long-time but increasingly marginal resident. For example, a behavioral scientist, aged himself, kept a diary of daily activities in his normal residence in an academic community and subsequently his contacts with residents in specialized housing facilities for the retired. Although a new resident, the latter provided him and his wife more contacts and more opportunities for personal relationships in depth.

The dramatic growth of clubs for the aged is evidence of the considerable unmet affiliative needs of the elderly, needs which are commonly not met by place of residence alone. Mere residence in an age-diverse community is no indication that the aged person is integrated in a satisfying and supportive matrix of social relationships. The non-working retired resident in an apartment building largely occupied by middle-aged adults can be a remarkably isolated person. The opportunities for friendship diminish once the worklife ceases since in urban life, friendships tend to evolve from work relationships.

With the shrinking life space of advancing age, more and more psychological support derives from objects near at hand. The proximal environment assumes an importance in the aged not often perceived by the mobile young adult.

MENTAL HEALTH AND THE COMMUNITY OF THE AGED

The aged, like the young, most enjoy affiliating with those of nearly their own age. Most old friends of the aged tend to be elderly, and most likely new friends will also be elderly. It should come as no surprise, then, that the elderly are found in enclaves. To call such grouping "age segregated" is to miss the main point that they can be voluntary, hence are "age congregated." The urban elderly seem to thrive best among similarly aged individuals in places adjacent to the life activities of other age groups. Mental health would thus seem to be promoted by a balance of independence and interdependence, independence being provided by a range of facilities close at hand and useful to all age groups, with dependence provided by peer-group relations. Evidence exists that not only are friends important in the enjoyment of life's activities but that they provide a shock-absorbing quality in crisis situations. The supportive environment for the aged should therefore provide the opportunity for friendships at three levels: casual, intimate, and confidante. The candid soul-searching permitted by a confidante relationship appears to be an important factor in mental health in crises. The emotional and informational exchanges between close friends is as sustaining for the aged as for the young; and if the environment does not provide opportunities for making and keeping close friendships, it is indeed impoverished. Quite possibly, if we were to look at the mental health of the aged in as much detail as we do that of the young, we would find a considerably higher proportion of psychopathology than we now recognize. Certainly, more people could lead more productive and contented lives in the city if we had ways of detecting individuals who require special help and indeed if we had special facilities to offer the needed services. Most health conditions of the aged are chronic and require protracted attention if the condition is to be controlled. Again, the problem of transportation to a remote health facility, whether it be mental, physical, or rehabilitative, is a problem to be overcome.

AGING IS A NORMAL PROCESS

All persons age; aging is a normal and universal process. The individual passes from the state of independent competence to increasing dependence on others. Beginning somewhere in midlife, there is a tendency to change place of residence when children are grown and have left the household. There is no precise point, however, when one can be said to be dealing with an aged population. There is thus a wide range of living arrangements necessary to express the transitions from independent living with a large family unit to complete dependence on others. The progression of changes from complete independence to very restricted dependence proceeds at individual rates. A fortunate few individuals may never face the necessity of prolonged restriction to a home, a room, or a bed at the end of their life. However, most persons will terminate their life with a living space that has shrunk to one room.

Just as aging is a universal experience of human existence, so is the process of dying. The circumstances of death and dying are of great concern to the elderly, not necessarily because of an overriding fear of death. Indeed, there is some evidence that fear of death is a young person's fear. Rather, the practical circumstances of dying and the need for contact with the familiar are the dominant concerns of the older person. It seems questionable that the urban environment helps the aged to die with dignity.

The higher death rates for men than for women and the fact that men tend to marry somewhat younger women results in a high population of widows in our society. Our urban way of life thus must offer satisfying living arrangements for literally millions of widows.

Some portion of the aged will outlive their peers, siblings, and in some cases their children. When such aged individuals gradually become infirm, there is no one to provide them with the protection and the help they need to cope with life. Some group in society, particularly in the urban areas, should be responsible for protective services to such very aged persons.

REDEVELOPMENT, RELOCATION, AND REHOUSING

When areas of cities deteriorate and become economically unproductive, there is a desire to "clean it all up." Areas that need redevelopment commonly contain old people who are poor. In order to redevelop an area, the aged along with the poor young have to be relocated. Almost no relocation housing is available to the aged because they have so little money—over half of them have substandard incomes—and mobility. If redevelopment proceeds and the aged are dislocated,

it is very unlikely that they will ever return to the original area from which they were displaced. Even if public housing were built in part of the redevelopment area, it is usually not possible for the displaced aged to qualify on income for rental in public housing. Furthermore, other functions of redeveloped land tend to be upgraded and do not serve one of our neediest groups in society, the aged urban poor.

Housing units themselves are relatively easily designed and constructed compared with a social design of the community that considers replacement of familiar people, objects, and places.

This all suggests that economic planners, physical planners, and social planners should get together early in redevelopment activities so that rehousing of the aged can result in an upgrading of their life space rather than displacement and permanent downgrading.

It is not surprising that the aged are reluctant stayers and reluctant movers. Whether they move or are "relocated," the trade of a clean new apartment for the losses of important familiar things does not seem much of a gain. Also, the frustrations of the many aspects of moving and the tax on energy are high, too high for many elderly to change residence. If rehousing can take into account the losses of a psychological and social nature, then the trade of the personal "expense" of moving may result in an upgrading of living arrangements in the new and clean apartment.

SPECIALIZED APPROACH FOR THE AGED

As mentioned previously, the low mobility of the aged requires that services be brought closer to the individual. Decreases in the range of services used by the aged in cities may result from the fact that older persons become discouraged by a succession of obstacles that would not inhibit the young, e.g., high bus steps, the need to cross wide busy streets to catch a bus, the fast timing of traffic lights, high curbs, and the inadequate labeling of buildings.

Not only do many aged persons need rehabilitation, but also facilities need rehabilitation to increase their use in relation to needs. Banks, physicians, shops, lawyers, and parks, for example, may be underused by the aged because of the energy it takes to get to them. Older persons often go without replacing their broken eyeglasses, teeth, or other personal items until they find a less taxing way of getting them than by using public transportation, even if it exists.

Rarely do cities provide a centralized information service to the aged to tell them where they might find what they need, whether it be in the area of health, housing, or recreational pursuits.

Educational television would seem to be a most desirable medium through which to reach the elderly with useful information. The aged frequently have television sets, and they can view scheduled programs at a time when other age groups are otherwise occupied. Educational television for the aged could have a dramatic future for developing the total spectrum of information services and educational programs ranging from college subject matter through appropriate age-related entertainment.

RANGE OF OPTIONS

The range of options in living arrangements available to older adults should be even greater than those available to the young-adult population to accommodate individual differences. A group of seventy-year-olds will contain at one extreme men who run a mile a day or surf and at the other extreme bed-ridden patients. It will contain women who play an instrument in a symphonic group or paint and women whose mental powers are seriously impaired. Research has shown that a variety of life styles can lead to life satisfaction. Both the energetic activist and the rocking-chair non-involver can achieve adaptation with the issues of their lives with success and satisfaction. The environment must offer the opportunity of leading appropriately active roles, if desired, as spouse, parent, single person seeking a mate, work or part-time work, and community volunteer. Unless the older person can have easy access to options, we can hardly expect him to fashion a life space unique for his interests and needs. The access to goods, services, and recreational pursuits should be developed in relation to the aged. For example, every major cultural event in a metropolitan area should have provisions for the aged in the areas of publicity, ease of transportation, ticketing, and seating.

Limitations of vision, hearing, and mobility restrict individuals from participating in events which interest them and which are highly appropriate to their

backgrounds and experience. The extent to which various physical limitations of individuals can be overcome in public functions by appropriate engineering and architectural design is unknown since communication with designers and the relevant scientists is scant. Designers must share with behavioral, social, and medical scientists the planning of the environment. In addition, following up evaluations of construction and redevelopments should be made by a multidisciplinary group so that we can learn from mistakes. There is considerable need for involvement of architects and city planners with behavioral and social scientists in deciding upon the goals and patterns of living arrangements for the aged. It is only by such a joint exchange of information that we can begin to describe adequately the social system in which the older person functions and the design of the supporting environment with options.

It has been suggested that since life satisfaction of elderly persons can go up when they live in housing projects with others of the same age, cities for the aged should be developed. This raises the question of the upper limit of size to which congregate living by age groups is desirable. It does not follow that if people will be better adjusted when they live in a building with people of similar ages, that adjacent buildings must also be occupied by the same age groups. In fact, individual differences among aged persons are probably so large that they do not lend themselves to congenial living in large areas of housing for the aged alone. While most daily contacts seem congenial with others of similar age and background, this is not the whole issue and need not in itself imply that large areas of cities should be lived in and used by narrow age groups. It seems highly desirable that age groups share the use of buildings and services such as parks, beaches, cultural centers, and churches. In the interests of efficiency alone, it should be pointed out that working-age adults rarely use such services and places during the week workday. Also, children are in school during the hours when the aged can use these facilities. This suggests that congregate living arrangements for the aged can be distributed in communities so that the sharing of facilities and services can be carried out efficiently. There is also the point that given sufficient income, most aged prefer to live alone near persons their own age yet near one or more of their children or other relatives.

SUMMARY OF KEY ISSUES

Cities are primarily social organizations and secondarily collections of concrete, steel, and wooden structures. That structure follows function can be lost sight of, and the social "creaking and cracking" now heard in cities suggests that planners thought that function was determined by structure. The concept of *life space* should be used in discussing the position of the aged in cities since it implies more of the functional relations of living than does the more limited structural term *housing*. The city should provide the largest possible life space for its residents, a life space that contains many options and the opportunity to express individual differences in needs and desires. More than half of the population over sixty-five can exercise little or no choice of place of residence or other features of their life space because of their low incomes.

Most older persons are poor. Because of this, they are most unlikely to be able to buy or rent the facilities needed to provide adequate life space in the city. Representation of the special needs of the elderly seem to be weak in the city because they have no fixed relationship with industry, nor are they particularly good consumers. Planning for the position of the aged, even though there are nineteen million of them in the total population, is inadequate and often occurs merely as an afterthought. Representation of the aged in the administrative organizations of cities must be achieved so that the needs of the elderly are met in proportion to their numbers and individual requirements.

As individuals grow older, many of them undergo a change of independent living to greater dependency on others. Marked individual differences with age arise because of varied ethnic and religious backgrounds as well as differences in rates of change in physical, psychological, and social factors. The urban environment must provide a plurality of facilities designed to meet a wide range of individual differences. While aged members of society tend to become more dependent upon others for their existence; they cannot be treated as a homogeneous group.

One of the strong embarrassments of the position of older persons in the city is their limited mobility. Many tendencies in urban renewal which otherwise improve the construction of the modern city tend to disturb the lives of older persons. Planning would seem best designed to encourage congregate living ar-

rangements of older persons adjacent to areas where they can share common facilities with other age groups. In addition, they should live in a community in which most of the common daily needs can be met within walking distances. Nothing is more at variance with the needs of the older person than the huge shopping complex with its wealth of goods and services when the aged do not have a way of reaching it or after arriving there do not have the income to purchase the available goods and services. Generally speaking, older persons seem to gain satisfaction and support from association with familiar objects and places and from association with persons of a similar age and background.

However, there appear to be decided limits to the extent to which older persons can be congregated and still have social gains by virtue of their peer grouping. Cities for the aged and separate universities for the retired appear as overextensions of what, within limits, is a good idea. Small congregate living facilities for the aged fit well into the urban complex if these congregate living arrangements give access to special facilities for health and other services. Unlike the young adult who can integrate his own needs or the suburban mother's integration of services for the young child, the aged need an integrating force bringing services to them. Generally speaking, the older the individual, the greater the number of services that must be brought to him.

Planning the life space of the aged should become a joint responsibility of physical and social planners, of engineers, architects, and biological, behavioral, and social scientists. The training of such persons will anticipate the planning and construction needs of tomorrow.

ITEM 2. COMMUNICATION FROM JOHN W. EDELMAN, PRESIDENT,
NATIONAL COUNCIL OF SENIOR CITIZENS, INC.

NATIONAL COUNCIL OF SENIOR CITIZENS, INC.,
Washington, D.C., August 21, 1968.

DEAR MR. SENATOR: Due in large part to the fact that I have been on the sick list for some time, we have been delayed in replying to your letter of July 15th asking for certain preliminary statements in respect to "The Usefulness of the Model Cities Program to the Elderly."

Enclosed please find a brief preliminary memorandum as suggested by your letter of the 15th.

I am sure you are well aware of the great interest of the National Council of Senior Citizens in the whole question of housing for the elderly, plus provision of a wide range of essential services, and the related problems of creating the type of environment both in urban and rural areas which would make for a more healthy pleasant, economical, and useful life for all our older citizens. We shall, in every way we can, endeavor to assist you in your present study of this very vital subject.

Very sincerely yours,

JOHN W. EDELMAN, *President.*

MEMORANDUM

To: Honorable Frank E. Moss, Chairman, Senate Subcommittee on Housing.
From: John W. Edelman, President, National Council of Senior Citizens, Inc.

As a basic and essential first step towards insuring adequate and informed attention to the needs of the elderly by Federal and local officials in model city areas, we urge a very early off-the-record conference between the top officers of the Department of Housing and Urban Development and a fairly small group of persons who can speak with some authority and knowledge about the special problems of the older and retired person. Such organizations as the National Council of Senior Citizens, Inc., the National Council on the Aging, and the American Association of Retired Persons would probably wish to have their key executives attend such a conference which could profitably absorb at least one full day. Possibly some of the church bodies which work in the field of housing might wish to participate in such a meeting.

At this initial discussion, further steps should be planned which would lead at least to the following:

(A) The national organizations working with the elderly would undertake systematic steps to brief and stimulate their constituencies regarding the broad and exciting possibilities in this program throughout the United States. HUD would be called upon both to prepare necessary materials and train a small staff

to work with the national organizations and with useful groups in specific areas throughout the country.

(B) Under the auspices of HUD there should be preliminary discussions between such key national organizations as: the United States Conference of Mayors, the National Association of Counties, the National Association of Housing and Redevelopment officials, the National Housing Conference, the American Institute of Architects, the National Planning Association, plus other such bodies and the consumers of housing for the elderly such as the National Council on the Aging, the National Council of Senior Citizens, the churches, AFL/CIO, NAACP, Urban League, the American Association of Settlements, National Consumers League, etc.

This series of hard-working sessions between the national organizations indicated above (and, I have no doubt, I have overlooked several such who are related to this program in a very essential manner) must then lead to carefully planned conferences at the local level—especially in target areas.

Every effort should be made to obtain the best possible publicity for these conferences in local newspapers and on local television and radio.

ITEM 3. NOTES BY MRS. GRACE K. FASSLER, CONSULTANT ON AGING, COMMUNITY HEALTH AND WELFARE COUNCIL, MINNEAPOLIS, MINN.

The city of Minneapolis has received a planning grant for Model Neighborhood programing in an area where 63,228 persons reside. Nine thousand six hundred and seventy four (9,674) persons, approximately 14 percent, are over 65 years and about 25 percent (13,434) are between 45 and 64 years old. Thus, Model Neighborhood in Minneapolis provides an opportunity to provide services and amenities to those already over 65 and to anticipate the needs of those who will become 65 within the next 20 years. In combination these two groups represent 40 percent of the Model Neighborhood population.

We were pleased that of the many candidates for the 100 positions on the Planning Committee, 21 were over 65 years of age. Of this number, six were elected to official positions. Our hope is that these older persons will be able to speak in the interest of their peers. These elected persons come from a variety of backgrounds and so to facilitate their developing a broad view—all of these older persons have been formally invited to attend the monthly meetings of the Committee on Aging, which also stands ready to assist in any way that residents request.

Two social service planners assigned to the Model Neighborhood program by the Community Health and Welfare Council have requested three senior aides (National Senior Citizen's Council Project) to interview all older persons in the neighborhood.

Three sections of the Model Cities law seem to us to be particularly significant with regard to interests of aged and aging older persons.

1. Bonus funding which can provide for experimental programs for all persons. (A protective service program is one possibility.)

2. The call for resident involvement which provides both the legal and philosophically sound framework for considering the needs of older persons not separate from, but as an integral part of neighborhood planning.

3. The call for concern for legislative action to eliminate, or ameliorate troublesome situations. (Certain statutes covering nursing and boarding care homes come to mind.)

Members of the Committee on Aging, several months ago, listed 1) elements that would contribute to the happiness and safety of older persons in the Model Neighborhood, and also listed 2) the professional services which should be a matter of concern in Model Neighborhood planning.

1. Re: The elements contributing to happiness and safety, the responses fell into five major categories:

Facility in transportation including low cost 10 cents per ride public transportation, door to door.

Safety—freedom from fear of walking the streets, adequate street lighting, ramps at curbs for wheelchairs, etc.

Opportunities for use of leisure time, a whole gamut of items ranging from easy access to all programs and events, to special programs for older persons.

Personal convenience—ready accessibility of shopping and medical service, churches, etc. and the lowering of the noise level.

Suitable housing—a range of housing choices at a price that individuals can afford.

Model Neighborhood Planning certainly provides the possibilities for meeting these comfort and safety goals which are of advantage to all residents, but meet a special and sometimes essential need of older persons.

[A special reference is made to housing needs of older persons calling upon a speech recently given by Miss Ollie Randall at the Conference on Aging at Gustavus Adolphus College in which she noted that "housing for the elderly" the phrase currently in use, generally connotes special provisions for safety, etc. "The fact is that one's own home, with such extras provided, can often serve so long as a home is needed. But it may need repairs; it may need refinancing, or the tenants may require some community services to enable them to continue to live in that home." Model Neighborhood planning could develop more awareness of the possibilities that exist for many older persons to "stay put" and not to be uprooted unnecessarily when such action is not essential. Were such thinking accepted in the residents' planning group, they would take a comprehensive look at present housing needs of residents in the late years, and at the same time, they could look at the housing needs they can anticipate for themselves and their neighbors in the next 10, 20, or 30 years when they are in retirement.]

2. The Committee on Aging has also suggested the professional services for older persons for consideration in Model Neighborhood.

Medical or Health Related Resources

In Model Neighborhood where 100 physicians and 50 dentists practice, where there are six hospitals, there is some evidence that only spotty health services get to area residents, especially the elderly. The hard facts on medical needs and medical care will be obtained in the coming months with the goal of devising a health delivery system that will make coordinated services available to area residents—especially health services to the ambulatory, and health services to those requiring care in their own homes.

Other needs that hopefully can be met in Model Neighborhood are:

1. The need for psychiatric services.

a. On the part of those persons living in the community who would find an easily accessible clinic and staff a boon. Examples are the psychiatric services for older persons provided by the Philadelphia Health Department under the direction of Dr. M. Linden, or the neighborhood clinic in New York City which has so successfully used resident aides to interpret psychiatric services.

b. On the part of residents of nursing homes and boarding care homes by providing a *program* of psychiatric consultation, diagnosis and/or treatment.

2. The need for more concern for patients in nursing homes and boarding care homes, many of which are in the Model Neighborhood with the goal that these facilities and their residents may be viewed, not as islands in a sea, but as part of the total neighborhood.

Social services

An adequate supply of social services hopefully can be developed by expanding social services within existing agencies such as Senior Centers, Inc., hospitals family agencies, neighborhood center, or by including social services in new programs such as a Conducted Home Care Program. The need for and desirability of experimenting with new delivery methods of social services to elderly are clear. Model Neighborhood seems to provide such opportunities.

Leisure Time Activities

Again Model Neighborhood provides the opportunity for making available a range of activities for older persons—social—cultural—educational—recreational. If the concept of neighborhood, in fact, includes the older persons who reside therein, then the needs and interests of older persons will be considered and planned for along with the needs and interests of other age groupings. Integration of older persons into general community programs will be assured, as well as the provision of some special programs such as senior day centers or drop in lounges for those persons whose needs are better met through specialized programs.

Some of the factors in Model Neighborhood planning lead to some uneasiness: for example—the pressure for quick mounting of programs as the responsibility of resident groups which are newly formed.

Although the program extends over 5 years, there is a call to get started—to become visible—to show results. Thus a program like Meals on Wheels is talked about as a starter. It's visible, it lends itself to easy interpretation—both to residents and to people in public office. However, a Meals on Wheels program as a free standing service may leave something to be desired. As one element in a coordinated home care program, it could be more significant. If health or social services are (for pragmatic reasons) set up piece by piece over a 5-year period, then the later task of coordinating these services into a truly coordinated comprehensive plan becomes difficult—if not impossible. Thus, the concept of Model Neighborhood—the concept of wholeness—runs the risk of being obliterated by hasty piecemeal approaches.

Again, the principle of resident participation, which we fully endorse, has built-in problems related to timing. How quickly can 100 residents be ready for neighborhood planning tasks, 100 residents who represent a wide range of interests and backgrounds and who have in common only the fact that they come from the Model Neighborhood. How quickly can they come to view a neighborhood as a whole, made up of a gamut of interrelated parts. How quickly can they come to understand the absolutely tremendous opportunities which flow from the Model Cities legislation—the possibilities for improving the lives of its present residents, the possibilities for laying the plans for the neighborhood their children will inhabit. A breadth and depth in understanding is possible for a disparate group to develop, but it is always a fairly long process which does not lend itself to the pressure of timetables.

In Summary, the potential usefulness of Minneapolis Model Neighborhood Program to elderly residents seems to be without limit. Opportunities exist for meeting important needs such as transportation—for meeting medico-social needs that are prevalent, and often critical—for meeting the housing (living arrangement) needs of 95% of the neighborhood residents who are over 65 or will be—for meeting the social-recreational needs of those in retirement so that they will have the opportunity to maintain themselves as vital participants in their neighborhoods. Finally, the coming to greater understanding of the situations of many elderly people by the nonelderly and the considering of them as an integral part of the community, hopefully will be accomplished in Model Neighborhoods.

ITEM 4. LETTER FROM WILLIAM C. HUDELSON, DIRECTOR, DIVISION OF SERVICES AND PROGRAMS FOR THE AGING, PRINCE GEORGES COUNTY, MD.

PRINCE GEORGES COUNTY,
DEPARTMENT OF COMMUNITY DEVELOPMENT,
DIVISION OF SERVICES AND PROGRAMS FOR THE AGING,
College Park, Md., July 31, 1968.

DEAR MR. ORIOL:

The Federal Model Cities program appears to hold substantial promise for many Senior Citizens. Population data clearly indicates that most if not all, slum, ghetto, or areas of substandard housing have relatively high concentrations of elderly. It would normally be anticipated that any program with an objective of improving conditions in such areas would benefit the elderly in relation to their proportionate population.

It is however questionable if such will be the case, primarily because only in a very few areas do the elderly have adequate representation.

At the present time only a very few communities have given official recognition to the special problems of the elderly population. Most communities still rely on voluntary commissions or committees. While persons serving on such committees may be sincere in their efforts, nonetheless it is a part-time effort, and many members of such organizations have priority concerns or interests not particularly related to aging problems.

I strongly question if any community engaged in or proposing a Model Cities program will give due attention to the elderly within those areas unless the Senior Citizens are strongly represented by an adequately staffed agency. Such an agency

should have the sole commitment to improve the living conditions of the elderly, and to help them to participate in existing or proposed programs.

From my experience in Prince Georges County, Md., over the past five years both as a volunteer vice-chairman of the County Commission on Aging, and as the full time Director of the Division of Services and Programs for the Aging, the major problems of the aging, both inside and outside areas likely to qualify for Model Cities Grants, are:

1. Transportation.
2. Nutrition.
3. Housing.
4. Income.
5. Social and recreational opportunities.

Satisfactory solutions to these problems will rarely, if ever, come from efforts of fragmented volunteer groups, or non-profit social agencies.

One of the specific requirements of the Model Cities program should be the representation of Senior Citizens by an adequately financed and staffed unit of local government. The development, on a national scale, at the community level, of comprehensive coordinated Services and Programs for the Aging is absolutely essential. If we are to avoid the future economic consequences of trying to provide institutions for millions of aged, who should, and can be kept within the community social structure we must recognize the problem and act now. The Model Cities program provides an excellent vehicle to reach large numbers of older people. However the program must contain the essential emphasis to be effective.

Sincerely yours,

WILLIAM C. HUDELSON, *Director.*

Appendix 3

STUDY PREPARED BY THE LEGISLATIVE REFERENCE SERVICE, THE LIBRARY OF CONGRESS, FOR THE SENATE SPECIAL COMMITTEE ON AGING

THE LIBRARY OF CONGRESS LEGISLATIVE REFERENCE SERVICE: MODEL CITIES PROGRAM SUMMARY AND PRO-CON ARGUMENTS

(By Joel B. Hincks, Analyst in Housing, Economics Division)

SUMMARY OF THE MODEL CITIES PROGRAM

The Demonstration Cities and Metropolitan Development Act of 1966 originated the demonstration (now known as model) cities program. The act consists of ten titles, or sections, the first of which contains the provisions establishing the model cities program. This is a comprehensive city demonstration program designed to aid communities of all sizes plan, develop, and carry out programs for improving entire blighted neighborhoods. The cities participating in the model cities program are to coordinate all available public and private resources for an overall concentrated attack upon the problems of specific areas within the city.

Federal assistance is to be provided in two separate stages—program planning and development, and project implementation. At this time (fall 1967) the first stage is about to begin. Some 200 cities, large and small, have submitted applications to the Department of Housing and Urban Development (HUD) for planning grants. Expectations are that somewhere between 60 and 70 cities will receive planning assistance.

The planning grants may cover up to 80 percent of the cost of planning and developing a city comprehensive demonstration program. The grants will be made directly to a city demonstration agency which may be a public body specially created to administer the model cities program, or may be an existing agency designated to accept this responsibility.

The city demonstration programs that are planned will be expected to meet a number of criteria. Perhaps most significantly they should embody a compre-

hensive, or "total approach" method of working toward making a substantial impact on physical, social, educational, and economic problems of the model neighborhood area. On the other hand, HUD has emphasized that there is no single program prototype that every city must adopt. Rather, each participating city is encouraged to develop its own plan, tailored to its particular problems and resources.

Regardless of the specific means adopted for achieving the objectives of a local model cities program, there are a number of features that the program should contain. As described by HUD, the most important of these include:

The program should plan to make a substantial impact on the overall problems of the model cities area within a reasonable time, and within the resources available to the local government.

The program should remove or arrest blight and decay in the model cities area.

The program should contribute to the improvement of the entire city as well as the model cities area.

The program should make marked progress in reducing social and educational disadvantages, ill health, and underemployment and unemployment of the residents of the model cities area.

The program should contemplate the provision of a full complement of educational, health, and social services to serve the poor and disadvantaged of the model cities area.

The program should involve widespread citizen participation, particularly of those residing in the model cities area.

The program should create maximum opportunities for training and employing model cities area residents in all phases of the program, as well as enlarging job and training opportunities generally.

The program should contribute to a substantial increase in the supply of low- and moderate-income housing, both in the model cities area and in the rest of the metropolitan area as a whole.

The program should open up maximum opportunities in the choice of housing accommodations for all citizens regardless of race, creed, or income level.

The program should aim at providing adequate public and commercial facilities to service the residents of the model cities area.

The program should work to improve access between areas of residence and those of employment.

The program must plan for the relocation of individuals, families, businesses, and nonprofit enterprises.

The program should plan to insure that local laws, regulations, and ordinances will not conflict with any of the objectives or features of the comprehensive demonstration program.

The program must be consistent with comprehensive planning for the entire city and/or the metropolitan area as a whole.

The fullest utilization should be made of private resources, initiative, and enterprise in both the planning and the carrying out of the comprehensive city demonstration program.

The program should plan to preserve natural and historic sites and distinctive neighborhood characteristics.

The program should apply high standards of design.

The program should make maximum use of new and improved technology and design.

The program should make maximum use of cost-reduction techniques, including cost-benefit analyses of alternative courses of action.

The program must conform to the Civil Rights Act of 1964, prohibiting discrimination on the basis of race, color, or national origin, in all phases of the program.

The foregoing are some of the features that HUD expects to be included in model cities plans. After planning, Federal assistance will be available to help implement the program. This assistance will be of three types—existing Federal grants-in-aid, supplemental grants to the existing ones, and grants to cover the administrative cost of the program.

The model cities program is designed to be funded primarily through existing applicable Federal aid programs, such as urban renewal, Community Action Programs, and education programs, etc. In addition, up to 80 percent of the non-Federal contribution to such programs will be paid by HUD as a supplementary

grant. The supplemental grants will not be earmarked for any specific project or activity, but must be used first to support additional activities not otherwise assisted under existing grant-in-aid programs.

To the extent that the supplementary grant funds are not needed to pay for new, unassisted programs, they may be used to help make up the non-Federal contribution to additional federally assisted programs. These funds may not be used, however, to pay non-Federal contributions to projects begun prior to the initiation of the model cities program, nor may they be used for general local government administrative expenses.

Grants may also be made to cover up to 80 percent of the cost of administering the comprehensive city demonstration programs. These grants may not be used to pay the administrative expenses of projects assisted under Federal grant-in-aid programs.

Funds authorized for the model cities program in the act establishing it included: \$12 million for planning grants in each of fiscal years 1967 and 1968; \$400 million for fiscal year 1968, and \$500 million for fiscal year 1969 to implement model cities program; and \$250 million for urban renewal projects in model cities areas, to be available beginning in fiscal year 1968. As of mid-September 1967, the administration has requested that the full \$662 million authorized for fiscal year 1968 be appropriated by Congress. The House has approved a total appropriation of \$237 million; and the Senate, \$537 million. The appropriation bill now goes to a conference committee to resolve the Senate-House differences.¹

ARGUMENTS FOR THE MODEL CITIES PROGRAM

The proponents of the program believe that it offers a valuable new method for attacking America's physical and social blight in urban areas. It puts great stress on local planning and innovation and the use of private initiative and enterprise. At the same time, it acknowledges that many cities are financially unable to carry out the programs necessary to alleviate poverty and renew sub-standard housing. Therefore, new capital grants are to be made available to cities to plan and implement comprehensive city demonstration programs at the neighborhood level.

The criteria to be used in determining city eligibility for the program have arisen out of the experience of the cities themselves. The program recognizes the necessity that cities provide adequate low- and moderate-cost housing, offer wide participation to the citizens in the demonstration area, provide for social renewal as well as physical reconstruction, and assure adequate compensation to all persons displaced by government programs. The model cities program gives the cities of America the opportunity to concentrate their resources in an attack on urban problems. In the words of President Johnson, the program offers the hope that "through wise planning, cooperation, [and] hard work, . . . it is possible to reverse the city's decline."

The program takes into account the requirements of urban communities of all sizes. The Administration and supporters of model cities see the program as one benefiting small, medium, and large cities. In fact, a major objective of the model cities program is to show that localities of varying sizes can attack their peculiar problems with methods and tools of their own choosing.

Advocates of the program point out that the model cities program promises to be the largest single outlay of Federal money for the cities in our history. In view of the many unmet needs of our nation's urban areas this, to supporters of the program, represents one of its major virtues.

On the other hand, the Administration is sensitive to the apprehensions of those who think that the conflict in Vietnam and the proposed tax increase should preclude such massive expenditures at home. But, as Secretary Weaver has said, "The sacrifices this nation is making in the name of freedom throughout the world cannot be used as an excuse to do less than we can."² It would be contradictory to fight for freedom in Vietnam while doing little or nothing to help alleviate the frustrations of our urban poor at home.

The spokesmen for the model cities program claim that it will not "drain off" funds from other Federal grant-in-aid programs. The model cities program will provide *additional* grant assistance, and the Administration has pledged that

¹ See footnote 2, p. 3.

² Address to Annual Conference of Mayors, Dallas, Texas, June 13, 1966.

communities without a city demonstration program will not see money diverted to those which are in the program. Secretary Weaver has promised that the model cities program will not take a single penny of urban renewal funds from cities which may not participate initially.

Another important point made by Administration leaders is that the number of cities which may participate is not limited. The original estimate of 60 to 70 cities has to do with the *first* ones to receive the benefits of the program. As the program proceeds, others will be expected to participate. The act establishing the program contains no established limit on the number of cities which may receive assistance.

ARGUMENTS AGAINST THE MODEL CITIES PROGRAM

The chief arguments against the model cities program hinge largely on the sums of money to be spent, considered by many to be inadequate to meet the demonstrable needs of the cities, and by others too large, particularly in view of our commitments abroad. There are other concerns about undue extension of Federal power and about the vagueness of the criteria for the selection of cities to participate in the program.

Almost all mayors of the larger cities have testified that the \$400 million a year authorized for model cities projects is too paltry a sum to renew America's metropolitan areas. For example, Mayor James H. J. Tate, of Philadelphia, estimated that a demonstration program in his city alone could use up to \$600 million over a six-year period. Thus, very few cities could participate in any substantial way in the program at presently proposed levels of funding.

A second major criticism is closely related to the first. It concerns the number of cities which will be eligible to participate in the program. Many persons are convinced that more than 60 to 70 American cities could meet the criteria for model cities assistance. Therefore, such groups as the National Housing Conference have suggested that the benefits of the model cities program be made available to all qualified cities which apply, and in the order of their application. This, of course, would necessitate much larger appropriations than have been requested. Therefore, the NHC and others have also suggested that appropriations for the program be greatly increased.

Several other important criticisms have arisen from the side of those who want more Federal financial assistance to the cities. Since the most outspoken support for the program has come from big city mayors, some have complained that it was designed only for trouble spots in the larger cities. Thus, mayors of small cities and Congressmen representing smaller towns have been apprehensive and sometimes apathetic about the program because they felt it would not benefit the smaller municipalities.

Another common complaint against the program, related to the criticism from smaller cities, is that model cities projects will "drain off" funds from other Federal grant-in-aid programs now in operation. The thought here is that cities not qualifying for a model city grant, but desiring other grant-in-aid assistance will find these grant funds depleted because they are being concentrated in city demonstration programs.

From the other side of the political spectrum—the more conservative—comes the criticism that in a time of necessary defense expenditures in Vietnam and with a large Federal budget deficit in the offing, such an expensive Federal program is not justified. These critics have pointed to President Johnson's request for a ten percent tax surcharge, and suggest that the model cities program could be cut back to help reduce the need for a tax increase.

Another common criticism is that cities themselves should be doing the job of renewal and rehabilitation without additional Federal assistance. The National Association of Real Estate Boards, in its testimony on the program before the Housing Subcommittee of the House Banking and Currency Committee, stated that "The fundamental weakness in the bill is that it seeks solely by means of increased Federal grants to induce the cities to do that which they should have been doing in the years when they prevailed upon the Federal government to execute billions of dollars in binding contracts for urban renewal."

Closely related to the above arguments, all of which are critical in one way or another of the size of and the amounts to be spent on the program, is the argu-

ment as to the vagueness and in some cases inherent contradictions in the act initiating the model cities program. As one critical article on the cities' major problems recently stated:

"The major new proposal—for a 'Demonstration Cities Program'—is harder to evaluate, in part because it is not clear what is to be demonstrated or what relationship it will have to existing urban renewal and public housing programs, and in part because, no matter what is intended at the federal level, the real decisions will probably be made locally and toward a dozen different goals.* * * The Demonstration Cities Bill speaks of 'guidelines,' and 'findings,' and 'authority,' but nowhere does it say *what* will be done. Thus, whatever Congress decides, it seems clear that the real policies will be determined by the administrators, and they are now silent as to their intentions. If the present Congressional situation is any clue, the administrators' silence may suggest that they believe it too risky to reveal in detail their intentions. But if past experience is any guide, that silence probably also means that they haven't figured out what their intentions are."¹

These represent the most frequent criticisms of the model cities program that were brought forth during the debate on the legislation creating the program, and that have been mentioned subsequently.

¹ Wilson, James Q. "The war on cities. The public interest", v. 1, No. 3, Spring 1966: 27-28.

