

PART 2—APPENDIXES
DEVELOPMENTS IN AGING: 1978

A REPORT
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
PURSUANT TO
S. RES. 375, MARCH 6, 1978, AND
S. RES. 376, MARCH 6, 1978
Resolutions Authorizing a Study of the Problems
of the Aged and Aging



APRIL 5 (legislative day, FEBRUARY 22), 1979.—Ordered to be printed

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WASHINGTON : 1979

SPECIAL COMMITTEE ON AGING¹

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DAVID A. RUST, *Minority Staff Director*

¹ Amendment No. 23 to S. Res. 4, Reorganization of the Senate Committee System, agreed to Feb. 1, 1977, established the Special Committee on Aging as a permanent, non-legislative committee under the rules of the Senate. Membership was reduced from 23 to 14 for the 95th Congress and by attrition must begin the 96th Congress with no more than nine members. S. Res. 21, Jan. 23, 1979, increased the membership on the committee to 10. S. Res. 101, Mar. 13, 1979, increased the membership on the committee to 12.

LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., April 5, 1979.

HON. WALTER F. MONDALE,
President of the Senate,
Washington, D.C.

DEAR MR. PRESIDENT: Under authority of Senate Resolutions 375 and 376, agreed to March 6, 1978, I am submitting to you the annual report of the Senate Special Committee on Aging, *Developments in Aging: 1978, Part 2.*

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." S. Res. 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

Therefore, on behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

LAWTON CHILES, *Chairman.*

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PART 2—APPENDIXES
DEVELOPMENTS IN AGING: 1978

APRIL 5 (legislative day, FEBRUARY 22), 1979.—Ordered to be printed

Mr. CHILES, from the Special Committee on Aging,
submitted the following

REPORT
APPENDIXES

Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON
THE AGING

MARCH 20, 1979.

DEAR MR. CHAIRMAN: I am very pleased to submit the 1978 Annual Report of the Federal Council on the Aging for inclusion in the "Developments in Aging" publication (1978).

As always, we appreciate having the opportunity to work with the U.S. Senate Special Committee on Aging on behalf of our Nation's elderly population.

The best of luck in 1979 with, as per usual, a heavy Senate Special Committee on Aging agenda.

Sincerely,

N. ALAN SHEPPARD,
Special Assistant to the Chairman.

Enclosure.

PREFACE

LEGISLATIVE MANDATE

The Federal Council on the Aging was created by the Congress under provisions of the 1973 amendments to the Older Americans Act for the purpose of advising the President, the Secretary of the Department of Health, Education, and Welfare, the Commissioner on Aging, and the Congress on matters relating to the special needs of older Americans.

On October 18, 1978, the President signed into law H.R. 12255 (Public Law 95-478), the Comprehensive Older Americans Act Amendments of 1978. The new legislation directs the Council, as was mandated in the 1973 Amendments to the Older Americans Act, to perform the following functions:

(1)

- Advise and assist the President on matters relating to the special needs of older Americans;
- Assist the Commissioner in making the appraisal of the Nation's existing and future personnel needs in the field of aging;
- Review and evaluate, on a continuing basis, Federal policies regarding the aging and programs and other activities affecting the aging conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans;
- Serve as a spokesman on behalf of older Americans by making recommendations to the President, to the Secretary, the Commissioner, and the Congress with respect to Federal policies regarding the aging and federally conducted or assisted programs and other activities related to or affecting them;
- Inform the public about the problems and needs of the aging, in consultation with the National Information and Resource Clearinghouse for the Aging, by collecting and disseminating information, conducting or commissioning studies and publishing the results thereof, and by issuing publications and reports; and
- Provide public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating thereto by conducting public hearings, and by conducting or sponsoring conferences, workshops, and other such meetings.

Changes in the Council as a Result of the 1978 Amendments

Older Americans Act of 1965, as Amended, 1973

Section 205(a)

There is established a Federal Council on the Aging to be composed of fifteen members appointed by the President with the Advice and consent of the Senate for terms of three years without regard to the provisions of title 5 United States Code. Members shall be appointed so as to be representative of older Americans, national organizations with an interest in aging, business, labor and the general public. At least five of the members shall themselves be older persons.

Section 205(e)

delete:

The Secretary and the Commissioner shall make available to the Council such staff, information, and other assistance as it may require to carry out its activities.

Older Americans Act of 1965, as Amended, 1978

Section 205(a)

amended:

insert "rural and urban" after of in the second sentence.

add:

No full-time officer or employee of the Federal government may be appointed as a member of the Council.

Section 205(c)

delete:

The Secretary and the Commissioner on Aging shall be ex-officio members of the Council.

Section 205(e)

substitute:

The Council shall have staff personnel, appointed by the Chairman, to assist it in carrying out its activities. The head of each Federal department and agency shall make available to the Council such information and other assistance as it may require to carry out its activities.

Changes in the Council as a Result of the 1978 Amendments--Continued

Section 205(g)

delete:

The Council shall undertake a study of the interrelationships of benefit programs for the elderly operated by Federal, State, and local government agencies. Following the completion of this study, but no later than January 1, 1976, the President shall submit to Congress recommendations for bringing about greater uniformity of eligibility standards, and for eliminating the negative impact that one program's standards may have on another.

Section 205(g)

amended:

The Council shall undertake a thorough evaluation and study of programs conducted under this Act. The study required in this subsection shall include: a) an examination of the fundamental purposes of such programs, and the effectiveness of such programs in attaining such purposes; b) an analysis of the means to identify accurately the elderly population in greatest need of such programs; and c) an analysis of numbers and incidence of low-income and minority participants in such programs. The study required under this subsection may include: a) an exploration of alternatives methods for allocating funds under such programs to States, State agencies on aging, and area agencies on aging in an equitable and efficient manner, which will accurately reflect current conditions and insure that such funds reach the areas of greatest current need and are effectively used for such areas; b) an analysis of the need for area agencies on aging to provide direct services within the planning and service area; and c) an analysis of the number of nonelderly handicapped in need of home delivered meal services.

Changes in the Council as a Result of the 1978 Amendments--Continued

Section 205(h)

delete:

The Council shall undertake a study of the combined impact of all taxes on the elderly - including but not limited to income, property, sales, social security taxes. Upon completion of this study, but no later than January 1, 1976, the President shall submit to Congress, and to the Governor and legislatures of the States, the results thereof and such recommendations as he deems necessary.

Section 205(i)

delete:

The Council shall undertake a study or studies concerning the effects of the formulae specified in section 303 for allotment among the States of sums appropriated for area planning and social service programs authorized under title III of this Act. Upon completion of this study, but no later than January 1, 1975, the results of such study, together with recommendations for such changes, if any, in such formulae as may be determined to be desirable and the justification for any changes recommended, shall be submitted to the Commissioner, the Secretary of Health, Education, and Welfare, the Committee on Labor and Public Welfare of the Senate and the Committee on Education and Labor of the House of Representatives.

Section 205(h)

amended:

There are authorized to be appropriated to carry out the provisions of this section, for fiscal years 1979, 1980, and 1981, such sums as may be necessary.

The changes, as noted above, affect the Council's autonomy, representation, and relationship with other Federal agencies. The hope of Council members is that the changes will indeed strengthen the Council's role and effectiveness on behalf of the Older Americans of this country.

PART 1. COUNCIL STRUCTURE AND OPERATION

There are several Federal laws affecting the operation of the Federal Council on the Aging. Of particular importance are the Older Americans Act and the Federal Advisory Committee Act. The Older Americans Act defines the Council's mission of advocacy for older Americans and certain specific operating procedures. The Federal Advisory Committee Act sets forth standards to insure the effective use of all advisory bodies within the Federal Government. Regular reports are filed with the committee management offices in the Office of Management and Budget and the Office of the Secretary, HEW As called for by the Older Americans Act, this calendar year report is compiled for the President. The FCA annual report also appears in "Developments in Aging" issued by the Senate Special Committee on Aging.

COUNCIL MEMBERSHIP

The Council is composed of 15 members nominated by the President and confirmed by the Senate. Eight members of the Council are themselves older persons. They and the other members are representative of the general public and national organizations with an interest in aging, from business, labor, urban and rural groupings required by law.

Since new Council members were not confirmed by the Senate until the year was practically half over, two Council rosters are listed.

COUNCIL ROSTER, JANUARY 1, 1978, TO JUNE 25, 1978

Chairman, Nelson H. Cruikshank; Vice Chairman, Garson Meyer.

MEMBERS

- Bertha S. Adkins, of Oxford, Md.; former Chairman, Federal Council on the Aging; former Under Secretary of the Department of Health, Education, and Welfare.
- Nelson H. Cruikshank, of the District of Columbia; Counselor to the President on Aging; former president, National Council of Senior Citizens; former director, department of social security, AFL-CIO.
- Dorothy L. Devereux, of Honolulu, Hawaii; former member of the Hawaii State House of Representatives.
- Charles J. Fahey, the Reverend Monsignor, of Syracuse, N.Y.; director of the Catholic Charities for the Roman Catholic Diocese of Syracuse; former president of American Association of Homes for the Aging.
- Sharon M. Fujii, Ph. D., of Santa Monica, Calif.; principal investigator for Pacific Asian elderly research project.
- Frank B. Henderson, of Worthington, Pa.; director, nutrition services, Armstrong County Community Action Agency; chairman, building committee, board of directors of Armstrong County Health Center.
- Seldon G. Hill, of Orlando, Fla.; member of the regional areawide planning council on the aging; past president and board member, Retired Citizens Association.
- Harry S. Holland, of Phoenix, Ariz.; retired from Social Security Administration; chairman of Governor's Task Force on Retirement and Aging.
- Hobart C. Jackson, of Philadelphia, Pa.; formerly executive vice president and director, Stephen Smith Geriatric Center, founder and first chairman of the National Caucus on the Black Aged and member of its executive committee (now deceased).
- John B. Martin, of Chevy Chase, Md.; former Commissioner on Aging; legislative consultant to the National Retired Teachers Association and the American Association of Retired Persons.
- Garson Meyers, of Rochester, N.Y.; retired executive of Eastman Kodak; past president of the National Council on the Aging; chairman, advisory committee, New York State Office of Aging; chairman of the board, Genesee Savings and Loan Association.

Bernard E. Nash, of Camp Springs, Md.; program consultant and former executive director of the National Retired Teachers Association and the American Association of Retired Persons; former president, International Federation on Aging.

Frell M. Owl, of Cherokee, N.C., retired from the Bureau of Indian Affairs; member of the Indian Advisory Council of the U.S. Senate Special Committee on Aging.

Lennie-Marie P. Tolliver, of Oklahoma City, Okla.; professor and associate director, School of Social Works, the University of Oklahoma; member, Salvation Army Senior Centers' Board of Directors, Oklahoma City.

Nat T. Winston, Jr., M.D., of Nashville, Tenn.; vice president, Hospital Affiliates International; former State commissioner of mental health in Tennessee.

COUNCIL ROSTER: AFTER JUNE 26, 1978

Chairman, Nelson H. Cruikshank; Vice Chairman, James T. Sykes (Elected at July 26 meeting).

MEMBERS

Bertha S. Adkins (term continued).

Nelson H. Cruikshank (term continued).

Dorothy L. Devereux (term continued).

Fannie V. Dorsey, of Owensboro, Ky.; retired teacher; past vice president, Owensboro League of Women Voters; chairperson, Kentucky Institute for Aging.

Charles J. Fahey (term continued).

Harry S. Holland (term continued).

Mary A. Marshall, of Arlington, Va.; member, house of delegates, Commonwealth of Virginia; former economist, Antitrust Division, U.S. Department of Justice; former director, Metropolitan Council of Governments, Washington, D.C.

John B. Martin (term continued).

Walter L. Moffett, of Kamiah, Idaho; director, Nez Perce Tribal Housing Authority; past area vice president, National Congress of American Indians; Past Sanitarian, Division of Indian Health, U.S. Public Health.

Bernice L. Neugarten, Ph. D., of Chicago, Ill.; professor, and member, committee on human development, University of Chicago; former member, National Institute on Aging Advisory Council; past president, Gerontological Society.

Frell M. Owl (term continued).

James T. Sykes, of Madison, Wis., director of public service, the Wisconsin Cheesman; former chairman, Wisconsin Board on Aging.

Fernando M. Torres-Gil, Ph. D., of Alhambra, Calif.; director, research and utilization, Andrus Gerontology Center; treasurer, Western Gerontological Society.

Wesley C. Uhlman of Seattle, Wash.; attorney; former mayor of Seattle, Wash.; former chairman, Task Force on Aging, U.S. Conference of Mayors.

Nat T. Winston (term continued).

COUNCIL SUBUNITS

The Council has four standing committees which were able to meet at least once during 1978. The list of committees, membership, and responsibilities are as follows:

SENIOR SERVICES

Chairman, James T. Sykes. Members: Fannie B. Dorsey, Harry S. Holland, and Frell M. Owl.

This committee has the major task of reviewing policy issues affecting older people in such areas as housing, social security, welfare reform and employment. This committee made recommendations to the Council on the course of action to be taken with respect to the asset study (to be discussed later in this report). Also, Chairman Sykes appointed a special task force consisting of members from both the Senior Services and Special Aging Populations Committees to study policy issues affecting the rural elderly.

LONG-TERM CARE

Chairman, Charles J. Fahey. Members: Mary A. Marshall and Nat T. Winston, Jr., M.D.

This committee has responsibility for appraising existing and future personnel needs in the field of aging, and development of recommendations for long-term

care needs and services for the elderly. A discussion of the committee's work toward the development of a national policy on long-term care and health manpower needs is presented later in this report.

POLICY DEVELOPMENT AND PROGRAM EVALUATION

Chairman, Wesley C. Uhlman. Members: Bertha S. Adkins, John B. Martin, and Bernice L. Neugarten.

This committee is responsible for evaluation, research and policy analysis. It reviews findings and makes suggestions to the Council for action which may result in recommendations to the President, the Congress, the Secretary of HEW and the Commissioner on Aging. This committee will participate in the development of the mandated study of the Council as required by the 1978 amendments to the Older Americans Act.

SPECIAL AGING POPULATIONS

Chairman, Fernando M. Torres-Gil. Members: Dorothy L. Devereux, and Walter L. Moffett.

This committee is concerned with those segments of the aging population having different life problems—access to resources, distinctive cultures and various problems requiring unusual social and economic support. Specifically, this committee is concerned with policy issues affecting low-income and minority elderly and the rural elderly. It has developed plans for convening a series of regional hearings in 1979 on policy pertaining to the minority elderly. Also, this committee reviewed and offered specific recommendations to the Council on two continuing projects: the minority elderly and frail elderly studies.

TASK FORCE AND/OR SPECIAL AD HOC COMMITTEES

(1) Task Force on Rural Elderly: Convenor, Fannie B. Dorsey; members: Walter L. Moffett and James T. Sykes.

This task force is concerned with the identification and study of policy issues faced by older persons in rural America. The task force will recommend suggested directions in which the Council might take action with respect to such concerns.

(2) Personnel Committee: Chairman, Fernando M. Torres-Gil; members: Mary A. Marshall and John B. Martin.

The Personnel Committee is responsible for approving general personnel policies of the Council.

1978 COUNCIL MEETINGS

The Council held the four meetings called for by the Older Americans Act in Washington, D.C.: July 25, 26, 27, and 28; September 26 and 27; October 26 and 27; and December 4 and 5.

1978 COMMITTEE MEETINGS IN WASHINGTON, D.C.

Committee:

Senior Services.....	September 6.
Long Term Care.....	September 11, October 13.
Special Aging Populations.....	September 15.
Policy Development and Program Evaluation.....	September 25.

All regular Council and committee meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations and to staff of various Federal agencies, congressional members and committees with a special interest and responsibility in the field. Representatives of these groups plus the general public usually attend Council meetings. "Aging Magazine," the publication of the Administration on Aging, regularly reports Council activities. Documents relevant to the Council's official actions are maintained in the office of the Council Secretariat and are available to the public.

PART 2. MAJOR COUNCIL ACTIONS

OVERVIEW

This annual report marks the fifth such issuance by the Federal Council on the Aging. It describes the Council's activities during 1978 and, with its predecessor reports, chronicles the activities and views of 15 citizens who are advocates for older Americans.

Because the Council has now been in operation for almost 5 years, it has built up a series of continuing issues and projects which extend beyond a narrow

interest or the 1-year span of an annual report. These projects, which usually involve outside studies, consultants, and contractors, are the Council's way of identifying and addressing emerging and long term issues affecting the elderly. The projects are described elsewhere in this report.

This report also records the Council's actions on matters of importance to the elderly during 1978. For example:

AGE DISCRIMINATION

The Age Discrimination Act of 1975 (title III of the Older Americans Act Amendments of 1975) prohibited "unreasonable" discrimination based on age in programs and activities receiving Federal financial assistance.

Council members felt that age discrimination was without qualification as to "reasonableness" or "unreasonableness" and the following resolution was adopted at its July 1978 meeting:

"The FCA endorses those principles of H.R. 12255 (Comprehensive Older Americans Act Amendments of 1978) which prohibit discrimination on the basis of age, without qualification as to the terms reasonableness or unreasonableness.

"The FCA also endorses those principles of H.R. 12255 as amended which permit private legal actions as may be necessary to achieve that statutory objective of the act."

The Chairman, by direction of the members, sent the resolution to the House and Senate Conference Committee acting on the Older Americans Act Amendments as an expression of the Council's recommended policy.

MANDATED STUDIES

The Chairman, on behalf of the Council, recommended to the House and Senate Conference Committee that the requirements of H.R. 12255 mandating approximately 10 specific studies by the Council be deleted inasmuch as the Council lacked the staff and funds to deal with them on a substantive basis. The conference, in principle, acceded to the Chairman's recommendation, and combined the list of mandated studies into one overall comprehensive study of programs under the Older Americans Act which includes optional subparts (see description of mandated study in part 4 of this report).

The Council's Policy Development and Program Evaluation Committee was given the responsibility to review options for fulfilling the requirements of the mandated study.

FEDERAL TRADE COMMISSION PROPOSED TRADE REGULATION RULE FOR THE HEARING AID/INDUSTRY

In June 1976, Miss Bertha Adkins, then Chairman of the Federal Council, testified before the Federal Trade Commission (FTC) on the proposed trade regulation rule for the hearing aid industry. The trade regulation rule focused on two areas of consumer protection: (1) the buyer's right to cancel, and (2) the requirement of written consent to a salesman's visit. The testimony supported these regulations in order to protect vulnerable hearing-impaired older persons from purchasing ineffectual and/or unnecessary hearing aids.

Reflecting continued interest in the trade regulation rule, the Council at its September 26 meeting was briefed by a representative of the Bureau of Consumer Protection on the hearing aid industry staff report.

The Council expressed interest in three aspects of the proposed rule: (1) the staff presentation on the special vulnerability of many elderly persons; (2) the clear language format requirements of the consumer notice; and (3) the staff analysis of the economic impact of the buyer's right to cancel rule.

At the December meeting, the Council passed a motion that it concur in the recommendation of the Federal Trade Commission with respect to the buyer's right to cancel and the requirement of express written consent prior to a sales visit. It was further agreed that members would have an opportunity to submit further comments by January 10, 1979, or else it would be assumed that the Council's motion would be the position for submission to the FTC.

HOSPITAL COST CONTAINMENT

One of the major concerns today is the rapidly increasing costs of hospital care. The administration fought for a hospital cost containment bill in the last session of Congress.

At its September meeting, the Council discussed the effects of rising hospital care costs for the elderly. It was noted that the elderly carried a disproportionate load of the total costs of hospital expenses. Efforts have been made, and renewed through the years, for some kind of national health insurance, but the administration decided not to sponsor national health insurance legislation during the 95th session of Congress. Consequently, on September 26, 1978, the Council adopted a resolution stating:

"The Federal Council on the Aging endorses in principle the provision of the administration's hospital cost containment proposals now before the Senate. The Federal Council strongly urges the Congress to act now to pass the legislation."

The Council's resolution was presented to the administration at a special White House meeting on hospital cost containment. The Congress, however, did not enact hospital cost containment legislation at its last session.

COMPREHENSIVE EMPLOYMENT TRAINING ACT (CETA)

At its September meeting, the Council considered problems in the Comprehensive Employment Training Act with respect to services and projects for older persons. At that time, Congress was considering amendments to the original act that would deal specifically with middle-aged and older workers. The Council directed its chairman to communicate with the House and Senate Conference Committee on the CETA amendments, expressing the Council's support of legislation directing the Secretary of Labor to assist in overcoming obstacles to employment often confronting older workers due to obsolete skills, employer reluctance to hire or lack of job opportunities. The Council felt that inclusion of such provisions had long been needed in basic CETA employment legislation, and would mean that an unemployed or underemployed older worker would have greater opportunity for finding employment.

The legislation, as enacted, directs the Secretary of Labor to develop employment and training policies for the middle-aged and older worker, and to more equitably apportion employment and training resources.

The Council's discussion of the CETA at its December meeting was characterized by an expressed concern that the Department of Labor include in its regulations enough specificity to insure that prime sponsors follow the intent of Congress with respect to training and services for older workers.

The Council adopted a motion directing the Chairman to submit written comments to the Secretary of Labor urging the adoption of CETA regulations for improving training opportunities and job placement for older workers. In addition to the communication to the Secretary of Labor, the Council also requested that a meeting between the Chairman, Council member John Martin and the Secretary of Labor be scheduled to review the CETA regulations.

INFLATION

In October, the President set forth the administration's policy on inflation. The Council expressed concern that inflation, more than any other issue, affects older people the hardest in terms of health costs, housing, transportation, et cetera. The Council felt that it should provide support with respect to the administration's statements and policies concerning the fight against inflation—especially as it affects the elderly. Therefore, at its October meeting, the Council adopted the following resolution which was communicated to the President:

"Older Americans have suffered greatly from the inflation that is gripping our Nation. Older people have seen their meager pensions buy less and less. Older people have found their retirement income too small to keep track with rising costs. Therefore, the FCA favors the administration's efforts to slow inflation. The FCA urges the Congress, business and labor to do all within their power to bring inflation under control."

MENTAL HEALTH AND ILLNESS OF THE ELDERLY

At the recommendation of the Policy Development and Program Evaluation Committee, the Council plans to publish as a single publication in 1979 the Reports of the Secretary's Committee on Mental Health and Illness of the Elderly and the President's Commission on Mental Health. The Secretary's committee basically addressed itself to three items—the future needs for mental health facilities in manpower, research and training to meet mental health care needs of elderly persons; the proper care of elderly persons in mental institutions or who

have been discharged from such institutions; and proposals for implementing the recommendations of the 1971 White House Conference on Aging as it concerns the mental health of the elderly.

Both reports recommend eliminating the present distinctions between mental and physical health in medicare and medicaid and urge priority attention to mental health for the elderly.

On recommendation of the Council, the Chairman sent a letter to the Secretary of HEW expressing the Council's interest in publishing the reports. The Secretary responded positively to the Council's request and the publication is expected to be available by the fall of 1979.

SOCIAL SECURITY

The Council, during its December meeting, expressed its concern about possible proposals to reduce social security benefits as a part of the administration's effort to reduce the deficit position of the budget for fiscal year 1980.

Inasmuch as the Congress had directed that "the Council shall advise and assist the President on matters relating to the special needs of older Americans," the Council asked the Chairman to convey its conviction that even though the operation of the social security trust funds are combined with the general operations of the Federal Government in the unified Federal Budget, policy decisions affecting the social security program should be based on the objectives of the program rather than on any effect such decisions might have on the Federal budget.

The Council took note of the fact that the Statutory Advisory Council on Social Security was established by the Secretary of HEW in February of 1978, and that its study and review of the social security program was still in progress. It was noted also that a second advisory body, the National Commission on Social Security, had been established under provisions of the 1977 Social Security Amendments. Accordingly, the Council requested the Chairman to convey to the President its recommendation that substantive changes in the social security program be based on the objectives of the program, and that such changes should not be initiated until the recommendations of these advisory bodies become available.

ADMINISTRATION ON AGING (AOA) NATIONAL WORKING CONFERENCE

The Council received an invitation from Robert C. Benedict, the Commissioner of AOA, to cosponsor the National Working Conference of the AOA which was held November 8-11, 1978.

Among the goals for the Conference were:

- to review the decisions of the Congress under the 1978 Amendments to the Older Americans Act.
- to generate recommendations on the mission and function of AOA.
- to develop suggested regulations for AOA program guidance over the next several years.

Council members responded positively to the invitation to participate, but expressed hope that the Council's role would be made clear with respect to its program evaluation mandate under the new Older Americans Act, and that it should be careful not to compromise its responsibility to evaluate programs under the act. Distinctions between the Council's policy and oversight role and AOA's administrative role should be maintained, the Council felt. The Council agreed to participate in the working conference, emphasizing that any views expressed would be those of individual participants and not necessarily those of the Council. Chairman Cruikshank was directed by the Council to communicate this to Commissioner Benedict.

PART 3. UNFINISHED BUSINESS

MINORITY POLICY STUDY

In October of 1977, the Council contracted with the Human Resources Corporation of San Francisco, a minority firm, to conduct a study on policy issues concerning the minority elderly. The contractor was asked specifically:

- To formulate policy recommendations which seek to achieve equity for minority elderly.

—To formulate alternative policy recommendations to the Council's frail elderly proposal (if warranted).

—To identify data gaps and research needs in these and related areas.

The recommendations were to be derived from a review of the following sources.

—Federal benefit and service programs.

—The Federal Council on the Aging's frail elderly proposal.

—The 1971 White House Conference on Aging recommendations.

—The available minority aging literature, including studies, hearings, reports, et cetera.

The Human Resources Corporation worked with a team of consultants with expertise in minority aging, especially in the areas of research and policy analysis. In addition, the contractor sought input from the members of an advisory committee; representatives of major Federal agencies; national minority organizations; and selected community and advocacy groups.

STUDY PRODUCTS

The study generated six papers and an executive summary. The papers consisted of two background reports and four ethnic-specific papers. The purpose of the two background papers was to examine the various issues considered crucial to understanding policies affecting the minority elderly. One background paper, entitled, "The Knowledge Base for Planning Services to Minority Elderly," examines the available data on minorities; provides a critique of methodologies; identifies research gaps and offers a critique of theoretical models as they impact on understanding aging in minority communities.

The other background paper, entitled, "Minority Group Issues and Benefit Programs for the Elderly," provides an overview of Federal policies and programs as they affect the minority elderly.

The four ethnic-specific papers focus separately on the American Indian, black, Latino, and Pacific/Asian elderly. Included are examinations of bilingual-bicultural issues, natural support systems, issues of life expectancy, and the applicability of the Council's frail elderly proposal.

The executive summary synthesizes the significant issues, findings, and recommendations from the background and ethnic-specific papers. It also identifies research gaps and suggests priorities in research needs.

This minority policy study for the Council represents a significant first step in beginning to look critically at the impact of Federal policies on the minority elderly. Ideally, Federal policies should be reviewed on a continuing basis to determine whether they impact equitably on the minority older population in this country. If, on the basis of such reviews, it is discovered that they do not impact equitably on the minority elderly, then the necessary steps should be taken by the Council and others.

DISPOSITION OF MINORITY STUDY

At its first meeting in July 1978, the Council voted that the minority policy study be reviewed by the Special Aging Populations Committee for appropriate recommendations with respect to its final disposition.

In December 1978, the Special Aging Populations Committee, with Council approval, mailed copies of the minority elderly policy report to selected reviewers in the aging network. The reviewers were urged to review the report and provide critique. The Council wanted to have the benefit of these critiques before its final deliberations on the report's recommendations.

NATIONAL POLICY FOR THE FRAIL ELDERLY

In its first annual report issued in 1975, the Council identified as a priority concern that group among the elderly—usually the oldest of older Americans—with an accumulation of health, social, economic, and environmental problems which impede their independent living to the extent that they need continuing personal assistance.

During the past 4 years, the first 3 under the leadership of Monsignor Charles Fahey, then Chairman of the Task Force on the Frail Elderly, and the past year under the direction of Fernando Torres-Gil, the Council developed a conceptual

framework within which to make a determination of a national policy regarding services to the frail elderly. As noted in previous reports, the Council claims no special originality for the name. It was selected because of the need for a dramatic term to focus attention on this very special grouping of the elderly.

At the July 1978 Council meeting, the Special Aging Populations Committee, chaired by Mrs. Torres-Gil, was given the responsibility of proposing recommendations for final disposition of the frail elderly report. The committee, thanks largely to the input of the former task force chairman, Monsignor Fahey, proposed the following options for Council consideration:

—The Council could translate the principles, as well as various concepts in the background material, into a statutory draft for possible introduction either by the administration or by some interested Member of Congress. The submission of such legislation would further clarify the issues and would give rise to more extensive debate on the concepts which are involved in the frail elderly project.

—The Council could decide to take the principles cited in the frail elderly report and use them as criteria for measuring administrative and legislative proposals in the field.

—A combination of both approaches might prove feasible.

In its deliberation of these options, the chairman suggested that the frail elderly report be sent to one of the congressional Committees on Aging for possible publication as a committee report originated by the Council, with the recommendation that hearings be held on the subject.

GENERAL OBSERVATIONS

The frail elderly report is an interim step in the Council's activities in regard to the frail elderly, designed to provide a broader opportunity for choices with respect to future activities in this specialized area.

From the outset, the project was designed to engage the best national thinking available in evolving an enlightened public policy position regarding those individuals who are most vulnerable by reason of age and infirmity. And while the Council is primarily concerned with the elderly, it is also aware of those frail persons who are not old, but whose plight is similar to that of many who are both frail and elderly. An important policy question concerns the development of an age-related service for the "frail" as opposed to one that would provide support systems for all regardless of age.

From the beginning, the establishment of a presumptive eligibility reaching all persons above a certain age (over 75) was perceived as a politically viable way to define a system which would reach those ailing elderly most in need. It is clear from the various background material, as well as from the policy actions adopted by the Council, that there is deep concern for all the frail and the elderly—especially those who are over 75. Further attention should be given to simplified methods of establishing eligibility so that appropriate services will be available to all other persons in need.

The Council views with special concern the condition of those persons in our society belonging to various subgroups whose longevity is different from the overall population. There is need of a method to assure the same services available to the over 75 population as to those of various ethnic and/or minority backgrounds whose need may arise at an earlier age.

ASSET TESTING STUDY

When the Federal Council on the Aging was established under the 1973 Amendments to the Older Americans Act, the Congress charged it to:

"... undertake a study of the interrelationships of benefit programs for the elderly operated by Federal, State and local government agencies."

This study, entitled, "The Interrelationships of Benefit Programs for the Elderly," was duly carried out and transmitted to the President on December 29, 1975.

One recommendation in that report was a decision by the Council to formulate an approach for determining the manner in which government benefits should most equitably be distributed. The Council stated that it would "initiate a study of the philosophical and administrative rationale connected with the ways in which assets and asset income are considered in determining eligibility for benefit programs and the various options available to reduce the inequities in the existing asset tests."

As a first step, the Council commissioned a paper by Mrs. Betty Duskin, an economist with the National Council of Senior Citizens. Her paper reviewed various philosophies of income maintenance and dealt with the economic basis asset tests, administrative complexity, and costs. The Council accepted Mrs. Duskin's recommendations that a number of study papers be commissioned with respect to asset tests for the elderly.

In 1977, the Council contracted with the Institute for Research on Poverty at the University of Wisconsin to organize a conference on assets, the participants being experts in economics, law, and social work. This conference was held at the University of Wisconsin in May 1977. In addition, Dr. Robert Lampman, professor of economics at the University of Wisconsin, was engaged by the Council to develop recommendations which might serve as eventual policy guidance on asset testing for the executive and legislative branches of Government.

While no final conclusions were reached at the conference, some general agreement was developed on the following points:

- Assets cannot be ignored since present holdings are important, in addition to income, when considering the economic status of individuals.
- Benefits should not have an arbitrary cutoff when assets reach some arbitrary limit—particularly when exemptions vary by type of asset.
- The exemption of the total value of a home is not supportable since this gives an unreasonable advantage to home owners as compared to those who invest in other assets.

Following the conference, Professor Lampman was asked by the Council to develop recommendations and options for changes in existing Federal policies on asset testing in order to enhance equity considerations. His recommendations with respect to the treatment of assets and income from assets are reported in two Council publications: "1977 Annual Report to the President" and "The Treatment of Asset and Income from Assets in Income-Conditioned Government Benefit Programs."

At the December 1977 meeting, Professor Lampman reported on the general questions of equity in asset testing. In addition to the Council's acceptance of the report, it was further determined that it would be useful to obtain reactions to the Lampman report from Federal officials responsible for administering means-tested programs. Seven Federal agencies were requested to respond to the the recommendations in the report. Eventually, comments were received from the Veterans' Administration, Department of Housing and Urban Development, Department of Agriculture, and four HEW agencies—Health Care Financing Administration, Office of the Assistant Secretary for Planning and Evaluation, Administration for Public Services, and the Social Security Administration. While the responses may not represent a consensus on the recommendations, they are generally supportive of part or all the concepts contained in the report. The Council reviewed the highlights of these comments from the seven agencies at the July meeting and moved that the project be referred to the senior services committee with a report on followup recommendations due at a future Council meeting.

At the December 1978 meeting, Professor Lampman presented his recommendations on equity in asset testing. They were as follows:

- Reduce the basic benefit-reduction rate on nonearned income from 100 percent to 75 percent.
- Set \$35,000 per couple as the limit on all assets, including an owner-occupied house, to be eligible for benefits under federally-assisted programs.
- Define "countable income" to include net imputed rent of an owner-occupied house.
- Eliminate the one-third benefit reduction for living in the home of a relative.
- Adjust asset limits annually for changes in the Consumer Price Index (CPI).
- Encourage investigation into the effect of federally-guaranteed housing annuity plans.

After lengthy debate, the Council decided that equity considerations were not the only issues involved and that the recommendations should consider income adequacy topics. The senior services committee of the Council was directed to consider the issue of income adequacy and report at a future Council meeting.

PERSONNEL NEEDS IN THE FIELD OF AGING

In 1977, the Council awarded a contract to CSF Ltd., a Rockville, Md., management consultant service to the health care industry, to analyze manpower issues in the delivery of health services to the elderly and to develop public policy recommendations toward the provision of appropriate health care services for the aging.

The study presented to the Council consists of three sections: (1) Final report for study of health manpower needs for services to older Americans; (2) analysis of quantitative methods for determination of health manpower needs of older Americans; and (3) supplemental review of literature and bibliography.

Major policy issue categories of the study were primarily based on concerns expressed by the Council. The recommendations are linked to each of these major policy issue categories: Health and social models of health care delivery; frail elderly; minority elderly; health manpower training needs; maldistribution of health services; specialization of health manpower; comprehensive program of health care delivery; national health insurance; and availability of data to project the health manpower needs of older Americans.

The policy recommendations address themselves to three distinct concerns related to providing health care services for the elderly:

- The scope and orientation of the health care services offered.
- The system for coordinating and delivering these health care services.
- Further required research into service and delivery system requirements.

The final report was completed in 1978 and approved by the Council at its September meeting.

LONG-TERM CARE

The Council approved the Long-Term Care Committee's recommendations to obtain outside advice and consultation from selected individuals to assist in a process leading to the creation of a Council position on long-term care for the 1981 White House Conference on Aging. The end product of these consultations would be a Council document delineating its position on long-term care, the process by which the Council's position was developed as well as the issues and problems considered.

The Long-Term Care Committee proposed to implement policy development by first convening a meeting of Federal officials having policymaking responsibilities in the field of long-term care. The Council recognizes that problems and issues in long-term care are greater than those treated in individual programs and/or departments. The Council plans to seek advice and consultation from the private sector also. Through its long-term care activities, the Council hopes to provide a forum for the development of a comprehensive plan in this vital area.

It is expected that both the public and private sectors will participate with the Council on a continuing basis until an effective long-term care policy has been developed. Since a coordinated, comprehensive policy of long-term care has been elusive, the Council looks to the 1981 White House Conference on Aging as a useful forum in which to help formulate national thinking on the subject.

PART 4. NEW BUSINESS

THE CONGRESSIONALLY MANDATED STUDY

The 1978 amendments to the Older Americans Act require the Federal Council on the Aging to undertake a thorough evaluation and study of programs conducted under the act. The legislation requires the study to include:

- An examination of the fundamental purposes of such programs, and the effectiveness of such programs in attaining such purposes.
- An analysis of the means to identify accurately the elderly population in greatest need of such programs.
- An analysis of number and incidence of low-income and minority participants in such programs.

The study may also include:

- An exploration of alternative methods for allocating funds under the programs to States, State agencies on aging, and area agencies on aging, in an equitable and efficient manner which will accurately reflect current conditions and insure that the funds reach the areas of greatest current need and are effectively used for those areas.

- An analysis of the need for area agencies on aging to provide direct services within the planning and service area.
- An analysis of the number of nonelderly handicapped in need of home-delivered meals services.

Work undertaken on the study (status) to date includes:

- Development of a draft statement of work.
- Completion of proposals for alternative approaches.
- Requests of 14 Federal agencies to provide information on studies in aging programs.
- A request for assistance to the Department of Health, Education, and Welfare in defining the scope of the study.

The Council plans by mid-1979 to have developed work specifications on what will be used, an inventory of available information, what should be measured, problem areas, program information, location of data, and cost. The preliminary report will define the scope of the work, provide preliminary findings and plans for proceeding with the study.

THE WHITE HOUSE CONFERENCE ON AGING

The 1978 amendments to the Older Americans Act provides authority for the President to call a White House Conference on Aging in 1981 to develop recommendations on income, economics, health, housing, social services, long-term care, employment, retirement policy, and research programs for further action in the field of aging.

The Secretary of the Department of Health, Education, and Welfare is required to establish an advisory committee to the Conference which will include representation from the Federal Council on the Aging and other public groups and private nonprofit organizations concerned with aging.

In reviewing the legislation authorizing the Conference, the Council forwarded a series of recommendations to the Secretary of HEW, including recommendations that the Conference address issues which are broad in scope and have implications for all persons by addressing the broader issues arising from this Nation's aging society. The Council recommended that the Conference's theme be "The Aging Society."

It was also recommended that each Council member be named to the Advisory Council of the 1981 White House Conference.

In response to the recommendation, the Secretary said that consideration would be given to Council members serving on the Advisory Council.

THE RURAL ELDERLY

At its October meeting, the Council formally approved formation of a special task force whose purpose is to devote attention to the unique needs and special problems of the rural elderly. As previously mentioned, the Task Force on Rural Elderly is under the auspices of both the Special Aging Populations and Senior Services Committees of the Council.

On November 9, 1978, the Council's Rural Elderly Task Force convened an informal luncheon meeting at the Administration on Aging's national working conference called "Counting Down—Implementation of the New Amendments to the Older Americans Act." The task force organized the luncheon meeting in order to gain assistance in identifying the major areas of concern regarding the rural elderly.

Council member Mrs. Fannie Dorsey, who convened the task force, requested the participants' assistance in defining the extent of the problems faced by older persons in rural America and suggested directions in which the Council might go with respect to the rural elderly. She asked the conferees to cooperate with the Council and each other in finding appropriate and workable solutions. Representatives of the following organizations attended the luncheon:

- National Caucus on the Black Aging;
- Spencer, Iowa Area Agency on Aging;
- USDA, Farmers Home Administration;
- National Association of Counties;
- Senate Special Committee on Aging;
- Administration on Aging;
- National Farmers Union;

Council of State Governments;
 National Conference on State Legislatures;
 USDHUD, Elderly Programs Division;
 National Council on Aging;
 National Association of Area Agencies on Aging; and
 Vermont Office on Aging.

In considering the specialized problems of the rural elderly, the participants were asked to identify the major difficulties facing this group. The problems most often cited were transportation accessibility, lack of funds, and the lack of a consistent Federal strategy to deal with the situation. Other concerns included the lack of advocacy, excessive paperwork and "redtape," housing, untapped skills of the rural elderly, and special aging populations such as elderly blacks, Indians, and Hispanics.

The participants were also asked to describe what their organizations were doing to respond to the problems of the rural elderly. Various approaches to relieving the problems of the rural elderly were discussed and in time will comprise part of a study by the Rural Elderly Task Force.

NEW PROJECTS

Without an active council for more than half of 1978, much of the contract effort involved the completion or continuation of previous projects.

The major new project initiated in 1978 was a study on "The Development of Procedures and Criteria for Evaluating Federal Policies on the Aging."

The Older Americans Act of 1965, as amended, provides that the Council shall "* * * review and evaluate, on a continuing basis, Federal policies regarding the aging and programs and other activities conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans * * *."

A contract was awarded to Pacific Consultants, a minority firm with much experience and expertise in conducting technical projects, located in Washington, D.C.

The study products expected from the project are: (1) A draft handbook for Council evaluation of Federal efforts on behalf of the aging; and (2) a FCA operational procedure manual for gathering, organizing, disseminating, and utilizing information on (a) problems and needs of older persons, (b) Federal responses to those problems and needs, and (c) other governmental and nongovernmental responses.

In addition to the above major contract, the Council utilized the services of the following specialized experts: Dr. Robert Lampman, professor of economics, University of Wisconsin, for the asset study; Mrs. Dorothea Lewis, editing consultant, for the frail elderly report; and Mr. Arthur Boyd, management consultant, for the FCA orientation session.

PART 5. MISCELLANEOUS

SUPPORTING SERVICES AND STAFF

THE PLACE OF THE COUNCIL WITHIN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

For the period covered by this report, the Council was operating under the provisions of the Older Americans Act of 1973, as amended. This act provides that the Secretary of the Department of Health, Education, and Welfare (HEW) and the Commissioner on Aging make available to the Council such staff, information, and other assistance as it may require to carry out its activities. Clearly, the intent of Congress at that time was that the activities of the Administration on Aging (AoA) and the FCA be coordinated. This was further underscored by the provision that both the Secretary of HEW and the Commissioner on Aging be ex officio members of the Council.

At the same time, it was equally clear that the Congress meant the Council to have certain oversight responsibilities which included some evaluation of programs administered by the AoA and other agencies in HEW. Obviously, these functions required a certain amount of independence on the part of the Council from HEW.

As the act was translated into administrative practice, however, the Council found itself in a subordinate position—administratively responsible to the Secretary only through two other layers of the bureaucracy—the AoA and the Office of Human Development Services of which AoA is part.

Admittedly, there have been some advantages to this arrangement. For example, the placement of the Secretariat in AoA and the Office of Human Development Services provides informal, as well as formal, utilization of their staff and support services. The Committee Management Office in the Office of the Secretary aids in carrying out the provisions of the Federal Advisory Committee Act.

There are, however, important disadvantages. As the Office of Human Development Services and the Secretary are in a position to provide the services designated in the act, they are also in a position to withhold such services and support. This militates significantly against the independence which Congress meant the Council to have in its oversight capacity.

In the reauthorization of the Older Americans Act of 1978, the Congress reemphasized its recognition of the independence of the Council. First, the new act repealed the provision that the Secretary and the Commissioner on Aging be ex officio members of the Council. Second, the new act repealed the provision that the Secretary and the Commissioner make available to the Council such staff, information, and assistance as needed and substituted a provision that the Council have staff appointed by the chairman and that all Federal departments make available to the Council such information and other assistance as it may require to carry out its activities.

While the intent is clear, HEW continues to interpret the act, for all practical purposes, in accordance with the pre-1978 act. If the Council is to meet its obligations effectively, means must be found to implement the clear intent of Congress with respect to the need to remove the Council from its subservient and dependent administrative position.

BUDGET AND SUPPLEMENTARY STAFF

Short-term employees and contractors have been utilized to assist with certain Council projects such as the assets study, national policy for services to the frail elderly, health manpower needs, and policy issues concerning the minority elderly. The Council's budget for fiscal year 1978 of \$450,000 was provided within the AoA appropriations. The Administration on Aging's fiscal year 1979 budget retains the same funding level.

ACTIVITIES OF COUNCIL MEMBERS

As part of the general responsibility of the Federal Council on the Aging to inform the public of the needs and contributions of Older Americans, members of the Council participated in a number of activities. Mr. Cruikshank's major engagements included:

- Appeared on the "Over Easy" TV show, San Francisco, Calif., January 24.
 - Speaker at the American Bar Association, New Orleans, La., February 12.
 - Speaker at the Metropolitan Chicago Forum on Aging and addressed the General Assembly of the Seniors' Alert Organization, Chicago, Ill., March 10.
 - Addressed the Second National Conference on Aging and Blindness, Atlanta, Ga., March 28.
 - Speaker at the Western Gerontological Society's 25th Annual Conference, Tucson, Ariz., April 12.
 - Speaker at the 28th Annual Conference of the National Council on Aging, St. Louis, Mo., April 17.
 - Speaker at Duke University, Center for the Study of Aging and Human Development, Asheville, N.C., May 20.
 - Addressed the N4A National Conference, Albuquerque, N. Mex., July 13.
 - Keynote speaker at Senior Citizens Rally and Workshops, Los Angeles, Calif., August 26.
 - Speaker at the Second Annual Senior Citizens Resource Fair, Minneapolis, Minn., October 20.
 - Guest Speaker at Midwest Regional Conference of the United Church Board for Homeland Ministries and the United Church Office for Church in Society, Des Moines, Iowa, November 28.
- Mr. Cruikshank also testified on behalf of the Council at two oversight and extension hearings on the Older Americans Act before both the Subcommittee

on Aging of the Senate Committee on Human Resources, February 1, 1978, and the Subcommittee on Select Education of the Committee on Education and Labor, U.S. House of Representatives, March 6, 1978.

Aside from the Chairman's activities, other Council members were quite similar and the range of their participation included: Attending national aging meetings such as the National Council on Aging, the Gerontological Society meeting and the Western Gerontological Society meeting; attending the AOA working conference on the 1978 older Americans amendments; delivering keynote addresses at aging meetings and serving on various commissions and boards at the local, State, and Federal levels on behalf of older people.

TRIBUTE TO HOBART C. JACKSON

The Council remembers with affection and admiration Hobart C. Jackson who died March 10, 1978.

A member of the Council from the beginning and Founder and Past Chairman of the National Caucus on the Black Aged, he represented with vigor and compassion the interests of all people, always within context of his all-embracing concern for the elderly without regard to race or creed.

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

FEBRUARY 5, 1979.

DEAR SENATOR CHILES: We appreciate the opportunity to share program activities and developments undertaken by the Department to improve the quality of life for older Americans. Enclosed are summary reports indicating agency support and implementation of the Department's commitment to the needs of the elderly.

If we can be of additional assistance, please do not hesitate to call on us.

Sincerely,

ALEX P. MERCURE,
Assistant Secretary.

Enclosures.

FOREST SERVICE

The U.S. Department of Agriculture Forest Service participates in the senior community service employment program (SCSEP), administered under title IX of the Older Americans Act. It is commonly known as the senior conservation employment program which is a cooperative program with the Department of Labor for economically disadvantaged senior citizens, primarily in rural areas. Its purpose is to provide a supplemental income, work experience, and training to enrollees. These enrollees also receive personal and job-related counseling, supervision, yearly physical examinations, and in some cases, placement in regular unsubsidized jobs. In return, valuable conservation projects are completed on National Forest lands.

The program seeks to provide a supplemental income to senior citizens; demonstrate and utilize the potentially great value of senior citizens to society in general . . . and to rural communities in particular; and provide work experience that will encourage and help rural employers to hire more senior workers.

Under the SCSEP, the USDA Forest Service enrolled approximately 3,500 older workers on various conservation projects on National Forest lands and facilities during fiscal year 1978 and conservation work valued at more than \$12.3 million.

RURAL ELECTRIFICATION ADMINISTRATION

The function of REA is to provide electric and telephone service to rural areas. In fulfilling our function, however, our interest in rural development extends well beyond merely providing service.

Borrower personnel tend to be community leaders. The manager of a telephone borrower in Maine initiated a project in his community of 300 people, which resulted in the construction of 20 units of low-cost housing for the elderly. REA also participates in State and Federal rural development programs which aid rural residents in general. An REA field employee in Indiana is very active in programs for the elderly which have set standards for such programs in the State of Indiana. His group:

- (1) Established the first multipurpose center.
- (2) Operated the first on-site cooking program.
- (3) Was the first to prepare frozen meals for rural delivery.
- (4) Put together a "disaster pack" of nine meals that can be opened by pull tabs on the cans and can be eaten cold if utilities are interrupted by a storm.

These are just two examples of how REA and its borrowers are helping meet the needs of the aging in rural areas.

Although, REA does not offer any programs specifically designed for the aging, it does provide information and technical assistance to those REA-financed electric and telephone systems that are working on such projects as described above.

ECONOMICS, STATISTICS, AND COOPERATIVES SERVICE (ESCS)

ESCS reports the following research on behalf of older Americans.

ECONOMICS

Bylund, Robert; Charles O. Crawford; Nelson L. LeRay; and Elinor M. Caravella: "The Rural Elderly in the United States and the Northeast: A Statistical Report," Northeast Reg. Ctr. for Rural Dev. Publ. 14. The Proc. of the Workshop on Rural Geron. Res. in the Northeast, May 24-27, 1977. July 1978, pp. 14-31.

LeRay, Nelson L.; Charles O. Crawford; Dennis A. Watkins; and Donn A. Derr: "Community Services for Older People in the Rural Northeast," Northeast Reg. Ctr. for Rural Dev. Publ. 14. The Proc. of the Workshop on Rural Geron. Res. in the Northeast, May 24-27, 1977. July 1978, pp. 135-144.

LeRay, Nelson L.; A. E. Luloff; and J. G. Campbell: The Older Population of New Hampshire, Res. Rpt. No. 66, July 1978.

Boehm, William T. and Anthony E. Gallo: "Food Purchasing Patterns of Senior Citizens," National Food Review-No. 4, September 1978.

STATISTICS

Conducts statistical surveys (NORC) for the Agricultural Research Service. These surveys have questions by age groups to determine attitude difference in farm operations.

COOPERATIVES

One activity of the Cooperative Development Division provides technical assistance to craft cooperatives. Frequently, more than half the membership of these organizations is senior citizens.

Two craft cooperatives provided assistance in 1978 were MATCH, Inc., Berea, Ky., and Blue Ridge Hearthiside Crafts Associations, Boone, N.C.

The publication, "The Cooperative Approach to Crafts for Senior Citizens," continues to have wide distribution. It is used in response to numerous inquiries from State and Federal agencies, local senior programs, and senior citizens regarding the potential for craft cooperatives for senior citizens.

All of the publications referred to can be obtained from this office.

OFFICE OF EQUAL OPPORTUNITY (OEO)

In January, the proposed government-wide age discrimination regulations that were prepared by the Department of Health, Education and Welfare were distributed to the pertinent USDA agencies for comment. The comments are due to OEO by February 15 for consolidation. The agencies were also asked to identify all age distinctions in their programs and report them to OEO by March 15.

Following publication of final HEW regulations later this year, USDA will then publish regulations of its own pertaining to USDA programs. OEO will prepare the regulations.

The OEO contact for age discrimination is William Payne, 447-3227.

SCIENCE AND EDUCATION ADMINISTRATION (SEA)

Construction plans and programs for the Human Nutrition Research Laboratory to be constructed at Tufts University have been developed during the past year. The general missions of this laboratory are:

(1) To determine how dietary habits and nutritional status influence the onset and rate of progression of normal aging.

(2) To determine ways in which diet, alone or in combination with other factors, can retard or prevent the onset of a variety of degenerative conditions associated with the aging process in America today.

(3) To determine how an optimal diet—in combination with other factors (hereditary, psychological, socioeconomic)—may contribute to youthful vigor and health over an extended lifespan in man.

The laboratory is being planned to accommodate long-term studies on nutrition and aging . . . experimental animal, clinical, and epidemiological, utilizing population groups in the New England area or elsewhere. On the latter point, there have been some preliminary discussions with the Boston VA Normative Aging Study Group.

Our present knowledge of optimal nutrient needs of adults and the elderly is very limited. If protein or micronutrient requirements remain stable with advancing age, the quality of the diet would have to be improved since the quantity consumed decreases. In present society, this is by no means assured; furthermore, retardation of aging or chronic diseases may well suggest particular modifications. It seems reasonable to expect that optimal nutrition influences aging just as it does the earlier life processes of gestation, growth, and development.

Among the specific scientific areas which will be attacked before the new laboratory opens in mid-1981 are:

(1) Epidemiological and clinical studies on the role of nutrients, hormone status, and life-style in the onset and progression of osteoporosis.

(2) Population and clinical studies of the role of nutrients intake in the anemia so prevalent among American elderly.

(3) Clinical and experimental animal studies on nutritional status and the competency of the immune system . . . and the latter's influence on aging and/or associated degenerative diseases.

(4) Clinical studies on the functional integrity of the gastrointestinal tract during the aging process.

We will make an effort to carry out studies of nutrient requirements in a functional context . . . developing new physiological biochemical, or behavioral endpoints of "optimal" intakes.

All program areas will be developed in full concert with advisors from NIH—NIA.

FAMILY EDUCATION/FOOD AND NUTRITION

Forty-four State Cooperative Extension Services reported that the aging population is a target audience for many home economics educational programs. A nutritionist and a program leader on the Federal Extension staff are liaisons with other agencies and national organizations. They also provide leadership to State programs thru newsletters, State visits and national workshops. Each State has staff members who provide similar support for county Extension home economists.

The following methods were used to reach and teach the aging: newsletters, special interest meetings, workshops, noncredit courses at college week and school days for senior citizens, a series of programs, club or other group programs, television, radio, news releases, individual counseling, publications and fact sheets, correspondence courses, leader training meetings, forums and seminars.

Many States reported *cooperating with other agencies* in an effort to improve the quality and quantity of programs for the aging. Among those listed were: State commissions/divisions on aging, American Red Cross, social service/welfare departments, Neighborhood Outreach, Inc., Food and Drug Administration, dietetics associations, area agencies on aging, colleges and universities, State home economics associations, public housing authorities, health departments, Governor's committee on aging, mental health agencies, ACTION, Institute of Community Development and titles VII, IX and XX programs.

Extension has three "memorandums of understanding" with the Administration on Aging. They relate to energy conservation for the elderly, nutrition education at title VII centers and information and referral programs for the aging. Extension staff members in many States are implementing these memorandums.

Several States have had statewide or multicounty programs for the aging. The Extension Service cosponsored the "Governor's Conference on Aging" in Kansas. This 2-day event offered many educational and recreational programs. South Carolina, Mississippi, and Alabama conduct "college days for senior citizens" on the land-grant campuses. The 3 to 5 day events offer many noncredit courses and

activities. In Alabama, 1,700 people were reached through school days programs that were conducted at State parks and on campuses. Many States sponsor senior citizen days at State and county fairs. In North Carolina, a senior adult day camp involved three generations, youth, middle years, and elders. Virginia offers a several day program for elders at 4-H camping facilities. Extension reaches and teaches many senior citizens through the Extension Homemaker Club program.

Educational and volunteer programs that have addressed interests and needs of the elderly have varied according to local situations and resources. Below are some examples of Extension's programs:

NUTRITION

Delaware, home economist present nutrition programs monthly to 1,200 at the title VII nutrition sites.

Arizona received title IX funds to employ, train, and supervise elderly persons who teach nutrition and related areas to other older people.

Alaska developed slides, tapes and lessons on nutrition for use with senior citizens.

California conducts nutrition education programs at 13 title VII centers and retirement homes. One home economist serves as a consultant to the title VII program in Chinatown. She plans menus within Federal guidelines that are ethnically acceptable to 250 participants.

Connecticut conducted a series of four weight control programs for 40 senior citizens. Twenty-nine volunteers were trained to teach nutrition to 1,450 elderly citizens.

Florida trained 20 home health aides who work with the low income elderly and invalids.

Hawaii trained 111 volunteers (one-quarter of whom were men) to teach nutrition for older people, food supplements, meal planning and shopping. Estimated outreach was to 3,647 people.

Maryland. Eight volunteers taught nutrition lessons to 576 at nutrition sites.

HOUSING AND ENERGY

Mississippi. A home economist conducted a "how to wallpaper" workshop. One elderly woman did her own and saved \$600, another \$500, and one now wallpapers as a business.

Missouri conducted short courses on more suitable housing alternatives and home maintenance skills.

North Carolina received a grant to increase low income housing for senior citizens. In 9 months, 270 older people applied, 52 were completed and 7 were in process.

Ohio was funded by State commission on aging to conduct a pilot project to help the elderly in rural areas improve their homes at a reasonable cost. Workers were trained to make needed home repairs after house was surveyed.

South Carolina taught older people living in public housing simple basic home care skills and easy laundering techniques.

Texas presented educational programs to 1,200 older people on energy, simple home repairs and safety. An educational program resulted in 10 families receiving FmHA grants and 17 receiving loans.

Vermont. A home economist assisted senior center in preparing a grant for renovating the center which was approved.

Virginia. A home economist worked with senior center participants who remodeled and redecorated the senior center.

RESOURCE MANAGEMENT

In Arkansas conducted a legal affairs program for the elderly and as a result legal aide was made available to them and other low income families.

In Illinois, Extension cooperated with other agencies and conducted a "how, when, and where retirement show" that reached 30,000 senior citizens.

Maryland reached 300 people with educational program on wills and budgeting.

Mississippi reached 1,000 senior citizens with educational programs on frauds, cost of funerals, and better use of food dollar.

In Ohio five counties conducted programs on estate planning in cooperation with local lawyers, bankers, and insurance company representations.

In Texas, 3,600 participated in consumer education programs on wills, estate planning, keeping and recording important documents and dealing with frauds, 51 people participated in a program on income possibilities and investments.

Indiana reached 7,000 people at the nutrition sites with consumer choices and money management programs.

Indiana had 150 participants in a 10 week series on "coping with inflation."

HEALTH AND SAFETY EDUCATION

In Indiana, the home economist worked with the mental health agency and organized a widows group which meets a need and interest.

In Texas, 4,200 aging saved money and benefited from health screening clinics for diabetes, glaucoma, TB, hypertension, and anemia. Ten volunteers were trained to assist the elderly in filling out medicare forms.

In Virginia, 1,000 older adults participated in a blood pressure screening program.

In Delaware, a program on the prevention of falls was conducted at a senior citizen center.

A Florida home economist taught food safety practices to 45.

In North Carolina, 50 percent of the counties conducted safety programs for the elderly. "Elder abuse" was a statewide program on the prevention of mental and physical abuse.

INCOME PRODUCING

In Alabama 128 senior citizens learned how and made macrame purses as gifts and saved \$4,000.

In Maryland, a group of women learned new skills in making and marketing quality crafts. The group paid for two trips with the \$1,000 profit on crafts.

In Texas, 700 senior citizens received \$14,628 from the sale of arts and crafts. A group of 40 senior citizens sponsored a talent fair and made \$2,800.

In West Virginia, 45 quilters have been supervised by Extension staff and have earned \$20,000 on the 30-month period.

4-H AND YOUTH PROGRAMS

Involvement of senior citizens in 4-H programs is continuing to increase throughout the country:

- More senior citizens are becoming involved in 4H as volunteers—providing special expertise to 4-H members in their local clubs or through individual project work.
- There are increased efforts to work with AARP and similar organizations to involve senior citizens in local 4-H programs and also in helping youth to understand problems of aging and what can be done to help the senior citizen.
- Through 4-H community service projects, 4-H members are providing assistance to senior citizens in their homes or providing special programs for senior citizens in nursing homes and other institutions for the aged.

Some current examples of 4-H programs involving senior citizens include:

4-H has been working with the American Association of Retired Persons (AARP) for several years in developing the generations alliance program (an intergenerational understanding program). At present an evaluation of current programs where 4-H'ers and senior citizens are interacting, is being conducted by a 4-H intern in cooperation with AARP, procedures analyzed, accomplishments identified, and recommendations developed for future cooperative efforts.

In several New York counties, work is being done on intergenerational relationships through the generations alliance program of AARP and through heritage projects, e.g., written and oral recording of community history by youth interviewing senior citizens about community and personal activities in years past.

In Clay County, Ala., 4-H teenagers participated in a program to develop appreciation for senior citizens in the county as well as provide a service for them. Purpose was to help 4-H'ers gain a sense of empathy with the elderly, understand the aging process and other problems that arise through inter personal intergroup contact with senior citizens. Each member of the club agreed to adopt a grandparent for a 6-month period. During this time, he or

she visited the person on a regular basis and assisted with small jobs, transportation and other needs of senior citizens. Results were very gratifying with both teenagers and senior citizens learning much from each other. Everyone involved thought the program was very successful and other counties plan to conduct similar activities this year.

Also in Alabama, 174 4-H members conducted foods and nutrition demonstrations for the elderly at the title VII nutrition sites. A similar program was reported in Des Moines County, Iowa. In Tama County, Iowa, 4-H cooperated with the schools and the food stamp distribution center to promote purchase of nutritious foods and improve the image of food stamps through a poster contest. Many of the recipients of this program were the elderly. Arkansas 4-H is continuing to have good results through their "4-H adopt a grandparent" program. Overall purpose of this program is to reestablish lines of communication between youth and senior citizens. Through this program, senior citizens have an opportunity to work closely with 4-H members on their projects, sharing their knowledge and experiences with 4-H members. 4-H members are not only benefiting by this sharing, but senior citizens are given a chance to feel useful and to regain feelings of self-worth.

Many State 4-H programs are utilizing the materials developed as a result of the 4-H and senior citizen volunteer project conducted by Texas in cooperation with Extension, USDA, special needs funds. A publication, "Seniors & Kids Involved in Learning Life's Skills" serves as a guide for county Extension agents on how to involve older adults in 4-H programs—outlining methods for initiating programs involving senior citizens, suggesting special considerations for working with older adults, offering guidelines for short-term 4-H projects, identifying needs of older adults that can be met by working as a volunteer in 4-H programs and at the same time identifying needs of youth that can be met through involvement with older adults.

A program called "Mountain Explo" in Jefferson County, Colo., organized cooperatively by Extension 4-H and the county's retired senior volunteer program has had good results. RSVP senior citizens join 4-H and Red Cross teen volunteers in leading younger children on 1-day summer camps designed to develop in children an awareness of and respect for their environment. Each child spends a full day with senior citizens in the mountain program. After receiving on-site training from park rangers, RSVP volunteers share their special knowledge—whether it be rocks or wild flowers. Mountain Explo fits right into the RSVP program since it enables volunteers to do something very worthwhile for the community. After the program's first year, the volunteers encouraged the 4-H staff to expand the program to include disadvantaged youth. In cooperation with schools, children with reading difficulties were selected for the second year of the program, involving an enrollment of 500. With schools providing transportation, cost for each child was minimal. The wildlife division of the Department of Education provided free study materials. Vocabulary lessons related directly to the environment.

4-H program assistants in Davidson County, N.C., have set up two reading rooms in low income housing developments and recruited retired teachers to staff them. Books and reading materials for this 4-H book program have been donated by various publishers. A film program was set up weekly during the summer months with the help of the county library. This program is reaching 100 youth per week with four volunteers and providing books to children who don't have them at home and are unable to go to the public library.

A Maryland 4-H program for the elderly, "project share" was developed in cooperation with the National Council on Aging, AARP, the University of Maryland Department of Agriculture and Extension Education, and the national 4-H council. This program is designed to bring about more successful interaction and greater sharing between the youth and elderly in selected Maryland communities. For example, an elderly man may teach a young man to play the guitar and in exchange the young man cuts his lawn.

In Kennebec County, Maine, county staff are cooperating with schools and churches on a geri-kid program in community nursing and boarding homes for the elderly. Primary goal is to provide opportunity for constructive exchange between young and old. To date, several hundred youths between the ages of 12 and 15 have participated. Youth serve a minimum of 3 hours per week as volunteers in the nursing and boarding homes. They are given a 12 to 15 hour training course before assuming such duties as assisting with feeding, reading, writing

letters, exercise programs, activities programs, and rehabilitation activities. Kennebec County staff have worked closely with the nursing and boarding facilities in the development of the program and with the Kennebec 4-H Leaders' Association to help develop the program with Extension 4-H resources.

In Emery County, Utah, 4-H members conducted a project at the local nursing home. The project involved raising a vegetable garden near to the nursing home where patients had an opportunity to become involved in the garden if they chose. Many nursing home members took turns with 4-H members in caring for the garden. At the end of summer, vegetables were given to patients in the nursing home for their benefit and nutrition.

Members of the Cato 4-H Club (Mississippi) are involved in a program to adopt senior citizens in their community. They divide their club into four groups—each group including 4 to 6 youth and at least one senior 4-H member who is responsible for arranging transportation for the group and keeping dates for the senior citizens they have adopted. Each week after school or on week-ends, members of the 4-H Club visit their adopted friends and help with odd jobs about the home.

In another Mississippi County, a 4-H Club responded to a need for a meeting place for senior citizens. Cooperating with other community agencies, 4-H members cleaned and painted an old school building for a community center to be available for senior citizen programs as well as other community needs.

4-H members in Lenawee, Mich., helped with house repairs and odd jobs for senior citizens too infirm to do their own repairs. Similar efforts are being done by 4-H members throughout the country.

FARMERS HOME ADMINISTRATION (FmHA) SECTIONS 502 AND 504 RH LOANS

The Farmers Home Administration has two rural housing loan programs available to elderly who live in rural areas.

Section 504 rural housing loans are available to qualified low-income applicants to make basic repairs necessary to remove health and safety hazards. This includes such items as roof repair, storm windows, and doors, insulation, water systems, and waste disposal systems. The maximum loan is \$5,000 and the interest rate is 1 percent. For the fiscal year 1979, \$24 million is available for 504 loans. For elderly applicants who do not have repayment ability for a 1 percent loan, grant funds may be available for necessary improvements. Nineteen million dollars are available in fiscal year 1979 for the grant program. This compares with \$9 million available in 1978.

Elderly applicants may also be assisted under the section 502 loan program. Such loans are available to build, purchase or rehabilitate modest homes that are adequate to fit the needs of the applicant. The interest rate on section 502 loans is currently 8.75 percent, with a maximum repayment period of 33 years. For low-income applicants, reduced interest rates are available to as low as 1 percent depending on income, number of people in the household, amount of loan installment, real estate taxes, and property insurance. Seventy percent of the \$2.867 billion available for section 502 loans in fiscal year 1979 is allocated to applicants who will qualify for the reduced interest rates.

Farmers Home Administration regulations are currently in process of revision. Under consideration is a provision to allow for adequate space to include elderly family members, such as parents or grandparents, as a part of the household.

RURAL RENTAL HOUSING

The section 515 rural rental program provided 34,300 units for \$676 million in loan obligation during fiscal year 1978. Of these, approximately 30 percent were for the elderly. Many of these units were subsidized with FmHA rental assistance or the Department of Housing and Urban Development (HUD), Section 8 assistance payments. Under these programs, low-income elderly households are required to pay up to 25 percent of their income for rent, including utilities. If their income is too low to enable them to pay the market rent, these subsidies make up the difference.

For fiscal year 1979, FmHA has budgeted \$868 million for rural rental housing and \$425.5 million for rental assistance. FmHA has also received from HUD \$10,000 units of Section 8 set-aside to be used with the rental housing program. The FmHA State directors are working on a State by State basis with their HUD counterparts to determine the ratio of elderly units to family and large family units subsidized by section 8 assistance.

ADVOCACY

FmHA has assumed a leadership role in advocating for improved services for the rural elderly. A staff position has been designed with this objective as its primary function. Some of these advocacy efforts include the following:

(1) Testimony presented on behalf of the rural elderly by the Assistant Secretary for Rural Development at the oversight hearings on the Older American Act.

Several of the recommendations made were incorporated into the new amendments. For example, it was suggested that a study be conducted to examine the inaccessibility of services as well as increased costs of delivering services to the rural elderly. The Federal Council on Aging has been asked to conduct such a study. It was also recommended that additional support be provided for model and demonstration efforts that offer alternatives in reaching the elderly outside the cities.

(2) Dissemination of information to congressional members and staff persons with concern for the aged.

FmHA provided data on the rural urban differences in service delivery which impacts on the quality of life for the rural elderly. FmHA's efforts were cited by Senator Domenici and contributed to the mandate by the Administration on Aging that State agencies on aging spend additional funds in rural counties of the States.

(3) National Strategy Meeting on Rural Aging.

The Farmers Home Administration sponsored a national strategy meeting on rural aging which was held in Des Moines, Iowa, January 29-February 2, 1979. The purpose of the meeting was to bring together persons from the field who have expertise in rural aging and related areas to develop sound recommendations and alternatives to improve the quality of life for the rural elderly. The meeting was convened by the Iowa Lakes Area Agency on Aging, the grantee, and the National Association on Area Agencies on Aging. One of the outcomes of the meeting was the adoption of a resolution to form an ad hoc coalition on rural aging to bring the problems of the rural elderly to the attention of executive agencies, congressional members, and the White House. It is expected that the coalition will play a major role in the implementation of the recommendations made at the national meeting and will also have a substantial role at the 1981 White House Conference on Aging.

The Farmers Home Administration has assumed the leadership role at the Federal level for bringing national attention to the special problems of this target group. Our efforts have received the support of other agencies, the White House, and the Congress as evidenced by the attendance and participation at the meeting of executive branch agencies, congressional members, and staff representation from the White House. This is the first national meeting with primary concern for the elderly who reside outside the cities.

FOOD AND NUTRITION SERVICE

JANUARY 29, 1979.

DEAR SENATOR CHILES: This is in response to your December 1, 1978, letter to Secretary Bergland. We are enclosing two copies each of summaries on food assistance programs directly related to the elderly. The food stamp and food distribution programs are administered by the Food and Nutrition Service and afford specific benefits to our senior citizens in several ways. These summaries outline those methods.

ROBERT GREENSTEIN,
Acting Administrator.

Enclosures.

FOOD STAMP PROGRAM

Primary among the concerns of Congress, the Department, State, and local program administrators, and community groups is the low participation of the elderly in the food stamp program. Many believe the elderly have substantial problems which prohibit them from participating in the program. The problems include lack of transportation, complex and confusing program rules, and restrictive income and resource limitations. In addition, the welfare stigma is consid-

ered by many to deter program participation. According to the most recent survey conducted by the Department in September 1976, there are 996,000 elderly persons (age 65 and over) in the food stamp program. Because of the concern expressed by so many, Congress included several provisions in the Food Stamp Act of 1977 to raise the low participation of the elderly, which is between 40 and 50 percent of the total number eligible to participate in the food stamp program.

The first major program change has been accomplished. The purchase requirement, widely attacked as a barrier to food stamp participation, was eliminated on January 1, 1979. As the new Food stamp program is implemented, the following changes will be made: First, the exemption age for work registration will be lowered from 65 to 60 years. Second, a 12-month certification period can be assigned to households consisting entirely of elderly, as well as unemployable or self-employed, persons. Third, the use of authorized representatives during the certification process will be encouraged. Fourth, mail service, telephone interviews, and/or home visits will be used to certify those persons who, because of age, disability, or transportation problems, are unable to reach a certification office. And, fifth, the resource limit will be raised from \$1,500 to \$1,750 per household. This includes households made up of only one person. This increase in allowable resources should be a tremendous asset to the elderly as 63.7 percent of all elderly reside alone according to the Department's 1976 household characteristics survey. (The resource limit remains at \$3,000 for households of two or more people when at least one person is over 60 years old.) On the other hand, the new law removes categorical eligibility, therefore, supplemental security income (SSI) participants will be required to satisfy the same eligibility standards as all other food stamp participants. Regulations implementing these provisions were published in the Federal Register on October 17, 1978. As a result of this final rulemaking, all States must begin implementing the new eligibility and benefit determination rules no later than March 1, 1979.

The Food Stamp Act of 1977 also provides that SSI applicants and participants be permitted to apply for food stamps at the social security office in conjunction with their application for SSI benefits. Regulations for implementing this requirement are being developed with the Department of Health, Education and Welfare and will be published in the Federal Register as proposed rulemaking for public comment at a later date.

Further, under the 1977 Food Stamp Act, the Department is authorized to conduct various demonstration projects, one of which involves the payment of cash rather than food coupons to households consisting either entirely of members who are 65 years old or members entitled to SSI benefits. The project is a response to the belief that the low program participation rate among this target population is due to the welfare stigma these households associate with the use of in-kind benefits such as food stamps. The project will test the feasibility of providing cash in lieu of food coupons to these households as a means of improving the participation of and service to these households.

The cash-out project will be conducted in 14 project sites chosen from among the seven FNS administrative regions and will be operational for a period of 1 year. Project operations are scheduled to begin during August of this year. Proposed regulations, which will govern the operation of the project, and a notice of intent, which will solicit the participation of State welfare agencies in the demonstration project, are in the final stages of preparation. The results of the study will be forwarded to Congress for consideration in determining the feasibility of implementing the cash-out procedure for handicapped and elderly households on a nationwide basis.

Under this same authority, the Department is currently conducting a demonstration project in California, the SSI conversion project. The project was undertaken in September 1978 to avert a potential crisis resulting from the loss of the State's cash-out status.

Under the project, SSI households are certified as separate households and provided the appropriate food stamp allotments. Certification of and issuance to SSI household members are automated by applying the new income and benefit computation formulas to SSI stored data, and direct mailing of benefits to households from centralized State-run location.

The conversion project was initially scheduled to operate for 10 months. However, the recent passage of P.L. 95-458 (the Corman-Cranston Bill, H.R. 1337), which amends P.L. 93-233 to reinstate California's cash-out status, officially terminates the SSI conversion project on February 1, 1979. The California

Department of Social Services will be conducting an evaluation to determine the applicability of the project procedures in other locales.

The Food Stamp Act of 1977 and the food stamp program regulations published September 22, 1978 include other provisions to assist the elderly and the handicapped. The law and regulations provide for the use of food stamps by participants age 60 and over and their spouses to purchase meals from certain public and private communal dining facilities. Communal dining facilities which are eligible for authorization to accept food coupons include senior citizen's centers, apartment buildings occupied primarily by elderly persons or SSI recipients and the spouses, public or private nonprofit establishments (eating or otherwise) that feed elderly persons or SSI recipients and their spouses, and federally subsidized housing for the elderly at which meals are prepared for and served to the residents, and any other public or nonprofit private establishment approved for such purpose by the Department.

In addition to the facilities listed above, private establishments which have contracts with State or local agencies to prepare and serve (or deliver) low-cost meals to elderly persons and SSI recipients (and, in the case of meal delivery services, to elderly persons or handicapped persons) and their spouses during regular or special hours may be authorized to accept food coupons. Therefore, the only private facilities which will be considered for authorization to participate in the food stamp program are those that are nonprofit or that have a contract with a State or local agency.

As of September 30, 1978, there were 1,973 nonprofit meal delivery services, 6,063 nonprofit communal dining facilities and 568 commercial dining facilities (restaurants) for the elderly.

In closing, outreach will continue to play a major part in the food stamp program. There is a clear need for accurate information about the program to be disseminated to low-income families. This is especially true because the Food Stamp Act of 1977 drastically changes eligibility requirements and procedures. Elderly persons as well as any low-income individual should be informed about how the "new" program will work. To accomplish this goal, States are informing the public about the changes mandated by the new Act, particularly EPR and the new financial eligibility criteria. At the end of this period of transitional outreach, the States will resume their ongoing outreach efforts. The Department is currently developing revised instructions covering ongoing outreach, i.e., informing low-income households of the availability and benefits of the food stamp program. The guidelines will be based on previous experience in conducting outreach and on the Food Stamp Act of 1977.

In our plans for 1979, careful consideration will continue to be given to the situation of senior citizens.

FOOD DISTRIBUTION PROGRAM

An amendment to title VII of the Older Americans Act of 1965, Public Law 93-351, enacted July 12, 1974, had a significant impact on USDA food donations to nutrition program for the elderly funded under the act by the Department of Health, Education, and Welfare. This legislation set the minimum level of donated food assistance to these programs at 10 cents per meal (subject to annual adjustments for increased food service costs) and required USDA to give emphasis to purchasing high protein foods, meat, and meat alternates.

Subsequently, Public Law 94-135, enacted November 27, 1975, amended the Older Americans Act to expand the food donation authority to maintain an annually programmed level of food assistance to title VII projects of not less than 15 cents per meal in the fiscal year ending on September 30, 1976, and not less than 25 cents per meal for the fiscal year ending on September 30, 1977. Applying the annual adjustment for increased food costs, this resulted in 16½ cents per meal for fiscal year 1976 and 27¼ cents per meal for fiscal year 1977. This legislation further provided, "... in any case in which a State has phased out its commodity distribution facilities before June 30, 1974, such State may, for purposes of the program authorized by this act, elect to receive cash payments in lieu of donated foods . . ." Kansas was the only State eligible to qualify under this provision. However, Public Law 95-65 enacted on July 11, 1977 extended the option for cash payments in lieu of donated foods to all States without regard to the termination of State food distribution facilities. With the programmed level of assistance at 29¼ cents a meal in fiscal year 1978, 21 States

ected to receive their entitlement in all cash payments; 18 elected to receive only donated foods; whereas 17 States requested a combination of the two. In fiscal year 1978, approximately \$18½ million in donated foods and over \$22 million in cash payments were provided to some 1,000 elderly feeding projects with over 10,000 sites serving an estimated 130.4 million meals in fiscal year 1978.

With the enactment of Public Law 95-478 on October 18, 1978, social service functions and the title VII congregate feeding program were integrated under an expanded title III. In addition to the consolidation of services under this title, emphasis was included in the law to provide meal delivery services to the home bound elderly along with the continuation of congregate feeding. Both of these meal services are eligible for food donations or cash-in-lieu payments at the new legislated level of 30 cents a meal for fiscal year 1979, 1980, and 1981 as adjusted annually in the food-away-from-home series of the Bureau of Labor Statistics. Based on this adjustment, food donations or cash-in-lieu payments are being provided on the basis of 38½ cents a meal in fiscal year 1979.

Aside from elderly feeding programs administered by the Administration on Aging, USDA makes a limited variety of foods obtained through price-support activities available to public or private charitable institutions which may be serving senior citizens. Among the institutions which are eligible to receive food to the extent of the number of needy persons served, are nursing homes, senior citizens centers and meals on wheels programs. In fiscal year 1978, there were over 7,000 institutions receiving food donations for an estimated 800,000 needy persons.

ITEM 2. DEPARTMENT OF COMMERCE

JANUARY 29, 1979.

DEAR MR. CHAIRMAN: The enclosed report summarizes the Department of Commerce activities during 1978 related to the aging. I trust the information will be useful to the Senate Special Committee on Aging and other organizations or persons concerned with the elderly.

With warm regards,
Sincerely,

JUANITA M. KREPS.

Enclosure.

PROGRAMS FOR THE AGING—1978

STATISTICAL RESEARCH, DATA, AND REPORTS

The following reports were issued by the Bureau of the Census in its "Current Population Reports" and other publication series during 1978. The reports contain information about the demographic and socioeconomic characteristics of the population. Many of the "Current Population Reports" will be updated in 1979.

Current Population Reports

Series P-20

<i>No.</i>	<i>Title</i>
314	___Educational Attainment: March 1976 and 1977.
322	___Voting and Registration in the Election of November 1976.
323	___Marital Status and Living Arrangements: March 1977.
324	___Population Profile of the United States: 1977.
326	___Household and Family Characteristics: March 1977.
327	___Households and Family by Type: March 1978 (Advance Report).
328	___Persons of Spanish Origin in the United States: March 1978 (Advance Report).
329	___Persons of Spanish Origin in the United States: March 1977.
331	___Geographic Mobility: March 1975 to March 1978.

Series P-23

<i>No.</i>	<i>Title</i>
64	___The Geographic Mobility of Americans: An International Comparison.
69	___1976 Survey of Institutionalized Persons: A Study of Persons Receiving Long-Term Care.
75	___Social and Economic Characteristics of the Metropolitan and Nonmetropolitan Population: 1977 and 1970.

*Current Population Reports—Continued**Series P-25*

<i>No.</i>	<i>Title</i>
721	Estimates of the Population of the United States by Age, Sex, and Race: 1970-1977.
734	Estimates of the Population of States, by Age: July 1, 1971 to 1977.

Series P-27

<i>No.</i>	<i>Title</i>
51	Farm Population of the United States: 1977.

Series P-60

<i>No.</i>	<i>Title</i>
109	Household Money Income in 1976 and Selected Social and Economic Characteristics of Households.
110	Money Income and Poverty Status in 1975 of Families and Persons in the United States and the Northeast Region, by Divisions and States (Spring 1976 Survey of Income and Education).
111	Money Income and Poverty Status in 1975 of Families and Persons in the United States and the North Central Region, by Divisions and States (Spring 1976 Survey of Income and Education).
112	Money Income and Poverty Status in 1975 of Families and Persons in the United States and the South Region, by Divisions and States (Spring 1976 Survey of Income and Education).
113	Money Income and Poverty Status in 1975 of Families and Persons in the United States of Income and Education).
114	Money Income of 1976 of Families and Persons in the United States.
115	Characteristics of the Population Below Poverty Level: 1976.
116	Money Income and Poverty Status of Families and Persons in the United States: 1977.

*Current Housing Reports**Series H-150-76*

Annual housing survey:

- Part A.—General Housing Characteristics for the United States and Regions: 1976.
- Part C.—Financial Characteristics of the Housing Inventory for the United States and Regions.
- Part D.—Housing Characteristics of Recent Movers for the United States and Regions.
- Part E.—Urban and Rural Housing Characteristics for the United States and Regions.

Other Reports

Special reports and papers prepared by the Census Bureau include the following:

Geographical Patterns in Selected Aspects of the Living Arrangements of the Elderly: 1970 Census Data for States, HEW Regions, and the United States.

A Microsimulation Approach to Mortality and Aging for Population Projection.

Recent and Prospective Demographic Trends for the Elderly Population and Some Implications for Health Care.

Demographic Background for International Gerontological Studies.

In addition to the foregoing, a member of the Census Bureau's population analysis staff provided testimony at a joint hearing of the Select Committee on Population and the Select Committee on Aging, U.S. House of Representatives. The topic was "Prospective Trends in the Size and Structure of the Elderly Population, Impact of Mortality Trends and Some Implications." Written responses were provided to questions from members of the Joint Committee.

The National Technical Information Service (NTIS) sells the technical report "The Elderly" (Social Health and Transportation Problems and Services), Volume I, NTIS-PS 77/0672; and Volume II, NTIS-PS 77/0673. The report primarily treats topics on social services, health, housing, and transportation problems.

Another NTIS report, "Transportation for the Elderly or Physically Handicapped," NTIS-PS 77/0713, contains abstracts of reports on transportation difficulties and designs as they relate to the aged and handicapped population. The source documents were submitted to NTIS by both Federal and non-Federal organizations.

BUSINESS ASSISTANCE

District Offices of the Bureau of Field Operations, Industry and Trade Administration, have been assisted by the Service Corps of Retired Executives (SCORE). One of the primary missions of the district offices is to provide technical business assistance to private companies. Lack of sufficient resources, however, has often limited the amount of help the Offices could provide. With the help of SCORE personnel, who were given detailed business information, an expanded assistance program has been possible. SCORE has participated in such activities as seminars on international export promotion and the development of business plans.

The district offices also maintain contacts with the various state departments of labor and industry. One reason for this continuing contact is to provide the public with information that would be helpful in the establishment or expansion of small firms. Special attention is given the elderly.

SAFETY

The Center for Fire Research of the National Bureau of Standards is conducting a research program that will benefit the aging. It is :

To develop life safety systems for the type of buildings frequently used by the elderly ; e.g., hospitals, nursing homes, and other institutional facilities. The program is focusing on six elements of life safety : (1) Decision analysis ; (2) behavior in fire emergencies ; (3) alarm and communication systems ; (4) smoke control systems ; (5) fire and smoke detectors ; and (6) automatic extinguishment. This work is supported by and done in conjunction with the Department of Health, Education, and Welfare and has been underway since 1975.

The United States Fire Administration (USFA) continued a research project on fire prevention methods and standards for nursing homes and hospitals. The project began in 1976 and is expected to continue through 1979.

A second USFA project which continued throughout 1978 was a public education program directed toward fire prevention among the elderly, who have the highest rate of injury and death from fire. The program couples written materials with radio and TV spots.

During 1978 USFA implemented a nationwide program to include the elderly in fire prevention home inspections conducted by local fire departments.

The National Weather Service of the National Oceanic and Atmospheric Administration (NOAA) publishes daily weather forecasts which are very useful to all citizens. Specifically, this information is extremely important to the elderly. The forecasts of severe storms, extreme heat, pollution index, floods, tornadoes, and hurricanes provide advance information which helps less mobile older citizens plan and act on ways to avoid predicted weather which could cause a crisis. For long range planning, NOAA's Environmental Data Service (EDS) makes information available concerning weather trends in various regions of the country.

PATENTS

The Patent and Trademark Office continued the procedure that permits patent applications from applicants who are 65 years of age or older to be "made special." This procedure allows the patent application to be taken up for examination earlier than its effective filing date would normally permit (Section 708.02, Manual of Patent Examining).

Patents issued on some compositions or devices having a useful or beneficial effect on diseases or other medical problems have a greater impact on the aging than on the general population. Patents in this category which were issued during 1978 are the following :

- No. 4,070,483----- Method of administering a human ocular treating agent and product thereof.
- No. 4,071,293----- Contact lens and method of making same (Bifocal lens).
- No. 4,071,629----- Novel pharmaceutical compositions and method for treating psychasthenia (a state of neurosis manifested by fear, anxiety, or a feeling of strangeness).
- No. 4,073,578----- Spectacle lens for aphakia (absence of lens of eye) patients.

- No. 4,085,218----- Elevating mood in Geriatric patients.
 No. 4,088,778----- Method for the treatment of hypertension.
 No. 4,095,878----- Soft contact lens with flattened region for automatic orientation.
 No. 4,096,254----- Method of treating the symptoms of menopause and osteoporosis (degeneration of bone due to mineral loss).

HEALTH AND RECREATION

For almost 50 years the National Bureau of Standards (NBS) has maintained the national standards for measurement of exposure of people to X-rays and gamma rays for medical purposes. This includes diagnostic procedures to detect problems such as cancerous growths, and therapeutic procedures to attempt cures of the problems. As people grow older, the probability of diseases which require such procedures increases.

A similar situation exists with regard to the use of radiopharmaceuticals, which are radioactive materials applied internally to the human body, primarily for diagnostic procedures. Since these procedures are used for a variety of illnesses, they are applied to approximately one-fourth of hospital patients. Again, since older people have more illnesses, they make more use of these services. NBS routinely provides samples of radiopharmaceuticals which are used as measurement standards so that a safe, but effective, amount can be administered to the patient.

The NBS Center for Consumer Product Technology initiated a study on blood pressure measuring devices, which are vital to the aging. The study will assess and compare the differences in detection criteria as employed by electronic sphygmomanometers and medical professionals.

Another NBS project relates to the accurate and precise compositional analysis of body tissue and fluids, which is essential to optimal health care for the aged since it provides a physician or surgeon with the information necessary for making better diagnostic and treatment decisions. Because of the poor accuracy inherent in many chemical methods used by clinical laboratories, discrepant results are obtained. This can confuse the physician and sometimes cause an erroneous diagnosis. Laboratory tests must often be repeated because of discrepant results. This places a significant financial burden on elderly patients since charges for these retests must also be made. In order to improve the accuracy of clinical laboratory measurements and therefore the comparability between laboratories throughout the U.S., the NBS is actively involved in research and development efforts which lead to: (1) New and/or improved methodology which can be used by these laboratories, and (2) standard reference materials such as cholesterol, urea, glucose and serum albumin have made a profound impact in the diagnosis of heart disease, gout, and arthritis, diabetes and serum protein, respectively.

NBS also has on-going research and development efforts which are helping this Nation meet its goal of protecting and enhancing the quality of the environment so as to promote the public health and welfare of its population. For example, the detection of undesirable impurities in the nation's water and air resources can have profound impact on consumer health. Many forms of disease or illness could result, especially to the elderly, from "contaminated" environment. Major contributions have been made by NBS in the environmental monitoring area. There is increased demand for NBS to continue and improve the accuracy and precision of compositional analysis in health, environment, and industry so that citizens, particularly the aged, can live in a healthy environment and receive optimal health care.

At the National Oceanic and Atmospheric Administration both the National Marine Fisheries Service (NMFS) and the National Ocean Survey (NOS) provide information that can be of importance to those retired citizens who wish to take part in marine recreational activities such as fishing and boating. Such information is supplied through recreation guides, charts, and other publications. Another NMFS publication is a monthly guideline pertaining to the "best buys" on fish for each geographic region. This informs the elderly of less expensive ways to fill their diet with high protein food.

ITEM 3. DEPARTMENT OF DEFENSE

JANUARY 18, 1979.

DEAR MR. CHAIRMAN: This is in reply to your letter of December 1, 1978, requesting information on Department of Defense actions and programs related to aging.

The Department of Defense continues to operate one of the most comprehensive retirement planning programs for civilian employees in the Federal Government. Integrated into the overall personnel management process, our program is designed to assist employees in their adjustment to retirement and to assist management in planning for replacement manpower needs. Retirement planning programs make it plain that employees are not being pressured to retire. These programs offer counseling for employees (and in many instances their spouses) on such subjects as financial planning, health needs, leisure time activities, living arrangements, and personal guidance. Included is a program of trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue the operation of this program through 1979.

The military departments and Defense agencies, in cooperation with community health officials, have continued to provide multiphasic occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorders, immunizations, and treatments. We plan to continue to provide these services to employees to the maximum possible during 1979.

Within the Department active and continuing efforts are conducted to eliminate discrimination based on age. Such efforts include the deletion of date of birth from career records and the elimination of age criteria for training courses and incentive awards. There is also carried out a continuing examination of personnel regulations to assure that age is not used as a selection criterion or screening factor in other personnel actions and that policies, practices, and procedures are not in conflict with the goal of equal employment opportunity.

The Department of Air Force has instituted a management employee communications program to stress positive employment factors such as job challenge and opportunity for advancement which includes the information that older employees are to be encouraged to pursue a career path of their choosing. That agency is optimistic that emphasis on positive employment factors and less emphasis on retirement will prove beneficial by reducing the high cost related to attrition.

In summary, the Department of Defense operates a comprehensive retirement planning program for civilian employees, provides extensive health care services to employees, and carries out an on-going, affirmative action program to preclude discrimination based on age. These program efforts will be continued in 1979.

Sincerely,

CARL W. CLEWLOW,
Deputy Assistant Secretary of Defense
(*Civilian Personnel Policy*).

ITEM 4. DEPARTMENT OF ENERGY

FEBRUARY 9, 1979.

DEAR MR. CHAIRMAN: In response to your request of December 14, 1978, to Secretary Schlesinger, we are pleased to summarize major Department of Energy (DOE) activities in 1978 which affected the aging. DOE's efforts in 1978 spanned five broad categories: Policy initiatives; programs directly involving service for or by the elderly; data initiatives; public participation; and biological research on aging.

Before reviewing DOE efforts in these specific areas, it should be stressed that a wide-range of Departmental programs and policies have as their immediate

or long-term objective the assurance of adequate, reasonably priced energy supplies. The achievement of these goals is, of course, critical to the Nation as a whole, but is particularly urgent for senior citizens and disadvantaged Americans whose resources are strained by energy and energy related impacts on the economy. Energy conservation, increased production of domestic fuels in lieu of more expensive and insecure imports, utility rate reform, the development of renewable resources, energy development impact assistance efforts, incentives through tax credits and many other aspects of energy policy have significant implications for older citizens. The following specific programs and activities are of particular relevance:

POLICY INITIATIVES

The Department's single highest priority in 1978 was to assist the Congress in deliberations which resulted in passage of the National Energy Act. With passage of the act, the Department is now responsible for implementing most of its major provisions. Several aspects of the act will have major impacts on the senior citizens of this Nation and the Department will strive to make sure those impacts upon the aging are both positive and equitable. Those new provisions which will most immediately affect senior citizens are:

(1) Utility rate reform activities in each State will encourage each public service commission to address the equity of rate structures and certain regulatory practices. The standard regarding termination of utility service and the required consideration of lifeline rates directly affect senior citizens. The Administrator of the Economic Regulatory Administration addressed the hardship of service termination by writing each State regulatory authority and urging early consideration of this regulatory standard before the 1978-1979 heating season.

(2) Tax credits for conservation and solar home improvements (senior citizens are the largest single population subgroup which own their own homes).

(3) Federal support of loans for conservation and solar home improvements with priority given to the elderly and moderate income families.

PROGRAMS IMPACTING THE ELDERLY

Several DOE operating programs have direct or indirect impact on the aging:

(1) *Weatherization program.*—In 1978, the weatherization assistance program awarded over \$64 million in grants to States and 24 Native American tribal organizations for weatherizing homes of low-income persons, particularly elderly and handicapped low-income persons. Reports for the quarter ended September 30, 1978, indicate that 72,500 low-income homes were weatherized and that the majority of those dwellings were occupied by the elderly.

(2) *The appropriate technology small grants program.*—This program which is intended to provide small grants to individuals, small businesses, local non-profit organizations for developing community energy technology or techniques can benefit the aging. For instance, the Yavapac Council for the Aging in Prescott, Ariz., has developed a solar hot water project. Region VII (Kansas City), using another approach, is negotiating with their local Service Corps of Retired Executives (SCORE) to provide the technical feasibility review of AT grant proposals submitted to that region.

(3) *Other grant programs.*—Grants to nursing homes and hospitals to accelerate conservation in those institutions, should indirectly assist senior citizen users of those public institutions, by curbing somewhat the rapidly rising energy costs of operating those institutions.

The DOE grant program to State offices of consumer services has, in several States provided pass through funding to senior citizen organizations wishing to represent the aging in State utility rate proceedings.

(4) *Publications.*—Indirect benefits to senior citizen users of health care facilities may occur as health facility administrators voluntarily use four specialized DOE health publications. They are: "Total Energy Management for Hospitals," "Total Energy Management for Nursing Homes," "Identification of Energy Issues in Health Care," and "Literature Search for Energy Issues in Health Care."

The DOE publication "Winter Survival," although useful for persons of all ages, has been requested in particularly large numbers by groups representing the elderly. For example, the Ohio Commission on Aging alone has distributed 4,000 copies to senior citizens. During 1978, 750,000 copies of this booklet were

distributed and another 500,000 copies have been made available for the winter of 1979.

DATA INITIATIVES

The Energy Information Administration has identified two analysis activities undertaken in 1978 which might be of interest. These are: a human resources data system and an analysis of projected household energy expenditures in 1985.

The computer model, "Micro Analysis Transfers to Household/Comprehensive Human Resources Data System (MATH/CHRDS)" arrays data for analyzing the expenditure impact on elderly households (and those of other population subgroups) of changing national energy prices and other broad energy policy directions. The model can assess impacts of future energy trends and policies across many socioeconomic variables such as age, race, sex, income, and location. It also describes ways in which important energy related household characteristics may change over time in response to economic, demographic, and energy changes. MATH/CHRDS was used as a fully operational computer model for the first time in 1978.

A key report analyzing household energy expenditures—including expenditures by the elderly—was prepared by EIA in 1978, based upon the Human Resource Data System. Titled, "A Distributional Analysis of 1985 Energy Projections for the Annual Report to Congress of the Energy Information Administration" (Pub. No. DOE/EIA-0102/18), this report provided data for 1974 and projections for 1985 on household energy expenditures. Data and projections include: average dollar amount of household energy expenditures; expenditures as a percentage of disposable income; and average household expenditures as a percentage of disposable income for all fuels, all home fuels, and gasoline.

PUBLIC PARTICIPATION ACTIVITIES

At the regional level of DOE special outreach activity occurred to improve senior citizen access to energy information. Summaries of regional efforts are appended as enclosure 1 to this report.

Substantive citizen, including senior citizen, input into key national public participation processes such as the domestic policy review of solar energy and the intergovernmental review of nuclear waste management has been excellent. However, the Department will try to increase participation by senior citizens or their representatives during 1979 National Energy Act public hearings through special outreach specifically targeted to them.

Finally, DOE has worked closely with the National Energy Coordinator of SCORE to facilitate delivery of energy information and assistance to the American small business community.

RESEARCH RELATED TO BIOLOGICAL AGING

The Department of Energy field laboratories conducted two categories of studies related to biological aging during 1978. Those categories were:

(1) Studies that produce data on physiologic and pathologic changes occurring in aging human and animal populations; and

(2) Studies directly concerned with clarifying the biological basis of aging.

A complete description of these research activities is appended as enclosure 2.

We are pleased to contribute to your annual review of Federal actions and programs related to aging.

Sincerely,

PHILLIP S. HUGHES, *Assistant Secretary,
Intergovernmental and Institutional Relations.*

Enclosures.

Enclosure 1

REGIONAL ACTIVITIES RELATED TO THE AGED DURING 1978

REGION I

The Administration on Aging shares membership on the New England Energy Task Force Consumer Impact Task Group (chaired by DOE) with other Federal agencies responsible for energy related services. For the fourth year this task group has published a "Guide to Federal Consumer Energy Assistance." Region I is also serving as a resource to the New Hampshire Forums on Energy and the Aging.

REGION II

DOE participated in two HEW consultation clinics for agencies and persons concerned with services to the elderly. Ongoing information services for elderly and other consumers included referrals for crisis intervention funding, weatherization, and energy saving/comfort tips.

REGION III

Energy saving information is distributed widely and regularly to social service agencies throughout the region, many of which serve the needs of elderly citizens. In addition, the region has conducted energy awareness day programs for the benefit of senior citizen groups and others and has engaged in efforts to assist elderly consumers to find help in cases of fuel interruptions and difficulty in meeting utility costs. Approximately 90 percent of the recipients of weatherization assistance in the region have been elderly citizens.

REGION IV

An exhibit and DOE publications were provided at the Tennessee Department of Aging, Governor's Conference on Aging. As a member of the Community Involvement Committee Task Force of the Federal Executive Board, the region helped to develop a tracking system illustrating how people in the seven-county Metro Atlanta area are affected by Federal income maintenance funds. Energy saving publications were provided to the Library of Congress; as a result of this effort, energy information is now available in large print, braille, and records for elderly and other vision impaired consumers.

REGION VI

Elderly and other consumers requesting weatherization or emergency energy assistance were provided information or referred to other agencies. The Federal Executive Board Committee on Consumer Affairs did a series of radio spots on Energy and other subjects of concern to the elderly in the Dallas-Fort Worth area.

REGION VII

DOE conducted three separate energy conservation presentations for the American Association of Retired Persons. Emphasis was placed on inviting low-income and elderly persons to testify at weatherization program public hearings.

REGION VIII

The Mountain Plains Congress of Senior Organizations was consulted by the region during production of a four-part consumer television series to make certain that interests and problems of the aging were included and addressed in the series. Development of a technical and information program for organizations representing the aging in utility rate reform was begun. Special efforts were made to include representatives of aging groups on hearing panels.

REGION IX

On-site workshops were held for senior citizens in Tucson and Phoenix, Ariz., in cooperation with local community action agencies. Similar activities were conducted in Nevada and California. Region speakers addressed senior citizen groups on energy conservation throughout the Region; large quantities of educational materials were also mailed to senior citizen groups. Workshops were held to assist social workers and CAP personnel in dealing with the energy problems of the elderly. As a member of the Community Services Administration finding committee, the region assisted in deciding allocation of emergency funds to senior citizens.

REGION X

High priority was placed on reviewing State weatherization plans to ensure adequate senior citizen service by the grantee. Nearly a fourth of potential applicants for the appropriate technology small grants program that the region personally assisted were elderly. Assistance to these elderly respondents included

advice on engineering feasibility and contacts with other private and government sources who might be interested in proposals. An active referral of senior citizen callers to agencies or utilities responsible for handling specific energy problems was provided as a service. The Washington State local chapters of the Retired Teachers Association regularly called on Regional staff as speakers. In addition to circulating insulating and weatherization pamphlets, the region also expanded the number of senior citizen groups or service agencies on its outreach mailing list.

Enclosure 2

RESEARCH RELATED TO BIOLOGICAL AGING

As in previous years, the Office of Health and Environmental Research (OHER) has administered a major program of research aimed at identifying and characterizing health impacts of the energy-producing technologies. In assessing energy related health impacts, it is particularly important to determine long-term and late-appearing health effects induced by chronic exposures to low levels of hazardous chemical or physical agents. Since health effects induced by chronic low-level exposures to toxic agents typically develop progressively over the entire life span or a significant fraction thereof, it is essential that such effects be clearly differentiated from functional decrements, morbidity patterns, and mortality that occur as a result of the aging process. To make a statistically valid differentiation between induced health effects and spontaneously occurring aging effects, detailed information on pathophysiologic changes occurring throughout the life span must be collected for both exposed and unexposed (control) populations of adequate size. Pathophysiologic data are collected from human populations whenever possible but primarily from controlled studies of animal populations. Studies conducted in this manner inevitably generate data describing age-related changes that occur in unexposed populations and in populations exposed to specific toxicants. Such data not only help to characterize the aging process but also define how sensitivity to hazardous agents may change with age. Given the importance of biological aging in the study of late-appearing health effects, additional studies are conducted in order to obtain a better understanding of the aging process itself. Thus, although the Department of Energy does not sponsor an organized program of research on the aging process, two categories of studies related to biological aging were conducted during 1978: (a) studies not directly concerned with biological aging but that produce data on physiologic and pathologic changes occurring in aging human and animal populations, and (b) studies directly concerned with elucidating the biological basis of aging.

Lifetime studies of human and animal populations constitute the major effort in the ongoing program of research related to biological aging. Because of an extensive and long-term involvement in lifetime animal studies, several Department of Energy laboratories are contributing information to the laboratory animal data bank that is being developed by the Battelle Columbus Laboratories under support from the National Library of Medicine and other Federal health agencies. The Department of Energy laboratories are providing data on life histories, pathology, hematology, and clinical chemistry obtained from control (unexposed) animals, both long-lived and short-lived, used in long-term studies. Five research scientists actively involved in lifetime animal studies sponsored by the Department are participating in the work of the National Academy of Sciences' Committee on Animal Models for Research on Aging. This committee was established in September 1977 to evaluate small vertebrates as animal models for research on aging.

As in previous years, research directly concerned with the aging process was conducted on a limited scale at several of the Department's contractor facilities. Particular interest has continued at the Argonne National Laboratory and the Oak Ridge National Laboratory. Interest at the Argonne facility focuses principally on the evolutionary comparative paradigm of aging and longevity in which genetic considerations play a prominent role. Mr. George A. Sacher of the Argonne staff served during the year as president of the Gerontological Society. The Oak Ridge program is oriented toward molecular and cellular studies including research on the error theory of aging. This program is conducted jointly with the University of Tennessee Graduate School of Biomedical Sciences and is partly supported by a training grant from the National Institute on Aging. Research on the aging process is also conducted at the Brookhaven National Laboratory, the

Lawrence Berkeley Laboratory, and elsewhere but primarily on a small scale and on a short-term of periodic basis.

Summarized below is research on or related to aging that the Department sponsored in 1978.

LONG-TERM STUDIES OF HUMAN POPULATIONS

These studies provide valuable data on health effects and life-shortening in human populations exposed to hazardous chemical and physical agents associated with the energy technologies. Additional information on life span and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selective basis.

The Radiation Effects Research Foundation (RERF), which is sponsored jointly by the governments of the United States and Japan, continued work on a large-scale lifetime followup of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study. Detailed clinical and laboratory studies as well as the collection of mortality and autopsy data are performed on both irradiated and control populations in order to identify diseases that have contributed to elevated morbidity and life-shortening among survivors. An important feature of the RERF program is the acquisition of valuable quantitative data on dose-response relationships. Useful data on genetic effects are also being collected. From time to time studies specifically concerned with age-related changes are conducted. Based on extensive data, it was recently reported that the "Effects of ionizing radiation on mortality are specific and focal, and principally carcinogenic. It lends no support to the view that ionizing radiation causes premature aging in man or that the carcinogenic effect is merely a part of general acceleration of aging."

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. The clinical followup has continued on a semiannual basis. Thyroid pathology, which has generally responded well to therapy or surgery, has been prevalent in individuals heavily exposed to radioiodine.

Nearly 2,000 persons exposed to radium occupationally or for medical reasons have been studied at the Center for Human Radiobiology, Argonne National Laboratory. Many individuals in the study receive medical and radiologic (dosimetric) examinations at the center. Autopsy data are obtained when possible. Current work emphasizes the study of persons with relatively low body burdens of radium. Valuable data on tumor induction by bone-seeking, alpha-emitting radionuclides such as radium-226 are being generated in this study. Of particular importance are quantitative dose-response data for tumorigenesis. The center recently initiated an epidemiologic study of a large worker population occupationally exposed to thorium (an alpha-emitting radioelement) by inhalation during the period from about 1935 to 1974. This study utilizes vital statistics, employment histories, and records from the Social Security Administration to evaluate health effects of internally deposited thorium. Medical and radiologic examinations are being conducted on 100 randomly selected workers. Data on both morbidity and mortality are being collected. The center is also conducting a followup study in a small group of exposed humans to evaluate late-appearing health effects of plutonium.

At the Los Alamos Scientific Laboratory, an epidemiologic study of plutonium workers, past and present, at six Department of Energy facilities is in progress. This study involves a lifetime surveillance of worker health and causes of death. An estimated 15,000-20,000 workers will be followed in the study of mortality data and at least one-third of these will also be studied further by collecting detailed morbidity and personal-history data periodically via questionnaires. Data on internal dosimetry are routinely collected in order to study dose-response relationships. Autopsy data are obtained through the U.S. Transuranium Registry (see below).

A population of some 170,000 past and present contractor employees at Department of Energy production and laboratory facilities is being analyzed in an epidemiologic study designed to assess health effects produced by long-term exposure to low levels of ionizing radiation. Worker populations at the Hanford

(Washington) and Oak Ridge (Tennessee) plants plus a smaller group of contractor employees at the Mound Laboratory (Miamisburg, Ohio) are the subjects of the study, which is directed by the staff at the Oak Ridge Associated Universities (ORAU) with assistance in data collection and processing from teams at each of the facilities that house the workers' records. The study involves the statistical analysis of work records, medical records, and vital statistics (including mortality data and causes of death). Radiation dosimetry as well as exposures to other toxic agents in the work environment are carefully evaluated.

The U.S. Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, collects occupational data (work, medical, and radiation exposure histories) as well as information on mortality and causes of death in worker populations occupationally exposed to plutonium or other transuranium radioelements. Detailed autopsy data are obtained on workers registered with the Foundation at the time of death. Every effort is made to obtain good dosimetric data on all registrants. At the present time, some 14,500 workers from 10 facilities are registered with the foundation, and 73 autopsies have been performed. The autopsy data are made available for use in ongoing epidemiologic studies such as the ORAU study of radiation workers and the Los Alamos study of plutonium workers.

Two lifetime studies of human populations occupationally exposed to hazardous agents associated with nonnuclear energy technologies have been initiated and are getting underway. One involves a large population (thousands) of workers in California who are routinely exposed to low levels of volatile hydrocarbons during their occupational activities in the petroleum transporting and refining industries. The incidence of cancer and respiratory diseases in these workers and a control population is being determined using health records, data from the California Cancer Registry, and findings from annual physical examinations. The other new project is an epidemiologic study of workers at the Paraho oil-shale retorting plant located at Anvil Points, Colo. In this case, a small population of about 100 workers exposed to oil-shale dust and fugitive emissions from the retorting process is being studied to identify possible work-related health effects. The study involves an occupational survey (medical records), industrial hygiene survey (in-plant monitoring of fugitive emissions), and periodic physical examination of workers.

LIFETIME STUDIES IN SHORT-LIVED MAMMALS

Although data from exposed human populations are indispensable in the assessment of health impacts associated with any hazardous agent, limitations inherent in human studies make it mandatory to acquire a substantial body of quantitative data from carefully controlled lifetime studies of animal populations. Reliable data from animal surrogates significantly enhance predictive capabilities. For purposes of comparison and a better understanding of variables affecting response patterns, data from both short-lived and long-lived mammals are needed.

Small rodents with life spans of 2-3 years (rats, mice, hamsters) provide lifetime data in a minimum of time and at low cost. Because of these advantages, rodent populations have been extensively used in large scale studies of late somatic and genetic effects induced by low doses of ionizing radiation. For example, at the Argonne National Laboratory and the Oak Ridge National Laboratory combined, more than 50,000 mice have been exposed to various doses of externally applied ionizing radiation delivered in different daily increments in order to characterize radiation-induced diseases and abnormalities that reduce the life span under various exposure regimes. These studies, in which both gamma and neutron radiations have been employed, continue to yield valuable information on the importance of dose rate and radiation quality as variables affecting mammalian responses to radiation stress. In addition, the careful study of control (unexposed) populations is providing valuable data on life span, morbidity patterns, and causes of death in unstressed animals. Additional lifetime studies of tumorigenesis and other late-appearing somatic effects of ionizing radiation in rodent populations have been carried out at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Los Alamos Scientific Laboratory, the Battelle-Pacific Laboratory, the Los Alamos Scientific Laboratory, the Battelle-Pacific Northwest Laboratories, the University of Utah, and the Lovelace Foundation's Inhalation Toxicology Research Institute. These studies have included work with various types of ionizing radiation delivered to the animal body from exter-

nal radiation sources and from internally deposited radionuclides. Approximately 30,000 rodents are currently under observation in lifetime studies at the above-mentioned laboratories. Included in the ongoing effort are studies involving external sources (neutrons, gamma radiation and heavy ionizing particles), actinide isotopes that are present in nuclear fuels (plutonium-239, uranium-232, uranium-233, and others), radium isotopes, and products of nuclear fission (including tritium and krypton-85).

Rodent populations are also utilized in lifetime studies of health effects associated with exposures to energy-related chemical agents. In view of the large number of potentially hazardous materials requiring toxicological evaluation, such studies are conducted as part of a systematic multitiered screening and testing program. The number of ongoing lifetime studies has been increasing as short-term toxicological studies have continued to identify additional requirements for long-term testing. Most of the long-term studies have not been in progress long enough to yield definitive data.

The bulk of the ongoing lifetime studies of chemical agents addresses potential health impacts of present-day and advanced fossil-fuel technologies. Two studies with a generic focus are defining variables that influence tumor induction by polynuclear aromatic hydrocarbons that are present in emissions and effluents from many fossil-fuel operations. One is a study at the Brookhaven National Laboratory in which the induction of mammary tumors in the rat is under investigation. In the other generic study, a better understanding of processes involved in the multistage induction of rodent skin tumors is being gained. Another lifetime study is being performed by investigators at the Pacific Northwest Laboratories to evaluate chronic diseases of the respiratory tract that may be caused by the inhalation of coal dust, diesel-engine exhaust, or combinations of the two. The latter study is defining carcinogenic and other health risks that may exist in coal mines located deep underground.

Four ongoing studies are assessing health risks of coal-combustion technologies. Research at the University of California, Davis, is defining health effects of power-plant fly ash, alone and in combination with sulfur-containing emissions (sulfur dioxide or sulfates), using rats subjected to long-term exposures by inhalation. The major objective of this study is to determine functional and morphologic consequences of damage to the respiratory tract. At the Inhalation Toxicology Research Institute, Lovelace Foundation, lifetime studies of rodents chronically exposed to emissions from conventional and fluidized-bed combustion facilities are in progress. Initial studies are concerned with particulate emissions (fly ash). Biological end points being assessed are life-span shortening, functional disorders, and structural changes, including carcinogenesis. Two projects at the Pacific Northwest Laboratories are devoted to the study of the chronic toxicity of metals and metal oxides present in emissions and effluents from coal-combustion facilities. In these studies, rodents are exposed by ingestion and by inhalation. Special emphasis is placed on evaluating iron-deficient and newborn animals as subpopulations particularly sensitive to toxic metals. Ongoing work is evaluating aspects of cadmium toxicity.

A number of lifetime health-effects studies are conducted in connection with technologies concerned with the conversion of coal to secondary fuels and the extraction of oil from oil shale. Two studies at the Argonne National Laboratory are underway to assess the cancer incidence and life-span reduction caused by exposure to polynuclear aromatic hydrocarbons produced or released as a consequence of coal-gasification and coal-liquefaction. The Argonne program emphasizes research on the role of cancer-promoting agents in the enhancement of tumor yield and reduction of the latent period for malignant tumor production in skin, lung, and liver. At the Oak Ridge National Laboratory, lifetime animal studies are evaluating on a comparative basis skin, lung, and nonspecific cancer caused by various classes of compounds found in coal-liquefaction products. A related project has begun to assess the chronic toxicity of various classes of chemical agents found in effluents and waste products from coal-liquefaction operations. Lifetime studies in rats and hamsters now in progress at the University of Connecticut, Farmington, are defining chronic toxicity and carcinogenic risks associated with the ingestion and inhalation of nickel-containing materials present in waste streams of coal-gasification facilities. Health risks associated with the solvent refining of coal to a solid fuel (SRC I product) and to a liquid fuel (SRC II product) are being defined at the Pacific Northwest Laboratories, where long-term studies of rodents chronically exposed by inhala-

tion or dermal application to components of process streams and fugitive emissions are in progress. Also in progress at the Pacific Northwest Laboratories is a project designed to assess chronic pulmonary toxicity of raw and spent oil shale and to define the pulmonary carcinogenicity of crude shale-oil fractions.

Additional lifetime studies involving short-lived animals have been initiated to increase knowledge regarding the inhalation toxicity of asbestos-containing insulating materials and of aerosols containing strong mineral acids of the type present in effluents and emissions from some energy-producing operations. These studies are conducted at the Pacific Northwest Laboratories and the New England Deaconess Hospital, respectively. In both cases, emphasis is directed toward the study of tumor induction. In the asbestos study, tumorigenesis after oral intake or intra peritoneal administration of the toxic agent is also under evaluation.

LIFETIME STUDIES WITH LONG-LIVED MAMMALS

From the point of view of life span and certain of the organ systems of particular interest, long-lived mammalian species represent better human surrogates than do their short-lived counterparts. This being the case, it is desirable to obtain quantitative data on responses of long-lived species to hazardous agents of concern. The beagle dog, with a life expectancy about one-fifth that of man, has served for more than 20 years as the long-lived mammal used in lifetime radiation-effects studies sponsored by the Department of Energy. Data from studies with beagles significantly facilitate attempts to interrelate data on animal responses with human response patterns. At the Argonne National Laboratory, the University of Utah, the University of California (Davis), the Inhalation Toxicology Research Institute (Lovelace Foundation), and the Pacific Northwest Laboratories, more than 5,000 beagles have lived out their lives under careful experimental observations. In lifetime studies at these research centers, periodic clinical examinations and laboratory analyses are performed on all populations, exposed and control, and complete data on gross pathology and histopathology are collected at autopsy. Accumulated data contain a wealth of information on life span, age-related changes, morbidity, mortality, and causes of death in normal animals, as well as alterations in these characteristics that are induced by superimposed radiation stress. Approximately 3,000 beagles are currently under scrutiny in lifetime studies of late-appearing radiation effects. Included are studies of external radiation (gamma radiation) and internally deposited radionuclides of various types administered by inhalation, ingestion, or injection. All ongoing studies involve careful dosimetric measurements and the acquisition of dose-response data.

Because of their cost and the time required for completion, lifetime studies of beagle populations are initiated on a highly selective basis. No energy-related agent other than ionizing radiation has yet been evaluated in the beagle. It is anticipated that limited studies of other agents will be undertaken in the future as needs for such efforts are identified by shorter-term testing in other systems.

RESEARCH MORE DIRECTLY CONCERNED WITH AGING

Several foci of interest within the Department of Energy laboratory system sustain a low level of research directly related to the aging process.

Ongoing studies at the Argonne National Laboratory are primarily concerned with developing an evolutionary-comparative paradigm of aging and longevity. This effort seeks to explain differences in life span of animal species on the basis of the natural selection of genetically determined traits. The Argonne investigators favor the view that longevity in mammalian species has evolved from a selection of traits conferring on individuals a life span and vigor compatible with effective growth, development, and reproduction. Experimentally, comparative longevity research is conducted with small laboratory and wild rodents having life spans ranging from 2 to 6 years. Various molecular, metabolic, and functional activities are under study in these species.

Over the years, extensive work on molecular, cellular, and physiologic aspects of biological aging have been conducted at the Oak Ridge National Laboratory. For example, Oak Ridge investigators completed a substantial number of studies that have helped define age-related changes in the immune system of irradiated and unexposed rodent populations. Although age-related changes in immune function remain of interest from the point of view of tumor induction, the chief focus of ongoing research at Oak Ridge is directed toward molecular and cel-

lular aspects of aging. Work continues on the multispecies comparative study of correlations that may exist between longevity of organisms and cellular capacity for the repair of damage in DNA molecules that encode genetic information. Additional work has been completed on the study of the error theory of aging, according to which the fidelity of amino acid incorporation into large protein molecules declines progressively with animal age. The magnitude of error has been determined by measuring the extent to which an amino acid analog is inserted by mistake into the mouse hemoglobin molecule. Errors were found to increase with age and with certain treatments to which mice were subjected. Preliminary findings from another study have shown that erythrocytes (red blood cells) of genetically anemic mice suffering from α -thalassemia have a reduced life span. The possible relationship of this phenomenon to the reduced life expectancy of the α -thalassemic mouse is under further study.

Interest in research on the aging process has also continued at the Brookhaven National Laboratory and the Lawrence Berkeley Laboratory. Brookhaven investigators are pursuing their interest in the Hayflick theory of cellular aging (limited or finite reduplication potential of normal mammalian cells). Evidence consistent with the Hayflick concept was obtained from a previous study in mice, and preparations are being made for testing the theory in a human subpopulation (patients with chronic inflammatory disease). From the study of long-term cultures of primary avian tendon cells, investigators at the Lawrence Berkeley Laboratory have concluded that the ability of a tendon cell to regulate collagen production, which is affected by cell maturation and cell density, has important implications both for the process of development and the occurrence of senescence.

TRENDS AND PROSPECTS

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy-production technologies, lifetime studies of animal and human populations will continue. It is evident, in fact, that additional lifetime studies of chemical agents will be needed in the future. Accordingly, more data describing age-related changes should be forthcoming, and a modest program of research on the aging process itself is expected to continue.

SUMMARY OF RESEARCH SUPPORT

Table I provides a summary of Department of Energy support of research related to aging for fiscal year 1978.

TABLE I.—RESEARCH RELATED TO AGING SPONSORED IN FISCAL YEAR 1978 BY THE DEPARTMENT OF ENERGY

Research category	Projects	Funding ¹ (thousands)
Research directly related to aging:		
Cellular and molecular systems.....	5	\$257
Organs and tissues.....	1	46
Organisms.....	1	200
Research indirectly related to aging:		
Lifetime studies of short-lived animals (nuclear).....	15	4,673
Lifetime studies of short-lived animals (nonnuclear).....	17	3,117
Lifetime studies of long-lived animals.....	11	6,209
Lifetime studies of human populations (nuclear).....	11	5,618
Lifetime studies of human populations (nonnuclear).....	2	115
Total.....	63	20,235

¹ Total operating dollars.

ITEM 5. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ADMINISTRATION ON AGING

1. INTRODUCTION

Since its creation by the Older Americans Act of 1965, the Administration on Aging has devoted each year's effort to developing, strengthening, and expanding the capacity of the growing aging network of State and area agencies on aging, multipurpose senior centers, nutrition projects, and other service pro-

viders to meet the needs of older persons. A wide variety of activities are being encouraged by the Administration on Aging to help assure that needed social, nutrition, and health-related services are being made available to older persons.

These activities in behalf of the Nation's growing elderly population take on increasing urgency with each passing year. In 1940, 7 percent of the total population was 65 or over. Today the proportion is 11 percent (more than 24 million). After 2010 as the children of the postwar "baby boom" become older, we expect to experience a "senior boom." It is estimated that by the year 2030, 55 million persons will be 65 years or older, which could be almost 1 in 5 of the total U.S. population. The composition of the older population is also changing. In 1950 30 percent of the elderly were 75 or older. There are indications that by the year 2000, 45 percent or almost one-half of the over-65 population will be 75 years old. Advanced age often implies the need for compensatory services to deal with loss in functional capacity.

Aging is a complex process involving biological, psychological, and social changes which reduce people's ability to cope with demands of daily life. The nature and rate of such change varies from person to person and may be thought of as a continuum of loss. This creates the need for a broad spectrum of services which can meet the needs of the well and the vulnerable aged. The well elderly are those who function at or near self-sufficiency. This group includes those who need and want no supportive services, those who may only need part-time employment or volunteer opportunities, those who need a specific service such as transportation where none is available, and those who need the services of a senior center or nutrition site to avoid social isolation. The "vulnerable" elderly are those who have proceeded further along the loss continuum and must depend on others for support to remain in the community. The "vulnerable" include those older persons for whom the problems and functional losses of aging are compounded by insufficient income, isolation, lack of family for support, and advanced age. The vulnerable elderly today may comprise between 3.5 to 4.5 million persons. It is a population group which is expected to continue to expand at an average rate of 80,000 persons per year for the next 50 years.

Fiscal year 1978 was one of both continuity and change. The Administration on Aging continued to build on the framework and principles established and developed in preceding years while strengthening and expanding its capacity to serve growing numbers of older persons in new ways. On February 16, 1978, Robert C. Benedict, formerly commissioner of the Pennsylvania Office for the Aging, was sworn in as the fourth U.S. Commissioner on Aging. Dr. Arthur Flemming, after 5 years as Commissioner, continues as Chairman of the U.S. Civil Rights Commission.

During fiscal year 1978, Congress, with the advice and assistance of the Administration on Aging and other components of the executive branch, developed the "Comprehensive Older Americans Act Amendments of 1978" to extend the authorizations of the Older Americans Act and to improve it in various ways. The amendments were enacted shortly after the end of the fiscal year as Public Law 95-478 (Oct. 18, 1978).

The 1978 amendments gave increased emphasis to both the advocacy and service system development activities on which AOA's policies and programs have focused. The legislation now provides an explicit statutory base for AOA to serve as the "effective and visible advocate for the elderly." In addition State and area agencies on aging are to serve as advocates for older Americans at their respective governmental levels.

The 1978 amendments also strengthened the provisions of the OAA relating to development of the "comprehensive and coordinated service system[s] to serve older individuals" mandated in title III. A "continuum of care for the vulnerable elderly" must be established as part of the "comprehensive and coordinated service systems." In addition, the amendments strengthen the community-level service delivery focus of the Older Americans Act by requiring each area agency on aging to establish, "where feasible, a focal point for comprehensive service delivery in each community." Top priority is being given during fiscal year 1979 to implementing these amendments.

2. TITLE III SERVICES TO OLDER AMERICANS

Under title III, a national network on aging has been developed. At the end of fiscal year 1978, 568 of 612 State-designated planning and service areas now have operational area agencies on aging. This represents an increase of 12 new

area agencies since the end of fiscal year 1977, and means that 92 percent of the Nation's elderly live in areas with an active area agency on aging.

State agencies: In fiscal year 1978, under title III, the 56 State agencies on aging¹ were awarded \$19 million in formula grants for administrative activities. State agencies on aging, before the 1978 amendments, were required to submit an annual plan, signed by the Governor, for approval and funding by the Administration on Aging. Title III grants pay up to 75 percent of the cost of staffing and operating the State Agency to:

- Prepare and administer the State plan;
- Evaluate activities carried out under the plan;
- Collect data and carry out analyses related to the need for social services within the State;
- Disseminate the information so obtained;
- Provide short-term training for personnel in programs authorized by the act;
- Carry out demonstration projects of statewide significance.

Area agencies on aging: States were awarded \$152,726,446 in title III formula grants to pay part of the operating costs of area agencies on aging and for the funding of social services. Allotments of these funds are shown in table II. Area agencies on aging are public or private nonprofit agencies designated by the State agencies on aging to develop an area plan and to carry out directly or through contractual or other arrangements, a program in accordance with the plan.

During 1978, each area agency on aging was required to submit an annual plan to its State agency for approval and funding. This plan covered area agency administration and set forth the community service system development objectives for the year. Title III area planning and social service funds were available at the following different matching ratios under the Older Americans Act prior to the 1978 amendments:

- Maximum of 15 percent of title III State allotment available for administration of area agencies, with a Federal matching share of up to 75 percent.
- Maximum of 20 percent of the State allotment available for paying the cost of services which were not provided as part of an area plan approved by the State agency, with a Federal matching share of up to 75 percent.
- The remainder available for paying the cost of services provided as part of a comprehensive and coordinated system in planning and service areas for which there was an approved annual plan, with a Federal matching share of up to 90 percent.

Pooling resources to increase services: State and area agency pooling activities involve the generation of funds and resources from other public and private agencies to expand services or initiate new activities for the benefit of older persons. By the end of fiscal year 1978 State and area agencies increased the amount of total resources pooled by \$152,325,722 over fiscal year 1977, as shown in table I, below.

TABLE I.—STATE AND AREA AGENCY POOLING ACTIVITY, FISCAL YEAR 1978

[Dollars, in thousands]

Source	Amount		Percent	
Local government.....	\$131,070.099		19	
State appropriated.....	46,874.507		07	
Other Federal.....	511,914.6		74	
	1975	1976	1977	1978
Total resources pooled ¹	\$122,541	\$245,930	\$440,403.806	\$689,859.206
Percent cash.....	80	65	51	33
Amount of cash.....	98,000	140,000	224,000	227,000

¹ Excludes funds received under all titles of the Older Americans Act except title relating to older American community service employment program.

² Based upon information received from all U.S. jurisdictions except 3.

³ Based upon information received from all U.S. jurisdictions except 8.

⁴ Includes the 50 States plus American Samoa, Guam, Puerto Rico, the Trust Territory of the Pacific Islands, the Virgin Islands, and the District of Columbia.

TABLE II.—ALLOTMENTS OF FISCAL YEAR 1978 FORMULA GRANTS UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

States	Population 60 and over July 1, 1976		Title III	
	Unrounded population	Percent distribution	State administration	Area planning and social services
Total 56 States.....	32, 558, 754	100. 0000	\$19, 000, 000	^a \$151, 470, 000
Alabama.....	546, 307	1. 6779	268, 982	2, 438, 377
Alaska.....	16, 974	. 0521	200, 000	1, 757, 350
Arizona.....	332, 199	1. 0203	200, 000	1, 482, 731
Arkansas.....	377, 796	1. 1604	200, 000	1, 686, 248
California.....	3, 016, 384	9. 2644	1, 485, 160	13, 463, 275
Colorado.....	310, 712	. 9543	200, 000	1, 386, 826
Connecticut.....	475, 607	1. 4608	234, 172	2, 122, 815
Delaware.....	73, 513	. 2258	200, 000	757, 350
District of Columbia.....	101, 507	. 3118	200, 000	757, 350
Florida.....	1, 820, 777	5. 5923	896, 486	8, 126, 822
Georgia.....	630, 865	1. 9376	310, 616	2, 815, 791
Hawaii.....	91, 781	. 2819	200, 000	757, 350
Idaho.....	118, 076	. 3627	200, 000	757, 350
Illinois.....	1, 666, 301	5. 1178	820, 428	7, 437, 337
Indiana.....	756, 959	2. 3249	372, 700	3, 378, 597
Iowa.....	496, 744	1. 5257	244, 579	2, 217, 158
Kansas.....	391, 990	1. 2039	200, 000	1, 749, 601
Kentucky.....	519, 919	1. 5970	256, 009	2, 320, 775
Louisiana.....	500, 581	1. 5375	246, 468	2, 234, 284
Maine.....	175, 899	. 5403	200, 000	785, 104
Maryland.....	513, 959	1. 5786	253, 055	2, 293, 995
Massachusetts.....	948, 643	2. 9136	467, 078	4, 234, 156
Michigan.....	1, 191, 586	3. 6598	586, 695	5, 318, 503
Minnesota.....	607, 980	1. 8673	299, 348	2, 713, 647
Mississippi.....	353, 370	1. 0853	200, 000	1, 577, 225
Missouri.....	822, 220	2. 5253	404, 832	3, 669, 881
Montana.....	111, 222	. 3416	200, 000	757, 350
Nebraska.....	262, 863	. 8073	200, 000	1, 173, 258
Nevada.....	72, 675	. 2232	200, 000	757, 350
New Hampshire.....	125, 431	. 3852	200, 000	757, 350
New Jersey.....	1, 134, 589	3. 4847	558, 631	5, 064, 103
New Mexico.....	136, 853	. 4203	200, 000	757, 350
New York.....	2, 926, 553	8. 9885	1, 440, 931	13, 062, 322
North Carolina.....	736, 824	2. 2631	362, 786	3, 288, 727
North Dakota.....	104, 960	. 3224	200, 000	757, 350
Ohio.....	1, 536, 038	4. 7177	756, 291	6, 855, 923
Oklahoma.....	464, 520	1. 4267	228, 713	2, 073, 330
Oregon.....	375, 782	1. 1542	200, 000	1, 677, 258
Pennsylvania.....	2, 007, 084	6. 1645	988, 217	8, 958, 381
Rhode Island.....	161, 463	. 4959	200, 000	757, 350
South Carolina.....	347, 475	1. 0672	200, 000	1, 550, 913
South Dakota.....	118, 029	. 3625	200, 000	757, 350
Tennessee.....	634, 594	1. 9491	312, 452	2, 832, 435
Texas.....	1, 677, 411	5. 1520	825, 898	7, 486, 925
Utah.....	134, 766	. 4139	200, 000	757, 350
Vermont.....	72, 073	. 2214	200, 000	757, 350
Virginia.....	640, 313	1. 9666	315, 267	2, 857, 961
Washington.....	523, 022	1. 6063	257, 508	2, 334, 357
West Virginia.....	305, 835	. 9393	200, 000	1, 365, 058
Wisconsin.....	724, 460	2. 2251	356, 698	3, 233, 541
Wyoming.....	51, 350	. 1577	200, 000	757, 350
American Samoa.....	1, 100	. 0034	62, 500	378, 675
Guam.....	3, 200	. 0098	62, 500	378, 675
Puerto Rico.....	297, 400	. 9134	200, 000	1, 327, 410
Trust Territory.....	6, 500	. 0200	62, 500	378, 675
Virgin Islands.....	5, 700	. 0175	62, 500	378, 675

¹ Does not include sec. 308 model project discretionary grants.² Initial allotment amount. Total allotted after reallocations was \$152,726,446.

Title III services: Title III of the Older Americans Act established State and community programs for older persons and stressed the provision of national priority services which were transportation, in-home services, legal and other counseling, and home repair. Priority is given to serving the low-income and minorities. Table III shows the number of units of each type of service provided by title III under area plans during 1976, 1977, and 1978.

TABLE III.—UNITS OF SERVICE PROVIDED BY TITLE III UNDER AREA PLANS

Type of service	Units of service		
	1976	1977	1978 ¹
Transportation.....	1,790,000	2,451,000	2,546,000
In-home services.....	200,000	486,529	759,000
Information and referral.....	1,682,000	3,171,946	2,800,000
Legal and other counseling.....	92,000	198,369	266,000
Home repair.....	23,000	77,892	95,000
Escort.....	158,000	289,754	377,000
Outreach.....	806,000	1,430,966	1,600,000
All other services.....	1,322,000	3,110,001	4,200,000
Total.....	6,083,000	11,216,457	12,643,000

¹ 1978 column includes data relating to all jurisdictions except 3, which did not report.

Note: The total of 12,643,000 units of service represents an increase of 1,426,543 since fiscal year 1977. State and area agencies have been increasingly successful in establishing connecting links with other agencies and organizations to encourage the allocation of additional resources to help meet the service needs of older persons.

Involving older persons: Area agencies on aging are required to involve older persons in their programs and activities. Area agencies have fulfilled this responsibility by significant employment and meaningful use of older volunteers, as follows:

	<i>Fiscal year</i> 1978
Paid staff:	
60 years or older.....	1,810
Volunteer staff:	
60 years or older.....	19,201

25 percent of total paid staff members were aged 60 and over in fiscal year 1978. 84 percent of total volunteer staff members were aged 60 and over in that year.

In addition, many older persons serve voluntarily on advisory councils of area agencies on aging, in compliance with the requirement of the Older Americans Act that such councils include representatives of the target population and the requirement in the regulations that older persons compose at least 50 percent of the membership of these councils.

3. NUTRITION PROGRAM

The nutrition program began operations in fiscal year 1973. In fiscal year 1978 funds amounting to \$250 million were appropriated under title VII of the Older Americans Act and were awarded by formula grants to the State agencies on aging to pay up to 90 percent of the cost of providing meal services to older persons. State agencies on aging awarded grants to public or private nonprofit agencies to establish community-based nutrition projects. These projects managed nutrition sites which furnished low-cost, hot-nutritious meals and support services to persons 60 years of age and over and their spouses. Although the emphasis has been on serving meals in congregate settings to reduce social isolation, many projects also deliver meals to the homebound.

During 1978, each project was required to provide at least one hot meal per day 5 or more days a week throughout the year. Nutrition projects provided support services needed to facilitate participation in the program such as outreach, transportation, and escort services. In addition, projects were encouraged to offer health, education, counseling, shopping assistance, information and referral, and recreational services.

During 1978, the purpose of the nutrition program was to help supplement the nutritional and social needs of older persons who did not eat adequately for one or more of the following reasons:

- They could not afford to do so.
- They lacked the skills to select and prepare nourishing and well-balanced meals.
- They had feelings of rejection and loneliness which obliterated the incentive to prepare and eat a meal alone.
- Their mobility was limited, which could have impaired their capacity to shop and cook for themselves.

Table IV summarizes pertinent facts on the program. Allocation of title VIII fiscal year 1978 funds is shown in table V.

TABLE IV.—TITLE VII NUTRITION PROGRAM SUMMARY

	Fiscal year 1975	Fiscal year 1976	Fiscal year 1977	Fiscal year 1978	Fiscal year 1977-78 change
Number of projects.....	628	845	1,047	1,101	+54
Number of sites.....	4,491	6,672	9,166	10,681	+1,515
Total meals served.....	52,276,000	64,273,000	101,091,000	134,418,121	+33,327,121
Average number of meals served daily....	209,104	247,000	388,000	509,000	+121,000
Estimated number of different persons served.....	1,470,000	1,723,000	2,854,755	2,744,781	-109,974
Average cost of meals (food and prepara- tion only).....	\$1.64	\$1.63	\$1.73	\$1.80	+\$0.07
Average total program cost of meal.....	\$2.26	\$2.25	\$2.46	\$2.55	+\$0.09
Percent home delivered meals.....	13	14	15	17	+2
Percent expended on supporting social services.....	13	11	14	15	+1
Percent minority.....	24	21	22	23	+1
Percent low income.....	62	62	67	64	-3
USDA commodities contributions.....	\$3,263,000	\$10,500,000	\$14,615,853	\$20,464,844	+\$5,848,991

TABLE V.—FISCAL YEAR 1978 STATE ALLOTMENT AMOUNTS UNDER TITLE VII OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

States	Population 60 plus and over, July 1, 1976		Title VII, nutri- tion program
	Unrounded population	Percent distribution	
Total 56 States.....	32,558,754	100.0000	\$247,500,000
Alabama.....	546,307	1.6779	3,984,275
Alaska.....	16,974	.0521	1,237,500
Arizona.....	332,199	1.0203	2,422,763
Arkansas.....	377,796	1.1604	2,755,307
California.....	3,016,384	9.2644	21,998,812
Colorado.....	310,712	.9543	2,266,056
Connecticut.....	475,607	1.4608	3,468,653
Delaware.....	73,513	.2258	1,237,500
District of Columbia.....	101,507	.3118	1,237,500
Florida.....	1,820,777	5.5932	13,279,121
Georgia.....	630,865	1.9376	4,600,966
Hawaii.....	91,781	.2819	1,237,500
Idaho.....	118,076	.3627	1,237,500
Illinois.....	1,666,301	5.1178	12,152,511
Indiana.....	756,959	2.3249	5,520,583
Iowa.....	496,744	1.5257	3,622,807
Kansas.....	391,990	1.2039	2,858,825
Kentucky.....	519,959	1.5970	3,792,117
Louisiana.....	500,581	1.5375	3,650,791
Maine.....	175,899	.5403	1,282,850
Maryland.....	513,959	1.5786	3,748,358
Massachusetts.....	948,643	2.9136	6,918,555
Michigan.....	1,191,586	3.6598	8,690,364
Minnesota.....	607,980	1.8673	4,434,063
Mississippi.....	353,370	1.0853	2,577,165
Missouri.....	822,220	2.5253	5,996,538
Montana.....	111,222	.3416	1,237,500
Nebraska.....	262,863	.8073	1,917,088
Nevada.....	72,675	.2232	1,237,500
New Hampshire.....	125,431	.3825	1,237,500
New Jersey.....	1,134,589	3.4847	8,274,679
New Mexico.....	136,853	.4203	1,237,500
New York.....	2,926,553	8.9885	21,343,664
North Carolina.....	736,824	2.2631	5,373,736
North Dakota.....	104,960	.3224	1,237,500
Ohio.....	1,536,038	4.7177	11,202,489
Oklahoma.....	464,520	1.4267	3,387,794
Oregon.....	375,782	1.1542	2,740,618
Pennsylvania.....	2,007,084	6.1645	14,637,878
Rhode Island.....	161,463	.4959	1,237,500
South Carolina.....	347,475	1.0672	2,534,172
South Dakota.....	118,029	.3625	1,237,500
Tennessee.....	634,594	1.9491	4,628,162
Texas.....	1,677,411	5.1520	12,233,538
Utah.....	134,766	.4139	1,237,500
Vermont.....	72,073	.2214	1,237,500
Virginia.....	640,313	1.9666	4,669,871
Washington.....	523,002	1.6063	3,814,310
West Virginia.....	305,835	.9393	2,230,487
Wisconsin.....	724,460	2.2251	5,283,564
Wyoming.....	51,350	.1577	1,237,500
American Samoa.....	1,100	.0034	618,750
Guam.....	3,200	.0098	618,750
Puerto Rico.....	297,400	.9134	2,168,970
Trust Territory.....	6,500	.0200	618,750
Virgin Islands.....	5,700	.0175	618,750

¹ Of the \$250,000,000 fiscal year 1978 appropriation for title VII, \$247,500,000 was for project support, \$2,500,000 for program evaluation.

4. MULTIPURPOSE SENIOR CENTERS PROGRAM

Multipurpose senior centers are community facilities which function as service delivery centers for the provision of a wide variety of social, health, nutritional, educational, and recreational services as needed by older persons.

During 1978, the multipurpose senior center title of the Older Americans Act was title V, which provided Federal funds to pay up to 75 percent of the cost of acquiring, altering, or renovating existing facilities to serve as multipurpose senior centers. These funds could also be used to pay part of the cost of initial equipment of such centers. The Commissioner was authorized to make grants or contracts to units of general purpose government or other public or private non-profit agencies or organizations. In order to assure that title V-supported multipurpose senior center facilities were integrated with Older Americans Act title III and title VII social and nutritional services, priority was given to funding applications from State agencies on aging.

The program was funded for the first time during the 1976 transition quarter. A total of 549 grants were awarded from the \$5 million appropriated for that period to initiate the program. In fiscal year 1977, with an appropriation of \$20 million, a total of 1,221 grants were awarded. \$40 million was appropriated in fiscal year 1978 to support the title V program. Near the end of fiscal year 1978, single statewide grants were awarded to State units on aging. As this is written, the data is incomplete. Some States may still be in the process of awarding sub-grants. Seventeen States were unable to provide data. As of October 1978 a total of 977 awards had been made with fiscal year 1978 appropriations. This included 788 for alteration and renovation and 69 for acquisition of facilities.

The distribution of fiscal year 1978 appropriations for this purpose is shown in table VI.

TABLE VI.—DISTRIBUTION OF FISCAL YEAR 1978 TITLE V SENIOR CENTER APPROPRIATIONS

State	Title V	State	Title V
Total 56 States.....	\$40,000,000	Nevada.....	\$200,000
Alabama.....	643,923	New Hampshire.....	200,000
Alaska.....	200,000	New Jersey.....	1,337,322
Arizona.....	391,558	New Mexico.....	200,000
Arkansas.....	445,302	New York.....	3,449,481
California.....	3,555,366	North Carolina.....	868,483
Colorado.....	366,231	North Dakota.....	200,000
Connecticut.....	569,590	Ohio.....	1,810,503
Delaware.....	200,000	Oklahoma.....	547,522
District of Columbia.....	200,000	Oregon.....	442,928
Florida.....	2,146,121	Pennsylvania.....	2,365,718
Georgia.....	743,590	Rhode Island.....	200,000
Hawaii.....	200,000	South Carolina.....	409,563
Idaho.....	200,000	South Dakota.....	200,000
Illinois.....	1,964,042	Tennessee.....	747,986
Indiana.....	892,215	Texas.....	1,977,137
Iowa.....	585,504	Utah.....	200,000
Kansas.....	462,032	Vermont.....	200,000
Kentucky.....	612,867	Virginia.....	754,727
Louisiana.....	590,027	Washington.....	616,454
Maine.....	207,329	West Virginia.....	360,483
Maryland.....	605,795	Wisconsin.....	853,909
Massachusetts.....	1,118,150	Wyoming.....	200,000
Michigan.....	1,404,503	American Samoa.....	100,000
Minnesota.....	716,616	Guam.....	100,000
Mississippi.....	416,512	Puerto Rico.....	350,541
Missouri.....	969,138	Trust Territory.....	100,000
Montana.....	200,000	Virgin Islands.....	100,000
Nebraska.....	309,832		

5. BUILDING ON THE NURSING HOME OMBUDSMAN/LEGAL SERVICES EXPERIENCE

In fiscal year 1978 a new strategy was developed to maximize the capacity of the aging network to provide broad-based advocacy services to older persons. In June 1978, the Administration on Aging issued guidelines to the States for applying for funds under the older Americans advocacy assistance program which combines the objectives of the legal services and nursing home ombudsman pro-

grams into a common framework. The legal services and nursing home ombudsman efforts had been funded separately in the past using model project resources. The Administration on Aging's experiences with the legal services and nursing home ombudsman program led to the conclusion that a comprehensive system of State and community-based advocacy services was needed to secure:

- Access to existing rights, benefits, and entitlements which are essential to the enjoyment of a full life for older persons.
- Positive changes in existing rights and benefits as well as development of new mandates to benefit older persons.

The focus is on serving the vulnerable aged—the functionally disabled, the socially isolated, the low income, the very old. The objectives are to serve vulnerable older persons who require assistance in securing their rights, benefits, and entitlements and who require protection from abuse and exploitation. This enlarged effort will be funded with \$3 million of fiscal year 1979 demonstration project funds. State allotments range from \$50,000 to \$130,000 based on elderly population.

AOA has also supported a number of legal services grantees who provide a wide variety of legal and advocacy services for the State and area agencies and older persons, focusing in particular on providing technical assistance to the State legal services and nursing home ombudsman development programs. These grants continued in 1978. However, as part of the new advocacy assistance strategy, AOA decided to convert this effort into a network of resource and support centers funded by contracts rather than grants.

Requests for proposals were issued for six contracts to be awarded in fiscal year 1979. The contracts will be for five biregional resource and support services centers and one nationwide effort to develop specialized resource and training material.

With respect to the nursing home ombudsman and legal services programs, therefore, fiscal year 1978 was a year of transition as AOA prepared to initiate the new advocacy assistance effort. Pending full implementation of the advocacy assistance program, AOA continued its support for the legal services and ombudsman activities, as indicated by the following:

a. *Nursing home ombudsman program*: Since 1976, nursing home ombudsman projects with Federal funds have supported developmental specialists in State agencies on aging. In fiscal year 1978, \$1,010,628 in title III, section 308 (model projects) funds were awarded to 47 States, Puerto Rico, and the District of Columbia for the purpose of stimulating State and community activities to benefit older persons needing nursing home care. Nursing home developmental specialists have been involved in the following three areas:

- Issues advocacy*—which seeks to identify issues of concern and bring about statewide changes in legislation, regulations, and policies to improve long-term care services for the elderly, and to assure compliance with regulations in nursing homes.
- Personal advocacy*—which establishes and operates a community-based complaint process designed to protect the interests of individual older persons in nursing homes and to document such complaints to serve as a means of identifying advocacy issues.
- Public education*—which uses the media and other forms to educate the public about the needs and rights of nursing home residents and issues related to long-term care.

State legislation: During fiscal year 1978, there were several important developments. By the end of fiscal year 1978 five States—Connecticut, Maine, New Jersey, South Carolina, and Florida—had passed legislation establishing nursing home ombudsman programs which mandate a range of authorities to the ombudsmen. Several States have introduced ombudsman legislation, while other States are now formulating bills. In Iowa and North Carolina legislation requires development of community care review committees to advocate for improved nursing home care.

Areawide activities: Over 200 ombudsman projects are now operating on the sub-State level while numerous new projects are in the development stage. These projects have been documenting individual complaints and using the data to identify issues affecting institutionalized persons. State-level staff then work to secure changes in areas such as:

- Patients' rights.
- Access to nursing homes.
- Penalties for nursing home violations.
- Training and certification of nursing home aides.
- Public disclosure.
- Receivership of homes threatened with closure for failure to meet requirements.
- Reimbursement to providers.
- Management of patients' personal funds.
- Development and/or upgrading of nursing and boarding home regulations.
- Licensure of nursing home administrators.
- Adult abuse.
- Medicaid bed shortage.

A number of States have reported passage of legislation and enactment of regulations in these and other similar areas of concern.

b. *Legal services program*: In fiscal year 1978, title III, section 308 (model projects) funds provided \$1,500,000 on a formula grant basis to support continuation of the legal services development projects established in fiscal year 1977 in each State agency on aging. Funds were used to employ a legal services development specialist whose functions included:

- Working with area agencies on aging to help plan and implement legal services programs for older persons.
- Assisting area agencies on aging, legal services corporation offices and/or legal aid programs to expand services and outreach efforts to eligible elderly clients.
- Identifying and securing funding for legal programs to serve older persons.
- Assisting area agencies on aging in involving the private bar in increasing legal representation for older people.
- Stimulating law schools and other educational institutions to provide research, law-related training, and/or direct client services to the elderly.
- Designing and coordinating training programs about the legal concerns of the aged for State and area agency staff, grantee, paralegals, lawyers, and older persons.
- Developing legal support for nursing home ombudsman projects.
- Working with State and area agencies and other interested groups for the enactment of legislation to protect and strengthen the rights of older persons.

In addition, the Administration on Aging continued to support a variety of projects which provided training and technical assistance for State agency staff and local lawyer and nonlawyer advocacy efforts.

6. MANPOWER DEVELOPMENT AND TRAINING PROGRAM

Title IV, part A of the Older Americans Act authorizes the Commissioner to award grants or contracts to public or nonprofit agencies, organizations, or institutions for training projects. The purpose of the IV-A program is to improve the quality of service to older persons by increasing the number of adequately trained personnel in the field of aging.

A. CAREER TRAINING

The Administration on Aging supports training programs in institutions of higher education that will provide students with the necessary gerontology knowledge and skills to enable them to serve the Nation's elderly in their chosen career or profession.

Through the career development program, students are prepared for employment for which baccalaureate, masters, and doctorate level degrees are needed, in such areas as:

- (1) State and Federal program planning and administration;
- (2) Community development and coordination;
- (3) Administration of retirement homes and homes for the aged;
- (4) Senior center direction;
- (5) Teaching and research; and
- (6) Serving older people through adult education, architectural design, counseling, law, library service, recreation, and other relevant fields.

At the close of fiscal year 1978, \$7.5 million was awarded on a national competitive basis to 66 educational institutions to support activities relative to career training in aging, with the program emphasis on multidisciplinary efforts of the grantee institutions. Approximately 15,000 students were enrolled in courses and programs in aging. Over 1,000 students received financial assistance as part of the career-training program.

B. INSERVICE TRAINING

The Administration on Aging in fiscal year 1978 continued its grant awards to each State agency on aging for the support of training to meet priority in-service needs identified in each State. A total of \$6 million supported inservice training in such areas as gerontology, information and referral, nutrition, program management and analysis, planning, and outreach. More than 130,000 persons now in the field of aging have received training under these programs. Fiscal year 1978 applications for State inservice training were coordinated with the fiscal year 1979 annual State plan and as such were subject to the public hearings process and review by the State Advisory Committee and the Governor.

C. QUALITY IMPROVEMENT GRANTS

In fiscal year 1978, \$2.8 million supported 21 quality improvement grants. This category of training grant was first developed for the fiscal year 1976 funding cycle to address the legislative mandate to improve programs for careers in aging. Quality improvement grants are to encourage innovative model projects of potential benefit to the gerontological field and the aging network at large. Many of these projects are directly supportive of other network activities such as:

- KWIC project—Duke University clearinghouse of information on training materials.
- National council on aging developmental project to design model program for training senior center personnel.
- Five law-related projects to provide increased numbers of lay advocates, paralegals, law students, and lawyers with skills to increase service delivery to older persons.

D. MANPOWER DEVELOPMENT

The Administration on Aging, together with the Bureau of Labor Statistics, Department of Labor, has continued to develop information on manpower needs in the field of aging.

Activities conducted included:

- The development and distribution of current vocational guidance information on professional careers in the field of aging for young people enrolled in high schools, vocational and technical schools, colleges and universities.
- Assessment of social work manpower in the field of aging.
- Assessment of agency on aging manpower needs.
- Study of the aging content of ongoing surveys.
- Update on manpower needs in the nursing home industry.
- Assessment of recreational careers related to aging.

E. OTHER MANPOWER AND TRAINING ACTIVITIES

Other significant accomplishments in the area of training and manpower are:

- Continued support of a clearinghouse for available in-service and other training materials.
- Design of model program for training senior center personnel.
- Project to train trainers to develop self-help groups for older persons in areas of health care, safety, and consumer affairs.
- Manpower development projects in specific areas.

Training for lay advocates, law students, and lawyers in law and aging. Curriculum development and training in health-related fields.

Sensitizing professionals to needs and concerns of minority older persons.

Table VII is a title IV, part A, funding summary, and table VIII is a list of projects supported under that authorization.

TABLE VII.—TITLE IV-A FUNDING SUMMARY (FISCAL YEAR 1975-78)

	Approximate amount (millions) ¹	Grants
Fiscal year 1975—\$8,000,000:		
Career.....	\$3.7	50
In-service.....	3.5	56
Other.....	.5	6
Fiscal year 1976 and transition quarter—\$14,000,000:		
Career.....	6.0	64
Planning.....	.3	13
Quality improvement.....	1.0	14
In-service.....	6.0	56
Fiscal year 1977—\$14,200,000:		
Career.....	6.0	58
Planning.....	.5	20
Quality improvement.....	1.4	16
In-service.....	6.0	56
Fiscal year 1978—\$17,000,000:		
Career.....	7.5	66
Quality improvement.....	2.8	21
In-service.....	6.0	56

¹ Depending on the year, balances include other items such as conferences, dissertations, evaluation, etc.

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Alabama	University of Alabama in Birmingham	Multidisciplinary Training Grant Program	\$196,074	Career
	University of Alabama	A Multidisciplinary Career Training Program in Gerontology	73,733	Career
	National Interfaith Coalition on Aging	Training Project in Gerontology Seminar Faculty and Clergy	125,000	Quality Improvement
	Commission on Aging	State Title IV-A Training	96,333	
Alaska	Office on Aging	State Title IV-A Training	30,000	
American Samoa	Governor of American Samoa	State Title IV-A Training	15,000	
Arizona	University of Arizona	Retirement Housing Administration - Long-Term Care	76,940	Career
Arkansas	University of Arkansas at Pine Bluff	Proposal for Multidisciplinary Training Programs in Gerontology	57,921	Career
	Office of Aging and Adult Services	State Title IV-A Training	67,350	
California	Los Angeles Harbor College	Los Angeles Harbor College Gerontology Services Worker Training Program	37,553	Career
	San Diego State University	Education in Aging with Emphasis on Minority Groups	296,428	Career
	University of California - San Francisco	Training Program in Multi- disciplinary Applied Gerontology	130,762	Career
	Office of Aging	State Title IV-A	527,861	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Colorado	Adams State College	Undergraduate Gerontology and Social Work Education Project	\$ 21,100	Career
	University of Denver	Multidisciplinary Career Training in Gerontology	106,937	Career
	Division of Services for the Aging	State Title IV-A Training	54,403	
Connecticut	Department on Aging	State Title IV-A Training	83,267	
	University of Bridgeport	Training Paraprofessionals in Aging	33,146	Career
Delaware	Division on Aging	State Title IV-A Training	30,000	
District of Columbia	American Alliance for Health, Physical Education & Recreation	Model Education and Service Approaches in Health, Fitness and Leisure for the Older Americans	76,838	Quality Improvement
	American Speech and Hearing Association	Multidisciplinary Training Program on Understanding Communication Behavior and Problems of Older Americans	97,618	Quality Improvement
	Antioch School of Law	Law and Aging Curriculum	80,946	Quality Improvement
	George Washington University School of Medicine & Health	Multidisciplinary and Interprofessional Career Training Program in Gerontology	106,547	Career
	George Washington University - National Law Center	Development and Export of Multidisciplinary Training Program for Older Americans	130,742	Career
	Gerontological Society	Foundations for Establishing Educational Programs in Gerontology	75,190	Quality Improvement

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
District of Columbia	National Center on Black Aged, Inc.	Quality Improvements for Minorities: Students, Faculty, and Institutions	\$107,043	Quality Improvement
	National Council on the Aging, Inc.	Students Centers Planning Project	60,153	Quality Improvement
	National Paralegal Institute	Community Service Training and Demonstrations	166,146	Quality Improvement
	University of D.C. (Mt. Vernon Square)	Institute of Gerontology	127,171	Career
	Center for Human Services	Quality Improvement of Programs for Preparing Personnel in Aging	98,183	Quality Improvement
	Division on Aging	State Title IV-A Training	30,000	
Florida	University of Florida	A Multidisciplinary Program of Career Training in Gerontology	96,238	Career
	University of South Florida	Multidisciplinary Graduate Career Training in Gerontology	67,008	Career
	Division on Aging	State Title IV-A Training	320,927	
Georgia	Albany State College	Career Training - A Student Training Program in Gerontology	21,496	Career
	Georgia State University	Graduate Training Program Sociology of Aging	81,163	Career
	North Georgia College	Career Training in Aging	35,684	Career
	Office of Aging	State Title IV-A Training	111,358	
Guam	Office of Aging	State Title IV-A Training	15,000	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Hawaii	University of Hawaii at Manoa	Gerontology Training Program	\$142,219	Career
	Commission on Aging	State Title IV-A Training	30,000	
Idaho	Idaho Office on Aging	State Title IV-A Training	30,000	
Illinois	University of Chicago	Multidisciplinary Career Training in Aging	181,569	Career
	Southern Illinois Univ. at Carbondale	Multidisciplinary Gerontological Career Training in Welfare	101,521	Career
	Southern Illinois Univ. at Edwardsville	Expansion of Interdisciplinary Graduate Career Training	63,587	Career
	University of Chicago	Symposium on Policy Options for Long-Term Care of the Elderly	130,011	Conference
	Department on Aging	State Title IV-A Training	259,941	Career
Indiana	Commission on Aging and Aged	State Title IV-A Training	134,510	
Iowa	University of Iowa	State University of Iowa Co- operative Training Proposal	115,783	Career
	Commission on Aging	State Title IV-A Training	88,915	
Kansas	Wichita State University	Multidisciplinary and Multi- Level Education and Training Program in Gerontology	76,305	Career
	Division of Social Services	State Title IV-A Training	69,473	
Kentucky	University of Kentucky	Multidisciplinary Career Training in Gerontology	197,468	Career
	Aging Program Unit	State Title IV-A Training	92,824	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Louisiana	Louisiana Center for Public Interest	Law/Social Work Training Program	\$138,217	Quality Improvement
	Northeast Louisiana University	Gerontology Planning Grant	116,243	Career
	Southern University in New Orleans	Career Training - Multidisciplinary Approach in Gerontology	74,190	Career
	Bureau of Aging	State Title IV-A Training	88,627	
Maine	University of Maine at Portland-Gorham	Undergraduate Preparation of Human Service Generalist with Special Emphasis in Gerontology	36,490	Career
	Office of Maine's Elderly	State Title IV-A Training	31,142	
Maryland	Antioch College/Columbia	Career Training in Adult Development and Aging - Two Interdisciplinary Programs	74,548	Career
	Center for Public Management	Practitioner-Led Workshop for Area Agencies on Aging	90,000	Quality Improvement
	University of Maryland	Career Training - Grant to Expand Gerontology Program, Develop Program in Dentistry and Pharmacy and Expand Campus and Intra-Campus Aging Related Programs	114,510	Career
	Office on Aging	State Title IV-A Training	90,119	
Massachusetts	Boston University	Consortium Gerontology Training Programs	197,069	Career
	Department of Elder Affairs	State Title IV-A Training	168,796	
	Harvard University	Health Curricula Improvement in Aging	128,664	Quality Improvement

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Massachusetts	University of Massachusetts	Multidisciplinary Curricula in Aging	\$104,957	Career
Michigan	Madonna College	Career Training in Aging: A Multidisciplinary Approach	49,875	Career
	The University of Michigan	Gerontology Career Training Grant	184,607	Career
	Wayne State University	Career Training Program in Aging	169,757	Career
	University of Michigan	Quality Improvement in the Health Sciences	84,999	Quality Improvement
	Western Michigan University	Career Training Support Program in Gerontology	51,139	Career
	Office of Services to the Aging	State Title IV-A Training	211,146	
Minnesota	Governor's Citizens Council on Aging	State Title IV-A Training	108,023	
Mississippi	Mississippi Valley State University	Undergraduate Program in Aging with Emphasis on Minority Aging	87,541	Career
	Council on Aging	State Title IV-A Training	63,033	
Missouri	St. Louis University	Career Training Program in Aging	86,873	Career
	CENREL, Inc.	Model for Training Counseling Students and Peer Seminars	107,537	Quality Improvement
	Curators of the University of Missouri	Career Training in Gerontology	89,060	Career
	University of Missouri at St. Louis	Gerontology Training Program	113,115	Career
	Office of Aging	State Title IV-A Training	147,193	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Montana	Aging Services Bureau	State Title IV-A Training	\$ 30,000	
Nebraska	The University of Nebraska at Omaha	Gerontology Career Training Program	116,810	Career
	University of Nebraska Medical Center	Title IV-A Career Training Program	100,432	Career
	Commission on Aging	State Title IV-A Training	47,127	
Nevada	Division of Aging	State Title IV-A Training	30,000	
New Hampshire	Council on Aging	State Title IV-A Training	30,000	
New Jersey	Rutgers, The State University	Intra-University Program in Gerontology	132,663	Career
	Seton Hall University	Multidisciplinary Training of Gerontology Personnel	92,500	Career
	College of St. Elizabeth	Gerontology Career Training Program	37,439	Career
	Division on Aging	State Title IV-A Training	200,093	
New Mexico	Commission on Aging	State Title IV-A Training	30,000	
New York	Council on Social Work Education	Develop Knowledge About Needs of Aging Members of Ethnic Minority Groups of Color	82,135	Quality Improvement
	Fordham University	Title IV-A Career Training	99,751	Career
	Graduate School and University Center-CUNY	Self-Help Mutual Aid	50,000	Quality Improvement
	Hunter College	Career Training in Aging	168,832	Career
	Jewish Institute for Geriatric Care	A Training Program for Medical Students in Clinical Care for the Elderly	180,249	Quality Improvement

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
New York	New York University	Improving Medical School Curriculum for Health Care of the Nation's Elderly	\$ 82,920	Quality Improvement
	State University at Albany	Support for Career Training in Aging	102,393	Career
	City University of New York	Research Training Program in Urban Gerontology	108,695	Career
	State University of New York at Buffalo	Career Training	126,681	Career
	Syracuse University	Multifaceted Training in Gerontology	199,980	Career
	Syracuse University	Integrated Mid-Career Training for Practitioners in Selected Programs for the Elderly	40,769	Quality Improvement
	Office for the Aging	State Title IV-A Training	521,254	
North Carolina	Duke University Center for the Study of Aging	KWIC Training Resources in Aging Project	136,086	Quality Improvement
	Livingstone College	All College Gerontology Concentration	59,342	Career
	Duke University Medical Center	Multidisciplinary Training in Geriatric Care	58,692	Career
	Wayne Community College	Geriatric Technician Training Program	45,370	Career
	Governor's Coordinating Council on Aging	State Title IV-A Training	128,990	
North Dakota	Aging Services	State Title IV-A Training	30,000	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Ohio	Case Western Reserve University	Specialization in Aging	\$101,325	Career
	Wright State University	Gerontology/Geriatric Educational Program	82,217	Career
	Scripps Foundation Gerontology Center, Miami University	Career Education and Training at Miami University	61,617	Career
	The University of Akron	Career Training in Adult Development and Aging	46,950	Career
	Commission on Aging	State Title IV-A Training	272,484	
Oklahoma	Special Unit on Aging	State Title IV-A Training	82,643	
Oregon	Portland State University	Serving the Nation's Elderly: Multidisciplinary Training in the Field of Aging	165,904	Career
	Oregon State University	Career Training in Aging	104,909	Career
	University of Oregon	A Multidisciplinary Center for Gerontology	125,206	Career
	Program on Aging	State Title IV-A Training	66,006	
Pennsylvania	The Pennsylvania State University	Career Training Program in Aging	154,106	Career
	Office of Aging	State Title IV-A Training	354,978	
Puerto Rico	Gericulture Commission	State Title IV-A Training	53,021	
Rhode Island	Division on Aging	State Title IV-A Training	30,000	
South Carolina	Commission on Aging	State Title IV-A Training	60,661	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
South Dakota	Office on Aging	State Title IV-A Training	\$ 30,000	
Tennessee	Fisk University	Graduate Masters of Art Program in Gerontology	70,620	Career
	Middle Tennessee State University	Multidisciplinary Gerontology Program	37,947	Career
	Commission on Aging	State Title IV-A Training	112,307	
Texas	Governor's Committee on Aging	State Title IV-A Training	295,319	
	North Texas State University	Multidisciplinary Career in Aging	123,106	Career
	University of Texas at Arlington	Chicano Aging Administration Training Program	97,307	Career
	Our Lady of the Lake University of San Antonio	Chicano Aging Program	67,491	Career
	Houston Tillotson College	Gerontology Project to Establish a Multidisciplinary Program	69,417	Career
	Prairie View A&M University	Multidisciplinary Undergraduate Career Training Program Specializing in Rural Gerontology	71,874	Career
	The University of Texas at Austin	Multidisciplinary Studies in Aging	113,267	Career
Utah	Rocky Mountain Gerontology Center-University of Utah	Rocky Mountain Gerontology/ Training Program-Career Training	239,919	Career
	Division of Aging	State Title IV-A Training	30,000	

TABLE VIII. FISCAL YEAR 1978 - TITLE IV-A SUPPORTED PROJECTS--Continued

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Vermont	Office on Aging	State Title IV-A Training	\$ 30,000	
Virginia	Hampton Institute	Under Graduate Interdisciplinary Career Training in Gerontology	35,493	Career
	Virginia Union	Multidisciplinary Gerontology Minor Program	102,336	Career
	Norfolk State College	Interdisciplinary Expansion of Gerontology Training Program	44,994	Career
	Virginia Commonwealth University	Multidisciplinary Career Training in Aging	107,944	Career
	Office on Aging	State Title IV-A Training	111,688	
Virgin Islands	Commission on Aging	State Title IV-A Training	15,000	
Washington	Office on Aging	State Title IV-A Training	92,163	
West Virginia	West Virginia University	Social Work Career Training Program in Aging	57,697	Career
	Commission on Aging	State Title IV-A Training	54,302	
Wisconsin	University of Wisconsin	Career Training - Expansion of Interdisciplinary Components of Training in Gerontology	173,007	Career
	Division on Aging	State Title IV-A Training	128,458	
Wyoming	University of Wyoming	Social Work Education - Aging	20,474	Career
	Aging Services	State Title IV-A Training	30,000	

7. RESEARCH AND DEVELOPMENT PROGRAM

a. Support for Policy/Advocacy and Service System Development

The research and development program seeks to build and expand knowledge in the field of aging critical to the development and implementation of policies, programs, and services beneficial to older persons. Since its beginning under Title IV of the Older Americans Act, the research program has been directed toward supporting AoA's legislatively mandated programs and responsibilities. Under this directed research approach, the program has a dual focus on research in support of policy/advocacy and research to foster development of community-based service systems.

Policy/advocacy research projects examine public and private policies and issues which have significant impact on the lives of older persons relative to employment, retirement, income, housing, health, and services. Research results are used to recommend new, or modifications of existing, policies to improve the life circumstances of older people. Research focusing on issues related to service system development places emphasis on services to sustain vulnerable older persons in their own homes or in the least restrictive care setting appropriate to their needs. Results of this research are used to assist in the design and implementation of service programs which will contribute to the establishment of a comprehensive continuum of services at the community level.

b. Program Activities

Of the \$8.5 million available to the Title IV, Part B research and development program in FY 1978, \$5.0 million funded new projects. Twenty-seven (27) new grants were awarded for policy/advocacy projects. These projects deal with issues such as employment opportunities and training programs for older workers, impact of eliminating mandatory retirement, adequacy of the private pension system, allocation of Title XX resources, private health insurance supplementation for Medicare, and the incidence of maltreatment of older persons.

New grants of \$2.4 million were awarded for twenty-one (21) projects related to the development of community-based long-term care systems for the more vulnerable elderly. These projects examine such issues as improving selection of care alternatives, availability and cost of domiciliary care, the cost benefits of alternative service/treatment modalities, long-term care needs of the rural aged, and the benefits of geriatric hospital day care.

Additionally, \$.2 million was designated to support a project as part of another AoA program to develop increased capacity of minority researchers in the field of aging.

Tables IX and X provide detailed information on these awards.

TABLE IX. TITLE IV-B FUNDING SUMMARY (FY 1975-1978)

	<u>Approximate Amount</u>	<u>No. Projects</u>
<u>Fiscal Year 1975 - \$7.0 million</u>		
Policy/Advocacy	\$0.9 million	8
Service Systems	\$4.5 million	38
Other*	\$1.6 million	19
<u>Fiscal Year 1976 and Transition Quarter - \$10.0 million</u>		
Policy/Advocacy	\$1.8 million	25
Service Systems	\$6.8 million	60
Other*	\$1.4 million	13
<u>Fiscal Year 1977 - \$8.5 million</u>		
Policy/Advocacy	\$0.5 million	8
Service Systems	\$6.1 million	55
Other*	\$1.9 million	7
<u>Fiscal Year 1978 - \$8.5 million</u>		
Policy/Advocacy	\$2.7 million	29
Service Systems	\$5.6 million	38
Other*	\$0.2 million	1

* Depending on the year, balances include other items such as inter-agency agreements, taps, and interprogram transfers as well as projects which cut across both types of research.

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS
(TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)

THE NEEDS OF THE OLDER PERSON AND CONDITIONS WHICH AFFECT THESE NEEDS

New Awards

National Indian Council on Aging (Juana Lyon) Albuquerque, New Mexico	"Program Research for Serving the Indian Elderly"	\$149,821
The Urban Institute (Jeffrey Koshel, Michael Gutowski) Washington, D.C.	"The Impact of Suburbanization and the Needs of Older Persons"	\$ 85,993

Ongoing Projects

University of Southern California (Stephen McConnell) Los Angeles, California	"A Comparative Applied Study of Health Retirement and Housing Issues Affecting Mexican-American, Black, and White Elderly"	\$184,682
Asociacion Nacional Pro Personas Mayores (Carmela Lucayo) Los Angeles, California	"A National Study to Assess the Service Needs of the Hispanic Elderly"	\$120,663
The Urban Institute (Richard Wertheimer) Washington, D.C.	"Forecasting the Changes in the Characteristics of Older Persons Between Now and 1990"	<u>1/</u>
Georgetown University (Beth Soldo) Washington, D.C.	"Cohort Composition and Changes in the Elderly Population 1975-1990"	<u>1/</u>

1/ No FY 1978 funds were awarded projects for which no amounts are given in this table; these projects operated on funds awarded in previous fiscal years.

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1963, AS AMENDED)--Continued

THE NEEDS OF THE OLDER PERSON AND CONDITIONS WHICH AFFECT THESE NEEDS--Continued

Ongoing Projects--Continued

University of Miami (Herbert Quay) Miami, Florida	"The Economic, Social and Psychological Impacts on the Elderly Resulting From Criminal Victimization"	\$157,072
University of Southern California (Judith Treas) Los Angeles, California	"Aged and Pre-Aged Women: Analysis of Needs (Successful Work Options of Aging Women)"	\$ 12,137
American Institutes for Research (John Flanagan) Palo Alto, California	"Identifying Opportunities for Improving the Quality of Life of Older Age Groups"	—
University of Georgia (James Dowd) Athens, Georgia	"Socialization to Old Age in an Urban Setting"	—
University of Illinois, Chicago Circle (Ethel Shanas) Chicago, Illinois	"National Survey of the Aging"	\$ 67,249
University of Maryland (Margaret Gatz) College Park, Maryland	"Aging Competency"	—
University of Missouri-Columbia (Robert Habenstein) Columbia, Missouri	"Local Socio-Environmental Contexts and Personal Moorings Related to Decision-Making and the Elderly"	—
Duke University (George Myers) Durham, North Carolina	"Changing Household Patterns Among the Elderly"	—
Duke University (Martin Lakin) Durham, North Carolina	"Group Behavior and Socialization Experiences"	—
University of Pittsburgh (Gerald Zaltman) Pittsburgh, Pennsylvania	"Consumerism and the Aging: The Elderly as Victims of Fraud"	—

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)—Continued

THE NEEDS OF THE OLDER PERSON AND CONDITIONS WHICH AFFECT THESE NEEDS—Continued

Ongoing Projects—Continued

Battelle Human Affairs Research Center (Herbert Edelhertz) Seattle, Washington	"Consumerism and the Aging: The Elderly as Victims of Fraud"	—
Regents of the University of Michigan (Harold Johnson) Ann Arbor, Michigan	"American Values and the Elderly"	\$ 92,403
University of Pennsylvania (George Gerbner, Larry Gross and Nancy Signorielli) Philadelphia, Pennsylvania	"Aging With Television"	\$116,619

INFORMAL SUPPORTS

Ongoing Projects

San Diego State University (Percil Stanford) San Diego, California	"The Servidor System"	—
American Institutes for Research (Sara Rix) Washington, D.C.	"With a Little Help From My Friends"	\$132,818
National Center for Black Aged (Wilbur Watson) Washington, D.C.	"Informal Social Networks in Support of Elderly Blacks in the Black Belt of the United States"	\$146,000
University of Illinois, Chicago Circle (Masako Osako) Chicago, Illinois	"Aging, Social Isolation, and Kinship Ties Among Japanese-Americans"	\$ 50,812
Massachusetts Institute of Technology (Sandra Howell) Cambridge, Massachusetts	"New Community: A Documented History of a Congregate Residence"	—
Hebrew Rehabilitation Center for Aged (Sylvia Sherwood) Boston, Massachusetts	"A Study of the Informal Support Network of the Needy Elderly"	\$220,000

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

INFORMAL SUPPORTS--Continued

Ongoing Projects--Continued

Fordham University (Marjorie Cantor) Brooklyn, New York	"The Impact of the Entry of the Formal Organizations on Existing Networks of Older Americans"	---
Philadelphia Geriatric Center (Elaine Brody) Philadelphia, Pennsylvania	"The Dependent Elderly and Women's Changing Role"	\$122,170
Catholic University of America (David Cuttman) Washington, D.C.	"Informal Social Networks and Assistance Among the Elderly"	\$ 30,156
Bowman Gray School of Medicine, Wake Forest University Winston-Salem, North Carolina	"Incentives and Family Environments for the Elderly"	---
The Mitre Corporation (John Chester) McLean, Virginia	"Technology in the Services of the Aged Through the Retirement Cooperative Concept"	---

PROVISION OF SERVICES

Ongoing Projects

University of Kansas (Walter Crockett) Lawrence, Kansas	"Attitudes Towards Older Persons on the Part of Service Delivery Professionals"	---
Special Services for Groups, Inc. (Sharon Fujii) Los Angeles, California	"Service Delivery Models for Pacific Asian Elderly"	\$ 70,349
Division of Youth and Family Services Department of Institutions and Agencies, State of New Jersey (George Dannenberg) Trenton, New Jersey	"The Utilization of the Elderly in Child Welfare Services"	---
Portland State University (Douglas Montgomery) Portland, Oregon	"Attitudes Towards Older Persons on the Part of Services Delivery Professionals"	---

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

PROVISION OF SERVICES--Continued

Ongoing Projects--Continued

Portland State University (Terrie Wetle) Portland, Oregon	"Analysis of Coordination and Organization Change"	—
The Institute of Public Administration (Joseph Revis) Washington, D.C.	"Information Dissemination Models on Transportation Services for Older Americans"	\$ 66,694
University of Southern California (Raymond Steinberg) Los Angeles, California	"Alternative Designs for Comprehensive Service Delivery to the Elderly Through Case Service Coordination/Advocacy"	\$256,775
Foundation of California State University, Sacramento Sacramento, California	"Techniques of Social Service Provision to the Minority Aged"	—
County of Los Angeles Area Agency on Aging (Victor Regnier) Los Angeles, California	"Community Analysis Techniques"	\$ 7,709
University of Miami (Jose Szapocznik) Miami, Florida	"Reaching Out to the Hispanic Elderly"	—
Wayne State University (Charles Omarzu) Detroit, Michigan	"An Investigation of the Feasibility of a Computerized Model of the Provision of Services to the Elderly"	—
Regents of the University of Michigan (Harold Johnson) Ann Arbor, Michigan	"Home Health Care Among Black Elderly"	—
State of Washington Department of Social and Health Services (Gary Johnson) Olympia, Washington	"Models of Case Coordination for Provision of Services to the Elderly"	—

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)—Continued

SERVICE DELIVERY SYSTEMS

New Awards

Center for Public Management (Robert Stross) Potomac, Maryland	"Differences in Delivery of Services in States With and Without Area Agencies"	\$108,545
Health Systems Planning Foundation of Suffolk (Henry Brill) Stony Brook, New York	"Role of SUAs and AAAs in Provision of Services to the Deinstitutionalized Elderly"	\$ 95,925
TARP Institute (Arthur Boyd) Washington, D.C.	"Techniques for Developing Political Support for the Aging"	\$125,000

Ongoing Projects

Regents of the University of California, Sacramento (Carroll Estes) San Francisco, California	"Funding Practices, Policies, and Performance of State and Area Agencies on Aging"	\$340,875
Scientific Analysis Corporation (Neil Gilbert, Harry Specht) San Francisco, California	"An Analysis of the Implications of Title XX Service Plans for the Nationwide Development of Local Comprehensive Service Delivery Systems for the Aged"	—
Institute for Economic and Social Measurements, Inc. (Jon Burnhardt) Bethesda, Maryland	"Analysis of the Continuation of Services Funded Under Title III"	\$ 75,281
Pennsylvania State University (George Kleindorfer, Frederick Eiselle) University Park, Pennsylvania	"Simulating Demand and Costs for Statewide Services to the Aging"	—

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

LONG-TERM CARE

New Awards

Hebrew Rehabilitation Center for Aged Department of Social Gerontological Research (Sylvia Sherwood) Roslindale, Massachusetts	"Paths to Alternative Services Modalities and Differential Impact of These Modalities on Similar Groups of Vulnerable Elderly"	\$189,129
Hunter College jointly with the Research Foundation of CUNY (Rose Dubrof & Barbara Morrison) New York, New York	"The Path to the Institution: Sociocultural, Familial, and Organizational Factors"	\$ 97,034
Brandeis University Levinson Policy Institute Florence Heller Graduate School for Advanced Studies in Social Welfare (Alan Sager, Robert Morris) Waltham, Massachusetts	"Decision-Making for Home Care"	\$169,835
Georgetown University (Beth Solda) Washington, D.C.	"Long-Term Care Decision Making: Institutionalized Elderly"	\$113,778
Hebrew Rehabilitation Center for Aged Department of Social Gerontological Research (Sylvia Sherwood) Roslindale, Massachusetts	"What is the Availability and Cost of Domiciliary Care and What Services are Provided in Such Supportive Residential Settings for Older Persons"	\$157,769
Columbia University (Barry Gurland, Anthony Mann, Ruth Bennett and David Wilder) New York, New York	"A Cross-National Study of the Cost-Benefits of Alternative Service Treatment Modalities for Older Persons"	\$218,138
Community Research Applications, Inc. (Douglas Holmes) Weston, Connecticut	"The Cost Effect and Benefits Associated With Daycare, Day Hospitals Domiciliary Care, In- termediate Care, and Skilled Nursing Care"	\$165,110

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

LONG-TERM CARE--Continued

New Awards--Continued

University of Pennsylvania Center on Aging (Sharon Simson, Laura Bleiweiss) Philadelphia, Pennsylvania	"Establishing a Data Base on Emergency Services and the Elderly: Planning for Linkages Between Emergency Services, Long-Term Care, and Health Related Services"	\$149,494
Health Systems Agency of Northeastern New York (J. Stanley Yake, Eleanor Stroller) Albany, New York	"Aging as a Rural Phenomenon"	\$139,996
Georgetown University (David Rabin) Washington, D.C.	"Maintaining the Elderly in the Community"	\$106,831
Wake Forest University (Marvin Sussman) Winston-Salem, North Carolina	"Models for Elderly Home Care"	\$ 90,400
Foundation of the American College of Nursing Home Administrators (Suzanne Wood) Washington, D.C.	"Nursing Homes and the Black Elderly: Utilization and Satisfaction"	\$ 65,045
The Urban Institute (William Scanlon) Washington, D.C.	"Models of the Utilization and Cost of Long-Term Care Services"	\$ 71,947
University of Pennsylvania (Walter Poulshock) Philadelphia, Pennsylvania	"Assessment of Geriatric Day Hospital Care"	\$ 98,259

Ongoing Projects

Minnesota Board on Aging (Nancy Anderson) Minneapolis, Minnesota	"Comparison of In-Home and Nursing Home Care for Older Persons in Minnesota"	\$114,899
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TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

LONG-TERM CARE--ContinuedOngoing Projects--Continued

Research Foundation for Mental Hygiene (Barry Gurland) Albany, New York	"A Cross-National Comparison of the Institutional Elderly: Including Costs, Quality, and Outcome of Their Long-Term Care"	---
Brandeis University (Robert Morris, Alan Sager) Waltham, Massachusetts	"Approaches to Determining the Cost of Home Care Alternative to Nursing Home Care: The Diversion Strategy"	---

EMPLOYMENT

The American University (Bradley Schiller) Washington, D.C.	"Private Pension and Employment Opportunities"	\$ 74,207
Appalachian State University Bureau of Economic and Business Research (Jean-Pierre A. Courbois, Michael McDonough) Boone, North Carolina	"Impact of Public Employment and Training Programs on Older Workers"	\$ 74,677
The Urban Institute (Nancy M. Gordon) Washington, D.C.	"A Cross-National Study of Part-time Employment for the Elderly"	\$ 81,644
The American University (Bradley Schiller) Washington, D.C.	"Private Pension Plans and the Older Worker - Further Analysis"	\$ 71,967

Ongoing Projects

American Institutes for Research (Harold Sheppard) Washington, D.C.	"Impact of Unemployment Climate on Older Workers in Two Labor Markets With Contrasting Unemployment Rates"	---
University of Virginia (William Serow) Charlottesville, Virginia	"Implications of Prospective Population Change for Older American Workers"	---

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

EMPLOYMENT--Continued

Ongoing Projects--Continued

Human Resources Research Organization (Thurlow Wilson) Arlington, Virginia.	"Analysis of Employment Services for Older Job Seekers"	—
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RETIREMENT

New Awards

The University of North Carolina
(Benson Rosen, Thomas H. Jerdee)
Chapel Hill, North Carolina

"An Investigation of the Retirement
Decision Process"

\$ 99,990

The Urban Institute
(Richard Wertheimer)
Washington, D.C.

"The Direct and Indirect Consequences of
Increasing or Eliminating the Mandatory
Retirement Age"

\$ 58,865

North Carolina State University
(Robert Clark, David Baker and
Steven Cantrell)
Raleigh, North Carolina

"Outlawing Age Discrimination: Economic
and Institutional Responses to the
Elimination of Mandatory Retirement"

\$ 69,383

Portland State University
Institute on Aging
(Elizabeth Meire, Douglas Montgomery,
Lois Keast, Eileen Jean and
Gary Holzmagel)
Portland, Oregon

"Retirement Age Policies and Employment
Opportunities"

\$ 60,000

INCOME

New Awards

The Urban Institute
(Gary Hendricks, Michael Arthur)
Washington, D.C.

"The Adequacy of Earnings Replacement
Through Private Pensions"

\$ 71,136

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

HOUSING

New Awards

Community Research Applications, Inc. (Monica Holmes) Weston, Connecticut	"The Planning and Impact of Service-Rich Publicly-Supported Housing for Older Persons"	\$ 73,878
Philadelphia Geriatric Center (M. Powell Lawton) Philadelphia, Pennsylvania	"Federal Housing Services to Community-Resident Elderly"	\$ 81,109
Portland State University School of Urban Affairs Institute on Aging (Byron Walters, Leon Cain) Portland, Oregon	"A Minority Group Research Project - The Impact of Rehabilitation, Repair and Maintenance Programs on Elderly Homeowners: A Three-City Study of Minority and non-Minority Differentials"	\$ 82,477
The Urban Institute (Neil Mayer) Washington, D.C.	"Assessment of the Adequacy of Federal Home Maintenance and Repair Loan or Grant Programs in Meeting the Needs of Elderly Homeowners"	\$ 74,349
Fall River Housing Authority Special Studies for Independent Living (Sylvia Sherwood) Fall River, Massachusetts	"A Study of Special Housing Needs of Diverse Groups of Chronically Ill and Physically Impaired Elderly"	—

Ongoing Projects

Philadelphia Geriatric Center (M. Powell Lawton) Philadelphia, Pennsylvania	"The Elderly and Their Housing"	\$120,781
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TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

HEALTH

New Awards

University of California, Berkeley
(Shaw, Minkler, Rosow, and Sholtz)
Berkeley, California

"Investigation of the Effects of Retirement
on the Utilization of Health Services: An
Examination of the Factors which Affect the
Utilization of Health Services after Retirement"

\$ 83,751

The American University
(Harold Herman)
Washington, D.C.

"Medicare Supplements: Their Value and
Control"

\$ 97,297

Ongoing Projects

The Urban Institute
(John Holahan)
Washington, D.C.

"The Development of an AoA Strategy for
Policy Research in Aging: Health and
the Elderly"

\$ 13,393

SOCIAL SERVICES

New Awards

Community Research Application, Inc.
(Douglas Holmes, Monica Holmes)
Weston, Connecticut

"Changes in the Allocation of Service
Resources and in the Coverage Provided to
Older Persons Most in Need of Services
Under Title XX"

\$121,441

Scientific Analysis Corporation
(Neil Gilbert, Harry Specht)
San Francisco, California

"Services to the Elderly Under Title XX:
An Analysis of National Trends 1975-1979"

\$ 86,505

Michigan State University
Dept. of Community Health Science
(Sidney Katz, Joseph Papsidero)
East Lansing, Michigan

"Policy Research in Long-Term Care"

\$ 95,814

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

CROSSCUTTING ISSUES/MINORITY BENEFITS

San Diego County - Area Agency on Aging (M. Gene Aldridge) San Diego, California	"Minority Elderly Americans: Development of Prototype for Area Agencies on Aging in the Assessment of Equitability for Receipt of Public Benefits in Housing, Employment, Retirement Income, Health and Services"	\$203,571
The Institute for the Study of Human Systems, Inc. (Robert Creecy, Solomon Jacobson) Columbia, Maryland	"Equal Opportunity for Minority Elderly: An Inquiry"	\$ 94,362
The Catholic University of America (David Guttman) Washington, D.C.	"Perspective on Equitable Share of Public Benefits by the Elderly in Minority Groups"	\$110,016
Foundation of California State University, Sacramento (Jesse F. McClure) Sacramento, California	"The Minority Elderly: 'Equal Opportunity' Myth or Reality?"	\$151,757

CROSSCUTTING ISSUES/ADVOCACY

University of Maryland Center on Aging (Marilyn R. Block) College Park, Maryland	"The Battered Elder Syndrome: An Exploratory Study"	\$ 95,941
The University of Michigan Institute of Gerontology (Richard Douglas, Tom Hickey) Ann Arbor, Michigan	"Maltreatment and Abuse of the Elderly: Incidence and Program Model"	\$100,130
Florida State University (Winsor Schmidt, William Bell, Kent Miller) Tallahassee, Florida	"Public Guardianship and the Elderly"	\$ 84,904

TABLE X. FISCAL YEAR 1978 RESEARCH AND DEVELOPMENT PROJECTS (TITLE IV, PART B, OLDER AMERICANS ACT OF 1965, AS AMENDED)--Continued

CROSSCUTTING ISSUES/ADVOCACY--Continued

Northern Illinois University (Douglas Dobson) DeKalb, Illinois	"The Political Impact of Elderly"	\$ 95,573
<u>Ongoing Projects</u>		
The Urban Institute (Jeffrey Koschel, Eugene Durman) Washington, D.C.	"Client Oriented Community - Assessment of Long-Term Care Facilities"	\$204,208
Northern Illinois University (Douglas Dobson) DeKalb, Illinois	"Development and Adoption of Policies for The Elderly: The State Legislative Process"	—
<u>RESEARCH DEVELOPMENT</u>		
<u>New Awards</u>		
University of Missouri (Warren Peterson) Kansas City, Missouri	"Implementation and Utilization of a Research Instrument Bank in Aging"	\$121,000
Regents of the University of Michigan (Jerome Clubb, Harold Johnson) Ann Arbor, Michigan	"Data Archives, Training and Consultation Services in the Field of Aging"	\$158,038

8. MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

Title IV, Part E of the Older Americans Act authorizes the Commissioner on Aging to make grants to public and private non-profit organizations and institutions to establish or support multidisciplinary centers of gerontology. The functions of a multidisciplinary center of gerontology are to:

- o recruit and train personnel at the professional and subprofessional levels;
- o conduct basic and applied research on work, leisure, and education of older people, living arrangements of older people, the economics of aging, and other related areas;
- o provide consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for them;
- o serve as repositories of information and knowledge with respect to the areas for which it conducts basic and applied research;
- o stimulate the incorporation of information on aging into the teaching of biological, behavioral, and social sciences in colleges or universities;
- o help to develop training programs on aging in schools of social work, public health, health care administration, education, and in other such schools at colleges and universities; and
- o create opportunities for innovative, multidisciplinary efforts in training, research, and demonstration projects relating to aging.

The Title IV, Part E Multidisciplinary Center of Gerontology program provides for grants under two different categories:

- (1) developmental grants to support the establishment of multidisciplinary centers, or alternatively to assist recently established institutes on aging in realizing their potential for becoming Multidisciplinary Centers of Gerontology.
- (2) operational grants to already well-established multidisciplinary centers of gerontology to expand and strengthen their activities consistent with the provisions of Title IV, Part E.

Table XI provides details on these grants.

TABLE XI. ADMINISTRATION ON AGING MULTIDISCIPLINARY
CENTERS OF GERONTOLOGY FISCAL YEAR 1978

I. CONTINUATION AWARDS

a. Developmental Grants (for grantees who were first funded in FY 1976)

	<u>Grantee Organization</u>	<u>Program Director</u>	<u>Award</u>
(1)	Florida State University Tallahassee, Florida 32306	William G. Bell	\$45,036
(2)	North Country Community College Saranac Lake, New York 12983	James M. Bellis	48,025
(3)	University of Pennsylvania Philadelphia, Pennsylvania 19104	Patrick B. Storey	65,235
(4)	University of Illinois at Chicago Circle Chicago, Illinois 60680	Thomas O. Byerts	56,396
(5)	University of Iowa Iowa City, Iowa 52240	Thomas H. Walz	56,885
(6)	University of Hawaii Manoa Campus Honolulu, Hawaii 96822	Richard K. C. Lee	79,198
(7)	University of Connecticut Storr, Connecticut 06268	Howard A. Rosencranz	45,177
(8)	University of Alabama in Birmingham-Center for Aging Birmingham, Alabama 35294	Howard W. Schnaper	63,564
(9)	City University of New York New York, New York 10036	Neil G. McCluskey	63,719
(10)	The University of Alabama University, Alabama 35486	Lorin A. Baumhover	45,571
(11)	University of Miami Coral Gables, Florida 40306	Priscilla R. Perry	57,845
(12)	University of Kentucky Lexington, Kentucky 40306	David R. Wekstein	32,042

TABLE XI. ADMINISTRATION ON AGING MULTIDISCIPLINARY
CENTERS OF GERONTOLOGY, FISCAL YEAR 1978--Continued

b. Operational Grants (for grantees who were first funded in FY 1976)

	<u>Grantee Organization</u>	<u>Program Director</u>	<u>Award</u>
(1)	Syracuse University New York, New York 13210	Walter Beattie, Jr.	\$141,977
(2)	University of Southern California Los Angeles, California 90007	James E. Birren	142,240
(3)	Pennsylvania State University University Park, Pennsylvania 16802	Joseph Britton	128,684
(4)	Duke University Durham, North Carolina 27706	George L. Maddox	145,881
(5)	North Texas State University Denton, Texas 76203	H. J. Friedsam	119,631
(6)	Miami University Oxford, Ohio 45056	Robert C. Atchley	62,889
(7)	Boston University Boston, Massachusetts 02215	Knight Steel Paul M. Gertman	123,695

II. CONTINUATION AWARDS

a. Developmental Grants (for grantees who were first funded in FY 1977)

	<u>Grantee Organization</u>	<u>Program Director</u>	<u>Award</u>
(1)	University of Louisville Louisville, Kentucky 40208	Barbara R. Bradshaw	\$68,000
(2)	Temple University Philadelphia, Pennsylvania 19122	Richard C. Adelman	57,000
(3)	San Diego State University San Diego, California 92182	E. Percil Stanford	59,949
(4)	University of Pittsburgh Pittsburgh, Pennsylvania 15261	Barbara K. Shore Edmund Ricci	58,228
(5)	University of Oregon Eugene, Oregon 97403	Frances Gillespie Scott	56,000
(6)	University of Minnesota Minneapolis, Minnesota 55455	Frank Lassman	62,308
(7)	State University of New York at Albany Albany, New York 12201	Susan R. Sherman	64,967

TABLE XI. ADMINISTRATION ON AGING MULTIDISCIPLINARY
CENTERS OF GERONTOLOGY, FISCAL YEAR 1978--Continued

	<u>Grantee Organization</u>	<u>Program Director</u>	<u>Award</u>
(8)	The University of Akron Akron, Ohio 44325	Harvey L. Stearns	\$59,000
(9)	University of Nebraska at Omaha Omaha, Nebraska 68101	Christopher Bolton	60,030
(10)	Hampton Institute Hampton, Virginia 23668	Juanita F. Strawn	55,000
(11)	Wichita State University Wichita, Kansas 67208	William C. Hays	69,100
(12)	Virginia Commonwealth University Richmond, Virginia 23220	Gregory Arling	63,000
(13)	University of Puerto Rico San Juan, Puerto Rico 00936	Belarmina Morales de Rivera	58,000
(14)	University of Kansas Lawrence, Kansas 66045	Walter H. Crockett	53,680
(15)	West Virginia University Morgantown, West Virginia 26505	Anita S. Harbert	50,992
(16)	Hamline University St. Paul, Minnesota 55104	Chung-Tai Lu	30,253

b. Operational Grants (for grantees who were first funded in
FY 1977)

	<u>Grantee Organization</u>	<u>Program Director</u>	<u>Award</u>
(1)	University of Missouri Columbia, Missouri 65201	Donald I. Cowgill	\$131,899
(2)	Hunter College New York, New York 10021	Rose Dobrof	132,741
(3)	University of Wisconsin Madison, Wisconsin 53706	Martin B. Loeb	129,071
(4)	Philadelphia Geriatric Center Philadelphia, Pennsylvania 19141	Powell Lawton	149,058
(5)	University of Michigan Ann Arbor, Michigan 48109	Harold R. Johnson	128,836
(6)	University of Washington Seattle, Washington 98195	Carl Eisdorfer	150,525
(7)	Portland State University Portland, Oregon 97207	Douglas Montgomery	132,000
(8)	Wayne State University Detroit, Michigan 48202	Charles J. Parrish	132,232

9. MODEL PROJECTS PROGRAM

During FY 1978, Title III, Section 308 of the Older Americans Act authorized the Commissioner to make grants to any public or non-profit private agency or contracts with any organization for model projects which promote the well-being of older persons. Model projects were designed to demonstrate ways of improving and expanding services for older persons by testing innovative approaches and new initiatives. During FY 1978, program priority areas were stated in the Older Americans Act as follows:

1. Housing and living arrangements
2. Continuing education
3. Preretirement education, information, and relevant services
4. Special services to mentally and physically impaired older persons
5. Ombudsman services for residents of nursing homes
6. Improved services to underserved older persons, with emphasis upon the needs of low income, minority, Indian, limited English-speaking, and rural elderly
7. Senior ambulatory care day centers and other types of assistance to older persons to remain out of institutions and to maintain independent living.

A summary of Model Projects awards during the fiscal years 1974 through 1978 follows.

Model Projects on Aging ProgramFiscal Year 1974 - \$11 million

State grants for general development	\$6.3 million	50 awards
Evaluation of Title III	1.0 million	
Demonstration Projects	3.7 million	40 awards

Fiscal Year 1975 - \$7.3 million

Legal Service Demonstrations	\$1,193,259	11 awards
Other Demonstrations	6.1 million	52 awards

Fiscal Year 1976 and Transition Quarter - \$14.5 million

Legal Service Demonstrations	\$1,248,963	10 awards
State Nursing Home Ombudsman	1.5 million	52 awards
Other Demonstrations	11.8 million	72 awards

Fiscal Year 1977 - \$12 million

State grants for Nursing Home Ombudsman	\$.4 million	15 awards
State grants for Legal Services Demonstrations on Crime	1.2 million	50 awards
	1.0 million	6 awards
Senior Environmental Protection Demonstrations	1.0 million	10 awards
Other Demonstrations	8.4	50 awards

Fiscal Year 1978 - \$15,492 million

State Legal Service Grants	\$ 2.420 million	50 awards
State Nursing Home Ombudsman	1.050 million	49 awards
Other Demonstrations	12.022 million	44 new awards 50 continuations

The 44 new Model Project awards during FY 1978 are summarized in Table XII.

TABLE XII. NEW MODEL PROJECTS FUNDED WITH FY 1978 FUNDS

Hospice of the Valley, Inc. "C.O.R.E. System Response" 908 North 24th Street Phoenix, Arizona 85008 \$116,850	Commission on Community Relations "Advocacy for Senior Consumers" 431 West Colfax Avenue Denver, Colorado 80204 \$100,000
University of Arizona Department of Public Administration & Psychology "Evaluation of Hillhaven Hospice" Tucson, Arizona 85721 \$70,000	State of Connecticut Department on Aging Community Care Systems 90 Washington Street Hartford, Connecticut 06115 \$227,078
Pima County Board of Supervisors "Community Services System" 131 West Congress Tucson, Arizona 85701 \$244,748	National Council on the Aging, Inc. "Senior Centers Y Community Care" 1828 L Street, N.W., Suite 504 Washington, D.C. 20036 \$80,951
Arkansas Office on Aging Division of Department of Human Services "Service Management Project" 7107 West 12th Street Post Office Box 2179 Little Rock, Arkansas 72203 \$201,000	Center for Gerontological Studies "Alternative Living Arrangements for the Elderly" 221 Matherly Hall Gainesville, Florida 32611 \$66,299
Foundation for Comprehensive Health Services, Inc. "A Model Medical and Health Care System" Post Office Box 22697 Sacramento, California 95822 \$132,500	Aging & Adult Services Program "Community Care System" 1321 Winewood Boulevard Tallahassee, Florida 32301 \$56,323
Santa Monica Hospital Medical Center Center for the Partially Sighted "Comprehensive Community Care System" 1225 15th Street Santa Monica, California 90404 \$179,890	Malama Makua "Treatment & Rehabilitation Center for Handicapped" 296 North Vineyard Honolulu, Hawaii 96817 \$109,642
	Mayor's Office for Senior Citizens and Handicapped "Social Services Project" 180 North LaSalle Street Chicago, Illinois 60601 \$136,800

TABLE XII. NEW MODEL PROJECTS FUNDED WITH FY 1978 FUNDS--Continued

University of Illinois at Chicago Circle "Data Base Development for State Agencies" Jane Addams College of Social Work Post Office Box 4348 Chicago, Illinois 60680 \$80,000	The Assistance Group for Human Resources Development, Inc. "Comprehensive Care System" 8555 Sixteenth Street, Suite 400 Silver Spring, Maryland 20901 \$138,866
The University of Iowa Multidisciplinary Gerontology Center "Community Care Project" Oakdale Campus Iowa City, Iowa 52242 \$140,257	Assessment and Resource Center Mental Health Programs, Inc. "Geriatric Assessment and Resource Center" 56 Fenwood Road Boston, Massachusetts 02115 \$174,330
E. S. Edgerton Medical Research Foundation "Adult Restorative Services" 3400 Grand Wichita, Kansas 67218 \$107,717	Department of Elderly Affairs Disaster Assistance 110 Tremont Street Boston, Massachusetts 02108 \$40,000
North Kentucky Mental Health- Mental Retardation Regional Board, Inc. "The MAC Senior Center" 430 Garrard Street Covington, Kentucky 41011 \$79,794	SOMA Clinic "Elderly Resocialization Program" 140 Chestnut Street Cambridge, Massachusetts 02139 \$173,470
Murray State University Department of Special Education Division of Speech and Hearing "Environmental Communication Intervention for the Aging" Murray, Kentucky 42071 \$57,000	The University of Michigan Institute of Gerontology "Evaluation of Community-based Support Groups" 520 East Liberty Ann Arbor, Michigan 48109 \$72,000
Cumberland-York Task Force on Aging Disaster Assistance 142 High Street, Suite 401 Portland, Maine 04101 \$20,000	The University of Michigan Institute of Gerontology "Nursing Home Councils Project" 520 East Liberty Ann Arbor, Michigan 48109 \$81,954
	The University of Michigan Turner Clinic "Peer Support System" 1000 Wall Street Ann Arbor, Michigan 48109 \$30,000

TABLE XII. NEW MODEL PROJECTS FUNDED WITH FY 1978 FUNDS--Continued

State Agency on Aging State of Minnesota Disaster Assistance Metro Square Building St. Paul, Minnesota 55101 \$48,596	New York City Housing Authority Department for the Aging "Senior Resident Advisor Program" 250 Broadway New York, New York 10007 \$139,547
Nebraska Commission on Aging Disaster Assistance Post Office Box 95044 301 Centennial Hall, South Lincoln, Nebraska 68509 \$40,000	American Jewish Committee "Intergenerational Relations Project" 165 East 56th Street New York, New York 10022 \$50,000
Inter-Tribal Council of Nevada, Inc. Department of Health and Social Services "A Model System for the Delivery of 23 Rural Nevada Indian Reservations" 650 South Rock Blvd., Building 11 Reno, Nevada 89502 \$96,230	Monroe County Long-Term Care Program, Inc. "Extending Access" Plymouth Park West 55 Troup Street Rochester, New York 14608 \$176,400
New York City Community College of CUNY Division of Continuing Education "Educational Service to the Elderly Homebound" 300 Jay Street Brooklyn, New York 11201 \$67,926	Ohio State School for the Deaf Alumni "Columbus Colony" 6971 Sunbury Road Westerville, Ohio 43081 \$250,000
Jamaica Service Program for Older Adults "Consortium of Aging Services" 163-18 Jamaica Avenue Jamaica, New York 11432 \$157,260	State of Oregon Department of Human Resources "Flexible Intergovernmental Grant Project" 315 Public Service Building Salem, Oregon 97310 \$150,000
Community Service Society of New York "Natural Supports Program" 105 East 22nd Street New York, New York 10010 \$150,000	Institute on Aging "Community Education Providing Care for the Elderly" Portland State University Post Office Box 751 Portland, Oregon 97207 \$29,997

TABLE XII. NEW MODEL PROJECTS FUNDED WITH FY 1978 FUNDS--Continued

Cambria County Board of Commissioners	Department of Elderly Affairs
Cambria County Area Agency on Aging	Disaster Assistance
Cambria County Courthouse	150 Washington Street
Disaster Assistance	Providence, Rhode Island 02903
Edensberg, Pennsylvania 15931	\$40,000
\$91,404	
State Office on Aging	Senior Citizens Services, Inc.
"Long-Term Care Planning and Development"	"Deinstitutionalization Program"
Post Office Box 2675	.3373 Poplar Avenue, Suite 401
Harrisburg, Pennsylvania 17120	Memphis, Tennessee 38111
\$199,808	\$177,069
Jefferson County Area Agency on Aging	University of Wisconsin
Jefferson County Service Center	"Community-Based Learning Centers for Older Adults"
"Health Education & Social Service/Primary Care Coordination Demonstration Project for a Rural Area"	Faye McBeath Institute on Aging
Rural Delivery #1	425 Henry Mall
Brookville, Pennsylvania 15825	Madison, Wisconsin 53706
\$107,000	\$102,731

10. TECHNICAL ASSISTANCE

During fiscal year 1978, the Administration on Aging distributed seven technical assistance handbooks designed to guide State and area agencies in developing and strengthening the following priority services for older persons:

- Information and referral.
- Legal.
- Nursing home ombudsman.
- Homemaker and home health.
- Senior centers.
- Employment.
- Residential repair and renovation.

These handbooks include information on the importance of the service to older persons, service definitions, alternative service models, and the role of State and area agencies in service development. Handbooks for transportation and nutrition services were disseminated to the aging network before fiscal year 1978.

During fiscal year 1978, a number of technical assistance memorandums were also disseminated to the network, covering such subjects as:

- Investigation of possible linkage with State and local government ombudsman/complaint handling mechanisms.
- Civil rights responsibilities in aging programs.
- Wisconsin State policies on distribution, resolution, and clearance of audit reports.
- Model budget reporting system.
- Guide for developing nutrition services in community health programs.

11. EVALUATION

During fiscal year 1978, AA continued work on two major longitudinal evaluation studies of the title III area planning and social services program, and the title VII nutrition program for the elderly. The first phase report of the title III evaluation was published in February. The first phase of the nutrition evaluation was published in January 1979. The second phase report of the title XX evaluation was also published. Descriptions of their major findings follow. In addition, a new evaluation study on the "Over Easy" television program was conducted in fiscal year 1978. It showed that many older people watched the program and reported interest in it. Finally, the evaluations of title IV-A career training and interagency agreements are continuing.

MAJOR FINDINGS AND POLICY IMPLICATIONS FROM PHASE I OF THE EVALUATION STUDY ON AREA PLANNING AND SOCIAL SERVICES

Many of the findings of the evaluation of the area planning and social services program may have significant implications for policy formulation, program regulations, and operating instructions. In this summary are listed several of the most noteworthy findings.

1. Area agencies have contributed to positive changes in services to the elderly and have an important role to play.—Even though area agencies had only been in existence for about 2 years at the time of the evaluation study, it was apparent both from data and the perceptions of community leaders that area agencies have played an important role in bringing about changes in services for the elderly. Area agencies are effective change agents. While this study does not "prove" the absolute need for area agencies, it does show that they are having a definite impact in their communities.

2. Area agencies were rated highly by others in community.—The cooperation, coordination approach of the area agencies seems to produce a high level of effectiveness, as well as community acceptance and appreciation. This argues well for the continuation and furthering of the area agency type of approach to planning, coordination, pooling, and provision of gap-filling and supportive services, in addition to advocacy and funding.

3. Area agency assistance in the provision of transportation services was linked to area agency effectiveness.—Service providers most frequently mentioned transportation as the No. 1 service area needing improvement. It is clear that simply providing social services is not enough. It is often necessary to

"get the people to the service." Many of the elderly may not have access to private or public transportation. Although transportation has been one of four "national priority" services, it is still inadequate to meet the need, according to service providers.

4. More planning activities by area agencies are associated with more improvements in services to older persons, per service provider.—Service providers do not identify planning activities of the area agency as directly related to specific improvements in the delivery system. However, the findings show that usually the more time the area agency devoted to planning the more improvements were observed per service provider, up to a certain level of planning.

5. Area agencies are especially effective among service providers they fund.—The effectiveness of the area agency as a "change agent" is enhanced when they are able to help fund a service provider. Service providers are more responsive to area agencies who help them by providing funds.

6. Area agencies are effective using nonfunding methods as well.—When asked to state what they felt to be the area agency's greatest achievement, the responses given most often by the State units on aging, members of the area agency advisory councils, and knowledgeable influential community leaders not directly involved in service delivery to the elderly, pertained to the area agency's non-funding activities. Improvements in the coordination of local services and increased public awareness of the needs of the elderly were two of the frequently stated major achievements.

Overall, the area planning and social services program, with its focus on planning and coordination, and its capacity for providing or gap-filling and supportive services (for example, transportation), has shown, in its first 2 years, an ability to face up to the needs of the elderly in America.

FINDINGS FROM PHASE I OF THE EVALUATION STUDY ON THE NUTRITION PROGRAM FOR THE ELDERLY

Data collection from the first-wave findings from phase I occurred between August 1976 and March 1977. This analysis describes program activities in the context of several issues of concern: enrollment of the priority elderly, the relationship of outside social activity to program participation, participant contributions, level of participation, area agency roles in the nutrition projects, service delivery characteristics, and use of program services. Also discussed are the characteristics of sample participants, along with baseline data on the participant impact measures. The report describes differences among recent entrants, long-term participants, former participants, and nonparticipating neighbors (cross-sectional analysis). The longitudinal analysis of impacts, of course, must await results of subsequent data collection waves.

ENROLLMENT OF PRIORITY ELDERLY

Nutrition projects are placing substantial emphasis on serving the low-income and minority elderly. Nearly two-thirds of the sampled participants have annual family incomes of less than \$4,000 and one-fourth belong to an ethnic minority. However, the sample sites enroll few mobility-impaired and non-English-speaking elderly, who account for only 2 percent and 3 percent of the sample participants, respectively.

Enrollment of the low-income and minority elderly is greater at those sites which: (1) are located in areas with large concentrations of these special populations; (2) provide opportunities for recreation and social interaction; and (3) tend to have high participant attendance rates in general. These site characteristics appear to be more important than outreach methods in terms of attracting minority and low-income older persons.

LEVEL OF SOCIAL ACTIVITY AND PARTICIPATION IN PROGRAM

Persons who are most socially active, as measured by church and other organizational participation, are most likely than other elderly to participate in the program. Seventy-four percent (74 percent) of recent participants and 76 percent of long-term participants are classified as "socially active," as opposed to only 58 percent of nonparticipating neighbors.

PARTICIPANT CONTRIBUTIONS

With only one exception, all sample sites collect contributions from participants, but their policies and procedures for collecting these sums vary. At two-thirds of the sites a specific contribution amount is suggested, while at others participants are asked to give what they can. Typically, site-suggested sums are low, ranging from 25 cents to 88 cents. A total of four sites, however, suggest donations of \$1 to \$1.60.

In general, participants approve of the notion of contributing for meals and have not found it financially burdensome. Most feel they save money by participating in the program. Where donation amounts are suggested, participants registered overwhelming approval of the amount, and the policy appears to be flexible enough that participants can be served whether they donate or not.

Despite the positive attitudes and flexible policies, there is evidence from some sites that contributions are viewed as payments for meals by both staff and participants. A substantial minority (20 percent) of participants think they are charged for meals. At 14 percent of the sites this perception is shared by more than half the sampled recent entrants. These sites suggest a specific donation which participants pay directly and nonanonymously to a staff member or volunteer. At sites which collect donations anonymously, participants are more likely to view the sum they give as a voluntary contribution than a charge for the meal.

LEVEL OF PARTICIPATION

Participants reported a wide range of attendance patterns, varying from daily to less than once a month. However, the vast majority attend once a week or more. The most frequent attendees were found to be long-term participants and the priority elderly: The poor, ethnic minorities, and those living alone who eat meals away from home. Frequent attendees are also likely to be over 75 years of age and feel they are not in good health.

Site records revealed an average attendance rate of 2 to 3 days per month for all sample participants. However, among sites, attendance rates range from just over once a month to nearly 5 days a week. Site attendance rates were found to be higher at sites which: (1) emphasize recruitment of priority elderly; (2) suggest minimum contributions which can be given anonymously; (3) provide frequent recreation activities, religious observances, and informal social interaction opportunities; and (4) have a relatively long operation history.

Transportation problems may prevent many participants from attending as often as they would like. Difficulties in getting to mealsites were most often cited by participants at sites with low attendance rates. The most frequent attendees reported the fewest transportation problems.

Participants' views of meal services appear to have little effect on participation levels. Sites with high attendance rates may experience difficulty in finding ample space and meals for all attendees. These sites had significantly more participants who had attended when they could not be served due to lack of space or food. This experience, however, has not discouraged or detracted from the appeal of sites with high attendance levels.

AREA AGENCY INVOLVEMENT

Typically, area agencies on aging have either a structural or working relationship to the nutrition project. Area agencies are grantees for 20 sample projects. Of the area agencies which were not grantees, 29 have working relationship with the project, and another 24 area agencies have some type of authority over the projects. The remaining 18 projects did not have area agency relationships.

Area agencies had filled various roles in nutrition projects, particularly in planning, technical assistance, training, and management. Level of area agency involvement tended to be greatest among grantees and least among agencies with only a working relationship. Projects operating under area agency grants were found to offer a broader range of supportive services (with the exception of health services) than other projects.

MEAL SERVICES

The great majority of participants are satisfied with the meals. Where dissatisfaction exists it tends to be at sites which: (1) are relatively large, (2) spend smaller portions of their overall budgets on meal services than other sites,

and (3) have comparatively more participants who reported attending meals when they could not be served. (Participants reporting this experience were a small minority but tended to be concentrated at 17 of the 91 sites. While there are insufficient data at present to determine the cause of this problem, it will be explored during the second wave of the study.)

Nutrition projects in the sample spend an average of \$1.80 per meal, considering all meal-related expenditures. However, among projects, these costs range from 59 cents to \$2.73 per meal. Based on all project expenditures, costs per meal average \$2.82, and range from \$1.07 to \$6.03 among sample projects. Costs tend to be higher among projects that are small, rural, Northeastern, Western, and located in apartment complexes. The cost per meal tends to be lower than average among large projects, urban projects, those in the Rim South, and those preparing their own meals. The intercorrelation of these variables makes it impossible to determine their relative influence on project costs without further study.

TRANSPORTATION SERVICES

Transportation services are provided by the vast majority of sites. Project transportation appears to be used primarily by participants who lack other options, including those who are over 75 years, the very poor, women, and those who live in rural areas. Meal sites which do not furnish transportation are typically located in urban apartment complexes or community center facilities and serve a relatively small clientele.

RECREATIONAL SERVICES AND SOCIAL INTERACTION

Participants who are black, female, and nonhandicapped become active in project functions more readily and report a higher level of social interaction than others. Sites which appear to be successful in meeting the social needs of new participants are those which: (1) are small, and seat participants at small tables to encourage interaction; (2) have some type of religious activity, such as a grace before meals or hymn singing, (3) offer informal recreation activities on-site rather than at other project locations, making these activities available on a frequent basis; and (4) are located in facilities which participants feel are pleasant places to go.

NUTRITION EDUCATION SERVICES

While most participants are not aware that nutrition education is provided, there is greater awareness of (and participation in) these activities among women, food stamp recipients, and those who are active in other aspects of the program. For the active participants attendance at this kind of activity may be primarily socially motivated, while food stamp recipients may be motivated to learn ways of getting the greatest nutritional value for the food dollar. There is greater participation in "innovative" nutrition education programs—those which minimize traditional pedagogic methods and use social and recreational techniques, enabling participants to take an active part in the program. Programs at smaller sites have the greatest participation and were judged most useful by respondents.

SHOPPING ASSISTANCE

Although a large majority of sites provide shopping assistance, few participants know of and utilize it. "Active" participants are more likely than others to be aware of this supportive service, but only the most needy are likely to use it—those on very low incomes, over 75, female, and food stamp recipients. Sites which provide shopping assistance frequently and regularly have greater participation than others.

HEALTH SERVICES

Projects do not appear to be making enough effort to apprise participants of health care benefits and services available to them. Participants who are knowledgeable about health services tend to be those persons who are socially active, and presumably obtain information at their own initiative.

IMPACT OF PROGRAM ON PARTICIPANTS

Differences between participating elderly and nonparticipating elderly were measured for seven variables. Program effect cannot be measured from the first year's findings. Measurement of program effects will come from data collected

over time based on continuing interviews with panels of participating and non-participating elderly.

MEETING DIETARY NEEDS

Based on respondents' reports of their food intake within 24 hours prior to being interviewed, analysis indicates positive effects of the program on dietary intake, as measured by the amounts of specific nutrients consumed. In general, participants eat better than do nonparticipants. This difference is primarily on days when they eat at the site. As a result of eating at the site, calcium and vitamin A show the greatest differences in intake.

ISOLATION

Participants are more likely than nonparticipants to live alone, and to be members of religious and social groups. The combination of living alone and having an inclination toward social interaction suggests that the program attracts primarily those elderly who find themselves involuntarily isolated (e.g., through loss of family or spouse and lessened social mobility), rather than elderly who are voluntarily isolated (i.e., those persons who have probably never been inclined toward organized social activity).

LIFE SATISFACTION AND PSYCHOLOGICAL WELL-BEING

As measured by the Bradburn "affect balance" scale, participants tend to show more positive effect with increased length of participation in the program. On two measures of life satisfaction and mood, participants in general show slightly more favorable readings than do nonparticipants.

HEALTH (MOBILITY AND PERCEPTIONS OF HEALTH STATUS)

Both participants and nonparticipants show a high level of mobility, as measured by a number of indicators, including getting out of the house, personal care and care of the home, and use of health aids, such as canes. There are no differences between participants and nonparticipants in terms of self-perception of health. Almost half of all elderly interviewed report their health as good or excellent (as opposed to average, fair, or poor).

INSTITUTIONALIZATION AND LONGEVITY

Differential rates of institutionalization and longevity are longitudinal variables which will be assessed over time, using continuing panels of elderly participants and nonparticipants.

INCOME AND INCOME SUFFICIENCY

Participants report generally lower income levels than do their nonparticipating neighbors. However, those who participate tend to perceive their income as better meeting their needs than those who do not participate.

SUMMARY OF THE MAJOR FINDINGS OF EVALUATION OF IMPLEMENTATION OF TITLE XX

The 2-year study examined the nature, objectives, and results of State and area agency on aging intervention in title XX.

State and area agencies have been more active in social services decisionmaking than they were prior to title XX. Other individuals, agencies, and organizations, however, were more active as well.

The nature of State and area agency intervention consisted of the negotiation of cooperative agreements, participation in title XX advisory councils, exchange of plans and needs assessment materials, review and comment on CASP plans, attendance at public hearings, and negotiation of purchase of service agreements.

The objectives of these activities were primarily oriented toward securing a "fair share of title XX resources for the aging. Based on the fragmentary data available, it appears as though this goal has been accomplished.

Among the major lessons to be learned from the title XX experience are:

- State and area agency activity positively correlates with results.
- In States not at ceiling, the opportunity for State and area intervention remains.

- In States at ceiling, State and area agencies have a responsibility to prevent service cutbacks, and an opportunity to secure additional Federal, State, and local funds.
- State and area agencies on aging are increasingly pursued as funding sources by their title XX counterparts.
- Cooperative agreements are not self-implementing and should be regarded as the beginning of a coordinative process rather than the end.
- Nonmonetary concerns which may be even more important than the "fair share" issue include service mix, service outcomes, and program policy.

Administration on Aging Evaluation Projects

Completed in fiscal year 1978:

Evaluation of implementation of title XX (second year)—co-sponsored with SRS Public Services Administration.....	\$75, 000
Area planning and social services program evaluation (first year) ..	700, 000
Evaluation of "Over Easy".....	190, 000

Ongoing projects:

Evaluation of title IV—A career training program.....	144, 493
Evaluation of use and effectiveness of interagency agreements at Federal, State, and local levels.....	240, 000
Area planning and social services program evaluation (second year)	750, 000
Longitudinal evaluation of the nutrition program (second year)....	645, 000

12. THE NATIONAL CLEARINGHOUSE ON AGING

The National Clearinghouse on Aging as mandated by title II of the Older Americans Act, is responsible for the collection, analysis, and dissemination of information about older people and their needs. The need for a comprehensive information system in the field of aging has been well documented. During fiscal year 1978, the Clearinghouse continued to expand its activities in the areas of public information, statistical analysis, public inquiries, publication distribution, and information referral policy.

SERVICE CENTER FOR AGING INFORMATION (SCAN)

SCAN is an automated bibliographic information system designed to facilitate utilization of the expanding knowledge base of gerontological literature and research findings. The SCAN model has been designed with attention to certain features which make it a functional and useful system for practitioners and service providers as well as researchers, teachers, and students. Fiscal year 1978 marked the initial implementation of the SCAN system¹ which is to be completed in phases. The SCAN system consists of three decentralized resource centers and a central control facility. Each center will be responsible for collecting, indexing, and abstracting reports and articles in their respective areas. Organization of the centers cover three major areas: Biomedical, behavioral/social sciences, and social practice. Each resource center and the central control facility will also prepare special publications for users which may include items such as:

- Current events newsletters;
- Papers by subject specialists addressing issues in both research and social practice areas;
- User guides and manuals.

PUBLIC INQUIRIES AND PUBLICATION DISTRIBUTION

During fiscal year 1978, public inquiries staff responded to 4,119 letters; 8,450 telephone requests for information and/or publications; 1,329 visitors were assisted; and 719,317 publications were distributed. Staff responded to inquiries about programs serving the elderly: Education and employment opportunities in the field, economic, housing, transportation, and medical problems of the elderly, and many other subjects that affect the older person. Inquiries were received from the White House, Congress, schools and universities, practitioners, national organizations, and elderly people themselves.

¹ Contract with Norman Hodges & Associates for SCAN central control facility.

Publications distributed by the Division were largely those published by the Administration on Aging. Notwithstanding, the Division also collects and disseminates publications produced by the Social Security Administration, National Institute on Aging, Census Bureau, Labor, HUD, Agriculture, and by many other Federal and national organizations on subjects of interest to older people.

Public inquiries staff have been increasing activities in case management. If the requests seem to warrant it, public inquiries staff talk to the constituents directly, querying them about their problems. Those requests for assistance that seem to be of an urgent nature are referred directly by staff to the area agency on aging for service.

Information and referral: During fiscal year 1978, the Clearinghouse information and referral policy staff provided leadership to the Interdepartmental Task Force on Information and Referral. The task force developed a guide which establishes baseline criteria for information and referral. AOA printed and distributed this guide to the 16 agencies participating in the task force as well as the aging network. AOA has also prepared a report of task force activity for fiscal year 1978.

Statistical analysis staff: In addition to providing technical assistance and demographic information to AOA and the network of State and area agencies on aging, the statistical analysis also produces a number of publications. Table XIII lists statistical analyses produced in fiscal year 1978 and scheduled for fiscal year 1979.

TABLE XIII. NATIONAL CLEARINGHOUSE ON AGING STATISTICAL ANALYSES

Statistical analyses produced in fiscal year 1978:

1. Statistical Reports on Older Americans No. 3—Some Prospects for the Future Elderly Population; January 1978.
2. Statistical Reports on Older Americans No. 4—Social, Economic, and Health Characteristics of Older American Indians (part 2 of 2).
3. The Elderly Population: Estimates by County, 1976.
4. Facts about Older Americans 1977 (brochure).
5. Statistical Notes 1. This series includes information on recently published statistical articles and reports.
6. Statistical Notes 2. (Same as 5.)

Statistical analyses scheduled for fiscal year 1979:

1. Statistical Reports on Older Americans—The Black Elderly.
2. Statistical Reports on Older Americans—The Rural Elderly.
3. Statistical Reports on Older Americans—Employment and Unemployment of the Elderly.
4. Statistical Reports on Older Americans—Characteristics of Homes Occupied by the Elderly.
5. Statistical Reports on Older Americans—Housing. Reprint from article to be issued by HUD.
6. Statistical Notes, 3, 4, 5, 6 (see No. 5 for fiscal year 1978).
7. Facts about Older Americans 1978 (brochure).
8. Inventory of Federal Statistical Programs.
9. The Elderly Population: Estimates by County, 1977.

13. OFFICE OF PUBLIC INFORMATION

As a result of a reorganization completed during 1978, the public information functions were established in the Office of Public Information, reporting directly to the Commissioner on Aging. The Office of Public Information provided support for the National Network on Aging and many private agencies working for and with older persons. Emphasis was on increasing public awareness of the circumstances, needs, and contributions of the older population. OPI also initiated an agency speakers bureau which coordinated official speaking engagements by AOA executive staff members.

The Office of Public Information also expanded distribution of AOA's general audience film to high school and college audiences. "Don't Stop the Music," an 18-minute film which describes problems of aging and ways in which communities can help, was seen by over 124,000 viewers in fiscal year 1978, almost twice as many as the prior fiscal year. The film continues to be in heavy demand, as indicated by the 1,400 advance bookings at the end of fiscal year 1978.

For Older Americans Month, the Office of Public Information drafted a Presidential proclamation, produced media lists, and published an Older Americans Month poster. The poster was published to provide promotion, visibility and awareness of the needs of older Americans in "family, home, and community services"; 250,000 copies of it were distributed to State and area agencies on aging, nutrition sites, organizations in the field of aging, senior centers, libraries, and others interested in aging. Media kits were also distributed for the promotion of Older Americans Month. The kits contained news stories, radio scripts, proclamation suggestions for mayors, State Governors, et cetera; as well as background information for use in communities for promotion of events and services. More than 15,000 kits were distributed.

Aging magazine entered its 28th year of continuous publication. As the single most comprehensive source of information on Federal aging programs, it reports on innovative developments, proposed programs, legislation and studies in the field of gerontology. During 1978, focal issues of the magazine carried in-depth coverage of subject areas such as "Crime and the Elderly," "Future of Aging in America," "Senior Centers," "The Black Elderly," and "Death and Dying."

14. INTERAGENCY COOPERATION AND COORDINATION

A. INTERAGENCY AGREEMENTS

The Administration on Aging has negotiated and signed 23 working agreements with other Federal agencies, as shown in table XIV. The purpose of these interagency agreements is to mobilize, facilitate, and coordinate the use of existing Federal resources to meet the needs of older persons. These agreements are reinforced by agreements negotiated by counterpart State agencies. As of June 1, 1978, there were 320 State level interagency agreements in effect in support of Federal level agreements relating to the elderly.

TABLE XIV. WORKING AGREEMENTS

Adult services (Public Services Administration/HEW).
 Affirmative action (Civil Service Commission).
 Community action programs (Community Services Administration).
 Community development (Department of Housing and Urban Development).
 Crime and victimization (Law Enforcement Assistance Administration).
 Disaster assistance (Federal Disaster Assistance Administration/HUD).
 Educational services (Office of Education/HEW).
 Energy Conservation/Home Winterization (Federal Energy Administration, Community Services Administration, Department of Agriculture, Department of Labor, Department of Housing and Urban Development, ACTION, Public Services Administration/HEW).
 Extension service (Cooperative Extension Service/USDA).
 Health service (Public Health Service/HEW).
 Health planning and resources development (Bureau of Health Planning and Resources Development/PHS/HEW).
 Housing and social services (Department of Housing and Urban Development).
 Information and Referral:
 (a) Social Security Administration, Public Services Administration.
 (b) Federal Interagency Task Force on I & R.
 Legal services (Legal Services Corporation).
 Medicaid (Medical Services Administration/HEW).
 Mental health (National Institute of Mental Health/ADAMHA/HEW).
 Native Americans (Administration for Native Americans, Indian Health Service, Office of Indian Education, Public Services Administration/HEW, Department of Transportation).
 Nutrition sites in public housing (Department of Housing and Urban Development).
 Rehabilitation services (Rehabilitation Services Administration/HEW).
 School bus program (Office of Education/HEW).
 School lunch program (Office of Education/HEW).
 Transportation (Department of Transportation).
 Volunteer services (ACTION).

B. FEDERAL REGIONAL COUNCILS AND FEDERAL EXECUTIVE BOARDS

During the past year the Office of the President and the Intergovernmental Affairs Division of the Office of Management and Budget have been studying the Federal regional councils and Federal executive board roles and functions. The activities of the FRC's and FEB's in the field of aging have become somewhat varied as the result of this situation. Some of the active programs where regional offices on aging continued to exert leadership have continued. Others have become dormant.

C. DIRECT DEPOSIT PROGRAM

The Administration on Aging continued to work with the Department of the Treasury on the expansion of the program for direct deposit of social security, supplemental security income, railroad retirement, and Veterans Administration checks through the use of the network on aging to educate older persons. Technical assistance was provided by AOA staff, and support was secured from the National Association of State Units on Aging and the National Association of Area Agencies on Aging. Treasury staff provided information to area agency directors at their national conference and followup memorandums were jointly issued by the Commissioner on Aging and the Assistant Fiscal Assistant Secretary of Treasury. Treasury developed and furnished educational materials to the network agencies.

Early in calendar year 1979, the Fiscal Service of the Treasury Department reported that a total of 9,469,387 recipients are now receiving their payments by direct deposit, an increase of 2,604,004 since January 1978. In reporting this increase, it acknowledged that: "The efforts of the Administration on Aging certainly were instrumental in this growth of the direct deposit program."

FOOD AND DRUG ADMINISTRATION

Laws enforced by the Food and Drug Administration (FDA) are designed to protect the health, safety, and pocketbooks of all consumers regardless of age. But this protection is particularly important to the elderly consumer, who has interests and special problems peculiar to this age group. During 1978, there were many events and actions which illustrate the significance of FDA's protection of the elderly.

1978 ACCOMPLISHMENTS

CONSUMERS TRAINED TO INFLUENCE AGENCY POLICIES

FDA launched a "grassroots" project to educate consumers on how they can be more effective in influencing agency policies and regulations.

The project, known as the "national consumer awareness and access project," will train leaders of consumer organizations as well as representatives of minority and ethnic groups. The first training sessions, consisting of 3- and 6-hour courses on the agency's administrative procedures, were held in Boston, Chicago, New York, Pittsburgh, St. Louis, Denver, and Los Angeles.

This program is intended to increase the quality and quantity of citizen participation in FDA activities. FDA's goal is to help consumers influence more significantly the regulator decisions that affect their daily lives.

WARNING LABELS PROPOSED FOR HAIR DYES

In 1978, FDA proposed a warning label for many permanent type hair dyes.

The warning labels are required on all hair dyes containing 4-methoxy-m-phenylenediamine (4MMPD) and its sulfate (4MMPD sulfate). These chemicals also are known as 2,4 diaminoanisole (2,4 DAA) and (2,4 diaminoanisole sulfate (2,4 DAA sulfate).

The FDA action was based on studies conducted by the National Cancer Institute which showed that 4MMPD sulfate causes cancerous skin, lymph and thyroid tumors when fed to laboratory mice and rats. FDA also had evidence that 4MMPD can be absorbed through human skin and enter the bloodstream.

Congressional repeal is being sought for a provision in the Food, Drug and Cosmetic Act which exempts coal tar-derived hair dyes from the adulteration section providing the label alerts consumers to the risks of skin irritation.

DRUG REGULATION REFORM ACT OF 1978 ANNOUNCED

The Drug Regulation Reform Act of 1978 was introduced into Congress in March 1978. The bill proposes a total overhaul of the system by which the Government regulates the development and marketing of drugs.

It is the first complete restructuring of the drug laws in 40 years, and is a major reform that implements President Carter's commitment to reduce the burden of unnecessary regulation and to make Government more open and more responsive to the needs of our citizens.

The bill has eight main purposes:

(1) Increase consumer protection by including all drugs within the same system of regulation, by confirming FDA authority to require postapproval surveillance of drug use, by giving FDA authority to require postapproval scientific studies, and by making it easier to remove an unsafe drug from the market.

(2) Increase consumer information and protect patient rights by confirming FDA authority to require plain-language patient package inserts on Rx drugs, by providing authority for FDA to require informed patient consent to the use of high-risk drugs, and by defining "safety" to mean that benefits clearly outweigh risks.

(3) Encourage drug innovation by simplifying regulations through the reduction of regulation during the early phase of drug research, and by providing for ground rules and informal procedures to help FDA and drug sponsors communicate more effectively.

(4) Make additional drugs available by providing a "fast track" for "break-through" drugs, by allowing a restricted distribution system for valuable drugs that otherwise could not be approved, and by allowing the export of unapproved drugs under certain conditions.

(5) Promote competition and cost savings through generic drugs by making it easier for a sponsor to obtain approval of a generic drug, by mandating a drug compendium, by requiring that pharmacies post drug prices, and by prohibiting unethical drug promotions including gifts, gimmicks, drug samples, and "reminder" ads, by requiring detailmen to leave full labeling with M.D.'s, and by regulating surveys of prescription files and by corrective advertising.

(6) Increase FDA openness and public accountability by releasing to the public the safety and effectiveness data which provide the scientific basis for FDA drug approvals, and by including the public in drug decisions through public hearings, advisory committees, and payment of attorney fees for citizen representation.

(7) Improve FDA enforcement by expanded inspectional authorities, subpoena power, civil penalties, administrative disqualification, and by exempting physicians from criminal penalties.

(8) Encourage research and training by establishing in HEW a National Center for Clinical Pharmacology.

FDA, NEW YORK STATE SIGN DRUG AGREEMENT

During 1978, the Food and Drug Administration and the State of New York signed an agreement designed to encourage greater use of generic drugs and thus cut the costs of medicines bought by the State for use in its hospitals and outpatient medical facilities.

Under the agreement, each time New York State is awarding a contract to buy drugs, it will ask FDA to give specific assurances that the low bidder meets all FDA standards (for example, does the firm's processing plant comply with all FDA regulations, have there been recent recalls or manufacturing problems, and so forth). In each case, FDA will review its inspection records and, if necessary, inspect the low-bidding firm before advising New York.

The aim of the agreement is to permit all drug companies meeting FDA quality standards to compete on an equal basis for the State's business. The assurance from FDA will give State contracting officials the extra confidence they need to buy drugs from the lowest qualified bidder. FDA now provides similar quality assurance to drug buyers in the Defense Department, Veterans' Administration, and other Federal agencies.

The program with New York is the first of its type between a State and FDA. If it proves successful in reducing drug costs to New York, FDA expects to be asked for similar assistance by other States.

In an earlier effort to lower drug costs through greater marketing of generic drugs, FDA helped New York prepare a list of drugs that are approved by FDA and which identifies all chemically identical drugs considered by the agency to be therapeutically equivalent.

LABELING OF "PAID" BLOOD DONORS BEGUN

In 1978, FDA required all whole blood intended for transfusion to be labeled as coming from either a "paid" or "volunteer" donor.

Blood from paid donors and commercial blood banks has been shown to be 3 to 10 times more likely to cause hepatitis than blood from volunteer donors. Hepatitis is a serious liver infection which is estimated to occur in about 200,000 persons annually from infected blood following transfusions, which is now mostly non-A, non-B hepatitis.

The labeling regulation was designed to reduce the risk of transmitting hepatitis through blood transfusions.

NEW BLOOD PRESERVATIVES APPROVED

FDA approved a new blood preservative that extends by up to 67 percent the shelf life of human blood for transfusion.

The product is called citrate phosphate dextrose adenine (CPD-adenine). It allows whole blood and red blood cells to be stored for up to 35 days before being used for transfusions. Blood preserved with present solutions can be stored for only 21 days. Preservatives are necessary to prevent whole blood from clotting and to keep red blood cells alive.

ULTRASOUND THERAPY STANDARDS ISSUED

FDA issued a mandatory safety performance standard to protect people from exposure to incorrect levels of radiation emitted by ultrasonic equipment used in physical therapy.

Ultrasound, a form of energy similar to but higher in frequency than ordinary sound waves, can penetrate body tissues. It is widely used by physicians and physical therapists to produce "deep heating" effects for relief of pain and to promote healing in muscles and joints.

The regulation is the first Federal mandatory safety performance standard for equipment that produces ultrasonic radiation. About 37.5 million ultrasound treatments are administered each year in the United States. About 15,000 ultrasonic therapy units are in use in hospitals and another 35,000 units are located in other facilities such as physicians' offices and nursing homes. Nine manufacturers of ultrasonic equipment supply a market of \$8.5 million annually.

The new standard was issued because of FDA surveys which showed wide discrepancies between claims made for ultrasonic equipment and actual performance. The agency found, for example, that many units either delivered too little energy for effective treatment, or too much energy which can cause burns, swelling, and damage to nerve and other sensitive tissues. The standard will assure accurate delivery of ultrasound waves as claimed for the product and indicated by the equipment's controls. The standard also requires instructions and precautions to assure safe and effective use of equipment.

RECOMMENDATION PROPOSED FOR X-RAY QUALITY ASSURANCE PROGRAMS

In April, FDA issued a proposed recommendation for quality assurance programs in diagnostic radiology facilities.

Such quality assurance programs are expected to significantly reduce unproductive patient exposure to X-rays while maintaining or improving X-ray image quality. In addition, the agency has estimated that such programs could save hospitals up to \$150 million annually, above the cost of the programs.

PROJECTED 1979 ACCOMPLISHMENTS

The Food and Drug Administration (FDA), United States Department of Agriculture (USDA) and Federal Trade Commission (FTC) have launched a major effort to learn directly from consumers what information they want on food labels.

The agencies invited consumers to express their views personally at five hearings across the country. Those who were unable to attend the meetings were invited to write.

Among the issues discussed were:

- Should ingredient labeling be required for all foods? (Some foods are excluded by law from ingredient declaration.)
- Should food labels tell the percentage of each ingredient in the product?
- Should raw commodities, as well as all processed foods, be required by law to carry full nutrition labels? (Now, only foods to which nutrients are added or which make a nutritional claim must carry the nutrition label.)
- Should all foods have "open dating"—such as the date on which a food was packed or the last recommended day of retail sale—and which date would be most useful?
- If a food is an "imitation" of another, should that food be called "imitation" or should it be given a new name?
- Are there types of foods to which vitamins and minerals should not be added?
- What current information on food labels is most important? Least important? What new information should be on labels?

In 1979 the consumer comments will be used to develop a coordinated strategy to improve food labels. The strategy may involve changes in current labeling regulations, the development of new regulations, or recommendations for new legislation. The goal is to make sure that the information on food labels is what consumers want and is presented in a way consumers can understand.

HEALTH CARE FINANCING ADMINISTRATION

LONG-TERM CARE STUDIES AND DEMONSTRATIONS

On March 8, 1977, Secretary Califano announced a major reorganization of the Department of Health, Education, and Welfare. For the first time the medicare, medicaid, and quality assurance activities of the Department were consolidated into one organization, the Health Care Financing Administration (HCFA).

The consolidation of previously separate medicare, medicaid, and quality assurance activities greatly assists coordination and resolution of major issues relating to the Department's long-term care policies. Another purpose of the reorganization was to assist internal efficiency and economy and to encourage prudent financial management as well as to strengthen the ability to control fraud and abuse in the medicaid and medicare programs. The Secretary has recognized the major involvement of HCFA in long-term care programs by designating HCFA as the "focal point" within the Department charged with "responsibility for insuring coordination in the development of the Department's long-term care policies."

Health Care Financing Administration programs are the principal source of funding for long-term care services in the United States, funding skilled nursing, intermediate care facility, and home health care services. Moreover, HCFA conducts a program of research, demonstrations and evaluation in long-term care, particularly as it relates to the populations and services covered by medicare and medicaid. The Office of Policy, Planning, and Research, HCFA, is responsible for these activities.

The major objectives of these HCFA long-term care research, demonstration, and evaluation activities are to: (1) Address issues in major long-term care systems reform, including organization and delivery of long-term care services; provision of service packages benefit changes, financing, and reimbursement and quality and utilization control; and (2) develop data and analyses based on long-term care providers and clients, focusing on industry data on economics behavior, demand, and utilization of long-term care services, study of State and local initiatives, comparative analyses, and client characteristics.

DEMONSTRATION ACTIVITIES

In 1978, HCFA's first full year of operation of its demonstration and evaluation program, a number of new projects were approved, and some ongoing projects, originated in the Social Security Administration and the Social and Rehabilitation Services, were continued.

1. *Comprehensive Planning and Development*

A consortium of universities led by the University of Chicago received a grant to develop a coordinated approach to the design and development of long-term care projects. This approach involves the collaboration of a core group of knowledgeable planners, researchers, and State and local government representatives around the country to design, develop, and implement demonstration projects in five States. These demonstration projects will incorporate planned variations of the elements of financing, organization and delivery, and administration of long-term care services. The projects will be guided by a common policy and planning framework and set of objectives, a common research strategy with uniform data collection, and a consistent evaluation plan. The overall research objective of this coordinated approach to demonstration planning is to permit careful analysis of systemwide implications, to present alternative models for services and delivery, and to improve understanding of State and local development of long-term care services.

2. *Community Long-Term Care Organizations and Services*

Continuations were granted to Wisconsin to develop its community care organization for the elderly and disabled; to New York State to develop the Monroe County long-term care project; to Georgia to demonstrate alternatives to institutional care for nursing home patients through adult supportive living services, home delivered services, and adult day rehabilitation; and to Colorado to conclude its community care organization. A comprehensive long-term care program for the aged and disabled in Washington State concluded after its 3 years of operation.

The major common purposes of these projects are to attempt to provide a more rational assessment of long-term care needs, and redirect and reallocate services from an institutional orientation to greater reliance on community-based care for the chronically ill and disabled.

New projects funded in fiscal year 1978 consist largely of planning and development of specific community-based projects:

- In Minnesota, the Health Central Institute will develop a coordinated systems model for a rural area utilizing all existing health and social service resources as well as the medical care network. The focal points for services will be a hospital and nursing home, and a healthy seniors' center.
- Mt. Zion Hospital in San Francisco will develop an expanded, comprehensive service model for the aged which will include hospital care, day health care, home care, and other services; a unique aspect is the hospital-based nature of this program.
- On Lok Senior Health Services in San Francisco's Chinatown will develop a service along the lines of an HMO with prospective capitation budgets for a group of disabled elderly. Comprehensive services ranging from home-delivered meals and home care to institutional services.
- Granting of waivers and an evaluation of New York State's recently enacted long-term home health care program will test the feasibility of providing home-based care to medicaid clients judged to be eligible for institutional care. Unique features will be the breadth of services available and the placing of a cap on program expenditures on behalf of clients; the cap is pegged at a maximum of 75 percent of the nursing home rate in the locale.
- The Monroe County long-term care program, mentioned earlier, was authorized to expand its assessment and monitoring activities to include medicare clients, subsequent service coverage may be expanded through the granting of medicare waivers.

3. *Benefit Expansions*

A number of demonstration projects have been conducted to analyze the cost and quality consequences of "swing bed" policies wherein rural hospitals would be granted the flexibility to use excess hospital beds on a temporary basis to care for nursing home patients. The goal is to use different reimbursement rates for SNF patients in hospital beds, thus reducing acute care costs. At the same time, excess hospital beds and a shortage of nursing home beds would be alleviated.

Experiments are underway in two States to test the effects of removing the medicare requirement that patients be hospitalized for at least 3 days prior to admission to a skilled nursing facility.

INDIVIDUAL PROJECT SUMMARIES—ONGOING

*1. The Communitywide Coordinating Systems**a. Wisconsin*

The long-term objectives are: (a) To demonstrate that a substantial segment of the elderly and functionally disabled population may be maintained in their own homes or in community settings at a cost lower than that of the present pattern of institutionalization through the provision of a packaged continuum of health and health-related social services; and (b) to demonstrate that the quality of care can be improved over that which is the experience of the medical assistance program.

The operation is basically the establishment of an administrative structure, called the "community care organization" (in cooperation with the State Medicaid program and the particular county department of social services), which (a) identifies indigent disabled persons appropriate for care within the community, (b) certifies their eligibility for Medicaid financed health-related services, and (c) provides services. The community care organization (CCO) assumes responsibility for providing health-related services itself or subcontracting with other community agencies for specific services and arranges for required professional medical services in its role of coordinator. Thus, the CCO is a central contractor, funder, and coordinator of services to CCO clients. For a price negotiated in advance, it assumes responsibility for maintaining disabled persons in their homes or in the community at an appropriate level of quality care.

The first CCO was established at La Crosse, Wis., and is an urban/rural mix site. It has four contracts for day services: (a) For the multiple handicapped (St. Francis Hospital); (b) for older people (St. Francis Home); (c) for the mobile mentally handicapped; (d) for the older adults who are socially, physically, and/or mentally impaired (adult day care, Park Terrace Nursing Center). The CCO provides a vast array of health, therapeutic, nutritional, nursing, personal care, and home maintenance services designed for individual patients to meet the individual needs. Two additional sites have been developed: Milwaukee County CCO (urban site) and Barron County (rural site).

b. Washington

The research objectives are:

(A) To assess and interpret the impact of a coordinated system of community-based and institutional services which emphasizes the avoidance of inappropriate and unnecessary institutionalization through the use of two experimental sites and one control site.

Specifically:

(1) To assess the changes in patterns of service utilization in the project site for both community-based and institutional services.

(2) To compare the capacity of agencies and provides to render competent and appropriate service in the three project sites.

(3) To compare the impact of the program on the costs of meeting the supportive service and long-term care needs, both institutional and community-based, of disabled persons in the three project sites.

(4) To determine the characteristics and numbers of functionally disabled clients served by the community and institutional-based network in the demonstration sites.

The client population includes all individuals 18 and over who are (a) Function-Counties and Cowlitz-Wahkiakum Counties. Total caseload was 808, of which 503 were nursing home patients. In May 1977, the total caseload was 940, of which 543 were nursing home residents. The ratio of nursing home residents to total cases showed a strong decline especially in the Benton-Franklin Counties area. The ratio would be greater if additional services were available in the Cowlitz-Wahkiakum area; for example, adult day care, mental health services, protective services. Efforts are being made by project staff to assist in the development of these services during the third year.

The client population includes all individuals 18 and over who are (a) functionally disabled, (b) eligible for title XIX and/or title XX services, and (c) at risk of nursing home placement. The "at-risk" factor is further defined as individuals (a) Being discharged from hospital or other acute facilities who would be placed in a long-term care facility; (b) residing in the community who are unable to manage the tasks of daily living because of physical disabilities; and (c) residing in the nursing homes and not in need of that level of care.

The list of medical and health-related supportive services which are available according to the assessed levels of need is extensive, from in-home to institutional care. On August 1, 1977, "in home care services" were introduced to replace chore services.

During the third year, movement will be made toward preparing for statewide implementation of the project's successful components and providing input for possible changes in the State's Medicaid plan.

There is strong support for the project in the legislative and executive branches of State government. On June 30, 1977, the Governor signed SSB 251, an act which continues the services and funding initiated by HB 1316, the Senior Citizens Services Act of the previous legislation. It provides \$11,820,000 to develop and expand alternative services and forms of care for senior citizens. The State has indicated interest in, and willingness to extend, this form of health and social services delivery statewide should be demonstrated to be feasible and cost effective.

c. Georgia

The Department of Medical Assistance for the State of Georgia is attempting to demonstrate that the use of three major alternatives to nursing home institutionalization for Medicaid within the State of Georgia would make possible the provision of more efficient and effective medical care to persons for whom such services are both appropriate and conducive to more independent living. The alternative services being tested are: (1) Adult supportive living services (adult foster homes, board and care homes); (2) home-delivered services (health and related services to beneficiaries in own or foster homes); and (3) special medical services (medical and health care related services for beneficiaries at a central facility on a day care basis).

Should the project succeed, the State would seek legislative and administrative changes through which these programs could be continued on a statewide basis.

The project looks at the recipient of alternative services within the experimental areas as an experimental group and the nonrecipients of alternative services (i.e. recipients of institutional nursing home care) as the control group. The three hypotheses to be tested deal with cost measures and serve to demonstrate that less expensive alternatives to nursing home care are possible and can be implemented. The average cost data for the new services will be compared with average nursing home cost data within the experimental districts.

The project also seeks to demonstrate the effectiveness of the experimental project in increasing the recipient's capacity for independent functioning. Effectiveness will be measured in two ways: (1) an evaluation of the health, mobility and activity levels of the patients; and (2) the patient's degree of satisfaction with the services he received. Assessment and comparisons of quality of care and patients' attitudes will be made.

d. New York

The New York project is a unique attempt to divorce long-term care services delivery within a community from barriers which are seen as inhibiting the development of coordinated health and social service programs which focus on preventing premature institutionalization. At the same time, it is an experiment with community response to the options of community decisionmaking concerning the forms of, and financing for, long-term care.

This demonstration will study procedures, community organization, service delivery, premium and payment control systems, and policy for community-controlled long-term care. Planning for the demonstration will consider the entire population at risk in the county as defined by the communitywide organization and in conjunction with a patient assessment center. Contracts will be arranged with State and local organizations, and the State Department and its affiliated local agency will monitor the community organization activities.

The major thrusts of the evaluation will be to (1) determine differences in cost-quality and overall satisfaction between the existing and the new systems to be modeled and demonstrated, and (2) evaluate the ease and relative importance of achieving different organizational arrangements for accomplishing the primary objectives.

e. Colorado

The objectives are: (1) to develop a communitywide, coordinated, and integrated system for the organization, delivery, and financing of health care and

related support services for the medicaid-eligible elderly and adult disabled in their own homes or in the community, utilizing existing and new public and private health and social services resources, including institutional services; and (2) to demonstrate that these alternatives to the present fragmented "nonsystem" of out-of-institution delivery of health care and/or institutionalization (a) will be more cost-effective, (b) will reduce substantially the number of inappropriate placements in institutions, and (c) will improve quality of life through independent living with applied personalized medical and supportive services.

This demonstration will study the structure and processes of the Boulder County service delivery system before and after the demonstration at the first CCO site; community organization, participation and control; and service premiums and cost. Planning for the demonstration will consider the elderly and adult disabled Medicaid population at risk in the demonstration county as identified by the CCO staff although outreach, nursing home patient review, hospital discharge planning and referrals from other agencies, in conjunction with the interdisciplinary team at a patient assessment center.

Contracts will be arranged with State and local organizations. The department of social services, assisted by an advisory group (composed of representatives from the department's various units and from other departments of the State) will monitor the demonstration activities.

2. Utah—Payments Systems

The objective is to develop a cost-related payment system for long-term care patients and to determine its effectiveness on a statewide basis. System should be transferable to other States. The statewide experiment will enable a comprehensive test of the concepts, procedures, cost, controls, and quality of care contained in the cost-related payment system.

The project will develop two distinct profiles: A facility cost profile and a patient care profile. Data from these two profiles will be used to determine the payment an individual nursing home should receive. A point compliance system is being developed to monitor services provided by long-term care facilities. The compliance monitoring system is in the developmental stages and is subject to negotiation with providers within the State.

An evaluation of the project, its structure, processes, results, and effects on quality of care will be conducted by an independent contractor. This evaluation will include the feasibility of duplicating the project elsewhere as well as assessing the social and economic effects of the project.

3. "Swing-Bed" Projects

a. Utah cost improvement project (UCIP)

In January 1973, a 3-year contract was signed with the Utah Department of Social Services, Utah State Division of Health, to administer UCIP. The contract was subsequently extended twice and is scheduled to terminate on March 31, 1979. Originally, only 16 hospitals were approved for participation. Currently, 25 hospitals are participating. Generally, these hospitals have fewer than 100 acute beds, experience a chronic low occupancy rate of 60 percent, and are located in areas where long-term care beds are unavailable or inaccessible.

The rate of reimbursement for long-term care patients is the rate which each third-party payer (medicare, medicaid, private insurers) pays for the particular level of long-term care provided to the patient. For the medicare program, which only pays for SNF care, the rate is equal to the Utah title XIX SNF rate which was \$25 per day in 1977. The medicaid rates for SNF, intermediate, and custodial levels of care are \$25, \$20, and \$15, respectively. As with all "swing-bed" sites, the rates, which vary from site to site, only apply to routine services. Ancillary services are determined by whichever method of cost determination the hospital uses at the time of final settlement (either the ratio of charges or the combination method). Hospitals are eligible for an incentive payment from the medicare program but not from the medicaid program.

A contract was signed in March 1974 with the University of Colorado to evaluate UCIP. The final summary report was published late in 1978. The evaluation focuses on financing, utilization, and patterns of care, organizations, and the hospital's capacity to provide long-term care in addition to acute care.

The patterns-of-care area focuses on the effect of the UCIP on patterns of acute and long-term care in communities serviced by the program. Preliminary results

from the first 2 years of the demonstration indicate that rates of use of long-term care in communities serviced by UCIP hospitals have increased with little or no change in patterns of acute care. Distances traveled to obtain long-term care have decreased during the demonstration.

The administrative evaluation area deals with such issues as attitudes of participants, implementation problems, and quality of care. A study of the availability of long-term care services and nursing resources in UCIP hospitals, as compared with Utah SNF's generally support these conclusions: (1) The diagnostic case-mix for UCIP patients is roughly the same as for patients from rural areas of Utah SNF's. Thus, physicians appear to admit the same kind of patients to both groups of providers. There is no evidence from this study that physicians sent patients with different types of diagnoses to UCIP hospitals. (2) Nursing time studies in 6 of the 25 UCIP hospitals showed that slightly more nursing time (for all categories of nurses: RN, LPN, and aide) was available to long-term patients in UCIP hospitals than in Utah SNF's. (3) Most nurses in UCIP hospitals supported the idea of providing long-term care in their hospitals.

b. Reducing acute care costs (RACC)

Based on this initial data from UCIP, it was decided to replicate the Utah experiment. As a result of a competitive solicitation, 3-year contracts were signed in July 1975 with the Texas Hospital Association and Blue Cross of western Iowa-South Dakota to administer the RACC "swing-bed" experiments. Hospitals began admitting long-term care patients in July 1976. The experimental phase will terminate on June 30, 1978, and the contracts will expire on March 31, 1979.

Approximately 40 hospitals participate in Texas and 20 in western Iowa-South Dakota. All of the hospitals satisfy the following conditions: (1) location in a rural area where long-term care is inaccessible or unavailable; (2) low acute patient occupancy rates, averaging less than 80 percent; (3) less than 100 acute beds; (4) staff/patient ratio not exceeding two standard deviations of the average of all hospitals in the State of the same bed size; and (5) total full-time equivalents (FTE's) not exceeding the FTE average for the hospital for the preceding 5 years by more than 20 percent.

Medicare reimbursement for SNF routine services is at a fixed rate, per patient, negotiated between HCFA and the individual contractor. The negotiated Medicare rate does not exceed the Medicaid rate for the highest level of long-term care recognized by each respective State's title XIX program. The Texas SNF rate was originally \$20.50, and was later adjusted upward to \$23.37. The western Iowa hospitals receive \$33.78 and the South Dakota hospitals, \$17. All participating hospitals are eligible to receive financial incentives from the Medicare program, defined as 50 percent of the difference between the Medicare long-term care routine rate reimbursement and the incremental cost of providing long-term care. The Texas Medicaid program began participation for SNF level of care in January 1978. The Medicaid program in South Dakota makes payment for SNF, intermediate, and custodial level of care. Although the Iowa Medicaid program is not participating in RACC, it makes the coinsurance payment for those beneficiaries who are Medicare and Medicaid eligible.

The evaluation of both RTCC experiments is being performed by the University of Colorado under a 3-year contract. The final RACC evaluation report is due to be published early in 1980. The evaluation will follow the general scheme of the UCIP evaluation; however, more emphasis will be placed on an examination of the quality of skilled care in participating hospitals.

c. Blue Cross of Iowa

In November 1975, Blue Cross of Iowa (BCI) submitted an unsolicited proposal to conduct a "swing-bed" experiment. An 11-month contract was signed in February 1977 and was subsequently extended so that the experiment will terminate on March 31, 1979.

Twenty-four hospitals are participating in this project and began admitting long-term patients in April 1977. The Medicare SNF routine service rate is \$40.

A major distinguishing feature of this experiment is that the hospitals are not eligible for an incentive payment, as permitted to Utah, Texas, and western Iowa-South Dakota. Therefore, a direct comparison of western Iowa-South Dakota and BCI results will permit a determination of whether an incentive is necessary to obtain the cooperation of small rural hospitals in providing SNF level services in their institutions, or whether it is sufficient to permit hospitals to use "swing-beds" to provide long-term care.

Another unique feature of the BCI experiment is that a penalty will be imposed when a hospital exceeds its previous highest level of full-time equivalent personnel. Unless additional personnel were previously approved by HCFA, the cost of these additional employees cannot be included in the routine costs of the hospital. The penalty will provide a direct control over the increase in personnel costs.

The University of Colorado will conduct an evaluation of the BCI experiment as part of its RACC evaluation.

4. Waiver of 3-Day Prior Hospitalization Stay Requirement

The 3-day prior hospitalization requirement is intended to limit the payment of SNF benefits to persons for whom such care may reasonably be presumed to be required in connection with continuous treatment following inpatient care, to lessen the likelihood of unduly long hospital stays and to assure that medical conditions and needs of medicare patients admitted to SNF's have been adequately medically appraised prior to admission. Many believe, however, that the 3-day prior hospitalization stay requirement has resulted in unnecessary hospital stays for medicare beneficiaries preceding transfer to SNF's. The Senate Finance Committee recommended that the Secretary conduct experiments to determine the effects of eliminating or reducing the requirement.

In response to a competitive solicitation, HCFA contracted with Blue Cross of Oregon and Blue Cross of Massachusetts, respectively, to administer experiments with the waiver of the 3-day prior hospitalization requirement. The contracts provide for a development phase, a 24-month experimental phase, and a 6-month final phase. Both Blue Cross of Massachusetts and Blue Cross of Oregon initiated the experimental phase in the SNF's in 1977.

By waiving the requirement at the participating SNF's, extended care coverage will be provided under several types of conditions, such as: Followup extended care services after receiving initial treatment or care in a hospital outpatient department, emergency room or hospital clinic; direct admission to an SNF after examination and certification by a physician of the need for extended care services; and, followup extended care services after a hospital stay of less than 3 days.

INDIVIDUAL PROJECT SUMMARIES—NEW

1. Wisconsin Nursing Home Quality Assurance Project

The Wisconsin Department of Health and Social Services will test the experimental survey procedures developed by the Wisconsin medicaid management study team. The surveys of nursing homes will be done by the teams who have been doing the "traditional" surveys but they will use the "new" survey instrument after the team have been instructed in its use. It is believed that the experimental system of surveying nursing homes will result in a more efficient and effective system of surveying, will result in an improvement of quality of care, and be less costly. The experimental method builds on the strengths of the old survey process and will provide two surveyors with the options to look quickly at the nursing home care delivery system using key quality criteria and to focus time and resources on problem areas. New method surveys, with consultation, can occur as often as necessary during the year rather than the "old" method of annual surveys.

2. A Coordinated Approach to the Design and Development of Long-Term-Care-Demonstration Projects

This proposal presents a coordinated strategy for the planning and design of long-term-care-demonstration projects. The basic approach involves the collaboration of a core group of knowledgeable planners, researchers, and State and local government representatives around the country on the design and development of demonstration projects in five States (Massachusetts, Illinois, Rhode Island, Minnesota, and California are tentatively designated). These demonstration projects will incorporate planned variations of the elements of financing, organization and delivery, and administration of long-term-care services. The projects will be guided by a common policy and planning framework and set of objectives, a common research strategy with uniform data collection, and a consistent evaluation plan. The overall research objective of this coordinated approach to demonstration planning is to enable careful analysis of the systemwide implications, to present alternative models for long-term-care services, and to better understand

the process through which States and localities can develop comprehensive LTC service systems.

This proposal was developed jointly by individuals from several universities and with the cooperation of several State governments: The University of Chicago Center for the Study of Welfare Policy, the University of Minnesota Center for Health Services Research, the University Health Policy Consortium (consisting of Brandeis, Boston University, and MIT), and the health policy program of the University of California, San Francisco.

The specific objectives identified for the projects are: (a) Organize a full range of services which can be brought together on behalf of an individual client and adapted to the specific service requirements of the client, (b) tailor services to individual situations in a way that is judged to be most cost effective, (c) test and document the effects of alternative financing mechanisms for long-term care, including a capitation model, (d) implement a uniform cost accounting procedure for providers of care in order to measure and compare costs of alternative delivery systems and service combinations, (e) implement methods for assuring quality in long-term-care services, (f) test varying methods for assessing need for care and for matching service intervention with the assessed need, and (g) finance and organize service delivery in a way which recognizes the role of informal support arrangements.

3. Healthy Seniors Center—A Rural Model for Coordinated Service Delivery

This grant provides funds to plan and develop a model for coordinated and comprehensive services delivery within the total continuum of care for the elderly in a rural tricounty area in Winstead, Minn. A second application will be prepared in fiscal year 1979 requesting operational funds and titles XVIII and XIX waivers. The overall purpose of the project is to plan, develop, operate, and evaluate a rural community-based system of health services that assists older persons achieve an optimal level of health and self-sufficiency by offering a comprehensive and coordinated system of health services that is accessible, affordable, understandable and sensitive to changing personal needs.

During the planning and development phase, the applicant will define the health-related programs and service needs of the elderly population in the service area; determine which programs and services can be most effectively delivered on the campus of St. Mary's Hospital and Home (through the hospital, nursing home, proposed congregate housing project or the healthy seniors center itself); determine which programs and services for the elderly population can most effectively be delivered through off-campus community outreach into older persons' homes, apartments, et cetera; develop a "coordinated systems model" linking the services of the seniors health center with existing area resources, which assures older persons maximum access to both the on-campus and programs and services of St. Mary's existing community outreach services; and develop a healthy seniors services evaluation program (HSSEP) for implementation during the operational phase of the project.

The evaluation program will address the following issues: (a) Existing obstacles older persons face with attempting to gain access to health-related programs and services; (b) alternative strategies to overcome the organizational and financial obstacles to these health-related programs and services; (c) the need for future waivers of titles XVIII and XIX and county welfare programs to assure appropriate service delivery to older persons; and (d) analysis of operational data to be collected through a data collection system to assess the degree to which the healthy seniors center model achieves its stated objectives during its demonstration period and subsequent years of operation.

4. Long-Term-Care-Demonstration Design and Development

Mount Zion Hospital and Medical Center will plan and develop a comprehensive long-term health and social service delivery system for the frail elderly, which will demonstrate the capacity to give care in an appropriate, efficient, and cost effective system. Eleven specific objectives are identified and these include designing the services to be offered, developing a centralized intake process based on use of an assessment instrument, developing a central administrative system to deliver services, and developing a sound financial support plan.

Currently, Mount Zion has available a number of components which they will integrate into the new proposed comprehensive delivery system. These com-

ponents are: (a) acute care, (b) emergency health services, (c) outpatient care, (d) home care, (e) medically oriented day care program, (f) information, counseling, and referral service for elderly patients, their families, and physicians, (g) transportation (vans used by day care centers to transport wheelchair and disabled patients, (h) nutrition satellite (title VII) program, (i) volunteer program, (j) medical outreach to senior centers and nutrition program, and (k) geriatric education and training program for medical students, house staff, professional staff, volunteers, and others.

The new services being considered to expand the above components into a comprehensive system will include: (a) transition program to help patients discharged from day health program and hospital geriatric services to adjust to more independent living, (b) homemaker services, (c) experimental bed usage including respite care, hospice care, and ICF beds, (d) skilled nursing facility to serve both convalescent and long-term patients, (e) work activity program (a sheltered workshop), (f) protected living arrangement which will pay attention to architectural, personal care, psychosocial supports, (g) training geriatric paraprofessional workers using CETA trainees, (h) develop central intake center for all geriatric services, and (i) developing liaison with existing community agencies, particularly senior centers, nutrition programs, licensed board and care homes, and the San Francisco Department of Social Services.

5. On Lok Senior Health Services—A Community Care Organization for Dependent Adults

This project is funded by the Office of Human Development Services while HCFA is granting certain waivers under medicare and medicaid. The project's overall objectives are: (1) to apply management and reimbursement principles of HMO's to the problem of long-term care by developing a model community care organization for dependent adults, and (2) to evaluate the impacts of this organization on the quality and cost of long-term care, and on the health and welfare of persons who would have been institutionalized. The grantee is the California Department of Health.

This project grows out of two demonstrations funded by the Federal Government. The first demonstration covered the development and implementation of a day health center with emphasis on medical, psychosocial, and supportive services. This experiment evolved into a health services network as a result of grant support from AA. In-home supportive services as well as a social-health maintenance center (a cross between a day health center and a senior citizens center) were provided. With HUD support, the On Lok organization is building a housing facility within which health services will be provided. A social worker/advocate coordinates and supervises service delivery within the program and arranges for services not covered under the program.

The proposed project expands the health services network to include the availability of a complete range of services both acute and long term to program participants. Most clients are functionally dependent adults living alone or in institutions. A HMO-type organization will be established. Enrollment will be determined by need for social or health services, and the On Lok center will assume complete responsibility for managing or delivering services.

On Lok will continue to provide day health and social health maintenance services. They will also provide home health and chore services, portable meals, primary medical care, and will be responsible for the delivery and payment of ancillary medical services. When fully developed (at the beginning of second demonstration year), the project will be responsible for the cost of acute and long-term institutional care. In addition, On Lok staff expect to help participants find adequate housing and, for those needing more sheltered care, place participants into the On Lok housing facility. Finally, within the first 2 years of the project, a hospice program will be developed.

The project proposes to develop a prepaid capitation system to finance service delivery. While On Lok will be at risk during the first project year, during subsequent years, reimbursement will be at cost. The project expects to demonstrate savings using the HMO approach by reducing nursing home days, physician costs, and in-home and other supportive costs.

6. Evaluation of New York State's Long-Term Home Health Care Program

The New York State Department of Social Services is expanding the services in the home being funded under the title XIX (medicaid) program through

waivers of some medicaid program requirements. Moreover, HCFA will be conducting an evaluation of the overall New York State long-term home health care program during 1979.

This project involves a single source, single entry system which has been designed to offer high quality home health services through long-term home health care programs (LTHHCP). These have been mandated under legislation passed in 1977 under a defective April 1, 1978. Home care will be an alternative to institutionalization for medicaid eligible functionally impaired patients who meet the medical criteria for skilled nursing or intermediate care levels. The budget for the home-based services may not exceed a maximum 75 percent of the average monthly rate payable for nursing home or intermediate care, whichever is the appropriate level for the individual, within the social services district.

The New York long-term health care programs are viewed as a unique opportunity to develop and evaluate a distinct new delivery system for noninstitutional care. It is aimed at a well-defined population with the expectation that data will be available on both patients and providers. Comparisons will be possible for the delivery of comprehensive home health care under four different models: Public or voluntary hospital-based public or voluntary skilled nursing facility based, public or voluntary health related facility based, and home health agency-based, long-term home health care programs. The program will demonstrate the effectiveness of case management for the health plan of care provided by an employee of the long-term home health care agency. Coordination of services available through funding sources other than title XIX will be provided by the local social services district.

RESEARCH ACTIVITIES

Research in long-term care is directed at analyzing various elements of the current system, obtaining data on recipient, cost, providers, and services, and applying analytic theories to behavior of providers and patients under the current system.

Current research activities in HCFA include these:

- As part of a grant to the University Health Policy Consortium, headquartered at Brandeis University and including Boston University and the Massachusetts Institute of Technology, a variety of policy relevant analytic activities will take place. Papers are being developed by the consortium that analyze medicaid level of care issues, develop options for large-scale long-term care reforms, provide background on the role of the family in long-term care, and address a number of other issues of provider, system, and patient behavior. These activities will be expanded in the coming year.
- A grant to the University of Colorado Medical Center will study long-term care reimbursement and regulations. This project will develop refined measures of case mix, quality, and cost in nursing homes. It will also develop a means of integrating these variables in an effort to develop new methods of reimbursing and regulating long-term care services.
- With the aid of the Census Bureau and its data, we are attempting to expand and improve our baseline data on the aged, their living arrangements, long-term care facilities, and costs of care.

INDIVIDUAL PROJECT SUMMARIES—ONGOING

1. *Reimbursement*

a. *Prospective reimbursement for nursing homes*

The objective of this study is to develop a formula prospective reimbursement system for nursing homes. The research design calls for the development of a behavioral model of the industry which identifies the degree and direction to which the nursing home operator responds to a variety of mechanisms established by the rate setter and other regulators. The study is designed to provide information about these responses, with particular attention to incentives and penalties implicit in prospective rate-setting methods. The end results of this study will be a list of policy choices with their implications for public budgets, cost containment, availability of care to public patient, and other public objectives, as well as a prototype formula PR system.

b. *Risk and rate of return on equity capital*

This project by Battelle examines and analyzes the effects of reimbursement policies on the profitability of the nursing home industry. It does so by focusing

on four major areas: (1) Examination of the effects of varying State medicaid policies on the growth in nursing home beds and the change in nursing quality; (2) calculation of accounting rates of return to determine systematic differences across four States and across facility classifications; (3) examination of the risk inherent in the industry and its relationship to measurable financial characteristics of the industry; and finally, an attempt to measure whether vertical and horizontal integration is positively related to profitability or not. These studies have been designed with a view to improving the understanding of how the reimbursement systems affect the profits and growth of nursing home industry, and to produce research products which will directly help to determine the proper method for setting returns on equity capital in a formula based prospective reimbursement system for nursing homes.

c. Case studies of selected States' PR systems

The main task of this project is to study in a descriptive fashion the selected States' experience with prospectively reimbursing nursing homes. The Urban Institute has met with officials from seven States (California, Colorado, Connecticut, Louisiana, Michigan, Minnesota, and New York), and has collected information to perform a number of study tasks. These include an investigation of the formal, informal, and perceived goals of each States' PR system; a detailed description of the reimbursement methodology; identification of the formal means by which the regulatory agency gauges the impact of the reimbursement system on the industry; and a description of each States' information (data base) system which it may use to establish and monitor the PR system.

2. Alternatives

a. Methodology for finding, classification, and comparing costs for services in long-term care settings

The objective of this project was to develop a cost-finding methodology and classification structure useful for (1) comparing costs and services by patient characteristics, and (2) comparing these costs and service across the spectrum of long-term care alternatives. It has two distinct parts. During phase I, a system of classifying patient characteristics, a consistent set of definitions of costs and services, and procedure for surveying cost, were developed. The "patient profile survey" and the "patient service questionnaire" were developed to collect information to classify patients. The "cost-finding survey" was developed to collect information on costs. Techniques were developed for interpretation of the data collected. The data collection instruments were pretested in nine settings.

In phase II, the methodology was further tested and refined by application of the methodology in 11 different long-term care settings at 29 sites.

b. The feasibility and cost-effectiveness of alternative long-term care settings

The main tasks on this project were to define methods and outline conditions for determining the feasibility of setting up service programs such as geriatric settings, chronic care centers, comprehensive service delivery organizations for extending long-term care to the chronically ill and disabled outside of nursing homes and long-term hospitals.

Its approach called for an in-depth analysis of selected service programs to determine viability for continued operation. Institutional facilities within the same catchment areas were compared with these services to analyze the relative cost-effectiveness of the alternative care setting and the nursing home for populations of like functional capacity. State-of-the-art studies augmented that on-site study.

Concurrently, general analysis of legislative, regulatory or organizational requirements which impinge upon the establishment, operation and payment systems through which long-term care services operate were undertaken. Guidelines for innovators through which the feasibility of establishing services similar to the studies programs were developed.

FUTURE DIRECTIONS

During fiscal year 1979 HCFA is continuing to review applications for demonstrations and research. The fiscal 1979 and 1980 activities planned represent refinements and expansions in the scope and methods of HCFA's research and

demonstration activities. The focus in 1979 will be to develop greater capability to carry out a more extensive program in 1980. This program will include: (1) collecting basic economic information needed for monitoring the spiraling expenditures in the long-term care industry (now increasing faster than hospitals); (2) developing a long-term care data base to detect fraud, abuse and error in the Federal programs; (3) collecting reliable information on the costs, utilization and need for long-term care service for medicaid and medicare patients; (4) determine the cost-effectiveness of noninstitutional long-term care services; (5) testing different methods for delivering, organizing, and financing long-term care services in a comprehensive and coordinated system; (6) testing alternative reimbursement methodologies for long-term care institutional and non-institutional services; and (7) developing reliable information necessary to make informed decisions about long-term care coverage under a national health plan, including research on congregate living arrangements.

Finally, in 1979, HCFA will be funding, through the medicare and medicaid waiver authorities, a number of demonstrations of the hospice concept. The focus will be on hospices which are primarily home care programs, although they may have an institutional arrangement as a backup for short-term care. The objectives of these projects are (1) to experiment with alternative service and delivery systems, and (2) to determine whether the medicaid and medicare programs can realize cost savings by providing services to terminally ill patients in a home setting rather than in hospitals and nursing facilities.

HEALTH RESOURCES ADMINISTRATION

PROGRAM ACTIVITIES IN THE MANPOWER AREA OF AGING—1978

Special emphasis was given in the Nurse Training Act of 1975 to the problems and health care of the aging. Grants and contracts were authorized for special projects to improve curricula in schools of nursing for geriatric courses and to assist in meeting the costs of developing short-term inservice training programs for nurses aides and nursing home orderlies. The latter programs emphasized the special problems of geriatric patients and included training for monitoring the well-being, feeding and cleaning of nursing home patients, emergency procedures, drug properties and interactions, and fire safety techniques. Under section 822 of the Public Health Service Act (PHS Act), grants and contracts were authorized to educate nurses in the provision of primary health care to the elderly. The following active projects, which are expected to amount to over \$4 million during their 3 years of support, provide nurse practitioner training support in primary care for geriatric patients.

Applicant	Title	Fiscal year 1978 support
University of Pittsburgh, Pittsburgh, Pa.....	Adult, family, geriatric nurse practitioner (certificate program).	\$124, 9 62
State University of N.Y. Upstate Medical Center Syracuse, N.Y.	do	101, 903
University of Utah, Salt Lake City, Utah.....	Specialist in gerontologic nursing—master's program.	20, 651
University of California, Davis, Calif.....	An education network for nurse practitioners-family geriatric (certificate, master's option).	227, 462
University of Miami, Coral Gables, Fla.....	Geriatric nurse practitioner (certificate program).....	147, 272
Cornell University—New York Hospital, New York, N.Y.....	Training program to prepare geriatric nurse practitioners (certificate program).	112, 858
University of Wisconsin, Madison, Wis.....	Pediatric and geriatric nurse practitioner training (certificate, master's option).	243, 864
Seton Hall University, South Orange, N.J.....	Gerontological nurse practitioner program (master's degree).	127, 764
California State University, Long Beach, Calif.....	Nurse practitioners: A cooperative project (master's degree).	146, 017
Columbia University, New York, N.Y.....	Development of leadership programs in primary care (pediatric, adult, geriatric) (master's degree).	372, 422
University of Lowell, Lowell, Mass.....	Graduate program: Gerontological nurse practitioner (master's degree).	133, 844
Boston University, Boston, Mass.....	Nurse practitioner/clinician gerontological nursing program (master's degree).	114, 462
Emory University, Atlanta, Ga.....	Gerontologic nurse practitioner (certificate program).	98, 757
University of Kansas, Kansas City, Mo.....	Primary care nurse practitioner—maternal child health, rural, adult geriatric (certificate program).	160, 950
Total.....		2, 133, 188

Other 1978 activities include a \$151,431 contract to plan, develop, implement, and test a model inservice course of instruction not to exceed 6 months for nurse's aides and orderlies employed in nursing homes that care for the geriatric patient. Westbrook College (Portland, Maine) received a continuation award (\$26,676) for a grant to provide basic instruction in the skills of caring for the geriatric patient in long-term care facilities and to enhance a deeper concern and awareness for the elderly patients. A grant was also made to Emory University (\$165,281) in 1978 to support a 3-year proposal (\$512,032 total) to support non-traditional community based clinical practice settings. This project will improve teaching effectiveness of nurses to meet the health needs of underserved population groups, including the elderly. Donnelly College in Kansas City received a project grant (\$51,142) to upgrade the skills of aides and orderlies to assure concerned and efficient care of the elderly (3-year project totaling \$101,776). The Miami Jewish Home and Hospital for the Aged has a special project grant to provide training and education to upgrade the skills of paraprofessional nursing personnel that care for the elderly in nursing homes. In addition, the following 3-year (4 years for University of Virginia) advanced nurse training grants (section 821, PHS Act) focus in whole or in part on gerontological nursing:

Applicant	Title	Fiscal year 1978 support
Duke University, Durham, N.C.	Expansion of graduate nursing program	\$145,708
University of Rochester, Rochester, N.Y.	Graduate concentration in gerontological nursing	107,768
San Jose State University, San Jose, Calif.	Gerontological nursing specialist program	85,434
University of Virginia, Charlottesville, Va.	Expanding medical-surgical nursing program	182,305
University of Kansas, Kansas City, Kans.	Training of gerontological clinical nurse specialist	125,781
University of San Francisco, San Francisco, Calif.	Graduate program in long-term/gerontological nursing	150,015
University of Pennsylvania, Philadelphia, Pa.	Gerontological nurse clinician	75,753
University of Kentucky, Lexington, Ky.	Gerontological nurse training grant	12,231
George Mason University, Fairfax, Va.	Master of science in nursing	103,976
Case Western Reserve University, Cleveland, Ohio.	Post-baccalaureate program in gerontological nursing	122,354
Montana State University, Bozeman, Mont.	Nursing specialist for underserved rural areas	119,802
Indiana University, Indianapolis, Ind.	Expansion of a doctor of nursing science program	106,988
Total		1,338,115

Four of the nursing research grants receiving funds during fiscal year 1978 focused on the care of elderly patients. Wayne State University Institute of Gerontology received \$25,971 (\$51,461 total) to evaluate the job performance of registered nurses and nursing aides in nursing homes. Pennsylvania State University received \$48,099 (\$82,394 total) to examine the effectiveness of operant behavior theory and technology in optimizing self-maintenance and social activity in elderly nursing home residents. The University of Miami School of Nursing received \$36,936 to test the influence of organizational context on nurses' attitudes toward the aged. Last, the University of Rochester School of Nursing was awarded \$74,000 to identify methods of working with the elderly to maintain socialization and activity levels.

Active allied health special project grants include (1) University of North Colorado for training in geriatric aural rehabilitation (\$34,528 for fiscal year 1978; \$193,734 for prior 2 years), (2) Quinnipiac College (Hamden, Conn.) for coordinated education leading to licensure in long-term care (LTC) administration (\$29,586 for fiscal year 1978; \$122,980 for prior 2 years), (3) State University of New York at Stony Brook for gerontology curriculum development to train students in the School of Allied Health Professions at both the undergraduate and graduate levels (\$30,343 for fiscal year 1978; \$75,496 for prior 2 years), and (4) University of Texas for gerontology services administration program at the certificate and baccalaureate level (\$44,830 for fiscal year 1978; \$40,171 in prior year).

Yale University was awarded a 3-year public health special project grant for long-term care planning, evaluation, and policy analysis (\$30,240 in first year). A \$457,835 contract to the University of Pittsburgh for work toward a baccalaureate external degree in health services administration-LTC administration major was completed in December 1978. A contract was awarded in September 1978 to the Center for Human Services (Washington, D.C.) to iden-

tify the needs of the elderly that are pharmaceutically related and to propose alternative methods of alleviating needs that are not being met through educational programs for pharmacist and pharmacy students (estimated cost \$92,036). Eight of 12 contract totaling \$618,746 for LTC training programs (one an evaluation) were completed in late fiscal year 1978. Other ongoing contract/grant activities which have some impact on the aged, although less direct, involve such areas as curricula, delineation and verification of functional roles, and student support.

Under the family medicine authority (section 786, PHS Act) and the primary care training authority in internal medicine (section 786, PHS Act), some grantees have requested funds to support programs which incorporate geriatric training concepts. Several faculty development grants offer specific geriatric training to family medicine faculty. Under section 781(a), the University of Maryland School of Medicine received a \$670,470 contract to develop an area health education center program which includes graduate and undergraduate geriatric medical training in an urban geriatric setting. The University of Nebraska, under section 783 of the PHS Act, received a 3-year grant for \$412,000 which emphasizes geriatric education in physician's assistant training. This grantee has completed a syllabus for the gerontology clerkship and has developed an evaluation plan for the gerontology curriculum.

A working relationship has been established with representatives of the National Institute on Aging, the Veterans' Administration, and the Administration on Aging. An internal staff paper entitled "Current and Future Needs in Geriatric Education" has been approved for publication. It will appear in the January-February 1979 issue of Public Health Reports which has a distribution to 14,000 people including researchers, public health practitioners and educators. Another ongoing activity is the development of a national and international knowledge bank or geriatric activity.

Methodologies and survey techniques have been developed by the University of Michigan under contract to study the effect of community water fluoridation on the demand for dental care among older adults. A study, which is now in the planning phase, will utilize the methodologies to help assess current and future dental health needs among elderly populations. The provision of adequately trained professionals available to deliver primary dental care services to the geriatric patient who is in an institutionalized, noninstitutionalized, or home-bound setting is a major target area. Traditional delivery methods do not always provide access to dental care to many of these individuals both in terms of availability and cost. Training support is available through special project grants; general practice residency programs, which, in some instances, are in hospitals providing comprehensive dental services to the elderly; and in the capitation program which has an extramural training requirement that students receive a portion of their training directed at unserved population groups that include the elderly. Technical assistance has been provided to the State of Oregon (State Health Department and Portland Community College) and \$61,293 to the State of Maine (State Dental Board and the University of Maine) to explore the potential cost and accessibility benefits of the wider use of denture technicians in the fabrication of dentures for the elderly. These efforts will help the two States develop training programs for dental auxiliaries in selected clinical and nonclinical procedures related to denture construction.

HEALTH PLANNING

To support the responsibility of the Administration on Aging for carrying out a major Federal law affecting the lives of the elderly, the Health Resources Administration, through the Bureau of Health Planning, entered into an agreement with the AOA for purposes of coordinating Federal activities to improve the health and medical care services to older Americans. This coordination has taken place throughout many of the States through the development of agreements between individual health systems agencies and area aging agencies in terms of carrying out cooperative and mutual support activities in data sharing, development of area plans for the identification of needs of the elderly population, assessment of the services and resources affecting those needs, and exchange of technical assistance. Health planning staff in the DHEW regional offices are coordinating with regional aging directors and are monitoring health systems agency governing body membership rosters to determine that the aging population interests are represented.

The Health Resources Administration welcomes the opportunity to encourage the further development of planning functions taking place in the aging agency network with the planning activities of the local and State health planning agencies to assist in meeting the requirement of the Older Americans Act Amendments of 1978 (Public Law 95-478), that the Commissioner of AOA "shall develop planning linkages with local health system agencies (as defined under the National Health Planning and Resources Development Act of 1974)."

HEALTH SERVICES ADMINISTRATION

INTRODUCTION

There are numerous definitions of "aging." From a biological viewpoint, aging is defined as a process of progressive deterioration of organic function which varies from individual to individual. However, definitions of aging in terms of Federal law apply to calendar year criterion as the means of determining eligibility for health and social services. Currently, health care entitlement acts, such as medicare, impose a minimum age criterion of 65 as one of the means to determine eligibility for health care benefits. At the same time, other Federal programs such as the Older Americans Act use a calendar year cutoff of 60 years and older as the means of determining eligibility. Similarly, private industry has traditionally applied a calendar year definition, usually 65 years, as a means to determine eligibility for retirement benefits. It seems, however, that changing social norms coupled with the fact that the U.S. population is growing older may alter existing concepts and concurrent definitions of aging. Such possible changes are considered in projecting the long-range need and demand for health care services provided by the Health Services Administration (HSA).

The HSA has adopted the calendar year definition of aging which conforms to the 65 year and older criterion to describe the scope and extent of the past and planned use of health care services by the "aged" population. This is, in part, due to the present definition of aging cited in the Medicare Act. However, changes in current concepts of the aging process expressed in terms of modification to existing legislation may drastically alter both statistical projections of health care need, subsequent projections of health care need, and subsequent projections of demand for health care services.

SERVICES PROVIDED IN 1978

Health care services provided in the health centers, clinics, hospitals, and other delivery settings which comprise the HSA delivery network are available to the aged population as part of a broader beneficiary population served by HSA programs. In the vast majority of cases, age is not a factor in determining HSA program eligibility for individual health care services. However, the HSA has aggressively pursued a policy of responding to serious deficiencies in the provision of health care to designated population clusters or groups who reside in medically underserved rural and urban areas. This is evidenced in the age emphasis of some HSA programs such as family planning, maternal and infant care, and child health.

In terms of the age distribution of HSA program users, the elderly individual represents a relatively small percentage of those receiving health services. Despite this fact, HSA has long recognized the need to adequately respond to the health needs of the aged. This recognition is reflected in the criteria used by HSA to identify medically underserved rural and urban areas. In determining medical underservices, four factors are taken into consideration: (1) the proportion of aged people in the area; (2) the proportion of poor people; (3) the number of doctors in the area; and (4) the infant mortality rate. Use of the number of aged, as well as the poverty factor, focuses attention on the elderly. Activities which impact most significantly on the aged are promoted through the community health centers, migrant health, National Health Service Corps, hypertension, and home health programs supported by HSA's Bureau of Community Health Services (BCHS). This same recognition of responsibility extends to the continuing development of special programs to serve elderly Indians and Alaska Natives. Since 1976, HSA's Indian Health Service (IHS) has supported special health care initiatives for the elderly through its Com-

mittee on Aging. Such support continued in 1978 with active IHS participation in the special Indian conference on health convened by the National Indian Council on Aging. The success of PHS hospital geriatric day care center programs supported by the Bureau of Medical Services led to further expansion of such centers throughout the PHS hospital network. Specific HSA program emphases in 1978 are briefly summarized below.

Community health centers

In 1978, there were 3,047,250 people who received a range of preventive, curative, and rehabilitative services in 592 community health centers. Of the number of people who received such services, over 7 percent were 65 years or older. By the end of fiscal year 1979, there are expected to be 756 community health centers serving approximately 3,697,000 people. Satellite community health center clinics have been established in areas of high concentration of elderly individuals, such as housing projects for the elderly. The satellite clinics provide podiatry, dental, mental health, emergency (ambulance), multiphasic screening, and a variety of medical outreach and home health services for the aged. Some center grantees also initiated formal linkages with AOA- and USDA-supported social and nutritional programs. These include the food stamp program, meals-on-wheels projects, and social-recreational services such as escort shopping. Such linkages also extend to home health agencies, State and county health departments, transportation arrangements with long-term care institutions, and a broad range of individual center service arrangements with nonprofit senior citizen organizations.

Migrant health program

The migrant health program provides access to health care services for migrant and seasonal farmworkers and their families. Migrants live and work in predominantly rural areas where health resources are scarce. Although they face problems of shortage and maldistribution of health resources which other rural residents must cope with, the migrants' problems are compounded by such factors as the need to travel from place to place in search of work and language and cultural differences. In addition, the elderly migrant is further handicapped by the multiplicity of problems which accompany aging. In 1978, services were provided at 314 sites (144 projects) to 557,000 migrants and seasonal farmworkers and their families. Of the number served, 4.2 percent were 65 years of age or older.

The National Health Service Corps

The National Health Service Corps was designed to improve the delivery of health services to persons residing in communities where health resources are inadequate or nonexistent. The approach is to: (1) Recruit and place health professionals in those areas; (2) assist the communities in developing the capacity to independently maintain their own systems of care; and (3) design policies that will encourage health professionals, once placed, to remain in shortage areas on a non-Federal basis. Because older people residing in these areas often have reduced mobility, the presence of health personnel in their communities is of special importance. A total of 725,825 people was served by 1,289 providers at 688 sites in 1978. It is estimated that 9 percent of the people served were 65 years or older. The National Health Service Corps has been successful in placing an increasing number of corps' medical staff in community health centers, migrant health, and like programs.

Home health program

Another area of continued expansion, the home health program, is specifically directed toward meeting the needs of the aged. The home health program is responsible for building the Nation's capacity to provide home health services and to improve the quality of care provided. Home health agencies are designed to offer health care services which are often cost-saving alternatives to institutionalized care in hospitals and nursing homes by attempting to maintain elderly persons in their own homes. In awarding project grants funding, priority is given to areas in which a sizable proportion to be served are elderly, medically indigent, or both. In 1976 and 1977, 85 percent of the grants were awarded to areas with a high proportion of elderly, and in 1978 the percentage was increased to 90 percent. HSA's Bureau of Community Health Services, within 3 operational years of the home health program, has awarded 206 grants for either the develop-

ment of new agencies or the expansion of existing agencies. As a result of the grant program, home health services are now being provided to 135 counties that were not previously served by a medicare-certified home health agency. Home health services were expanded in an additional 446 counties with a population of 36.5 million persons. Preliminary data indicate that those home health agencies awarded grants in 1976 were able to expand the medicare population served by 140 percent and that the total population served was expanded 300 percent. Twenty-one training grants were awarded in 1978 to train home health aides who are or will be employed by medicare-certified home health agencies. It is projected that those 21 grantees will be responsible for training 3,000 home health aides to provide services to a caseload which is predominantly 65 years and older.

Hypertension

The HSA has recently expanded its focus on hypertension which affects a significant proportion of the aging population. Program efforts include screening, detection, diagnosis, prevention, and referral for treatment of hypertension. This activity is concerned with identifying persons with hypertension and helping to assure that they establish and maintain a proper, medically supervised treatment program. Guidelines have been published for the development and operation of State hypertension programs. Technical assistance is available to provide guidance to State and local health departments in developing community-based high blood pressure control programs. Where feasible, the local health departments have been encouraged to coordinate their activities with other Federal agencies and voluntary organizations which share similar responsibilities; for example, American Heart Association. The HSA participated with the national high blood pressure education program in the national campaign for high blood pressure control in distributing material during the month of May. Educational material for both the public and health professionals was distributed to approximately 6,000 projects. In addition, this material was printed in Spanish for distribution to those projects serving predominantly Hispanic-speaking populations.

The Indian health program

The Indian health program served approximately 498,000 Indians and Alaska Natives, many of whom reside on the 250 reservations and Indian communities located in 25 States and hundreds of villages in Alaska. Based upon the 1970 U.S. census, persons aged 65 and over comprised 6 percent (30,000) of the U.S. Indian and Alaska Native population. A comparison with the national percentage of those 65 and over (10.5 percent) in 1975 indicates that the U.S. Indian and Alaska Native people are relatively young. Thus, a major objective of the Indian Health Service in 1978 was to continue to advance the health level of the young and maintain the health gains of the previous decade (1960-70) which would achieve a larger older age segment of the Indian and Alaska Native population with improved health status. For example, program emphasis from 1960 to 1970 was directed toward those in the younger age group. As a result of focusing scarce resources to meet the many health needs of the younger population, the number of Indian and Alaska Native persons aged 65 and over increased by 39 percent as compared to 29 percent of the U.S. population during the 10-year period of 1960 to 1970. By fiscal year 1978, 2,500 elderly persons had used their medicare entitlement in Indian Health Service facilities for the first time.

Specific services were provided which sought to minimize the health problems of the aged. These services included continual identification by all members of the IHS staff of the health needs of the aged which included social assessment of the needs of the family and the lone elderly by IHS-trained Indian and Alaska Native social work associates, community health representatives and aides, and public health nurses. Such efforts focused on seeking out the elderly to provide them with access to health care resources with appropriate counseling which would bridge the differing cultural concepts of illness and preventive medicine. These efforts were complemented by IHS medical and social service surveillance for nursing home and extended medical care patients, assistance in obtaining services under medicare, medicaid, the USDA-administered food assistance program, Veterans' Administration, and other Federal and State programs.

Support for the 1978 Indian Conference on Health of the Elderly conducted by the National Indian Council on Aging was also provided by HSA's Indian

Health Service. Four background papers funded by IHS were used as a frame of reference for Conference workshops. These included: (1) "Physical and Mental Health of Elderly American Indians," (2) "Alternatives for Planning a Continuum of Care for Elderly American Indians," (3) "The Environment of Elderly Native Americans," and (4) "Data and Materials to Support a Community Education and Safety Program to Reduce Accidents Among Elderly Indians." The background papers have been distributed widely and placed in key libraries to provide benchmark data for future assessments of needs and accomplishments.

Support efforts have also included the preparation of descriptive pamphlets on a variety of tribally sponsored programs for the aging. These pamphlets have encompassed such topics as: (1) "Assessment of Needs and Recommendations for a Service Delivery System for the Elderly" (Pueblo of Laguna Planning Commission); (2) "Northern Chyenne Elderly Program" (the Wendell Shoulderblade Center); (3) "Services to the Elderly" (the Sisston-Wahpteon Sioux Tribe of the Lake Traverse Reservation); (4) "Yakima (Washington) Tribal Health Surveillance Program", and (5) "Oneida (Wis.) Nursing Home." An urban project (Tucson, Ariz.) was described as well. The documented experiences of these tribes serve as models for development elsewhere.

Public Health Service hospital care

Health care services within HSA's Bureau of Medical Services (Division of Hospitals and Clinics) are provided by 9 PHS hospitals (8 general medical-surgical and 1 specialty hospital for the treatment of Hansen's disease), 27 free-standing outpatient clinics, and more than 300 contract physicians and hospitals located throughout the United States. While it is known that all of the USPHS hospitals and outpatient clinics treat persons aged 60 and over, precise data regarding the number and services rendered of this age group on an outpatient basis cannot be obtained at this time. During the first 6 months of fiscal year 1977, of the 16,418 discharges from the USPHS hospitals, in 4,490 instances, the patient was 60 years of age or over. Annualized, it is estimated that approximately 161,000 patient-days were utilized by this group at an estimated cost of \$22,862,000 based on an average daily rate of \$142. The average length of stay for this age group is somewhat longer than for younger individuals. American seamen constitute a major PHS beneficiary group, and there are probably more single males in this category than in the population at large. As a consequence, finding suitable nursing homes or other protective settings constitutes one of the major difficulties in discharge planning.

Hospital-based geriatric day treatment and screening and referral services

The Geriatric Day Treatment Center (GDTC) has been operating on the campus of the USPHS Hospital, Baltimore, Md., since January 1976. It is jointly sponsored by the Family and Children's Society of Baltimore and the USPHS Hospital. Through a contract with the Maryland State Department of Health and Mental Hygiene, Office of the Chronically Ill and Aging, the GDTC received title XX funds. Each year the program has been in operation, the title XX funds have increased. This program provides an alternative to institutionalization, and services are delivered by a multidisciplinary staff in a protective group setting. The program is structured around an organized regime of activities of daily living (ADL) and health services. Additional important program components include nutrition counseling, psychiatric consultation, and transportation. Family members are counseled and taught various techniques to increase their ability to be helpful to the program participant in the home. Program participants are persons 60 years of age and older referred from PHS beneficiary groups, the geriatric evaluation service of the Baltimore City Health Department, community organizations, and private physicians.

The GDTC program continues to grow and develop. Most of the program participants have multiple chronic diseases and/or handicaps and the GDTC continues to increase its capacity to treat severely impaired patients, especially those with communication difficulties or problems with psychiatric overtones. The psychiatry department of the Baltimore USPHS Hospital works closely with the center staff to offer staff consultation and to actively participate in patient management. About 75 percent of the program participants are in wheelchairs.

When the GDTC was established it was anticipated that it would offer extensive opportunities to serve as a demonstration model and research laboratory

in the development and operation of day care programs for older persons. This aspect has been realized through the consultation and technical assistance that the GDTC has been able to offer to staff at several other USPHS hospitals, associates working on various levels of local and State government and colleagues who are program managers of other geriatric programs in Baltimore and in other parts of Maryland. The staff of the GDTC consider these professional responsibilities an important part of the program's function so these activities have continued and become more extensive. Contributing to the growth and development of new professionals is also considered to be an important function of the GDTC. Nursing, occupational therapy, and social work students from the University of Maryland, Towson State University, Morgan State University, and the Community College of Baltimore are regularly assigned to the GDTC for field work experiences.

During fiscal year 1979, the GDTC expects to be able to again double the number of program participants. The staff is eagerly looking forward to the completion of renovations to an adjacent building which will double the space available for delivery of patient care services. The GDTC will then have approximately 8,000 square feet of space available for the program.

The USPHS Hospital in San Francisco has operated a geriatric screening and referral service (GSRs) since 1977. This program was developed with several community groups and the San Francisco Health Department to examine persons 60 years of age and over who live in the Richmond and Sunset districts of San Francisco. The goal is to maintain people at the highest level of functioning and self-sufficiency as possible. The staff includes a nurse practitioner and is made up of persons from the USPHS Hospital and the San Francisco Health Department. Program participants receive a complete history and physical examination, laboratory workup, social work interview, and immunizations as appropriate, for example, flu vaccine. They are referred for eye and hearing examinations and for other services as needed. Scope of services also include followup on an annual basis and more frequently if indicated. The GSRs works very closely with the San Francisco District 5 Community Board which has a geriatric protective service and with the Richmond RAMS group which is a multilanguage, multicultural, yet predominantly Chinese, mental health program. The GSRs clinical sessions are held once a week and see 5-10 persons per clinic session.

Hospital-based nutrition programs

The USPHS Hospital in Boston established its nutrition program for the elderly in 1977. This program regularly serves lunch to about 75 people 60 years and over, 5 days a week. In addition to lunch and the associated socialization, nutrition information and counseling are integral parts of the program. On an as-needed basis, program participants have received other health care services from the hospital, such as physical examination and treatment and optometry services. Recently the hospital was able to obtain some support for the program from an outside agency by negotiating a contract with the Commonwealth of Massachusetts to be reimbursed 36 cents per meal.

Clinical research studies

Funds for clinical research studies are distributed through the Central Clinical Investigations Committee of HSA's Bureau of Medical Services, Division of Hospitals and Clinics (DHC), a formally constituted body that is also responsible for monitoring and evaluating research programs. During fiscal year 1978, the DHC funds allocated for clinical research totaled \$374,144 of which \$98,887 was for research in Hansen's disease and \$206,271 was allocated to research related to aging or the aging process. During fiscal year 1978, 39 clinical research projects related to aging were operational in five USPHS hospitals (Baltimore, Boston, San Francisco, Seattle, and Staten Island).

SERVICES TO BE PROVIDED IN 1979

The program activities undertaken in 1978 will be continued to adequately serve the aged. The success of such past efforts will also serve as the basis for a new demonstration program for the aged. A joint agreement between HSA and the Administration on Aging (AOA) has been developed and is scheduled for implementation in 1979. This HSA-AOA program will link health care resources with social services to effectively address the unmet health and social service needs of the elderly.

The agreement between HSA and AOA focuses on the planning and delivery of a comprehensive package of health care and social services to the aged. Ten demonstration projects will be selected and funded to establish model operational linkages between HSA and AOA programs. The AOA and HSA will select three demonstration projects from IHS, two projects from BMS, and five from BCHS. The IHS projects will incorporate the program activities and priorities established during the 1978 Indian Health Service Conference on Aging. The BMS projects will involve the funding of two demonstration projects which focus on the elderly residing in the immediate geographic area served by two USPHS hospitals. Five BCHS primary health care projects will also be selected to serve as demonstration models. The BCHS projects will seek to demonstrate effective ways of linking primary health care delivery sites with area agencies on aging.

The 10 demonstration projects share the common goal of improving the availability and accessibility of services for the chronically impaired and frail adult. HSA and AOA will be developing appropriate project guidelines for granting awards to communities for demonstration of effective ways of linking health and social services. The HSA-AOA agreement is designed to achieve a series of operational and programmatic goals over the next 3 years. All of these goals focus on the demonstration of effective means of improving the quality and comprehensiveness of services to the elderly.

NATIONAL INSTITUTE ON AGING

DEVELOPMENTS IN AGING

One of the most important contributions that aging research has had to make to society is the demonstration that aging and disease are not one and the same. The acceptance of this distinction marks the dissolution of the stereotyped view of old people as diseased and decrepit, a view that once pervaded not only the health care system, but the social fabric of our country as well. Geriatric clinicians know the dire consequences of such prejudicial attitudes toward elderly patients: Treatable illnesses are ascribed to the supposedly "untreatable" process of aging. Often, apparently disoriented patients are labeled "senile" and sent home, when the disorientation may be a symptom of infection or some other condition that has stressed the individual's cerebral circulation. Conditions such as these can often be managed or even cured, at substantial cost savings when compared to lengthy commitments to long-term or home care. The mistaken belief that the diseases afflicting many elderly persons are unavoidable extensions of the aging process can be a self-fulfilling prophecy—a person who has been labeled "senile" may begin to think of himself or herself in those terms, and act accordingly.

Research on both the medical and social problems of the elderly can reduce the costs of serving them. For example, if we discover means of lessening the physical and mental deficits that can be caused by disease, we will have changed the needs of the patient for medical, social, and other services. By the same token, if we change the socioeconomic circumstances of the elderly, we may also change their needs for certain services.

Research on aging is multidisciplinary, for the demographics of our aging population have an impact on all aspects of the quality of life and on the costs for health care and social services. The over-65-year-old group is expected to increase in size from 23 million in 1976 to 32 million in 2000, and then to 45 million by 2020. All age segments of the elderly population are expected to grow rapidly, but particularly the extremely aged, so that in the year 2000 there will be about 17 million persons 75 and over, and about 5 million who are 85 and over. Since the very old are the most frequent users of the health care system, we must prepare now so that we will be able to meet their needs as their numbers grow.

The broad mandate of the National Institute on Aging (NIA) reflects this need for a multidisciplinary approach to the study of aging. Among the NIA's many areas of interest are the following, which received special emphasis during 1978:

Treatable Brain Diseases

"Senility"—The most frightening specter of old age—is not an inevitable consequence of growing old; in fact, it is not even a disease. Rather, "senility" is the word commonly used to describe a large number of conditions with an

equally large number of causes, many of which respond to prompt and effective treatment. The symptoms characteristic of what is popularly called "senility" include serious forgetfulness, disorientation, intellectual confusion, and certain other medical and emotional disturbances. Although doctors and patients alike have traditionally dismissed these symptoms as incurable consequences of old age, they are not. Thus, it is imperative that a complete, careful investigation of the source of these symptoms be made so that proper treatment can be initiated. Some 100 reversible conditions may mimic a few irreversible brain disorders (such as cerebral arteriosclerosis, senile dementia, and Alzheimer's disease). A minor head injury, a high fever, improper nutrition, or adverse drug reactions, for example, can temporarily interfere with the supply of blood and oxygen to the brain and thus inhibit the normal functioning of extremely sensitive brain cells. If left untreated, such medical emergencies can result in irreparable damage to the brain, and possibly even death.

To draw physicians' attention to the danger of accepting the stereotype of the old as "senile" and of the need for providing effective treatment to the aged, the NIA and the Fogarty International Center (FIC) brought together experts in the fields of internal medicine, neurology, psychiatry, epidemiology, radiology, psychology, geriatric medicine, and general medicine for a consensus development conference on treatable brain diseases in the elderly. Throughout the course of the 2-day conference, discussion focused on several basic questions, including: (1) What is dementia? (2) How common are treatable brain diseases which cause cognitive impairment? (3) What information should physicians have to obtain the most comprehensive and useful history of impaired patients? (4) What is the best kind of physical examination to carry out in impaired patients? (5) Given a diagnosis of irreversible brain disease, what is the physician's responsibility to both the patient and the family?

Having examined these issues at the meeting, the NIA is now preparing a summary document to be circulated throughout the medical community to achieve final consensus. When this phase of the consensus process is completed, the Institute will begin the task of disseminating the consensus position to all health care practitioners.

The Last Days of Life

Because mortality is now associated primarily with old age, the NIA is especially concerned about the quality of the last days of life. When our Nation was founded—just a little over 200 years ago—only 20 percent of newborns survived into old age. Today, the reverse is true: 80 percent of newborns survive into old age, while only 20 percent do not. This shift in life expectancy is largely by result of triumphs over maternal, childhood, and infant mortality, although advances in cardiology and other aspects of health care have led to decreased mortality in later life as well.

The gathering force of what is referred to as the "hospice movement" has served to focus long-overdue attention on how we as individuals and as a society deal with death. The result has been a more humanistic approach to the care of the terminally ill. There are at least four elements which are crucial to hospice care:

- Educating and training medical, nursing, and allied health personnel to be sensitive to the rights, needs, and problems of those in the last days of life;
- Discovering new therapies for managing pain and other discomforts of the terminally ill;
- Providing home care, so that people can remain at home for as long as they desire, and be able to die at home if they wish and if it is possible; and
- Attending to both the immediate and long-term needs of grieving survivors.

Training programs must not neglect the many volunteers whose dedicated efforts have played an essential role in hospice development and home care. The services of these volunteers add immeasurably to the all-important humanity of a hospice. Therefore, volunteer training and orientation programs must be carefully designed to properly sensitize volunteers to the extraordinarily demanding, albeit rewarding, nature of hospice work.

The issue of the palliative management of pain is now being studied by an Interagency Committee on New Therapies for Pain and Discomfort. Representatives from the National Institutes of Health; the Alcohol, Drug Abuse, and Mental Health Administration; the Health Care Financing Administration; the

Food and Drug Administration; the Department of Defense; and the White House will consider ways to evaluate drug administration practices and patterns, examine the psychosocial aspects of death and dying, and alter practitioners' approaches to health care so that they deal with dying patients in terms other than the curing of disease.

As a part of its research program, the NIA has identified the pharmacology of aging as a priority area. We know that the body handles drugs very differently at different periods of life. The NIA has already cosponsored a workshop on the state of knowledge on age-related changes in response to drugs, and more recently issued a request for grant applications on the pharmacology of aging. In the area of pain control, the NIA's interest is focused both on how analgesics act differently in older people and on less traditional, nonpharmacological approaches to pain control, such as acupuncture.

In an effort to understand the immediate and long-term needs of grieving survivors, the Institute recently commissioned a paper on bereavement as a risk factor in mortality. This study, done by Dr. Adrian Ostfeld, professor of epidemiology at Yale University, shows the possibility of an increased death rate of some 25,000 Americans annually as a consequence of significant personal losses they experience. Bereavement is associated with a higher incidence of illness, death, and psychosocial stress. It is clear that we need imaginative, but systematic, studies to understand better the impact of bereavement. In order to encourage scientific work in this area, the NIA has recently announced its desire to support additional studies on the nature of bereavement, widowhood, dying, and death, and methods of coping with them effectively. Bereavement requires a variety of adjustments, such as realignments within the family, the development of new intimacies, and changes in relationships with children. Yet few social supports have been developed to assist people at this critical time.

Since we cannot determine where a person will die, nor can the dying person always choose the location of his or her death, the NIA is currently in the process of developing a special epidemiological study of where people do die, under what circumstances (awake or asleep), and to what degree they experience pain. People should not have to live with fears that may be based on an inadequate supply of accurate information regarding the last days of life.

Nutrition and Aging

Proper nutrition may spell the difference between active, productive old people and those who are physically and emotionally disabled and in need of frequent medical attention, hospitalization, and even institutionalization. The NIA subscribes to the NIH-wide position that good nutrition is the cornerstone of preventive medicine. Adequate diet throughout life, including the later years, is an effective means to maintain good health and minimize degenerative changes in old age.

This year, the NIA held a conference that brought some of the Nation's most outstanding clinical nutrition experts together to discuss "Nutritional Needs and Health of the Aging Adult." The goal of this conference was to provide the Institute with recommended directions for its research program.

It is generally believed (although some argument has arisen in recent months) that as a person ages, he or she experience a loss in lean body mass (LBM). This decrease in LBM is usually accompanied by an increase in fat (adipose) tissue. Scientists also agree that the older individual is less active physically than in the early and middle adult years. Because fewer calories are used via physical exertion, it is assumed that the older person requires less caloric intake. In order to preserve lean body mass and optimal health, these calories must be of the highest nutritional quality. The question remains—what is the best combination of required daily allowances for the aged adult?

Age-related degenerative changes in body composition also include a loss of muscle mass (with concomitant loss in motor function) and a loss in bone tissue (resulting in fragile, easily fractured bones). Thus, we also need to know if this age-related decrease in muscle fiber can be prevented or stabilized by eating more foods with protein and amino acids and, if so, how much and how soon? Can osteoporosis, a brittleness of the bones especially problematic in older women, be avoided with calcium-rich diets and, if so, how much calcium is required?

As individuals grow old, the efficiency of their kidneys decreases. This raises several questions, such as: Can ingestion of high-quality protein and amino

acid-containing foods moderate this change? Should we be looking at the role of fluid and sodium intake on a weakened renal (kidney) system?

It is well known that the elderly suffer from a number of gastrointestinal maladies, the most common one being constipation. In addition to studying the effects of high-fiber foods, we need further investigation to determine if there are other dietary adjustments which will alleviate these kinds of gastrointestinal disorders.

We know that the elderly person has experienced a lifetime of diseases and environmental assaults on his or her body, but we do not know how to plan a good diet during or in the aftermath of the acute and chronic illnesses common among the elderly.

Old age often necessitates major changes in lifestyle that adversely affect eating habits. The aged person often finds himself or herself poorer than he or she had been during the early and middle years. In addition, an elderly person is more apt to experience the death of a spouse or close friends than any other age group. The old frequently are less able to take care of themselves, largely due to degenerative physical changes. An aged individual may suddenly find that the neighborhood where he or she has enjoyed security for many years has become a high crime area. Finally, old people may suddenly find themselves the victims of age prejudice, or "ageism." Any of the above situations can cause sufficient emotional trauma (grief, loneliness, depression) so great that one loses the desire to eat. This loss of appetite, known as anorexia, combined with financial restrictions on food purchase and fear of going out to the store, makes it easy to understand why many old people are seriously undernourished.

As a first step toward implementing the recommendations made at the conference, the NIA recently issued a revised, expanded request for research grant applications, with emphasis on the following areas:

- Epidemiologic and clinical research on the relationship between aging, nutritional status, dietary intake, and health status;
- The effects of specific diseases on nutritional status and interactions of nutrients with therapeutic agents, surgical procedures, or preventive regimens;
- The effects of aging on nutrient requirements and utilization, digestion, absorption, and metabolism;
- Basic and clinical nutrition studies on the interrelationships between aging and: (1) Factors which may regulate changes in lean body mass, body composition, energy balance, regulation of metabolic processes, and disease susceptibility; (2) the effects of nutritional deficiencies on long-term health and longevity; and (3) the effects of nutrition on age-related mental changes.

The Older Woman

Are women really the weaker sex? If there is strength in numbers, they are not. Women in the 65-and-older age group are the fastest growing segment of the U.S. population, with 13.9 million older women (versus 9.5 million older men) in 1977, expected to increase to 33.4 million women (versus 22.4 million men) by the year 2035. Women are also living much longer than men, a gap in life expectancy which will continue to widen into the next century. This growth in the number of older women is having an enormous impact on society. Yet the needs and achievements of older women have largely been overlooked.

To explore a wide range of issues concerning the older woman and to identify areas in which research is needed, the NIA and the National Institute of Mental Health (NIMH) cosponsored a workshop on the older woman. From these discussions—and a diversity of research studies, backed by statistical and case material—emerged a portrait of the typical woman in her seventies and beyond. Her life is marked by the continuities of working in the home and of maintaining emotional connections with family, children, and peers. But her life is also marked by the discontinuities of an interrupted career and large numbers of losses—including the departure of children from the home, and the likelihood of outliving her husband. She is assailed by unflattering stereotypes and by poverty, poor access to transportation, loneliness, and isolation. She is three times as likely as her male peer to live in a nursing home. Her life seems precarious at times: there is the real possibility that she may become a patient and/or a pauper. Despite the litany of problems the older woman faces, she also possesses great strength and potential, as witnessed by her ability to survive.

Of considerable interest to this country's 31 million postmenopausal women and their doctors are the risks and benefits of estrogen administration. In a pre-

liminary effort to organize the study of these risks and benefits, the NIA convened a group of experts to assess the suitability of holding a consensus meeting on estrogen use. Although some participants felt that the issues require so much more research that it is premature to attempt to reach consensus at this time, the prevailing view was to proceed in order to compile, evaluate, and effectively disseminate the information already available. Therefore, the NIA will sponsor a consensus exercise in the near future, with emphasis on the following topics: The benefits of estrogen use for the treatment of menopausal symptoms and for the prevention of osteoporosis and possibly heart disease; the hazards of estrogen use, particularly cancer; the relative risks and benefits of various forms, routes, doses, and schedules of estrogen therapy; and acceptable indications for and patterns of estrogen use.

In addition to NIA efforts to stimulate interest in the problems of older women among the scientific and academic communities, the recent inclusion of women in the Baltimore Longitudinal Study of Aging will provide Institute scientists with an opportunity to study the aging process in women firsthand, and perhaps shed some light on the differential life expectancy between the sexes and among various racial and ethnic groups. As of the fall of 1978, some 150 women have been introduced into the study.

Geriatric medicine

The NIA's continuing interest in facilitating the teaching of geriatric medicine as a part of basic medical training gained momentum during 1978 with several key developments. The NIA contracted with the Institute of Medicine (IOM) of the National Academy of Sciences to examine how best to incorporate geriatric medicine into medical school curriculum. The IOM report noted that current medical training in the care of the elderly is deficient, but the committee recommended against establishing a separate specialty or subspecialty of geriatrics, instead suggesting the creation of sections on geriatric medicine within departments of internal medicine. By encouraging the inclusion of geriatric medicine in the mainstream of medical practice, the report avoids possible arguments on the necessity of still another specialty and prevents the further isolation of the elderly from the mainstream of American medicine.

The American Medical Student Association has shown a great deal of interest in geriatric medicine, most recently devoting an entire morning session to the subject at its annual meeting in March 1978. Two months later, the Association of Professors of Medicine considered geriatrics at its annual meeting. The Director of the NIA participated in both discussions. In September 1978, the board of governors of the American College of Physicians heard a presentation by the NIA Director on geriatric medicine.

In the spring of 1978, Dr. Milo D. Leavitt, then director of the Fogarty International Center (FIC), spent 6 weeks in the United Kingdom visiting 8 out of the 10 British medical schools with chairs in geriatric medicine and studying the educational, research, and service aspects of geriatric medicine in that country. Upon his return, Dr. Leavitt became the NIA Director's Special Assistant for Medical Program Development and Evaluation. In this role, he prepared a report which detailed the strengths and weaknesses of the British system, concluding that although the United Kingdom is ahead of the United States in its understanding of aging, a direct transplantation of their practice of geriatric medicine to this country would probably not be appropriate.

The NIA's nomination of Sir Ferguson Anderson, one of the world's foremost geriatricians, to be a Fogarty International Scholar was accepted. He plans to begin his year here in September 1979, participating in a variety of activities designed to speed the transmission of knowledge regarding geriatric medicine to American medical school students and faculty, as well as policymakers and scientists in the field of aging.

Funds for training in geriatric medicine have been provided to the FIC senior international fellowship program (also known as the Magnuson fellowship) and the Bureau of Health Manpower of the Health Resources Administration. The NIA will coordinate with these agencies on both efforts.

Finally, the NIA recently initiated a Geriatric Medicine Academic Award to provide a stimulus for the development of a curriculum in geriatric medicine in those schools that do not have one and to strengthen and improve the curriculum in those schools that do. At the same time, a Clinical Investigator Award was announced, which would provide an opportunity for promising clinically trained individuals to develop research ability in preparation for independent research

careers. Post doctoral training opportunities in both clinical and basic research continue to be available at the NIA Gerontology Research Center.

Longevous Populations

Since the beginning of time, man has searched for the key to perpetual life. Reports of groups of people living past 100 in certain parts of the world have sparked the imagination and conjured up dreams of Shangri-la. At a meeting sponsored by the NIA and the FIC, Dr. Richard Mazess, of the University of Wisconsin, at Madison and Dr. Sylvia H. Forman, of the University of California at Berkeley, disclosed that those persons thought to be centenarians in Vilcabamba, Ecuador, are not. In cooperation with Ecuadorian scientists, Drs. Mazess and Forman investigated civil and church records and found that the oldest living villager was 96. Much of the confusion stems from the custom of passing a family name from one generation to the next. Because of this tradition, the actual recorded birth dates of those persons living in Vilcabamba are frequently confused with those of their parents and grandparents. Another common practice is to give a surviving child the same name as that of a sibling who has died. Consequently, a person's "age" is often the sum total of more than one family member. The scientists also found that after the age of 60, many villagers begin to exaggerate their ages. Increased worldwide attention only exacerbated this phenomenon.

However, there is still much that can be learned by studying the people of Vilcabamba and other long-living populations. For one thing, the incidence of arteriosclerosis in Vilcabambans 80 and over is particularly low, whereas in the United States the number of deaths caused by this hardening of the arteries peaks at age 80. In addition, Dr. Mazess' work shows that there are fewer bone fractures in elderly Vilcabambans despite the loss of bone density that is common in old age in the United States.

Cellular and Animal Resources

Many aging research advances would not have been possible without the NIA's development of special resources for gerontology researchers. Currently, the NIA's basic aging program contracts with the Institute for Medical Research (IMR) in Camden, N. J., for two cell resource/services. The first is a cultured cell bank. Via this effort, NIA establishes, characterizes, stores, and distributes standard and genetically marked human cell lines for aging research. The second, more recent NIA-IMR resource is a mycoplasma contamination testing service which performs a vital function for researchers who use cells to study aging processes. Mycoplasma are tiny, evasive organisms, smaller than bacteria but larger than viruses, which frequently infect cell cultures. Mycoplasma can alter the characteristics and behavior of cultured cells so dramatically that their mere presence compromises research results. The mycoplasma testing facility enables researchers to spot check their cell cultures by periodically sending in samples for analysis. The testing facility focuses not only on mycoplasma detection but also on mycoplasma prevention and control.

Because practically every field of biomedical aging research depends heavily on the development and availability of appropriate laboratory animals as research models, several animal resources have been established by the biophysiology and pathobiology aging program of the NIA. Disease-free aged rodents are available to NIA scientists today because the selection processes and logistics necessary to establish these colonies began several years ago. In addition to providing the animals themselves, the NIA keeps scientific data on the animals' life spans, growth patterns, organ weights, age-associated diseases, and blood chemistries.

The NIA is working with the National Academy of Sciences (NAS) to determine which animals will prove to be the most relevant to future aging research investigations. The NAS is at work on a report which will assess selected vertebrate species for aging research. The NIA is also working with the Division of Research Resources, NIH, to survey existing colonies of aged laboratory animals for use by gerontology researchers.

Geriatric Dentistry

Currently, al three major programs of the NIA are involved in the conduct or initiation of work in geriatric dentistry. Approximately 6 months ago, NIA intra-

mural scientists added a dental evaluation component to the already extensive physical and mental examination protocol used in the Baltimore Longitudinal Study of Aging. Dr. Bruce Baum at the Gerontology Research Center (GRC) developed the dental protocol, which includes clinical evaluation of gum diseases, cavities, changes in the senses of taste and smell, oral hygiene, salivary and related oral gland function, and alterations in denture-retaining ridges. Biochemical tests are also performed on saliva samples.

The NIA extramural and collaborative research program (ECRP) is coordinating with the National Institute of Dental Research to identify areas of overlapping interest and high priority with the eventual goal of funding meritorious research to explore the many aspects of geriatric dentistry. Topics of interest to both Institutes include: root cavities, gum disease, oral tissue changes, wound healing, immune capacity, elderly cleft palate, removable dental appliances, loss of teeth, oral bone loss, nutrition, oral cancer, denture sores salivary function, therapy compliance, oral hygiene, and taste and smell changes which accompany aging.

The epidemiology, demography, and biometry program (EDBP) of the NIA has taken steps to initiate the compilation of dental information from already existing surveys. With guidance and funding from the NIA, data from the health and nutrition examination survey (HANES) will be reexamined closely to collect important information on the older population. During the first planning year of this effort, the EDBP will recommend a special examination of the dental information originally collected by the HANES researchers. The EDBP also hopes to support a team of nutritionists, dental researchers, and epidemiologists to look at the relationship between dental problems and nutrition in the old.

Accidental Hypothermia

NIA information activities continue to alert the public, and particularly the elderly, to the danger of accidental hypothermia, a potentially fatal drop in deep body temperature that can result from prolonged exposure to even mildly cool temperatures. A press conference was held in December 1977 on this topic and a lay-oriented brochure was prepared which describes the condition, explains who is at risk, and tells the elderly how to protect against accidental hypothermia. The story received wide coverage in both national and local media, and led to the addition of a warning to the elderly in the Department of Energy's "Tips for Energy Savers" booklet. The brochure was widely distributed during the winter in supermarket information racks in States with cold winter climates. A similar broad distribution is underway this winter, supplemented by a national public service announcement warning the elderly and their families about accidental hypothermia and directing them to their supermarket information rack or to the NIA for further information. Requests for additional information have come in from State health departments and energy offices, and also from a variety of organizations concerned with the elderly.

RESEARCH ADVANCES

Osteoporosis and Vitamin K

The effects of osteoporosis, a degenerative weakening of the bone that leads to hip fractures in many elderly women, may be arrested with adequate vitamin K intake. Osteoporosis is believed to precipitate about 195,000 hip fractures annually, primarily among elderly women, and is a major cause of physical disability in old age.

Institute grantees have discovered that when an individual experiences a vitamin K deficiency, the resulting decrease in the protein osteocalcin causes calcium loss in bone. This calcium loss, in turn, causes a decrease in the amount and strength of bone tissue in old people, making affected bones weak, porous and highly susceptible to fracture.

Vitamin K, long recognized for its role in blood coagulation, is now believed to be vital to calcium "turnover" in bone. Among the evidence for this relationship is the fact that fetal bone deficits have been common in children whose mothers received drugs during their pregnancies that interrupted the metabolism of vitamin K.

By selecting foods which are "easy to digest," the elderly often exclude vitamin K-containing foods such as green vegetables, cauliflower, potatoes, and liver.

Older people frequently use mineral oil laxatives which coincidentally interfere with vitamin K absorption. They may also take drugs which cause metabolic inactivation of vitamin K. Finally, estrogen deficiency experienced by postmenopausal women often contributes to impaired vitamin K metabolism.

Continued research is expected to delineate further the relationship between vitamin K, calcium metabolism, and osteoporosis.

Calorie Counting Can Change Number of Fat Cells

The number of fat cells (adipocytes) in the body has long been believed to remain constant throughout adult life. An overabundance of food during the first years or so of a human's life, according to this theory, was likely to lead to a large number of fat cells in adulthood but the number, once established, has been thought to remain unchanged.

Now Institute-supported studies of rats show that the number of fat cells, rather than remaining constant throughout adult life, increases in the fatty tissue around the kidneys of these animals. Related studies show early that restriction of food intake lowers the size and number of adipocytes formed in the same tissues. This effect occurs not only during early life of rats, but at any point during adult and later life, a finding which may enhance the medical evaluation and management of obesity, a serious problem in old age.

Further work by the same grantees indicates that the adipocytes of animals whose caloric intake is restricted are significantly more responsive to certain hormones which release fat from fat cells and carry it to the blood, so that the body's tissues can convert it into energy. Food restriction appears to delay decline in this function which ordinarily accompanies aging.

The investigators also found that food restriction enhances an animal's ability to maintain muscle functioning and keep blood fat levels from increasing. Rats whose food was restricted maintained a more youthful appearance and behavior than was "normal" for their age group. These findings have important implications for the prevention and treatment of diabetes, and coronary heart disease.

Enhancing Wound Healing in the Aged

Serious physical injury in both humans and rats is associated with increased excretion of nitrogen in urine, which indicates an increase in protein loss from the body. In humans, the quantity of nitrogen lost may cause a negative nitrogen balance in the body that is believed to adversely affect wound healing. The extent of this nitrogen/protein loss is usually related to the severity of the trauma suffered, previous protein nutrition, cold or heat stress, sex, and age.

Thus, a major clinical problem for the aged is maintaining a positive protein (nitrogen) balance in order to enhance wound healing and reduce surgical and postsurgical risks. Conventional diet therapy programs following severe injury have been aimed at providing liberal amounts of protein and energy to the patient. Another approach is to minimize the excretion of nitrogen.

Institute grantees studying protein metabolism and stress in aged rats have reported that rats traumatized under ether anesthesia showed an increase in nitrogen excretion that was accompanied—and perhaps caused—by a trauma-associated decrease in the liver content of copper manganese and zinc. By increasing the intake of these minerals above the usually recommended dietary levels, the investigators were able to reduce nitrogen excretion. They also discovered that nitrogen loss could be reduced in traumatized animals by adding two amino acids, arginine and glycine, to their diets.

In addition, the grantees demonstrated that about 50 percent of the total nitrogen loss may be caused by either anesthesia alone. This suggests that in surgical procedures, the use of anesthesia should be considered sufficiently traumatic to be accounted for in planning the nutrition of the patient.

Important Developments in Cell Biology

For years, human cell culture science has profoundly affected many areas of biological research, including immunology and genetics. Observations of human cells are vital to the study of human aging as well, especially since hundreds of experiments, otherwise impossible to perform on man, can be carried out on live cells grown in the laboratory from small slivers of human skin and other tissues.

Cell biologists have long known that human cells grown in laboratory culture

medium (in vitro) lose their ability to reproduce at a certain point, and that the younger the age of the cell donor, the greater the number of cell divisions in culture.

Recently Institute-supported researchers have made several important discoveries about the structure and function of live human cells grown in vitro. One discovery concerns the structure of WI-38 cells, a strain derived from female fetal lung tissue. For many years, this normal human cell line was the "line of choice" in cellular aging research because of its limited "life span" or ability to proliferate in culture.

Using a high voltage electron microscope, grantees at the University of Colorado have been able to observe three-dimensional detail of subsellular structure and have discovered that the WI-38 cell has a three-dimensional lattice structure. As part of the skeletal system of the cell, this structure helps determine the cell's shape, and may also be part of the mechanism whereby other structures move around within the cell. Having described this aspect of subcellular structure, researchers are now looking for age-associated changes in this structure.

In another significant development, grantees at the Massachusetts Institute of Technology have recently suggested that when normal skin cells lose their ability to proliferate in a culture medium, this may be a sign not of cell aging, but of cell differentiation. Thus, instead of continuously proliferating, these cells lose the capacity to divide as they perform new functions. This change, or differentiation, may be similar to a change this cell-type undergoes in the body.

This work suggests that investigators should consider that "differentiation" as well as "aging" may be the reason normal cells lose their capacity to divide in culture. It emphasizes the need to extend cellular aging research to other cell types, and to determine how cells in the normal body compare to cells grown in culture.

Old Animals Can Compensate for Nerve Cell Loss

The biological basis for learning and memory stems from the unique ability of brain cells to change their functioning according to repeated experiences. No other group of cells in the body other than nerve cells has this capability, known as functional plasticity.

Decline in memory and ability to learn in old age is a critical problem because the aged brain is highly susceptible to loss of nerve cells. Such losses are part of the normal aging process as well as a side effect of stroke, tumors, senile dementia, and similar disorders.

In recent studies comparing aged and young animals, Institute grantees have shown that old as well as young animals are able to compensate for never cell loss. As part of a system similar to a complex communications network, each nerve cell in the brain receives inputs from thousands of other nerve cells and each of these, in turn, forms connections with hundreds of other nerve cells. When one or more inputs to a nerve cell is destroyed, in some instances the remaining cells which still maintain "terminals" to a target cell form new connections compensating for those that were lost. This process, known as reactive synaptogenesis, has been well documented in the developing nervous system, but was not known to take place in the aged brain.

Now grantees have demonstrated that aged rats the equivalent of about 80 human years exhibit similar reactive synaptogenesis, or the ability to regrow new brain circuits. But the regrowth is much weaker than in younger animals and sometimes forms improper connections to existing brain cells, causing the animal to behave abnormally.

Why connections are made properly or improperly is still not known, although further studies will explore these mechanisms. The discovery that older nerve cells can compensate for cell loss could—if ways are found to enhance the proper type of regrowth—reduce the damage caused by senility, stroke, memory loss and other degenerative changes of old age.

How Smell and Taste Change with Age

To meet the often neglected nutritional needs of the elderly, it is necessary to learn how foods taste and smell to them, and how foods can be modified to enhance flavor. NIA-supported studies of young and elderly subjects revealed that the older group was considerably less able than the younger to identify, by taste and smell, a variety of foods and flavors including chocolate, grape, orange, lemon, cherry, tomato, cheddar cheese, bacon and mushroom. Reduced sensitivity to food

odors, rather than lack of taste, appeared to be the main reason elderly subjects incorrectly identified these foods.

Other studies by the same investigator indicated that the continued use of smell—for example, by professional perfumers—over a person's life span may retard the decline of smell sensitivity and that stronger odor made food more flavorful to the elderly.

The investigator also suggested that one way to enhance food flavor might be to add certain amino acids with sweet or salty components to the diets of the elderly. This would make it possible to lower the undesirably high salt and sugar content of many elderly person's diets, and perhaps improve the protein intake without increasing saturated fats.

The diets of the elderly may improve with better understanding of how taste and smell of foods and nutrients are affected by normal aging and by age-related diseases, and of how food palatability can improve with salt and sugar substitutes and other taste- and flavor-enhancing substances.

New Method Allows Study of Permeability of Blood-Brain Barrier

Age-related changes in the central nervous systems of man and animals may be caused by breakdown of the blood-brain barrier, which restricts exchange of water-soluble drugs and proteins between the blood and brain.

Institute scientists at the GRC have developed a new way to measure permeability of the blood-brain barrier in rats. This method, which is 1,000 times more sensitive than other tests currently available, allowed the researchers to demonstrate that blood vessels in the brain remain intact despite age-related brain changes in senescent rats.

This method also measures the rates at which certain drugs enter the brain, until now a problem because the blood-brain barrier made it impossible to measure the actual concentration of a given drug in the brain. Old people tend increasingly to react adversely to drugs that affect the central nervous system, although the same drugs normally are not toxic in younger individuals. It is not known, in some cases, whether changes in response to a drug are caused by increased entry and retention of the drug within the brain, or to altered brain sensitivity to a given concentration of a drug. It should now be possible to distinguish between these effects and to predict, based on the measured concentration of a drug in the blood, the actual concentration in the brain.

These investigators also developed a way to temporarily increase the permeability of the blood-brain barrier to drugs that normally cannot enter the brain. It is now possible to allow certain drugs and other substances that affect the central nervous system into the brain to study how they interact with brain cells in relation to central nervous system function, disease and aging.

Cardiovascular Disease and Intellectual Decline with Aging

While the debate continues over whether cognitive behavior and intelligence normally decline with advancing age, one Institute-supported longitudinal study has related cardiovascular disease to intellectual decline in middle-aged and older people. Cardiovascular disease has long been suspected of undermining cognitive function to the extent that it disrupts blood flow to the brain. Grantees followed a sample of subjects—an original 500 narrowed to 156 over time—and divided them into groups with or without cardiovascular disease based upon their health histories. Results showed that subjects with stroke or arteriosclerosis (hardening of the arteries) were the most likely to drop out of the study, and that members of the groups that remained were more likely than those who left to show a greater drop over time in scores on tests measuring mental ability and speed of performance.

However, individuals with high blood pressure were not as likely to drop out of the study or to show a decline in intellectual performance on the various tests administered. This result confirms earlier work suggesting that mildly elevated blood pressure may help maintain intellectual functioning in old age.

The study does not explain how intellectual decline takes place, although reduced oxygen supply caused by decreased blood flow in the cerebrovascular system may impair the function of the nervous system, and the life style changes and social isolation that cardiovascular disease often enforces may adversely affect intellectual functioning.

By showing that changes in cognitive behavior vary according to the subgroup involved, this study alerts investigators to consider such individual differences in future attempts to predict how cognitive development changes with advancing age.

Relationship of Aluminum to Alzheimer's Disease

Alzheimer's disease is a poorly understood disorder of the brain cells in which groups of nerve endings in the outer layer of the brain degenerate and disrupt the passage of electrochemical signals between the cells. These areas of degeneration have a characteristic appearance under the microscope, and are called plaques. The larger the number of areas of degeneration, the greater the disturbance in intellectual function and memory.

Until recently, Alzheimer's disease was believed to be rare, but new evidence demonstrates a high frequency: it is estimated to affect from 500,000 to 1.5 million Americans of all ages. The cause or causes of Alzheimer's disease remain unknown, although recent evidence points to several possibilities. Research by grantees at the University of Toronto shows that the brains of people dying of Alzheimer's disease contain high accumulations of aluminum. Other studies by these grantees in collaboration with scientists at the GRC suggest that the aluminum may interact with DNA, a substance found in all living cells that carries primary genetic information.

Early results indicate that this binding has dramatic effects on the structure of DNA molecules. Specifically, aluminum forms crosslinks between the DNA strands and—although further research is needed to verify the possibility—could be responsible for the lesions that characterize Alzheimer's disease. Further research is needed to verify this possibility and to explore the mechanisms by which aluminum affects DNA.

Baltimore Longitudinal Study of Aging Results

Two of the most life-threatening conditions in old age are cancer and infections diseases. The NIA's Baltimore Longitudinal Study of Aging has recently provided information about age-related changes in human immune function that may influence susceptibility to these conditions. Studies of participants in the Longitudinal Study have shown that the ability of certain immune cells (lymphocytes) to kill human tumor cells decreases markedly beginning in the fifth decade of life. Furthermore, those immune cells which fight acute infection (neutrophils) now appear to become less efficient with advancing age. These and other research results permit a better understanding of immune function in both young and old persons, and may form the basis of improved diagnostic procedures for detecting immunodeficiencies.

Another study at GRC involves the effects of aging on motor behavior such as turning or walking. It is well known that some disorders associated with senescence may result from age-related changes in the activity of specialized receptors which control the body's ability to respond to specific hormones and other body hemials. GRC investigators have recently characterized these changes more specifically in studies of the rodent showing that aberrations in motor behavior may result from a failure of certain neurotransmitters, which carry nerve signals to receptors, to be released as effectively in the senescent animal as they are in the young. Motor behavior changes may also result from a loss of receptors upon which these neurohormones act during the transmission of nerve impulses within the motor areas of the rat's brain. These studies characterize, for the first time, a possible hormonal change in the central nervous system in relation to a very simple motor behavior in the aged rat.

Personality Characteristics of Men with Good Visual Memory

A study of 857 men between the ages of 30 and 80 in the Baltimore Longitudinal Study of Aging revealed that while visual memory of designs declines with age, particularly after age 70, it does not decline for everybody. In a sample of men measured for the first time when they were 70 and over, one in four showed no decline in visual memory performance when tested 6 years later. Another analysis of men measured initially during their 60's showed no decline 6 years later, but at 12 years showed a decline similar to that of the 70-year old group. The performance test consisted of reproducing geometric designs from memory after each design was displayed for 10 seconds and then withdrawn.

These researchers are also exploring why some individuals decline in memory performance and others do not. They are attempting to identify personality characteristics associated with changes in memory performance among men 70 and over. Initial results show that men who maintain memory performance have good emotional control, are energetic, and are oriented toward impersonal, analytic tasks. Individuals who decline in memory performance over time exhibit emotional instability, low energy levels, and less orientation toward tasks.

Calorie, Cholesterol and Fat Intake Decreases with Age in Longitudinal Study

Longitudinal research at the Institute's Gerontology Research Center has revealed that as a sample of 180 men in the study grew older, there was a decrease in their intake of fat and saturated fatty acid. Relative caloric intake also changed with age. For example, as age increased, fats contributed less to caloric intake and carbohydrates contributed more.

The study covered the period from 1961 to 1975, and included men ranging from 35 to 74 years of age at the beginning of the study. Analysis of their 7-day dietary diaries revealed that the ratio of polyunsaturated to saturated fatty acids increased an average of 26 percent during this time period when age was held constant, thus representing a change over time and not an effect of aging. Cholesterol intake decreased by 19 percent, from an average of 587 milligrams per day during the period 1961-65, to 478 milligrams per day in the period 1971-75. It is not yet clear how these diet changes will affect the health of life spans of these men.

A related study covering the period 1963-76 showed a recent drop in the serum cholesterol levels among men aged 17 to 102 years, who are subjects in the longitudinal study. This finding confirmed evidence that cholesterol levels increase in young adults, level off in the middle years, and decrease in late adulthood. However, a striking drop of about 7 percent that was observed in all age groups in early 1970 cannot be explained either by changes in obesity or by men with high cholesterol dropping out because of death.

Although the diets of the subjects as a group did change over this time period (cholesterol intake decreased as noted above), the individual changes in cholesterol intake did not correlate with the individual serum cholesterol changes.

Exercise or other factors may have contributed to the change in cholesterol levels, and these variables will receive further study.

The Use of Psychological Tests in Predicting Death

Institute grantees have identified a number of behavioral measurements which are an important step toward being able to predict the deaths of a significant number of older adults within 2 years following testing.

Since the early 1960's, a growing body of research has shown that the psychological test performance of elderly people may be used to predict ensuing death. But tests thus far have often discounted the age of the subjects, have looked backward over a span of years rather than forward, and in most cases, have included institutionalized or ailing subjects.

The present study included 380 men and women who were healthy and capable of independent living, and took into account their age, which ranged from 60 to 89 years.

A wide variety of variables were assessed including demographic, cognitive, perceptual psychomotor, personality, health and social factors. Used in combination, 13 predictors seemed indicative of ensuing death. These included a rating of how much vitality the subject displayed during a brief interview, three psychomotor tasks believed to measure brain and neural function, and two personality tests measuring depression and whether the subjects felt in control of themselves and their lives.

Such tests—which are brief, easy to administer by untrained personnel, and easy for subjects to take—are currently undergoing further validation. Once validated, they might prove a useful part of routine health assessments of elderly patients. They might also alert physicians—just as a high blood pressure measurement signals circulatory problems—to begin preventive and remedial efforts and to advise patients to adjust their lifestyles. These tests are not intended to be used as the sole index of impending death or medical status, but are a supplement to existing biomedical assessment techniques.

Antecedents of Health in Middle Age

In an NIA-supported longitudinal study designed to assess various manifestations of health throughout the lifespan, a sample of about 350 men and women who entered the study as infants or children were followed up at ages 30 to 50. Results showed that:

Health deteriorated slightly between the third and fourth decades and continued deteriorating into the fifth decade for the men, but not for the women.

Participants tended to assess their health as "good" despite their own reported complaints, experience with illness, and objective findings. Sixteen percent of the women, but none of the men, reported poor health at age 50.

The most consistent complaint about ill health among women throughout the middle years involved the reproductive system. In men, it involved the digestive system. In both sexes, complaints of acute illness diminished with age, while complaints of chronic conditions increased. Women complained about physical problems more often than men.

Paralleling these complaints, pathology in women was most frequently found in the reproductive system. In men—despite their complaints about digestion—the most common actual problem was hypertension. There was a gradual elevation of blood pressure in both sexes throughout life.

The health of men appeared to be related to their education and to that of their fathers. Women's health reflected the education of their fathers and their husbands. Overall, a calm, self-controlled, and responsible personality, manifesting itself as early as 11 to 13 years, was found to be conducive to good health in adulthood.

Institutional Adaptation of the Aged

At every phase of life, people strive to control their environments. Old age, illness, and insufficient finances may cause a decline in control. This decline becomes even more pronounced in old people who must enter nursing homes and succumb to an institutional environment that exerts almost total control over the individual. The degree to which a person adapts successfully to institutionalization, one institute grantee reports, depends upon his or her feelings about predictability and control. The greater the choice the individual feels he or she has and the more predictable the new environment, the less negative the effects of relocation tend to be. And, once there, individuals who view themselves as controlling their own fate adapt less well to a controlling institutional environment than people who perceive themselves ruled by the world around them.

Personal control, or the ability to manipulate some aspect of the environment, can be exercised by involving the individual in arranging for admission to the nursing home.

Feelings of predictability depend upon the amount of preparation individuals receive before the move to a nursing home. They can be prepared for a new environment through educational programs, visits to the facility, or personal counseling.

Those patients who felt more in control over the move to a nursing home showed increased activity levels afterward, and reported they felt better emotionally and physically. Nurses' ratings of the group exerting more control showed these individuals to be healthier and to have a greater "zest" for life.

Although only 5 percent of the population over the age 65 is in nursing homes, this still represents about 1 million older people, each of whom might be aided by such tools for adapting to the stressful experience of institutionalization.

Other Findings From Aging Research

Aging research spans a wide range of disciplines, from cellular biology to the social sciences. From some of these areas, Institute-supported researchers reported that:

A system has recently been devised that measures the quantity of insulin-like hormones (somatomedins) in the blood serum of animals of various ages. This makes it possible to study how somatomedins and insulin interrelate in maturity-onset diabetes, and how the levels of other hormones change during aging.

Loss of the heart's ability to contract is a major cardiovascular problem for the aging. Grantees have discovered that increased levels of calcium between the cells can compensate for this loss of ability to contract. Their findings suggest that drugs which help calcium to enter the heart may alleviate this condition in the elderly.

In a study of kidney function in aging rats, grantees found that the activity of certain enzymes decreases with age. This resulted in decreased efficiency of the metabolic machinery in the kidneys of aged rats. Under stressful conditions like starvation or acidosis, kidney failure occurred.

Recent studies provide further evidence that a decline in thymus hormone secretion may play an important role in the age-related impairment of the body's immune system. This system enables the body to protect itself against foreign substances such as viruses, and against various diseases. Institute grantees have discovered that removal of the thymus—a gland at the base of the neck that is key in the immune system—accelerates age-associated changes in immune function. The grantee also reported that when spleen cells from old animals are transferred to young mice with intact thymus glands, the spleen cells regain their former immune function. This suggests that the thymus gland or its products may reverse or improve the immune deficiencies that accompany aging.

Regular exercise results in an increase in lean body mass, improved heart and lung function, better oxygen uptake from the blood into the heart and skeletal muscle, and increased glucose tolerance. Studies of exercised animals have clarified the biochemical changes responsible for these physiological improvements, and have provided a scientific basis for the intelligent use of exercise as a tool in preventive and curative medicine.

A behavioral study of migration patterns of the elderly population, compared to the general population, reveals that the elderly are more likely than the general population to move between, rather than within, States. Elderly movers are also more likely to live in the same household with one of their children, and to rent rather than own their dwellings.

A project which compares contemporary families with a large nationwide sample for 1880 and 1900 shows that older southern whites at the turn of the century were more likely to live in extended families, while southern blacks were much more likely to live apart from kin. At present, the tendency appears to be for older whites to live near, rather than with, their children, while older blacks are more likely to live with their children.

A model has been developed that relates age, race, and sex to deaths from five chronic diseases which account for 64 percent of all deaths: Heart disease, stroke, arteriosclerosis, hypertension, and cancer. Already the model has demonstrated consistent race differences in circulatory diseases. An early increase in black mortality appears, for example, to be related to a lower resistance of blacks to circulatory problems and risks. In addition, the model has delineated for each of these individual causes of death the "crossover" phenomenon in which blacks shift, at about age 75, from a disadvantage to an advantage over whites in terms of life expectancy.

Such modeling is a fast, cost-effective way to look at age-related diseases in a population, and to relate mortality data to other epidemiological studies. The model may also help researchers predict the physiological makeup of the older population, assess the impact of health programs over time, and understand how social, economic, medical, and other factors affect aging and mortality.

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES

SUMMARY OF ACTIVITIES RELATED TO AGING—1978

Among its various responsibilities, the National Institute of Arthritis, Metabolism, and Digestive Diseases is also concerned with the conduct and support of research into a wide range of important chronic and disabling diseases of the aging population. Many of these are associated with significant morbidity, disability, and high mortality. There are, in particular, several diseases under the purview of this Institute that occur most commonly in the aged and are of considerable concern because they limit activity, increase dependence on others, often

require hospitalization, and can cripple. Diseases such as osteoarthritis, osteoporosis, benign prostatic hyperplasia, and maturity-onset diabetes afflict many aged people and constitute health problems of great social and economic importance. Of the various conditions afflicting the aging or aged, these are of special interest to the NIAMDD.

OSTEOARTHRITIS

About 31 million Americans have arthritis; the majority have degenerative osteoarthritis which is characterized by cartilage degeneration and bony overgrowth in joints. The severity of the disease varies from relatively mild to so serious that the patient is totally bedridden. In its report of 1976, the National Arthritis Commission made some specific recommendations for research. The NIAMDD is in the process of carrying these out in a phased approach and within the limits of available resources. The major research efforts center around the use of biochemical and bioengineering methods to advance fundamental understanding of the chemical, physiologic, and structural alterations that occur in the joints with aging, and the development of improved and longer-wearing artificial joints to replace those destroyed by disease.

Studies using animals with partial meniscectomy (an animal model for osteoarthritis in which the cartilage covering the two opposing bone ends in a joint has been partially removed) and other models that simulate the human disease model have proven helpful in further understanding the components of the osteoarthritis process and in evaluating therapeutic agents.

Two biochemical defects have been identified as bases for the inability of certain joint cartilage substances (proteoglycans) to cluster together or aggregate normally in osteoarthritis. In some cases the proteoglycans are unable to interact normally with a defective substrate while in other cases, the aggregation defect appears to arise from the proteoglycans themselves. Separate studies have shown that the breakdown of proteoglycan complexes and collagen fibers, a major supportive protein, in human joint cartilage may be attributed, at least in part, to enzymes which digest protein. Collagen is digested by a specific enzyme—collagenase—and the proteoglycans may be digested by cathepsin D. It does not appear that cathepsin D can act outside cell organelles or beyond the cell surface itself because of its biochemical requirements (a low optimum pH). Evidence has been presented however, for the presence of a group of other protein digesting enzymes of low molecular weight that diffuse through the matrix and digest proteoglycans at neutral pH. The active material from human cartilage has been purified and is activated by cobalt, zinc, and iron. Institute supported studies have been reported in which the enzyme collagenase and an inhibitor of collagenase were found in osteoarthritic cartilage. The findings suggest that breakdown in the osteoarthritic joint to the base bone occurs as a result of locally produced collagenase. This and other work on the histology and chemical response of cartilage to enzymes is serving to help understand progression of degenerative joint disease.

Perhaps the most exciting development in research of interest to those with osteoarthritis in the past 2 decades has been the evolution of the artificial hip joint. Hip joint replacement today is one of the most successful orthopedic procedures for restoring mobility to patients, even in cases where previous reconstructive surgery has failed. An estimated 80,000 total hip replacements were performed in the United States from May 1977 to May 1978. The artificial knee, the second most frequently replaced joint, is not yet as successful as total hip replacement. NIAMDD is currently increasing its support of investigations into the kinetics, biomechanics, and design and materials for various prostheses for knee and certain other joints.

The longer a hip prosthesis is in use, the more likely it is to wear out at the friction points ("material fatigue"); also, the likelihood increases of a loosening of the prosthesis at the points where it is attached with bone cement to the natural bone structures adjacent to the joint. NIAMDD is supporting research to determine the quantitative influence of variations in surgical techniques on the strength of attachment of the metal femoral head of the prosthetic hip replacement. It is still uncertain whether or not improvements in fixation can reduce fatigue fracture but attempts to improve attachment by cleaning the medullary cavity have been recommended. Greater improvement was obtained by thorough drying of the cavity than by either cleaning alone or the use of thin cement. Other studies have shown that thin rods and plates of vitallium-

type cast alloys have superior physical properties to stainless steel, while tensile yield strengths in this alloy excel the levels in all other current types of implants.

When moving parts come into contact, wear occurs. An NIAMDD grantee has devised a technique for analysis of wear particles in synovial fluid aspirates of normal and osteoarthritic joints. The nature and quality of wear particles within the synovial fluid specimen often correlate with the rate and mechanism of wear, as confirmed by examination of the joint implant or articular surfaces. This is a useful method of studying both wear rate and the biological response to wear in both arthroplastic and degenerative joints. It holds promise not only as a test for wear and toxicity, but also as a means to assist in the selection of materials and designs for improved articular implants.

In May 1978, a workshop was held devoted to the various aspects of mechanical failure in total joint replacement. Reasons for mechanical failure of artificial joints were explored—faulty design, loosening of cement, mechanics of use—and recommendation was made for a more systematic study of joint failures. The proceedings of the workshop, jointly sponsored by the NIAMDD and the research society of the American Academy of Orthopedic Surgeons, has been published and will be distributed to physicians, investigators and others concerned with improving the success of joint replacement.

As a result of the passage of the National Arthritis Act, the Institute is in the process of establishing multipurpose arthritis centers in various sections of the country. These centers consist of the facilities of a single institution, such as a medical school or medical center or a consortium of several institutions, where knowledge and staffs can be pooled, often in cooperation with the local community. The goal of these arthritis centers is to foster prompt and effective application of existing knowledge and to develop urgently needed new knowledge through a balance of research, education, and community-related activities. By the end of 1978, NIAMDD had awarded grants in support of 24 multipurpose arthritis centers. This program is expected to continue to grow in the immediate future consistent with the availability of high quality proposals.

OSTEOPOROSIS

This serious and complex bone-thinning condition is the subject of Institute research activity that is aimed primarily at the production of knowledge about bone formation, structure, and metabolism that can form the rational basis of new forms of therapy. With aging, bone resorption tends to be greater than new bone formation which can gradually lead to fractures, especially of the vertebrae. Although the process is more rapid in women than in men, after age 80 there is no sex difference in incidence of osteoporosis. The possibility that the formation of new bone might be stimulated by fluoride salts in the demineralized bones of patients with osteoporosis is being examined in a clinical study supported by the Institute. Other factors are also being studied for their ability to reconstitute osteoporotic bone.

In another approach, utilizing the hypothesis that osteoporosis is caused by an increased long-term depletion of calcium from bone, a team of NIAMDD supported investigators has attempted to reverse this loss by improving calcium absorption through increased calcium intake, and found that calcium balance is improved as calcium intake increases. Two commonly used forms of treatment, estrogen/androgen therapy (supplying tissue-building sex hormones) and calcium supplementation, have both shown a decrease in age-related bone loss in patients suffering from osteoporosis although use of hormones may not be without risk of the patient. Investigations on the metabolism of bony tissues have also led to studies on the effects of prolonged bed rest in promoting the loss of calcium from the bones.

BENIGN PROSTATIC HYPERPLASIA (BPH)

Recent work has suggested that more than 40 percent of men at age 40 and 80 percent of men at age 80 have some degree of bladder outlet obstruction secondary to BPH or benign enlargement of the prostate gland and that as aging progresses, the incidence increases. Furthermore, it is estimated that more than 10 percent of these men will eventually require a major surgical procedure for correction. Untreated bladder outlet obstruction can result in urinary retention, infections, urinary stone formation and damage to the kidneys themselves, clearly a very troublesome condition quite prevalent among elderly men.

Institute supported research has recently produced findings that strengthen the belief that BPH is under hormonal control since this condition has now been shown to be associated with an abnormal local activity of potent androgens (male sex hormones). Prostatic hormone receptors are now being studied experimentally. In addition, it has been found that BPH can be produced in experimental animals by treating them with such hormones. The experimental animal models thus produced are being studied to help provide insight into what causes this disorder and how.

NATIONAL INSTITUTE OF MENTAL HEALTH

The National Institute of Mental Health (NIMH), as part of its overall goal of improving the mental health of the people of the United States, has had a special interest in the aging population because of their high vulnerability to disabling mental illness. During the later years of life, losses are usually suffered by aging individuals; including decreasing physical abilities, bereavement through death of spouse, and/or other important relatives and friends, retirement from lifelong occupations, and concomitantly a decrease in income and loss of meaningful roles. Each decrement causes emotional stress and may become a threat to the mental health of the aging individual.

In 1975, the estimated population of persons over 65 was over 22 million, or 10.5 percent of the total population, though at the same time the proportion of aging persons using mental health facilities was far below this percentage. In 1975, 4 percent of the admissions to community mental health centers (CMHC's) and 5.3 percent of the admissions to State and county mental hospitals were over 65. In addition, an estimated 76 percent of aging persons in nursing homes are considered mentally impaired, suicide rates are highest among persons over 55 years, and the incidence of mental illness among aged persons in the community has been estimated in various studies as between 10-25 percent. For this reason the aging should be considered a high-risk group for mental illness.

Because the mental health problems of the aging are so great, the NIMH established a Center for Studies of the Mental Health of the Aging (CSMHA) in 1975 which was to coordinate the Institute's research, training, and technical assistance efforts as they relate to aging and mental health. In 1977, the supplemental appropriation provided \$2 million to be administered by CSMHA for the support of research grants and contracts. In fiscal year 1978, the total expenditure of NIMH for research in aging was \$4 million and for training \$2.4 million.

RESEARCH

The CSMHA carries the major funding for NIMH research in aging and also works within the Institute with related programs to carry out its mission of improving the mental health of aging persons. In general, the CSMHA research studies have a primary focus on mental health and illness implications of the aging process and of old age. The Center supports wideranging-multidisciplinary studies which include the following:

1. Etiology, diagnosis, course, and prevention of mental disorders in later life.
2. Treatment and the delivery of mental health services.
3. Program development, social policy, and social problems research in mental health and aging.

Several research projects funded in 1978 by NIMH follow. One study focused on learning whether it is possible for elderly persons to better their cognitive capacities and social functions through various methods of training. This research has great significance in the possibility that its methods may improve the cognitive function of aging persons.

Another project is developing information about the day-by-day mental and physical health concerns and practices of older persons. Data collected will include detailed information about health practices and its results could provide information about how to develop educational programs which could support efforts of older persons and their families to prevent breakdowns and institutionalization.

One research project is looking at the adaptive strategies of older persons who relocate their homes in other communities far distant from their roots. Individual characteristics which may determine different types of adaptation and environmental and situational factors which enhance an adaptive behavior

will be explored. Data may be generated which will indicate how adaptive capacities of older persons could be enhanced.

Another study is exploring the incidence of indirect suicidal behavior among elderly chronically ill in hospitals and nursing homes. Examples of such behavior are noncompliance with medical recommendations, overeating, smoking, et cetera. This study may show how to prevent premature deaths whether immediate or over extended time.

TRAINING

The growth of the population group over 65 years of age, the high proportion of aged persons with mental health problems, both in the community and in institutions, and the limited number of clinical personnel now available who have expertise in caring for aging persons with mental health problems make clinical training a high priority. All training review committees in the Division of Manpower and Training of NIMH support programs to train personnel to work with the mental health problems of aging persons. The CSMHA has focused on the development of new models for clinical services training and has particular interest in the following :

1. Basic education and mental health models: Model programs to provide specialty training to mental health professionals for work with the elderly.

2. Continuing education models:

(a) Training for qualified mental health professionals such as psychiatrists, psychologists, social workers, and nurses for specific knowledge and skills in working with the mental health problems of older persons. Particular consideration is given to in-service training projects for all levels of staff in community mental health centers.

(b) Projects to produce short-term training for community-based health care providers and other professional personnel who deal with aging persons who have mental health problems. Such personnel would not be in the mental health system.

(c) Model projects to provide short-term training for community persons within formal systems such as senior citizen center directors and informal support systems as self-health groups.

3. Special projects: These involve the conduct of conferences, seminars, and workshops to promote the identification and analysis of critical service needs and related training strategies in the area of aging and mental health.

In 1978, CSMHA funded four training projects in geriatric psychiatry at the University of Pittsburgh, University of Texas, Illinois State Psychiatric Institute, and Duke University. This has considerably expanded the number of psychiatrists who will be available for training others to work with aging persons with mental health problems.

TECHNICAL ASSISTANCE AND DISSEMINATION

The CSMHA provides technical assistance through consultation for the development and stimulation of research and training applications focused on the mental health of aging persons. Researchers and directors of training programs are encouraged to contact the center for discussion of ideas for new research or training projects. Concept papers, preliminary proposals and later drafts can be submitted for staff review and comment prior to formal submission of the proposal.

Major technical assistance efforts are available to public and private agencies at regional, State, and local levels with the objective of improving programs affecting the mental health of aging persons and especially the delivery of services to aged persons by community mental health centers. For this latter effort, CSMHA staff works with regional offices, States, and individual community mental health centers.

Technical assistance is carried out through consultation, active participation at national, regional, and local meetings and conferences, and development and distribution of publications and other written materials. Particular emphasis is placed on dissemination of information about NIMH funded research and training projects concerning the mental health of the aged.

The Institute had in process during 1978 the following publications which should be printed in fiscal year 1979:

1. Proceedings of the NIMH conferences on goals for research, training, and services.

2. A science monograph reflecting "new views on older lives" which examines some of the applications of the NIMH research for the mental health of aging persons.

3. "Rape and Older Women," a guide to prevention and protection.

4. A publication developed from the final report of a research project focused on social and medical services in housing for the aged.

CSMHA is in process of developing a consumer's report on long-term care and a volume on models of community mental health center's service delivery to the aged. An addendum is also being done to update reports on research on aging from 1976.

CSMHA plans in fiscal year 1979 to reprint four publications which have been much in demand. These are: a staff manual on mental health problems of aged patients in long-term care facilities, a social work guide for nursing homes, maintenance of family ties of patients in long-term care facilities and summaries of research supported by NIMH—1960 to 1976.

As the focal point for activities on mental health of the aging at the National Institute of Mental Health, CSMHA responds to inquiries from professionals and public alike and provides information and referral to other appropriate organizations when indicated.

Collaborative activities with National Institute on Aging, Administration on Aging, and other Government agencies.—Staff of the CSMHA serves on inter- and intra-agency committees which focus on long-term care, native Americans, community support systems, retirement, and rural mental health.

Administration on Aging/NIMH.—Held in fiscal year 1978 a joint conference on coordination of services of area agencies on aging and community mental health. This conference was one of the results of the interagency agreement between AOA and NIMH signed in fiscal year 1977.

National Institute on Aging.—A considerable array of formal and informal relationships exist between the NIMH Center for Studies of the Mental Health of the Aging and the National Institute on Aging.

In 1977 NIMH, through CSMHA, collaborated with the National Institute on Aging and the National Institute of Neurological and Communicative Diseases and Stroke in the planning and support of an international conference on the biology of Alzheimer's diseases/senile dementia.

In 1978 NIMH, through CSMHA, took the lead and collaborated with the two other institutes on a conference on the clinical aspects of Alzheimer's disease and senile dementia. The aim of this conference was to consolidate what is known about the nosology, diagnosis, and behavioral correlates of senile dementia and Alzheimer's disease; to review the efficacy, safety, and reliability of treatment and management modalities currently in use; to examine service delivery systems, including both formal and informal support networks; to underline research problems and challenges in the study of the late-life dementias; and to highlight promising new research directions.

OFFICE OF EDUCATION

1978 ACTIVITIES AFFECTING THE AGING

The Office of Education/Administration on Aging Interagency Committee on Aging (OE/OAO), organized in 1977, met monthly during 1978 for the purpose of gathering information and exploring possible resources to meet the goals and carry out the strategies of the OE/OAO 1976 joint working agreement. The need to provide opportunities for older persons to serve was considered along with the need to maximize educational opportunities for older persons through better use of resources of both agencies. Among the areas covered were: involving older persons as volunteers and using them as resources, especially in the performing arts and in the hospice movement; age discrimination; advocacy programs for the aging; the use of senior centers as learning or educational delivery centers and of community schools as sites for courses for older people.

The committee has established working relationships with a number of national organizations including the National Council on Aging, the National Center for Voluntary Action, the National Volunteer Organization for Independent Living for the Aging, the Institute of Senior Citizens, the American Association of Community and Junior Colleges, and Future Homemakers of America.

Information continues to come in from States and local agencies that agreements continue to be made and strengthened.

In place of a first annual report, the committee submitted a memorandum of needed action which covered findings on mutual interests of the two agencies and joint actions that could be taken once the committee's mission, goals, responsibility, and authority are established in both agencies. Among these are:

1. Supporting research, to obtain data on the education and learning needs of older adults, building on such data as the adult performance level study and the life skills project.

2. Supporting the continued operation of the interagency panel on research and development on adulthood which brings together some 25 agencies to identify and analyze ongoing research on adulthood to avoid duplication of effort and to fill gaps in information.

3. Building on assessments made by the States under the Vocational Education Amendments of 1976 on the needs of displaced homemakers by obtaining nationwide data on current and projected career opportunities for older displaced homemakers and the corresponding job and education developments that have taken place.

4. Developing a cadre of education and learning associates as a way of expanding the number of quality of trained personnel serving older adults in senior centers, nutrition centers, senior residences, nursing homes, and in home-based education programs.

5. Encouraging the growing emphasis on intergeneration activity in schools, community groups, and youth organizations by supporting study of those activities and by disseminating information on model projects. Such intergenerational activities include national school volunteers programs in which several million older persons are working with children and youth in elementary and secondary schools, as well as Vocational Education Act for consumer and home-making education activities which prepare youth for involvement in nutrition, homemaking, and recreation programs for older adults.

In 1978, the Bureau of Occupational and Adult Education program strategies to increase educational services for older persons included:

1. Preparing older persons for employment and volunteer services in home economics through a State grant programs.

2. Encouraging the use of older persons as teacher aides in CETA-funded positions.

3. Continuing concern for older adults in urban guidance center planning.

4. Continuing recommendations to the State directors of adult education that special consideration be given to assessing the educational needs of older citizens, to designing delivery systems for their counseling and instruction, and to developing curricula to provide competency-based adult education for older cities.

BOAE is now developing a pilot program in cooperation with one State to use one or more senior centers and staff from an institution of higher education for expanding the delivery system for educational programs for older adults.

ADULT EDUCATION

The adult education program authorized under the "Adult Education Act of 1966," as amended, provides undereducated adults (persons 16 years of age and older) and opportunity to acquire basic skills necessary to function in society, to continue their education to at least the level of completion of secondary school and makes available the means to secure training that will enable them to become more employable, productive, and responsible citizens.

The program is a State operation administered by State education agencies according to State plans submitted to the U.S. Office of Education and approved by the U.S. Commissioner. States are allocated grants to pay the Federal share of the cost of establishing or expanding adult education programs in local educational agencies and private nonprofit agencies. The matching requirement for the State grant program is 90 percent Federal funds and 10 percent State and/or local funds.

The regulation of the adult education State grant program requires an annual review of priorities in the field in order to examine and update currently established priorities, identify new areas of national concern, and recommend new priorities for programs of national significance. For fiscal years 1977 and 1978, the following priority statement was distributed to the States for their guidance:

Involvement of Older Citizens in Adult Education.—The Congress, the National

Advisory Council on Adult Education, and other interested persons and groups have recommended to us (Office of Education) that we find ways of improving educational opportunities for adults who are 45 years of age or older. The adult performance level study also confirms that many older persons have a critical need for acquiring functional competencies and life coping skills. Of those persons who ranked in the lowest APL competency level, the study's findings show the largest percentage of persons in the age group of 60-65, followed by the age group of 50-59.

In response to this need, special consideration is being given to assessing the educational needs of older citizens, to designing delivery systems for counseling and instruction, to developing curricula to provide competency-based adult education for older citizens, and to evaluating the effectiveness and impact of programs for the elderly. We are moving to utilize established community facilities and programs to involve older persons in adult education through cooperative efforts with community agencies and voluntary groups that serve the elderly, such as: senior centers, nutrition programs, nursing homes, homemaker-health aid, and other home-based services.

Reports from the States indicated the following age distribution of participants is expected to increase in 1978.

	Estimate	Percentage
Age group:		
16 to 44	1,409,516	83
45 to 64	23,283	14
65 and over	45,477	3

Public Law 93-29 amended the Adult Education Act by authorizing the Commissioner to make grants to State and local educational agencies or other public or private nonprofit agencies for programs to further the purpose of this act by providing educational programs for elderly persons whose ability to speak and read the English language is limited and who live in an area with a culture different than their own. Such programs shall be designed to equip such elderly persons to deal successfully with the practical problems in their everyday life, including the making of purchases, meeting their transportation and housing needs, and complying with governmental requirements such as those for obtaining citizenship, public assistance, and social security benefits, and housing. However, to date no appropriations have been requested or made to implement this section.

PUBLIC LIBRARY SERVICES TO OLDER AMERICANS

Library and information services for the aging are supported by the Office of Education (OE) through projects funded under the Library Services and Construction Act (LSCA). In fiscal year 1978, public library projects increasingly directed their attention toward making educational, informational, and recreational materials and activities widely available to senior citizens living independently or in institutional settings.

Since the elderly reader represents one of the highest user groups of public libraries—according to a 1973 LSCA-supported national study—and aging is a special project area designated in LSCA program guidelines, public libraries are actively and creatively serving this vital, growing, and often neglected segment of the population.

An awareness of the types of services and materials desired by older persons is steadily increasing in the library field. The U.S. Office of Education has also disseminated a sourcebook which contains examples of many successful library programs in operation across the country. Among the programs described in "Library Programs Worth Knowing About" are some excellent examples of special projects for the aging which hopefully will act as a stimulus to the initiation and further development of similar projects.

OE has also applied itself to furthering cooperative ties with other Federal agencies in order to strengthen the services provided for senior citizens. As a result of the Office of Education and Administration on Aging joint agreement signed on December 23, 1976, some State library agencies and local public li-

braries established cooperative activities among existing State and community agencies for the benefit of older persons.

In many areas, libraries are providing information and sponsoring educational conferences dealing with the process of aging, its psychological impact, and the changing needs of older persons. Directed toward professionals and laymen working with elderly persons, such activities foster greater cooperation among agencies concerned with senior citizens and contribute substantially to the achievement of a positive attitude toward the aged in the community.

Working with and through other Federal, State, and local programs operating in the community, public libraries can also expand and enhance the total array of services being offered to the older adult.

The Fort Collins Public Library in Colorado, for example, cooperates with the retired senior volunteer program (RSVP) to utilize the time and talents of the elderly for mutual benefit. The library serves as a work station for volunteers participating in RSVP whose desires and skills match library needs. The volunteers work on a regular basis in different phases of the library's programs, ranging from involvement in the planning process of programs specifically aimed at the over-60 age group to participation on library boards and advisory councils to direct work in the library as aides.

In Oklahoma City, Okla., the public library and the American Association of Retired Persons (AARP) have cooperated to provide tax aid to senior citizens. Volunteers, trained by AARP in special tax areas that apply to older citizens and retired people, are located at various branch libraries several days each week to provide service on a drop-in basis.

Other examples of cooperative activities that provide consolidated services to senior citizens at one readily accessible site include the numerous programs public libraries sponsor at local nutrition centers. Supported by Federal funds from the Administration on Aging, these nutrition centers provide hot meals and a gathering place for lonely aged persons to eat. Libraries contribute to these meal-time get-togethers by presenting education and entertainment through books, audiovisual programs, discussions, et cetera. For example, the Bossier Parish Library, Louisiana, prepares semimonthly presentations for the participants of the hot lunch program. Past programs have included guest speakers and demonstrations and focused on topics such as money-saving tips, the making of terrariums and dish gardens, small gardening, et cetera.

"Lunchtime Theater," a program of the Springfield Public Library in New Jersey, is aimed at the more independent senior citizen and invites community residents to bring a bag lunch and enjoy coffee and travel films provided by the library.

Other lunch-time forums produced by libraries have included special programs for and about woman, in particular the older, widowed woman faced with a new lifestyle and an array of new decisions to make in all aspects of her life.

Public libraries have also provided the forum for National Endowment for the Humanities' programs that delve into social issues of special concern to elderly citizens.

In addition to such planned programs as speakers, films, and preretirement counseling, public libraries are also recognizing the importance of providing a congenial social atmosphere for older adults to gather and socialize. Many libraries fill the need for nonprogramed socialization for lonesome elderly people by simply offering a convenient central place where they can meet. Library "drop-in" centers in Massachusetts and the "stop-in" rooms in New Jersey libraries are good examples of the public libraries' interest in the well-being of its older clientele. These libraries offer older adults a place and the means for them to provide entertainment for each other, a place where common interests can be shared, informal conversation, hot drinks, and occasionally a volunteer to help write letters or solve a problem.

Although group activities and the companionship they provide have a significant role to play in the older person's life, the library can also assist the older adult with many highly personalized needs. Providing the individualized special information an older person requires is a library responsibility that takes many forms. Lending and reference services, along with immediate information and referral (I. & R.) services connect the elderly with front-line community agencies and governmental programs, for example, social security, medicare, medicaid, veterans' programs, et cetera, that provide for their well-being. I. & R. services in general, and those specifically designed for the aging population, are rapidly

increasing in number. Cognizant of the elderly's special information needs, libraries are developing innovation I. & R. services such as the OASIS—older American special information services—program in California in which public libraries used LSCA funds to implement an I. & R. service delivered to rural areas from a roving van. The van is equipped with communications devices which provide contact with the main library for additional resources, and is staffed with personnel knowledgeable about community agencies, in particular those organizations concerned with the senior citizen.

Delving into a more specialized component of I. & R. services, the Medford Public Library, Massachusetts, has compiled a job bank for senior citizens. In making this service available, the library acts as a clearing house, matching senior citizens who apply with appropriate part-time work opportunities called in to the library by local merchants, businessmen, and individuals.

Providing information in another accessible format is the Bourne Public Library, Massachusetts, which publishes a monthly newsletter for the town's senior citizens containing information on local events of interest, job market possibilities, and other community news bits.

Since the interests and educational background of senior citizens are as varied as that of other cross-sections of the population, ranging from illiterate to highly skilled, libraries offer learning opportunities in a large number of ways. Adult basic education, including literacy instruction, taught in groups or on a one-to-one basis, reaches many older persons who need these important skills to make their retirement years more satisfying, enable them to cope with life's demands and become less dependent on others. For the increasing number of elderly citizens pursuing a lifelong learning pattern, library-centered independent learning programs offer a broad range of interests and are geared to individual study goals. For instance, retired and senior citizens are taking advantage of cultural enrichment and continuing education offered by learn your way centers in New York, Brooklyn, an Queens Borough public libraries. By making appointments to confer with learning advisors, specially trained librarians who help patrons find information or special materials, these people can be put in touch with a wide range of resources and be given continuing assistance on whatever their current interests may be.

Learning and recreational interests can also be pursued by the older person by participating as an active member of the community in regular library programs. Special cultural events sponsored exclusively for senior citizens are also available, such as the symphony for seniors program in Louisiana. This program brings classical music—opera, symphony, and chamber music—performances to older persons in isolated rural areas. Some library programs are brought directly to retirement and senior citizen centers and, in some cases, the elderly are provided transportation to the library for special programs. Librarians and volunteers, often older adults themselves, make person-to-person visits to the homebound, residents of nursing homes, and the aged in State-supported institutions.

The approximately 5 percent of senior citizens who reside in institutions are also served by libraries. When library users are no longer able to come to the building, the library mails materials or, in many cases, arranges for staff or volunteers personally to bring the services to the person's bedside. Visits to bring large print reading matter to nursing homes are sometimes accompanied by special programs or film showings. One project in Wisconsin, called Bi-folkal Productions, produced packaged program resources for use with nursing home residents. These kits contained slides, tapes, scratch-and-sniff strips, shapes to feel, poems and songs and skits in large print, film suggestions, bibliographies, an instruction manual and lots of ideas—everything necessary to do a program with a group of older persons. These packages were designed to enhance the well-being of older adults by providing stimulating, creative programs which would demonstrate the persons' capacity for growth and aid in important life review. Librarians using these kits have simulated county fair days in the nursing home, reviving many happy memories of the past for the residents. Such use of audio-visual materials has been shown to be an effective way of reaching geriatric populations. Travel films, old-time radio shows, cassette recordings, et cetera, provided by the public library also bring pleasure to the elderly who have much leisure time.

In addition to audio-visual materials, special equipment is made available by libraries to facilitate reading opportunities for the blind and physically handicapped, a large percentage of whom are aged. LSCA and Library of Congress programs complement each other in serving the elderly handicapped with talking books, braille, and other special reading materials loaned through a network

of 154 regional and subregional libraries for the blind and physically handicapped throughout the country. Those elderly persons disadvantaged both by physical handicaps and by a limited ability to speak English can also receive library service in the form of talking books, large print materials, recordings and reading aids, all in their mother tongue.

Older Americans from all ethnic backgrounds are served with special bilingual programs and services that recognize their diverse needs. Outreach programs bring information, education, survival skills, cultural pride and communication capabilities within the reach of bilingual citizens. In one program in Texas, for example, the service included a Spanish-English large print card with the phone numbers of important community service organizations (police, fire, social security office, ambulance, etc.) distributed for free by the library that produced it. Another bilingual project, the "Asian Community Library," located in California, serves all members of its multi-ethnic population, but the bilingual books, magazines, films, et cetera, have special significance for the aged clients who strongly desire to maintain ties with their homelands and cultures.

Preserving the cultural heritage of ethnic groups and the history of geographical locals is another library activity in which the aging play a prominent role. The talents, memories, and insight of older persons are tapped by many library-sponsored history projects. In Indiana, one such program featured family history and was cooperatively funded with the arts council. Local libraries provided meeting space and resource materials for a 10-week course on writing family history. This course employed a qualified local writer and was open for free to persons over 60. An anthology of the participants' work is also being compiled for the library collection.

Focusing on oral history, the Canton Public Library, Mass. sponsored a project to develop 2 hours of edited oral history video tapes on the history of the town. An intergenerational effort, this project involved history students from the high school interviewing elderly Canton residents. An advisory committee consisting of elderly townspeople, young adults, teachers from the high school, and the historical society director, designed the format for the tapes and helped in the actual production. The project's aim was to: (a) begin the video/oral history of the town; (b) develop a pool of library staff and residents who are trained in video-tape production so that an ongoing program might result; (c) encourage and observe the results of interaction between the young adults and the elderly; and (d) assess the value of video as an ongoing programming feature for the elderly.

Serving persons of all generations often necessitates tailoring activities to better serve a particular age group. For example, public and State library outreach programs which send bookmobiles out to isolated rural areas and to poverty pockets in the city have been, in some cases, specially adapted for use by the aged population. In Pennsylvania, the bookmobile sent to county homes for the aged and nursing homes is equipped with a hydraulic lift to accommodate readers confined to wheel chairs. Approximately 60 to 70 persons per week attend programs consisting of music, book reviews, speakers, and other forms of entertainment.

Another library delivery system, books-by-mail, also has notable impact on elderly persons whose mailbox can connect them with free, prepaid mailings of selected readings, framed art prints, recordings, and so forth. Some libraries have made this popular service even more suitable for the elderly's needs by not only providing large print books, but also large print book selection catalogs.

These examples illustrate the basic goal and concept of public library service to older Americans—making library materials, services, and programs available in all usable formats and providing them in the most convenient ways for the elderly client. The public library has become an advocate as well as a service agency.

The 1973 amendments to the Older Americans Act included opportunities for strengthening library services to older adults through a new LSCA title IV, older readers services. With no funds for the new title, special services for the aging population continue to be provided from funding available from title I, library services of the Library Services and Construction Act.

INDIAN EDUCATION

The Indian education program is authorized by title IV of Public Law 92-318, as amended by Public Laws 93-380 and 95-561. Part C of title IV provides funds for special programs designed to improve educational opportunities for Indian

adults. "Adult," as defined in the part C regulations, means any individual who has attained the age of 16. This includes elderly Indians.

Activities supported by part C are as follows:

(1) Planning, pilot, and demonstration projects which are designed to test and demonstrate the effectiveness of programs for improving employment and educational opportunities for adult Indians;

(2) The establishment and operation of programs which are designed to stimulate (a) the provision of basic literacy opportunities to all nonliterate Indian adults, and (b) the provision of opportunities to all Indian adults to qualify for a high school equivalency certificate in the shortest period of time feasible;

(3) Research and development programs to develop more innovative and effective techniques for achieving the literacy and high school equivalency goals;

(4) Basic surveys and evaluations thereof to define accurately the extent of the problems of illiteracy and lack of high school completion among Indians;

(5) The dissemination of information and materials relating to, and the evaluation of the effectiveness of, education programs which may offer educational opportunities to Indian adults;

(6) The development and establishment of educational services and programs specifically designed to improve educational opportunities for Indian adults;

(7) The dissemination of information concerning educational programs, services, and resources available to Indian adults, including evaluations thereof; and

(8) The evaluation of the effectiveness of federally assisted programs in which Indian adults may participate in achieving the purposes of such programs with respect to such adults.

Indian tribes, institutions, and organizations may apply to carry out the activities listed in paragraphs (1) through (8); State and local educational agencies may apply for all activities except those described in paragraph (6); and other public agencies and institutions may apply for those listed in paragraphs (7) and (8).

In fiscal year 1978, \$4,410,000 was available for grants under part C. Grants were awarded for 56 projects in 25 States to serve an estimated 13,200 adult Indians. The largest grant—\$300,000—went to National Indian Management Services, Inc., Philadelphia, Miss., to conduct a national survey of the educational needs of Indian adults. For fiscal year 1979, \$5,930,000 is available for part C grants.

During 1978-79, the Office of Indian Education in its national adult education meeting has and will continue to make its grantees aware of its commitment to the elderly American Indians.

The Office of Indian Education is continuing to cooperate with the Office of Human Development Services, the Administration for Native Americans, the Indian Health Service, and the Administration for Public Services of the Department of Health, Education, and Welfare, and the Office of Environmental Affairs of the Department of Transportation in increasing the base of knowledge about educational opportunities for elderly American Indians and to focus the involvement of Indian tribes and Indian organizations in the decisionmaking processes on problems of elderly Indians.

COMMUNITY SERVICE AND CONTINUING EDUCATION (CSCE)

Title I(A) of the Higher Education Act of 1965 (Public Law 89-329) provides funds to States and institutions of higher education for three purposes: To strengthen community service programs of colleges and universities; to support the expansion of continuing education in colleges and universities; and to support planning for resource materials sharing. The CSCE program has been especially designed to meet the educational needs of adults who have been inadequately served by traditional educational programs in their communities.

The State grant portion (90 percent of appropriated funds under this title) of the program is administered in each State by an agency designated by the Governor, under a State plan approved by the U.S. Commissioner of Education. The State agency establishes priorities and approves and funds institutional proposals. One-third of the program expenditures must be provided by non-Federal sources. The State grant program has supported a number of projects designed to assist the older American. During 1978, more than 200,000 individual participants were involved in 95 projects (including multiproblem areas) in 38 States at a cost of approximately \$1,750,000 in Federal funds. Activities supported included programs to meet educational needs of the aging, legal aid and

housing assistance, and programs providing training for professional and para-professionals providing care and services to the elderly.

Special projects, authorized by section 106, permits the Commissioner to reserve 10 percent of the funds appropriated in order to support projects which are designed to seek solutions to regional and national problems brought about by technological change. Such special projects are limited to demonstration or experimental efforts. Projects must be based on a design for and the implementation of organized continuing education activity for adults.

In 1978, a renewal funding was awarded the Institute on Aging at Portland State University in Portland, Oreg. This award of \$83,088 will continue work on a demonstration model to help solve work-related problems of middle-aged and older workers. The project will identify alternative work roles and leisure options, develop a curriculum, test and evaluate the processes, and then synthesize and diffuse the products nationwide.

Total appropriations for fiscal year 1978 were \$18 million. Of this sum \$1,800,000 was reserved by the Commissioner for special projects, with \$15,850,000 distributed to the States and \$350,000 utilized for technical assistance activities under section 111 of the act.

COMMUNITY EDUCATION PROGRAM

The community education program, authorized by title VIII of Public Law 95-561, or the Education Amendments of 1978, provides grants to State and local educational agencies and to nonprofit, public and private agencies in order to stimulate the development of community school centers which provide educational, cultural, recreational, and other related services in accordance with local interests, needs, and concerns. Additional awards are made to institutions of higher education to train persons who will plan and operate community education programs.

Federal and/or State grants made to local educational agencies are for the purposes of paying the administrative costs of planning, establishing, expanding, and maintaining these community-oriented programs. None of the costs of the actual services, educational programs, or other activities is supported under this legislation.

In order for a local educational agency to receive a grant, the applicant must propose to meet eight minimum elements which are considered to compose any community school. One of those minimum elements is the potential of the community education program to serve all age groups in the community including the elderly. In the local educational agency category, 48 projects were funded in fiscal year 1977 and 45 were funded in 1978 at an average cost of \$35,000 per project.

CONSUMERS' EDUCATION

The consumers' education program, authorized by title IV, section 407, of the Education Amendment of 1974 (Public Law 93-380) provides funds to stimulate in both school environments and community settings new approaches to consumers' education efforts through competitive contracts and grants. These awards are used for research, demonstration, pilot projects, training, and the development and dissemination of information on curricula. In addition, funds may be used to demonstrate, test, and evaluate these and other consumers' education activities.

Fiscal year 1978 was the third funding year for this program and the Office of Education continues its support for projects addressing the consumer needs of the elderly—61 grants in 31 States plus the District of Columbia were awarded to bring consumers' education to many diverse population groups—7 of those 61 programs dealt extensively with meeting the consumer needs of the elderly. Some of the activities were directed toward providing consumer education and consumer advocacy training to low-income older, blind, and disabled citizens; and providing statewide demonstration training workshops for professionals in consumer protection offices and offices of aging, professors in universities with continuing education programs, and for retired professionals who will be trained to teach their peers in a train-the-trainer model.

CAPTIONED FILMS AND TELEVISION

Under the Education of the Handicapped Act, part F (Public Law 91-230, as amended), films and television are captioned for the deaf. The program pro-

vides a free loan of service of captioned theatrical and education movies to groups of deaf individuals across the Nation. A considerable number of the people served by this program are over age 65. Of great importance is the extension of the film program to include captioned television. Captioned television programs may reach as many as 5 million hearing impaired individuals over the age of 65.

Public television captioning has taken two forms: "Open captions," which are visible to all viewers, and "closed captions" which are visible only on sets and stations with decoding devices. The open captioned rebroadcast of the ABC evening news which was begun in November 1971 is the most extensive of these programs. The Bureau of Education for the Handicapped has expended over \$2 million since its inception on this program. The current funding level which includes the captioning cost of ZOOM, a children's program, and other special programs for the hearing impaired is \$573,141.

Since 1973, the Bureau of Education for the Handicapped has developed, in conjunction with PBS, a closed system of captioning. This system will make it possible for hearing impaired persons to have a wide variety of captioned television programming that will not interfere with the normal viewing habits of the general public. The system has been approved by the FCC. Current efforts are directed to the development of the decoders for the home television set and the delivery of encoder equipment to place the captions into the system.

The deaf and hard-of-hearing population is estimated at 13.4 million. A large percentage of this population is made up of older Americans whose hearing has deteriorated with age. These individuals are a prime audience for captioned television.

RIGHT-TO-READ

The national reading improvement program is authorized under title VII of Public Law 93-380, as amended. The right-to-read effort currently provides for reading assistance and instruction for children, youths, and adults, as well as funds for State leadership and relies heavily on the use of older Americans as volunteers.

In fiscal year 1978, the right-to-read effort continued to fund the National Retired Teachers' Association's reading academy project. This project is designed to provide reading assistance and instruction to in-school as well as out-of-school youths and adults, utilizing volunteers as tutors.

The right-to-read effort has a memorandum of understanding with the older Americans volunteer programs, ACTION. The purpose of this memorandum of understanding is to indicate the intent of the right-to-read effort and the Office of Older Americans volunteer programs to work cooperatively in improving the delivery of reading assistance and instruction through maximum involvement of older American volunteers in reading and literacy programs sponsored by the right-to-read effort.

WOMEN'S EDUCATIONAL EQUITY

The women's educational equity program, authorized title IV, section 408, of Public Law 93-380, provides funds for public agencies, private nonprofit organizations, and individuals to carry out such activities as the development of materials, preservice, and inservice training, research and development, guidance and counseling, et cetera, which will further educational equity for women.

Fiscal year 1978 was the third funding year. Programs to provide educational opportunities for adult women, including the unemployed and underemployed, are one of the activities authorized under the legislation. The program's regulation requires that all projects reflect understanding that racial, ethnic, social-economic, age, or regional groups "have differing approaches to the provision of educational equity for women."

METRIC EDUCATION PROGRAM

The metric education program, authorized by title III, section 312, of Public Law 95-561, provides grants and contracts to institutions of higher education, and State and local education agencies and other public and private nonprofit agencies in order to prepare students to use the metric system of measurement. The system of weights and measures is used in everyday consumer activities, as well as in international commerce. In order to make effective consumer de-

cisions and sound economic judgments, it is essential that all practicing parties fully understand the units by which goods and commodities are exchanged or purchased. For the most part, the elderly must live within fixed incomes. An effort to meet their educational needs in this regard is critical. One strategy used under the metric education program is to strongly encourage all grantees and contractors to incorporate and delineate techniques by which they will actually teach parents and other adults, including the elderly, to use the metric system as a part of their regular educational and training program.

OFFICE OF HUMAN DEVELOPMENT

FEBRUARY 13, 1979.

DEAR MR. CHAIRMAN: The Office of Human Development Services is pleased to comply with your committee's recent request for information on its activities relating to older Americans, for publication in your annual report, "Developments in Aging." This publication is a highly useful reference and we are delighted to assist you in its preparation.

Enclosed are reports on services to older persons by two of our components, the Administration for Public Services and the Rehabilitation Services Administration. You will soon receive the report of the Administration on Aging directly from Commissioner Robert Benedict.

Sincerely,

ARABELLA MARTINEZ,

Assistant Secretary for Human Development Services.

Enclosures.

ADMINISTRATION FOR PUBLIC SERVICES: SERVICES FOR THE ELDERLY

The Administration for Public Services has responsibility for administering the social services programs authorized under titles I, IV-A, X, XIV, and XX of the Social Security Act, as amended. Except for Guam, Puerto Rico, and the Virgin Islands, title XX superseded all of the authorizing titles cited above as of October 1, 1975.

Under title XX, grants are made to States for services to eligible individuals based on income or income maintenance status. Certain services can be provided without regard to income, or on a group basis, at State option. States may choose the services they will provide, as long as each service is directed to at least one of the five title XX goals, and at least three services are directed toward supplemental security income (SSI) recipients.

A variety of services directed to assisting needy aged persons to attain or maintain a maximum level of self-care and independence are provided through the social services program. Included are such services as adult day care, adult foster care, protective services, health-related services, homemaker, chore, transportation and other services that assist elderly persons to remain in their own homes or in community living situations. Services are also offered which facilitate entry into institutional care when necessary.

Although data in APS is not collected by age group, it is estimated that approximately \$282 million will be expended on services for the aged in fiscal year 1980. This estimate is derived based on 50 percent of the SSI service population which is representative of the aged persons served. The following are estimates of the amounts spent or to be spent on services for the aged during the fiscal years 1977, 1978, and 1979 from funds appropriated to APS.

Fiscal year:

1977.....	\$249,000,000
1978.....	259,000,000
1979.....	280,000,000

REHABILITATION SERVICES ADMINISTRATION: ACTIVITIES RELATING TO OLDER PERSONS

The major goal of the Rehabilitation Services Administration's program for the aging is to rehabilitate as many older handicapped individuals as possible into gainful employment through activities of the State-Federal rehabilitation program administered by the agency.

The State rehabilitation agencies endeavor to assist each individual to reach his most adequate functioning level and highest vocational potential. This is ac-

complished through a diagnosis of his condition followed by various services designed to overcome his specific handicap. Throughout the process, the emphasis is on helping the individual to help himself. These services include: evaluation and medical diagnosis to determine the nature and extent of the disability to ascertain capacity for work; counseling to help in developing a good vocational plan; medical care to reduce or remove the disability; vocational training and placement into employment; and followup to insure satisfactory placement.

The Rehabilitation Services Administration cooperates with the Administration on Aging in various activities and projects and will continue to do so. A cooperative agreement, now in the process of being revised, has been established between the Administration on Aging and the Rehabilitation Services Administration. It is designed to bring about improved coordination between the resources of the State-Federal program of vocational rehabilitation and the resources available under provisions of the Older Americans Act of 1965, as amended.

Several innovation and expansion grants are focused on rehabilitation of the disabled aged. These include a project in Wisconsin which provides services by mobile van to counties in the northern part of the State that are not easily accessible; two projects in New Jersey, each of which focused on an increase in staff to expand services for the elderly, and a work opportunity project for the elderly blind in the District of Columbia.

In fiscal year 1978, a special projects designed to expand and improve rehabilitation services for blind people who are at least 55 years of age were active in Hawaii, Nevada, New York, Texas, Illinois, and New Hampshire.

The Rehabilitation Services Administration coordinates with the Social Security Administration in utilizing the social security disability insurance and supplemental security income disabled and blind applicant load as an important referral source of older disabled persons for State vocational rehabilitation services.

It is estimated that there are over 4 million people 45 years of age and over eligible for, and in need of, rehabilitation services, of whom nearly 1 million are aged 65 and beyond. In an effort to alleviate this situation, State rehabilitation agencies have been intensifying their efforts to serve aging handicapped.

Table I gives the number of people rehabilitated; table II the cost data applicable to number of rehabilitants 65 years of age and over.

TABLE I.—NUMBER OF PEOPLE REHABILITATED

Fiscal year	All rehabilitants	45 yr of age and over	65 yr of age and over
1976.....	303,328	67,213	5,886
1977.....	291,328	60,687	5,713
1978 (estimated).....	294,000	62,000	6,100
1979 (estimated).....	299,000	63,000	6,500
1970 (estimated).....	284,000	59,900	6,500

TABLE II.—COST DATA APPLICABLE TO REHABILITANTS AGED 65 AND OVER

Type of expenditure	1977	1978	1979 (estimate)	1980 (estimate)
Basic State grants.....	\$15,544,000	\$16,725,000	\$17,491,000	\$21,120,000
Innovation and expansion.....	357,000	374,000	414,000	360,000
Facility improvement.....	145,080	144,000	144,000	None
Special projects.....	488,700	615,472	None	None
Training.....	15,250	15,250	15,250	12,750

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic method in the United States of assuring income to individuals and families when workers retire, become disabled, or die. The basic

idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked social security contributions (FICA taxes); the self-employed also contribute a percentage of their net earnings. Then, when earnings stop or are reduced because of retirement in old age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current contributions are largely paid out in current benefits. However, at the same time current workers build rights to future benefit protection.

SSA also administers the supplemental security income (SSI) program for aged, blind, and disabled people in financial need (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. In most cases, SSI supplements income from other sources, including social security benefits.

SSA shares responsibility for the black lung program with the Department of Labor: SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973 and for payment of black lung benefits to certain survivors of miners.

Local social security offices process applications for entitlement to the medicare program and assist individuals in filing claims for medicare benefits. Overall Federal administrative responsibility for the medicare program rests with the Health Care Financing Administration.

SSA has Federal administrative responsibility for the cash payments part of the aid to families with dependent children (AFDC) program (title IV-A of the Social Security Act). AFDC provides financial aid to needy families with children. The cost is shared by the Federal, State, and local governments. The program is operated by State, local, or county authorities within a framework of conditions set forth in the Social Security Act and Federal regulations.

Also, SSA has Federal administrative responsibility for aid to Indochinese and Cuban refugees.

In addition, the Commissioner of Social Security is the Director of the Office of Child Support Enforcement. That office has Federal administrative responsibility for the program to enforce the support obligations owed by absent parents to their children, locate absent parents, establish paternity, and obtain child support.

Following is a summary of beneficiary levels today, selected program activities, study groups, social security-related legislation enacted in 1978, and related activities:

I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1978, about 93 percent of all Americans age 65 and over were drawing social security benefits or were eligible to draw benefits if they or their spouses retired; about 95 percent of the people who reached 65 in 1978 were eligible for benefits. Probably 96 to 98 percent of the aged will be eligible for social security benefits by the end of the century.

At the end of September 1978, 34.4 million people were receiving monthly social security cash benefits (an increase from 33.7 million in September 1977). Of these beneficiaries, 18.2 million were retired workers, 3.6 million were dependents of retired workers, 139,000 were uninsured individuals receiving "special age-72" (Prouty) benefits, 4.9 million were disabled workers and their dependents, and 7.6 million were survivors of deceased workers.

The monthly rate of benefits for September 1978 was \$7.8 billion compared to \$7.1 billion for September 1977. Of this amount, \$5.2 billion was paid to retired workers and their dependents, \$991 million was paid to disabled workers and their dependents, \$1.6 billion was paid to survivors, and \$12 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit for September 1978 of \$262 (up from \$241 in September 1977), while disabled workers received an average benefit of \$287 (up from \$264). Retired workers newly awarded social security benefits for September 1978 averaged \$281, while disabled workers received average initial benefits of \$328. During fiscal year 1978 (October 1977-September 1978), \$90.7 billion in social security cash benefits were paid compared to \$82.1 billion in fiscal year 1977. Of that total, retired workers and their dependents received \$57.7 billion, disabled workers and their dependents received \$12.2 billion, survivors received \$20.3 billion, and special age-72 beneficiaries received \$146 million. In addition, lump-sum death payments amounted to \$332 million.

II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In 1978, SSI payment levels (like social security benefit amounts) were automatically adjusted to reflect a 6.5-percent increase in the CPI. Thus, beginning in July 1978, maximum monthly Federal SSI payment levels increased from \$177.80 to \$189.40 for an individual, and from \$266.70 to \$284.10 for a couple.

During fiscal year 1978, over \$6 billion in benefits (consisting of \$4.8 billion in Federal funds and \$1.4 billion in federally administered State supplements) were paid. Of the 4.2 million beneficiaries on the rolls during September 1978, 2 million were aged, and 2.2 million were disabled or blind. During September 1978, total payments of \$423.4 million were made. The total payments in fiscal year 1978 represent an increase of about \$0.2 billion over fiscal year 1977.

III. BLACK LUNG BENEFITS AND BENEFICIARIES

During September 1978, about 444,000 individuals received \$78.5 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 141,000 miners and their dependents received \$44.9 million, while 146,000 widows and their dependents received \$33.6 million. The miners and widows had 158,000 dependents. During fiscal year 1978, SSA administered black lung payments in the amount of \$960 million.

Black lung benefits increased by 5.5 percent in November 1978 due to an automatic general benefit increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease increased to \$232 from \$219.90. The monthly benefits for a miner or widow with one dependent is \$348, and with two dependents is \$405.90. The maximum monthly benefit payable when there are three or more dependents is \$463.90.

IV. AFDC BENEFITS AND BENEFICIARIES

Expenditures for 1978 amounted to \$12 billion; \$10.7 billion was for AFDC payments, and \$1.3 billion was for State and local administration of the program. The Federal share of these expenditures was \$0.625 billion for AFDC payments and \$6.5 billion for administrative costs. The caseload for the year averaged 3.5 million families, with 10.7 million total recipients (of whom 7.5 million were children).

V. OMBUDSMAN PROJECT

During 1977, SSA continued a demonstration project to provide ombudsman-type service for the public in four areas (Boston, Dallas-Fort Worth, and the States of Georgia and Washington). The purpose was to determine whether a service of this type would be an effective way to help satisfactorily resolve, through regular channels, the problems of individuals experiencing difficulties in social security matters. In 1978, based on an evaluation by an independent contractor and his recommendations together with the information and experience obtained by SSA, this project was discontinued. As an outgrowth of this experimental project, however, a new service was instituted, in 1978, whereby district offices designate contact persons to work directly with community groups and organizations that represent people who have special problems with their social security or supplemental security income claims or benefits.

VI. SSA ADMINISTRATIVE GOALS

Five major SSA initiatives with specific management objectives were started in fiscal year 1978. The management objectives, to be achieved by March 1979, are: Improving processing time and accuracy in social security disability claims; improving the administration of the AFDC program, including a reduction in the national payment error rate; reducing processing time and the payment error rate of SSI claims and increasing the number of SSI overpayments processed; increasing collections under the child support enforcement program; and reducing the number of cases pending appeal.

Although the deadline for achieving the objectives has not yet expired, SSA has already met or exceeded its initial goals for processing hearings and appeals, SSI aged claims, SSI overpayment dollars resolved and collected, and for child support case collections.

VII. PUBLIC FORUMS

Regional forums launched in 1977 by SSA were continued in 1978 to encourage open, frank dialog with the public about social security programs. In 1978, forums were held in Seattle, Chicago, San Francisco, Boston, Des Moines, and, in November 1978, in Baltimore. As many as 400 individuals, usually affiliated with State or local divisions/chapters of national organizations, participated actively in each forum. Their concerns and suggestions were recorded and reports of each forum were prepared and distributed to the forum participants and within SSA for appropriate attention.

VIII. IMPROVING SERVICES TO INDIANS

SSA has developed a comprehensive plan to improve services to Indians. In cooperation with the National Indian Council on Aging, a pilot program will be conducted with the Navajo Nation to adapt SSA public information and training materials to meet the needs of Indians. The information on social security will be given to Indian volunteers who will present it to other members of the Navajo Nation. SSA will also share in a joint program with the Administration for Native Americans, the Administration on Aging, and the National Indian Council on Aging to identify and develop solutions to the problems of elderly Indians, including nonreceipt of benefits to which they are entitled.

IX. ADVISORY COUNCIL

The 1979 statutory Advisory Council on Social Security was appointed in February 1978 to review the financial status of the social security trust funds, the scope of coverage, the adequacy of benefits, and all other aspects of the social security cash benefits and medicare programs.

The Council conducted, in 1978, public hearings in Detroit, Los Angeles, New Orleans, and Miami. They held public hearings in Washington, D.C., on January 4-5, 1979. During these hearings, organizations and individuals expressed special interest in subject areas likely to be studied by the Council:

- Various methods of financing social security programs;
- Social security cash benefit levels;
- Treatment of women under social security;
- The social security retirement test, under which benefits are withheld because of a beneficiary's earnings above specified levels;
- The social security disability insurance program;
- Mandatory coverage of all public employees under social security; and
- Retirement age, including provisions for early and deferred retirement.

Under the law, the Council's report of its findings is to be submitted by October 1, 1979, to the Secretary of HEW for transmittal to the Congress and the Board of Trustees of the social security trust funds.

X. HEW TASK FORCE ON THE TREATMENT OF WOMEN UNDER SOCIAL SECURITY

In November 1977, Secretary Califano appointed an HEW Task Force on the Treatment of Women under Social Security because of his concern that women be treated fairly under the program and in response to a request of the Congresswomen's Caucus that HEW study this matter. The report of the Task Force, released in March 1978, described issues that have been raised concerning the treatment of women under social security and analyzed approaches for dealing with these issues.

XI. OTHER STATUTORY STUDIES

The Social Security Amendments of 1977 provide for a number of specific studies relating to the social security program.

- Study on dependency.—The 1977 amendments provide for an HEW study of proposals to eliminate dependency as a factor of entitlement to spouse's benefits and to eliminate sex discrimination under the social security program. The study will focus on various options for changing the treatment of men and women and families under social security. Cost estimates for various proposals are to be included in the study.
- Universal coverage.—The 1977 amendments direct HEW to study and report on mandatory social security coverage of employees of Federal, State, and

local governments and of nonprofit organizations, in consultation with the Office of Management and Budget, the Civil Service Commission, and the Department of the Treasury. The study will examine the feasibility and desirability of covering these employees under social security. Alternative methods of coverage, alternatives to coverage, and an analysis under each alternative, of the structural changes which would be required in the affected retirement systems and the impact on retirement system benefits and contributions for affected individuals will be considered in this study. The report is due in December 1979.

—National commission.—The National Commission on Social Security, whose members are jointly appointed by the President and Congress, also was established by the 1977 amendments. It will make a broadscale, comprehensive study of the social security program, including medicare. The study will include the status of the trust funds, coverage, adequacy of benefits, possible inequities, alternatives to the current programs and to the method of financing the system, integration of the social security system with private retirement programs, and development of a special price index for the elderly. The Commission is required to submit its final report 2 years after a majority of the members is appointed.

XII. SOCIAL SECURITY-RELATED LEGISLATION ENACTED DURING 1978

Public Law 95-227 (H.R. 5322), the Black Lung Revenue Act—signed on February 10, 1978

Makes part C of the program permanent and establishes a black lung trust fund, supported by a tax on coal. Under this act, where a responsible mine operator can be identified in connection with an approved claim, the payment of benefits will be the obligation of the responsible mine operator. Otherwise, benefits will be paid from the black lung trust fund.

Public Law 95-239 (H.R. 4544), the Black Lung Reform Act of 1977—signed on March 1, 1978

Makes significant changes in both part B and part C of the black lung benefits program. Under the changes, previously denied claimants could have their claims reviewed again, widows of deceased miners could be eligible for benefits if the miner had worked for 25 years in the mines, and rereading of X-rays provided by board-certified or board-eligible radiologists generally would be barred.

The liberalizations in the black lung benefits program provided by the bill impacts heavily on the Department of Labor (DOL), which administers the permanent and expanded part C benefits program. However, SSA also has substantial responsibilities under the bill. SSA is required to review thousands of denied part B benefit claims, respond to many inquiries at local social security offices, and help DOL process new part C applications.

Public Law 95-308 (H.R. 13087), Substitute Treasury Checks—signed on September 22, 1978

Authorizes the issuance of substitute checks (including social security cash benefits, black lung, and supplemental security income checks) without requiring the recipient to sign a statement promising to repay the Treasury Department if both the original and substitute checks were lawfully cashed, except as the Secretary of the Treasury may require.

Public Law 95-458 (H.R. 1337), Federal Cash-Out of Food Stamps for California SSI Recipients—signed on October 14, 1978

Provides for 1 year (through September 1979) a special \$10 Federal payment in lieu of food stamps to SSI recipients in California who generally would meet food stamp eligibility criteria.

Public Law 95-472 (H.R. 8811), Definition of Wages for FICA and FUTA Tax Purposes—signed on October 17, 1978

Provides that any contribution, payment, or service excludable from an employee's gross income because it is under a qualified group legal services plan would also be excluded from "wages" for FICA and FUTA tax purposes.

Public Law 95-481 (H.R. 12931), HEW Program of Assistance to Soviet Refugees—signed on October 18, 1978

Establishes within HEW a refugee resettlement program for Soviet Jews and other refugees who are not currently covered by existing refugee programs.

Authorizes \$20 million in Federal matching payments to voluntary resettlement agencies that assist in the resettlement of such refugees.

Public Law 95-549 (H.R. 12509), Assistance to Indochinese Refugees—signed on October 30, 1978

Extends through September 30, 1979, 100-percent Federal reimbursement to States for providing assistance to Indochinese refugees who were admitted to the United States under "color of law." Under provisions of Public Law 95-145, Federal reimbursement to States would have been reduced to 75 percent in fiscal year 1979.

Public Law 95-588 (H.R. 10173), Veterans' and Survivors' Pension Improvement Act of 1978—signed on November 4, 1978

Provides a new method of determining VA benefits using the maximum annual VA benefit rate which is reduced dollar for dollar by the other income of the beneficiary (such as social security benefits), including certain income of other family members.

Provides for annual automatic indexing of the maximum annual pension rates to the consumer price index so that VA increases will coincide with increases in social security benefits.

Requires the Government Accounting Office to study: (1) Coordination between VA and SSA of the delivery of veterans' pensions, social security retirement and disability benefits, and SSI benefits; (2) inconsistencies and inequities in the treatment of needy persons; and (3) feasibility and desirability of reconciling unjustifiable differences among those programs in benefit amounts, countable income, asset limitations and accounting periods.

The GAO study is to be submitted to Congress by October 1, 1979.

Public Law 95-595 (H.R. 9701), Federal Employees Pension Plans—signed on November 4, 1978

Requires annual reports on the financial status of Federal Government and other public employee retirement plans (other than social security and railroad retirement plans).

Public Law 95-600 (H.R. 13511), Tax Revenue Act of 1978—signed on November 6, 1978

Forgives tax liabilities (including social security taxes) for periods before 1980 of businesses whose workers were treated as independent contractors but later determined by IRS to be employees.

Eliminates the requirement that employers report charge-account tips for tax purposes.

Increases the Federal funds available for grants to States' social services programs from \$2.5 billion to \$2.9 billion in fiscal year 1979, and makes that amount the permanent ceiling in subsequent years. (For fiscal year 1979 only, \$200 million of that amount would continue to be available as 100 percent Federal matching for certain child care activities, as originally adopted in Public Law 94-401.)

Triples the amount of Federal support for assistance programs carried out in Guam, Puerto Rico, and the Virgin Islands and increase the Federal matching rate from 50 to 75 percent.

Makes the earned income tax credit (EITC) permanent. The credit will be equal to 10 percent of the first \$5,000 of earned income (up from \$4,000), up to a maximum amount of \$500. The credit is phased-out at the rate of 12.5 percent of the adjusted gross income (or, if greater, the earned income) as exceeds \$6,000. Thus, someone earning between \$5,000 and \$6,000 is entitled to the full \$500, which phases out completely at \$10,000. These amendments to the EITC are effective for taxable years beginning after December 31, 1978. In addition, effective July 1, 1979, employers will be required to make advanced payments of the EITC to eligible employees who request them, along with their wages. (The credit will continue to be disregarded for purposes of federally financed public assistance programs, including SSI and AFDC, through December 31, 1979; after that, the credit will be counted as earned income under the programs.)

Public Law 95-602 (H.R. 12467), Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978—signed on November 6, 1978

Authorizes the Secretary of Labor to establish a community service employment pilot program for handicapped individuals. None of the wages, allowances, or reimbursement for transportation or attendant care given to individuals in

this program will be considered as income or benefits for any other program or provision of Federal or State law, unless the Secretary of Labor makes a case-by-case determination that excluding income or benefits, under the employment program, would be inequitable.

Requires HEW to study the impact of vocational rehabilitation services on recipients of benefits under the social security and SSI disability programs. The study will include the cost and savings of services and recommendations for increasing the amount of savings.

Public Law 95-615 (H.R. 9251), Foreign Earned Income Act of 1978—signed on November 8, 1978

Replaces the exclusion from social security coverage of self-employment income earned abroad by U.S. citizens (Public Law 95-30) with an overall income tax deduction for excess foreign living costs effective with respect to taxable years beginning after 1978. If the person so elects, the excess living cost deduction can be used in lieu of the exclusion for the tax year beginning in 1978.

Public Law 95-626 (S. 2474), Health Services Amendments of 1978—signed on November 10, 1978

Provides Federal funds to assist in the establishment of a network of community-based services to aid in the prevention of initial and repeat pregnancies among adolescents.

Public Law 95-630 (H.R. 14279), Financial Institutions Regulatory and Interest Rate Control Act of 1978—signed on November 10, 1978

Prohibits any U.S. Government agency from gaining access to information from a financial institution unless a signed and dated authorization, specifying what records are to be released, is furnished to the institution and agency. The authorization would be good for only 3 months.

ITEM 6. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

JANUARY 19, 1979.

DEAR MR. CHAIRMAN: I am pleased to submit HUD's response to your request for the 1978 report on HUD programs benefiting elderly citizens.

The information contained within will be of use to your committee and to citizens who are interested in the housing and environmental needs of older Americans.

Sincerely yours,

GENO C. BARONI,
Assistant Secretary.

Attachment.

NEIGHBORHOODS, VOLUNTARY ASSOCIATIONS AND CONSUMER PROTECTION

ELDERLY PROGRAMS DIVISION

The Elderly Programs Division (formerly the Office of Elderly and Handicapped Policy), located in the Office of the Deputy Assistant Secretary for Neighborhood and Consumer Affairs, serves as the focal point within HUD for matters pertaining to housing and related facilities and services for the elderly.

Major responsibilities assigned to the organization include participating in the development or revision of HUD policies, programs and procedures affecting the elderly; coordinating HUD elderly initiatives and responses; and representing HUD in activities with other Federal, State, and municipal or private organizations relating to the elderly.

During fiscal year 1978, The Elderly Program Division actively participated in the revision of the section 202 program prior to decentralization to the field. \$562 million was awarded this year to sponsors for the construction of over 16,900 units for the elderly.

The division also has had the lead technical responsibility, in a joint effort with Housing, in designing and implementing the congregate housing services program. Under this pilot effort, HUD will enter into 3-5 year contracts with public housing agencies and section 202 sponsors, in which they will then provide meals and other necessary supportive services to elderly and nonelderly handi-

capped persons to foster independent living and avoid premature institutionalization \$10 million is available for fiscal year 1979.

Throughout the year, the division participated in numerous meetings and discussions with other HUD executives and representatives of major organizations representing older Americans and the "aging network." The sessions served to bring to the attention of the Department the immediate concerns of these organizations regarding elderly housing and to suggest ways in which the Department could respond. In turn, the Department was afforded an opportunity to explain its programs and policies with respect to housing the elderly.

HOUSING CONSUMER PROGRAMS DIVISION

The Division of Housing Consumer Programs maintains liaison with the Administration on Aging (AoA) and with national voluntary organizations dealing with the elderly. Numerous meetings have been attended and materials and information on services to the elderly exchanged.

Agreements in effect between HUD and AoA on nutrition and social services for the elderly in HUD-assisted housing, as well as agreements between HUD and DoT and HUD and HEW, continue to produce programs and services. Approximately 1,000 local housing authorities and 100 section 202 projects have provided on-site facilities for the nutrition program during the past year, with some housing agencies acting as grantees and providing additional services such as recreation, health, nutrition education, information and referral, and transportation. These services also benefit elderly residents in surrounding neighborhoods.

The Department is represented on the AoA Task Force on Nutrition, as well as on the Interagency Task Force on Information and Referral. In addition, the Division is represented on the HUD Services Task Force and the Inter-Agency Panel on Adult Education. Through regional coordinators and field office representatives the Division continues to provide technical assistance on services to the elderly.

NEIGHBORHOOD DEVELOPMENT SELF-HELP PROGRAM

Established as part of President Carter's urban policy, the Office of Neighborhood Development supports the efforts of neighborhood organizations engaged in neighborhood revitalization in low and moderate income communities. Many of the neighborhoods which receive technical assistance, information and capacity building funds have large elderly populations. The Office of Neighborhood Development works with community members to fight deterioration and restore social and economic health to their neighborhoods through a wide range of programs such as: tenant organizing, housing rehabilitation, commercial revitalization, economic development, and the improvement of social services.

While many of the 21 local organizations funded by the Office of Neighborhood Development in 1978 are not generally elderly oriented, their activities can and do include projects designed to meet the needs of elderly residents. For example, in a recent contract, the Filmore-Leroy Area Residents, Inc., of Buffalo, N.Y., received \$115,000 to develop a home repair industry which will provide low-cost assistance to low-income and elderly residents in making necessary improvements to their dwellings in a 55-square block section of the city.

Also, in another 1978 contract, the Chinatown Neighborhood Improvement Resource Center located in San Francisco's Chinatown will establish a non-profit corporation to undertake the adaptive reuse of buildings for the elderly. The first project will be the conversion of a local YMCA to low-cost housing for the elderly in the overcrowded China town community.

INTERSTATE LAND SALES REGISTRATION

Congress passed the Interstate Land Sales Full Disclosure Act in 1968, to give the public a measure of protection against fraudulent and deceptive land sales operations. The act is administered through HUD's Office of Interstate Land Sales Registration. Although the act is intended to provide protection for all consumers, it is evident that a great number of potential victims of fraudulent land sales could be the elderly.

The property report is the key to the protection available to consumers under the act, since developers are required by law to give the prospective purchaser a property report before or at the time of signing a contract. The disclosure contained in a property report covers such items as (1) existence of mortgages,

liens and other encumbrances; (2) whether contract payments are set aside in a special (escrow) fund; (3) availability of recreational facilities, where and when; and (4) availability of water and sewer facilities or of wells and septic tanks.

During 1978, the Office of Interstate Land Sales Registration has continued with its project to make the disclosure documents easier to understand and to simplify compliance for developers while improving the effectiveness of the act in protecting the interests of consumers including the elderly. The project included the publication of proposed rules for comment as well as the hiring of a contractor to assist in the development of a revised disclosure document which will be easier for the consumer to understand. Public hearings have been held; revised rules and comments have been considered. Revised rules will be published in 1979.

HOUSING

SECTION 8 IMPLEMENTATION

The problems of aging and particularly the housing needs of the elderly are continual concerns of the Department. The implementation of the section 8 housing assistance payments program both assists the construction of elderly housing projects and provides an alternative for those who prefer to avoid living in projects housing only elderly persons.

The section 8 program provides assistance to encourage the construction of new units, the substantial rehabilitation of units, and the use of standard existing units. It encourages the participation of both private developers and public housing agencies. And, importantly, section 8 can maximize the use of the existing housing stock, while inducing production of additional units in markets where the supply of existing housing is inadequate to meet the need, including that of the elderly.

The legislation requires that section 8 projects serve lower-income and very low-income families. Further, some projects are developed with a mix of assisted and unassisted families.

No family assisted under section 8 may pay more than 25 percent of its income for rent. The rental payment may be as low as 15 percent, however, depending on family income, size, and medical or other unusual expenses.

Several other features of the section 8 program should be of special advantage to older Americans:

Eligibility for section 8 assistance has been expanded to include two or more unrelated elderly, disabled, or handicapped persons who are living together, or one or more such individuals living with another person who is essential to their care and well being;

FHA multifamily mortgage insurance programs are available to both section 8 developers and nonprofit sponsors to provide the project financing they need for new construction or substantial rehabilitation. Public housing agencies also may use FHA's section 221(d)(3) market rate multifamily insurance program to finance construction or rehabilitation of section 8 assisted units. (Development for profit-motivated mortgagors will generally use the section 221(d)(4) program or conventional financing.)

Another program feature of particular relevance to elderly citizens is the provision of congregate facilities. The term "congregate housing" generally refers to projects in which some or all of the dwelling units do not have full kitchens, in which the residents are served by a central kitchen and dining facility. This arrangement permits some of the conveniences and economics of communal living to be built into rental projects. Assistance for such housing is available under the public housing, section 202 and section 8 programs. However, there is a statutory limit of 10 percent on the amount of annual contribution contract authority which may be used for this purpose in any fiscal year.

In fiscal year 1978, 108,157 units, or 42 percent of all section 8 contracts were for elderly. About 350,000 units of section 8 have been assigned to elderly use since fiscal year 1976.

SECTION 202—DIRECT LOANS FOR HOUSING FOR THE ELDERLY AND HANDICAPPED

The section 202 program was first introduced as a part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction of housing for the elderly or handicapped. The program was intended to serve elderly

persons whose income was above public housing levels but still insufficient to secure adequate housing on the private market. The section 202 program was amended by the 1974 Housing and Community Development Act to change the method of determining the interest rate (previously set at 3 percent) and to provide for the use of section 8 housing assistance payments for projects constructed or substantially rehabilitated under the program. The interest rate, applying to all loans closed through September 30, 1979 is 8½ during the construction period and 7% thereafter.

HUD has been authorized to lend \$2.35 billion through fiscal year 1978. At the end of fiscal year 1978, 838 projects totaling more than 95,000 units had been approved.

As of December 15, 1978, 231 projects with over 27,500 units were under construction. Funds totaling \$800 million for fiscal year 1979, which will provide about 21,000 units, will be available shortly. Section 202 staff are also assisting in developing the congregate housing services program.

PUBLIC HOUSING FOR THE ELDERLY

The public housing program was initiated by the U.S. Housing Act of 1937 (Public Law 412, 75th Congress), "to provide financial assistance to the States and political subdivisions thereof for the elimination of unsafe and unsanitary housing conditions, for the eradication of slums, for the provisions of decent, safe, and sanitary dwellings for families of low-income and for the reduction of unemployment and the stimulation of business activity."

HUD provides technical, professional, and financial assistance to public housing agencies (PHA's) for the planning, development, and management of low-income housing.

Today, the primary goal of public housing is to serve families who cannot afford to pay enough to cause private enterprise in their locality to build an adequate supply of decent, safe and sanitary dwellings for their use. Single persons who are elderly, handicapped, or displaced, are also eligible. To assure that only such families and individuals will be served, income eligibility limits are set and enforced locally.

Amendments to the U.S. Housing Act by the Housing Act of 1956 made it possible to admit as tenants in public housing low-income single persons who were 65 or older. It also authorized the construction of units specifically designed for the elderly. Subsequent legislative changes, such as the Housing Act of 1959, changed the age requirements for elderly persons and families to conform to the Social Security Act (at that time, 65 for men and 62 for woman), and included as "elderly," disabled persons 50 years of age and over; the Housing Act of 1961 changed the eligibility age for males from 65 to 62. As a result of the 1961 amendment to the Social Security Act, the minimum age requirements for persons qualifying as elderly by reason of disability was eliminated. The Housing Act of 1964 permitted admission to low-rent housing of single low-income persons who are displaced by urban renewal or other governmental action, or who are handicapped.

The regulations governing the development of public housing specify that housing for the elderly may be provided if a determination is made by the HUD field office that the housing needs of the elderly are not being met by other HUD-assisted programs proportionately to their share of total housing needs in the jurisdiction of the PHA.

During fiscal year 1978, contract authority was reserved for over 68,000 units (including Indians) of public housing. Overall, public housing contains about 1,300,000 units, 25 percent of which were built for the elderly and handicapped. We estimate about 40 percent of all public housing residents are elderly.

Public Housing staff are also currently working with NVACP to implement the congregate housing services program.

UNSUBSIDIZED PROGRAMS

SECTION 231—MORTGAGE INSURANCE FOR ELDERLY HOUSING

Under section 231 of the National Housing Act, as amended, the Department is authorized to insure lenders against losses on mortgages used for construction or rehabilitation of rental accommodations for older persons (aged 62 years or more, married or single).

Section 231 is HUD's principal program for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program; section 8 housing assistance payments can be made available. During the year ending December 15, 1978, firm commitments were issued for 50 projects consisting of 5,130 units, bringing the total activity under section 231 mortgage insurance to 506 projects consisting of 68, 518 units.

SECTIONS 221(D)(3) MARKET RATE AND 221(D)(4) OF THE NATIONAL HOUSING ACT—MORTGAGE INSURANCE PROGRAMS FOR MULTIFAMILY HOUSING

While these programs are not specifically geared to the elderly, they also are available to sponsors as alternatives to the section 231 program.

Section 221(d)(3) authorizes the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures which give preference to tenants who are low and moderate-income single persons under 62 years of age or families with elderly heads of households. Priority in occupancy is given to those displaced by urban renewal or other governmental action. (Because they tend to be residential occupants of older and deteriorating urban neighborhoods, a greater proportion of older persons than younger persons are affected in these areas.) Eighty-four projects containing 8,637 units were insured 1,699 projects containing 143,482 units, of which about 10 percent are for the elderly.

The above features are present in the section 221(d)(4) program except that this program is also available to public and private profit-motivated sponsors.

SECTION 223(F) MORTGAGE INSURANCE FOR THE PURCHASE OR REFINANCING OF EXISTING MULTIFAMILY HOUSING PROJECTS

This program offers mortgage insurance for existing facilities, including housing for the elderly, where repair costs do not exceed 15 percent of project value. The program can be used either in connection with the purchase of a project, or for refinancing only. To the extent that real estate liquidity is enhanced, the availability of section 223(f) encourages investment in residential real estate of all kinds. Prior to its being added to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction.

SECTION 232—MORTGAGE INSURANCE FOR NURSING HOMES/INTERMEDIATE CARE FACILITIES

The primary objective of the section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. Since 1959, when the program was enacted, the Department has insured mortgages for 1,240 facilities providing 141,289 beds.

Approximately 90 percent of the residents of nursing homes are elderly. HEW's medicare and medicaid programs have made it possible for many, who would not otherwise have been able to do so, benefit from the services provided under this program.

During the year ending September 30, 1978, 52 firm commitments for insurance covering section 232 projects were issued representing 6,529 beds. Construction starts were achieved for 6,398 units.

The addition of subsection (i) to this program provided for FHA-insured supplemental loans to finance installation of fire safety equipment in these facilities. These loans are not limited to section 232 facilities and may provide useful in enabling conventionally financed nursing homes to comply with HEW and State requirements concerning fire safety.

OFFICE OF POLICY DEVELOPMENT AND RESEARCH

Title V of the Housing and Urban Development Act of 1970 authorizes and directs the Secretary to undertake programs of research, studies, testing and demonstrations relating to the mission and programs of the Department. Section 815 of the House and Community Development Act of 1974 strengthened the role of HUD research in the areas of elderly and handicapped by specifically encouraging demonstrations into the problems of members of special user groups, including the elderly and handicapped.

The HUD research program serves as a stimulus for positive change by conducting technological and managerial research, and by demonstrating new methods for application of government and private expertise. The program serves as a national focal point for housing and community development research, and as a central point for research, analysis, data collection and dissemination.

The focus on research related to the problems of the elderly and handicapped is in our program of special user research, although other program areas such as community design research and economic affairs also support research which impacts on the elderly and handicapped.

The mission of the special user group research program is to design, conduct, and support research and demonstration projects whose results will improve housing conditions and related housing and community services for the elderly, the handicapped, and other members of identifiable special user groups. The special user research program is conducted in the Office of the Deputy Assistant Secretary for Research and Demonstration.

CURRENT SPECIAL USER RESEARCH

The Office of Policy Development and Research has recently completed or is currently sponsoring several projects related to the housing problems of the elderly and handicapped; additional projects will be undertaken during 1979. The following list demonstrates the scope of these recently completed and ongoing projects:

- An outreach, orientation and training program for potential minority section 202 sponsors was sponsored. Working in cooperation with the black, Hispanic, Asian, and Indian communities, we identified 586 potential minority group sponsors for section 202 housing. All were invited to attend one of a series of orientation programs offered in seven cities around the country. One hundred fifty-three groups accepted and participated in a one day orientation session which gave a basic overview of the program, its eligibility requirements, the responsibilities of a sponsor and other considerations. Based on information provided by the attendees, 70 groups were invited to participate in a more intensive section 202 seminar. Fifty-three groups accepted the invitation and were given further training in the section 202 application and development process.
- An interagency study of elderly victimization is currently being sponsored by HUD, the Administration on Aging, the Community Services Administration, and the Law Enforcement Assistance Administration in six cities around the country. The project has two purposes: to prevent victimization of the elderly and to provide services for those who are victimized. HUD is providing the funding for the evaluation of the project.

The Office of Policy Development and Research completed a review of the housing situation of the elderly. The purpose was to bring us up to date on the housing needs of the elderly and HUD's response to these needs. The result was a paper, "Housing Options for the Elderly" that (1) presents data on the housing situation of the elderly and on Federal housing programs, (2) evaluates the strengths and shortcomings of current programs, and (3) suggests new approaches. Prior to final editing, the paper was distributed to all of the major elderly organizations and to the key committees of Congress; it will be published within the very near future.

A just completed effort looked at the history of section 202. Not only were there very few minority sponsors in the program in the past, there were very few minority residents in the projects, especially in those projects with majority sponsorship. This new report examines the reasons for these problems and made concrete suggestions to remedy the problem, a great many of which could be implemented administratively.

Work began in 1978 on the design of a longitudinal study of the relationship between important changes which people experience as they grow older and various housing changes which they undertake. The survey, which was pre-tested in 1978, is to be fielded as a supplement to the annual housing survey in two SMSA's (Houston, beginning in 1979, and St. Louis, starting in 1980), and will be conducted annually through 1988. Some of the housing activities to be investigated include alterations to the physical structures, routine maintenance, and shifting uses of rooms, as well as relocation to a different residence. Individuals selected for inclusion in the first year of the study will be followed

during the subsequent years so that the data do not provide a one-sided picture of nonmovers.

Another initiative in 1978 was preliminary work on an evaluation of Baltimore's experimental home maintenance program. The program's objective is to help eligible households living within the target area with minor maintenance and repair problems which, if unattended, can lead to serious deterioration of individual properties as well as negative effects on neighborhood stability. Persons living in the area who are either 55 years of age or older, physically handicapped, or single parent householders are eligible for the program. The evaluation results in 1979 will form the basis for a three-city demonstration of the home maintenance and repair program concept which will be implemented in 1980.

OTHER STUDIES

A cost study of the implications of section 504 for the retrofitting of public housing, combined with a similar analysis of the costs of retrofitting for energy conservation and modernization is underway.

A demonstration of small group homes for the handicapped authorized under section 815 of the Housing and Community Development Act of 1974 continued. This project will provide technical assistance to, and evaluate the development experience of a group of sponsors who are building community based residential facilities for the handicapped through the use of the section 202 and section 8 programs. As a result of this demonstration project, HUD will receive recommendations for establishing a small group home program within the Department. A bibliography on the subject has already been published.

Work continued on the development of a new American National Standard for accessibility for the handicapped, ANSI A117.1. The second round of balloting also resulted in numerous changes to the document. We are now trying to resolve these problems and hope to submit the standard to ANSI early this spring.

Work continued on a followup to the ANSI project, to construct several single-family and multifamily units according to the new standard. Detailed cost analyses will be conducted, as will marketability surveys. Once the units are occupied, followup visits will be made to discuss the usability of the special features of accessibility.

FUTURE RESEARCH

During this fiscal year the following efforts related to the elderly and handicapped will be undertaken:

- The section 202 minority sponsor outreach and training program will be conducted again in 1979, to provide another round of training before the next section 202 advertisement. The National Center for Housing Management and HUD agreed that the short lead time in fiscal year 1978 prevented the identification of many groups and hindered many others from accepting our invitations for orientation and training. We will, therefore, provide the funds for one more round of training.
- An evaluation of the success of the orientation and training in assisting minority sponsors to participate in the program will also be conducted. The Small Business Administration is in the process of entering into an agreement for us under which Mark Battle Associates will examine the effectiveness of the program. The section 202 program has a large percentage of minority applicants in 1978 and awarded a large percentage of the fiscal year 1978 reservations to minority sponsors; but without this evaluation, however, we will not know if this was as a result of our training efforts. The evaluation will examine the experiences of several groups including those which were trained and applied successfully, those which were trained and applied unsuccessfully and those which applied without our training and were still successful.
- A companion to our book "Low Rise Housing for the Older People" will be prepared which will focus on the special design problems of providing mid-rise or high-rise elevator buildings which meet the social needs of the elderly.
- The first round of data collection on the longitudinal study will begin in Houston.
- An evaluation will begin of the demonstration of housing for the severely mentally ill which is being sponsored by the Office of Independent Living for the Disabled.

- The design will begin for the three-city demonstration of maintenance and repair services for elderly homeowners.
- The design work will begin for the evaluation of the congregate housing services program which is being jointly sponsored by the Offices of Housing and Neighborhoods, Voluntary Associations and Consumer Protection. We expect to work closely with HEW evaluation staffs, particularly those of The Administration on Aging and the Rehabilitation Services Administration.

COMMUNITY PLANNING AND DEVELOPMENT

The Office of Community Planning and Development administers programs impacting on the elderly and handicapped under the authority of the Housing and Community Development Act of 1974 and the "701" comprehensive planning and management assistance programs. The authorization is for the conduct of the community development block grant (CDBG) program, the comprehensive planning program, the section 312 rehabilitation program and the urban development action grant (UDAG) Program. These programs are not specifically directed to the elderly (and handicapped), but activities benefiting these persons are eligible under the 1974 act as amended, and may be carried out by communities receiving community development funds or competing for discretionary monies.

701 COMPREHENSIVE PLANNING ASSISTANCE

The comprehensive planning assistance program provides two-thirds matching grants to all States and some 410 areawide planning agencies, and about 800 localities. Planning for the elderly is a specific eligible activity under the 701 program. Grantees, at their option, may undertake planning for such elderly concerns as availability of affordable housing, the development of improved transportation systems serving the elderly, and the provision of health and other social services for senior citizens.

COMMUNITY DEVELOPMENT BLOCK GRANTS

All information is from fiscal year 1977 as fiscal year 1978 is not yet available.

Chart I presents information on the programming of community development block grant funds for activities in neighborhoods where there is a low (0-9 percent of the population), medium (10-19 percent) and high (20-100 percent) concentration of elderly citizens. Entitlement communities are programming 50 percent of their CDBG funds for areas with a medium (10-19 percent) concentration of elderly.

Chart II shows the distribution of CDBG funds programmed for major community development activities by areas of elderly concentration. In areas of high elderly concentration, communities plan to increase the percentage of expenditure for code enforcement, housing rehabilitation and clearance related activities. In areas of medium elderly concentration, communities plan to decrease their percent of expenditure for all residential CDBG funded activity except code enforcement.

The distribution of housing assistance varies by the type of housing assistance planned by local communities. Forty-nine percent of the new construction planned by communities is targeted for elderly and handicapped households. This percentage of assistance would meet nearly fifty percent of the housing assistance goals for the elderly and handicapped in the third program year. Another 28 percent of their housing assistance goals would be met by rehabilitated housing and 22 percent of existing units.

Local plans for fiscal year 1977 called for 37 percent of their total housing assistance to be distributed among the elderly and handicapped. Elderly and handicapped households represent 33 percent of the total needy population.

A performance report for fiscal year 1975-76, based on a 147 cities sample, shows that of housing for which a financial commitment was made, 44 percent of the units are to benefit the elderly and handicapped. In this same time period, the elderly need was 33 percent of the total need for local housing assistance. Performance data also shows the 68 percent of new construction financially committed during fiscal year 1975-76 was for the benefit of the elderly and handicapped.

CHART I.—PERCENTAGE OF TOTAL EXPENDITURE OF FUNDS BY PERCENT OF ELDERLY CONCENTRATION BY NEIGHBORHOOD LOCATION, 1976 AND 1977

Neighborhood location	Low concentration (0-9 percent)		Medium concentration (10-19 percent)		High concentration (20-100 percent)		total (percent)
	1976	1977	1976	1977	1976	1977	
Residential.....	31.5	39.0	60.9	54.0	7.6	7.0	100
Central business district.....	9.6	14.4	54.4	54.7	36.0	30.9	100
Other commercial areas.....	25.6	40.1	59.6	48.0	14.9	11.1	100

CHART II.—PERCENTAGE OF RESIDENTIAL EXPENDITURES ON CDBG FUNDED ACTIVITY BY PERCENT OF ELDERLY CONCENTRATION, 1976; 1977

CDBG funded activity	Low concentration (0-9 percent)		Medium concentration (10-19 percent)		High concentration (20-100 percent)		Total (percent)
	1976	1977	1976	1977	1976	1977	
Clearance related.....	33.2	42.5	59.1	48.4	7.8	9.2	100
Code enforcement.....	33.7	30.0	59.7	61.0	6.6	8.2	100
Public works.....	27.1	32.9	64.3	59.6	8.6	7.5	100
Housing rehabilitation loans and grants.....	28.9	34.3	64.2	57.5	6.9	8.1	100
Services related.....	27.2	55.1	61.4	42.4	11.3	2.5	100
Public services.....	35.8	43.0	56.4	51.2	7.7	5.8	100

URBAN DEVELOPMENT ACTION GRANTS (UDAG)

The urban development action grant program provides grants to cities and urban counties which meet certain minimum standards of physical and economic distress. Activities eligible under the community development block grant program are also eligible for UDAG funding, but in order to receive funding, projects must provide jobs and substantial private investment of funds. Activities benefiting the elderly, such as construction of housing for the elderly, housing rehabilitation loan programs, and construction of nursing homes would be eligible assuming that the project is competitive with others under consideration.

Funds from the UDAG program can be also used to carry out a variety of commercial and neighborhood based revitalization activities such as attraction of industry, and improving commercial physical plants. Many cities have innovatively packaged a number of these approaches. For example, one neighborhood in Newark, N.J., used \$400,000 in UDAG funds to attract over \$2,000,000 in private funds for low and moderate income new and renovated housing, and a shopping center containing a supermarket, in an area sorely lacking shopping and other amenities. Many of the 95 percent plus minority residents of this local are elderly.

SECTION 312 REHABILITATION LOANS

Section 312 loans are direct loans to owners, and sometimes tenants, of properties located in specific HUD assisted areas, the most common being community development block grant activity areas. The localities and cities receiving HUD block grant assistance process loan applications in conformance with the law and the regulations. The Congress has directed that priority be given to low and moderate income applicants or to applications of multifamily structures where the majority of tenants are of low and moderate income. Because so many of the elderly are low and moderate income persons the rate of loans and dollars for the elderly in this program has steadily increased. Through 1976, 17 percent of the number of loans and 12 percent of the dollar amount went to applicants 62 years of age or older. In the next 2 years the rates were 21.2 percent for the number (an increase of 4 percent of the total) and 15.3 percent of the dollar amount (an increase of 3 percent of the total).

FEDERAL DISASTER ASSISTANCE ADMINISTRATION

POLICY AND TRAINING

The Administrator placed increased emphasis on delivery of disaster assistance to the elderly. He stressed his intent to develop in FDAA employees special awareness and skills in identifying and resolving special problems of elderly disaster victims, through the cooperation of the Administration of Aging (AoA) at the national level and through State and local officer for aging (the aging network). To implement this policy, emphasis, a special training conference was held on October 4, 1978 for FDAA regional individual assistance officers and public information officers. Various presentations, including one from a staff member of the Senate Special Committee on Aging, were made—all of which stressed the need for concentrated efforts to help the elderly who may be unable themselves to secure available disaster assistance. The presentation also stressed the relationship between consumer counseling for all disaster victims and special counseling for the elderly. As a part of this new emphasis on special services FDAA also as emphasizing consumer protection in the delivery of disaster assistance. Special publications and news releases advising disaster victims of consumer affairs problems (contracts, home repair, warranties) have been widely distributed.

During the last few months of 1978, the Administrator also corresponded with program administrators for the Food and Nutrition Service, Department of Agriculture and the Federal Insurance Administration, HUD, regarding special services for the elderly. These contracts were made in response to inquiries by the Luzerne/Wyoming Counties (Pa.) Office for the Aging. Concerning food stamps, FDAA has been informed that new initiative are under study in FNS which would directly benefit elderly disaster victims. FIA has also advised us that a three-year food insurance policy is being studied; it would eliminate yearly administrative costs of servicing a policy, therefore resulting in lowered premiums.

PLANNING

Several staff members of FDAA participated in the planning meetings of the National Advisory Committee on Disasters in the preparation of a model disaster plan for the aging network, particularly area agencies on aging (AAA's). Under the chairmanship of the New York State Office on Aging, the advisory committee helped draft and revise a sample plan for adoption by AAA's, which is currently being published. The plan will improve the ability of the AAA's to provide for needs of the elderly in disaster situations—both in those where supplemental assistance by FDAA is required (a major disaster declared by the President under P.L. 93-288), and when no supplemental assistance is required but elderly are affected. When the plan is published in late January, FDAA will assist in its distribution and will instruct the FDAA Regional Offices to provide technical assistance to any AAA wishing to adopt a disaster readiness posture or to establish a formal relationship with FDAA.

PROGRAM

The most noteworthy program innovation with FDAA concerning the elderly during fiscal year 1978 occurred as a response to the President's declaration of a major disaster for severe flooding in the Rochester, Minn. area in July 1978. The Federal coordinating officer identified a large percentage of elderly in the area who would require services in order to obtain available disaster assistance. In response, the Regional Director, FDAA Region 5, assigned the Southeastern Minnesota AAA to provide outreach and other services. Approximately 1,000 elderly and disabled disaster victims were provided information and referral services, help in filling out disaster assistance application forms, resource identification and followup, and transportation services.

COORDINATION AND COOPERATION

Other FDAA regions continue to call upon the AAA's and the State offices on aging for advice and assistance in Disaster Assistance Center operations, where

required; FDAA's national office maintains liaison with the Commissioner on Aging's disaster response personnel. FDAA recognizes the valuable services AoA can provide under its own legislation, and also recognizes the areas where, with funding assistance, AoA can use its expertise in providing and supplementing services authorized by the Disaster Relief Act. FDAA will continue to implement the memorandum of understanding with AoA, and will propose to the Director of the new Federal Emergency Management Agency that he/she retain this understanding in the new agency. If mission assignments are required to carry out disaster assistance goals for the elderly, FDAA will make the assignments and provide the funds to supplement those already available under the Older Americans Act, as amended. In this way, the services will be carried out mutually by the two agencies to the benefit of disaster victims.

NEW COMMUNITY DEVELOPMENT CORPORATION

Through legislation passed in 1970, the Federal Government can guarantee mortgages for developers of large scale new communities which meet certain requirements, including provision of an economic base, provision of substantial amounts of low and moderate income housing, good physical and social planning, and provisions of adequate community amenities and facilities including education, health, culture, and recreation.

New community projects approved for Federal assistance will provide housing, community facilities, and amenities which will have special value to the elderly and handicapped. These include barrier-free access to public buildings, pathway systems separated from vehicular traffic, and ready access from homes to shopping, recreational facilities, and neighborhood facilities.

RESEARCH

In coordination with HUD's Office of Policy Development and Research The New Community Development Corporation has sponsored a research study to design whole villages in new communities to be barrier-free and thereby accessible to the elderly and handicapped. Two new communities, St. Charles, Md., and Harbison, S.C., were used as case studies to develop a process, manuals, design and cost materials for barrier-free planning. Both new communities have pledged to implement the recommendations of the study.

The contractor, Peoples Housing Inc., submitted a draft final report for review by the New Communities Development Corporation staff as well as staff of the Office of Policy Development and Research. From this review came recommendations for revision in the format and presentation of the study. The contractor has been notified that proposed changes are necessary and is willing to revise the final report to reflect HUD's recommendations. This process is now taking place. The final report will be available to the public, as will a slide presentation which describes the sensitizing process used in the study.

NEW COMMUNITY PROJECTS

Three of the HUD assisted new communities have completed housing projects for the elderly. On Roosevelt Island, N.Y., 284 units for the elderly and handicapped have been completed, and rented. The developer continues to work with the city of New York on programs to utilize the 8,000 square foot ground floor activity center, which contains offices, meeting rooms and a fully-equipped kitchen and dining facilities. Roosevelt Island residents have ready access to health services offered by existing hospitals on the island. Barrier-free access to building and facilities is provided in the new community design and the apartment structures are multiuse, some containing schools and social services. Private autos are banned from the island's streets and minibus transportation provides ready access throughout. An aerial trainway is now operating between the island and Manhattan.

St. Charles, Md., opened a 96-unit housing project assisted by 221(d)(4) financing. Half of these units are rented by elderly persons. St. Charles also has 104 units of section 236 housing for the elderly under construction with some of the units already occupied. Both these projects consist of single-story quadruplex housing, making them more easily accessible to elderly and handicapped. Additionally, they are sited to be convenient to shopping and transportation. Finally, St. Charles will start construction on a 150 unit section 8 elderly project in the spring of 1979.

Park Forest South built a 14-story 183 unit section 236 elderly project in 1975 which is fully rented and adjacent to a neighborhood shopping area.

Four more of the HUD assisted new communities have elderly housing under construction or in processing. Woodlands, Tex., has 144 units of section 8 under construction and another 156 units of section 8 in processing. Harbinson, S.C., has a 110 unit section 202/8 project that will go under construction in the summer of 1979. Jonathan, Minn., has a 114 unit section 8 project under construction. Park Central, Tex., has a 150-unit section 8 project in processing which will go under construction in 1979.

INTERAGENCY COOPERATION

SERVICES TO THE ELDERLY IN HUD-ASSISTED HOUSING

HUD and the Administration on Aging have identified joint objectives to promote maximum coordination, using HUD's section 202 programs and AoA's title III and VII programs to provide joint planning programming and implementation of activities which will:

(1) encourage the development of comprehensive coordinated services to older persons in HUD-assisted housing, and focus on the inclusion of such services in new and substantially rehabilitated housing.

(2) Encourage the involvement of elderly citizens in the planning of projects proposed under section 202/8;

(3) Promote maximum cooperation between HUD's Neighborhood and Community Affairs Representatives, and AoA's regional, State, and area agencies on aging; and

(4) Provide joint training or technical assistance for HUD field staff administering the production and management of the section 202 program with respect to the social aspects of site selection, architecture, service space requirements, project management, function and responsibilities of sponsors, available social services and related matters dealing with elderly and handicapped.

INTERDEPARTMENTAL AGREEMENTS

NUTRITION—TITLE III (PER THE 1978 AMENDMENTS TO THE OLDER AMERICANS ACT)

HUD recognizes that it and the Administration on Aging (AoA) share a common interest in serving residents of elderly housing through the title III nutrition program for older Americans and that a number of HUD housing developments for the elderly can offer facilities in their community space to serve as sites for the AoA nutrition projects, serving at least one hot meal a day not only to residents of the development but also to other elderly of the community.

Therefore, local housing authorities and the management of other HUD assisted housing for the elderly have been altered by HUD field offices to make contact with the State agency in aging. They also identified the number of elderly residents reachable through the housing development; informed the State agency on aging about the community space and facilities that can be made available; ascertained from the State agency on aging how and when nutrition funds can be utilized to accomplish alterations necessary in community space to accommodate meal preparation and service, recommended so doing.

TRANSPORTATION

Management of HUD-insured housing for the elderly, section 202 direct loan projects, and local housing authorities have been urged to establish and maintain relations with their local transit authority and to explore: working with the local government to implement reduced rates for the elderly and handicapped; adjusting schedules to accommodate the special transportation needs of the elderly and handicapped; and obtaining from local transit authorities special services, facilities or lowered fares.

The management of HUD-assisted housing for the elderly and handicapped and local housing authorities also post the transit maps and transit schedules of local transit authorities.

ENERGY

The department advises its field office about elderly related energy conservation efforts and suggests that these offices provide state and area offices on aging with information concerning HUD home repair programs. In addition, the Department

suggests to its field offices that they initiate discussions with state and area agencies on aging concerning the use of community space in HUD-assisted elderly projects for energy conservation related activities.

INFORMATION AND REFERRALS

The Department is providing to the National Clearing House on Aging, on a continuing basis, directories of HUD-assisted housing for the elderly and HUD issuances pertaining to the elderly, and has reaffirmed the fact that HUD area and insuring offices can answer general questions on elderly housing availability, eligibility for occupancy and questions of this nature. In addition, the Department has agreed that HUD-assisted projects can provide a conduit for appropriate aging information and materials, and that these elderly projects may, in some instances, be able to provide information and referral sites in community space.

A member of the Community Service staff represents HUD and attends regular meeting of the Interdepartmental Task Force of Information and Referral. The Task Force has produced an "I & R Guide," which has been distributed to all HUD field offices for their information and distribution to agencies and organizations in their jurisdictions.

HUD/AOA AGREEMENTS

Efforts are underway to rewrite both the Nutrition and the Social Services portions of the existing interagency agreements to combine these agreements and possibly title XX of the Social Security Act into a single agreement. In addition, community development programs affecting the elderly will be included, together with other HUD programs.

ITEM 7. DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS

DECEMBER 21, 1978.

DEAR MR. CHAIRMAN: This responds to your letter of December 1, 1978 to the Secretary of the Interior, and is an updated review of what is happening with our programs related to the aging.

With the signing of Public Law 95-478, title VI, Grants for Indian Tribes, became a new part of the Comprehensive Older Americans Act Amendments of 1978. This recognition and promotion of the delivery of social services, including nutritional services for Indians is a giant step forward for the senior Indian American. Tribes will be eligible for grants through the Older Americans Indian Act and will be able to develop their own programs and service-delivery systems through this enabling legislation, coupled with the 93-638 Indian Self-Determination and Education Assistance Act (35 U.S.C. 4506).

As we received copies of the legislation, we issued memorandums to all area field offices and agencies and requested that tribes be contacted for their viewpoints. We are also requesting that estimates be made of the underutilized or unused education facilities which might be made available for elderly program use, and we are participating with the Administration on Aging in development of the regulations.

The Bureau of Indian Affairs Program of Social Services undertakes to provide necessary assistance and social services on reservations when such assistance and social services are not available through State or local public welfare agencies. The bureau administers such programs on every major Indian reservation.

Indians on reservations are eligible for benefits under the Social Security Act on the same basis as non-Indians. Persons eligible for these programs are not eligible for BIA financial assistance. An exception is made for elderly Indians on reservations who are eligible for SSI benefits but whose cost of care in a nursing home or other nonmedical facility exceeds the amount of the SSI payment. In these instances, BIA financial assistance is provided as needed and an application for SSI benefits is not required as BIA assistance, unlike that of the States, is considered income under SSI legislation.

The Bureau of Indian Affairs also provides technical assistance and support

to the tribes and to Indian organizations. We are continuing to provide support services for the National Indian Council on Aging, located in Albuquerque, N.M.

We appreciate the opportunity to contribute to your report.

Sincerely,

RICK LAVIS,
Deputy Assistant Secretary, Indian Affairs.

HERITAGE CONSERVATION AND RECREATION SERVICE

DECEMBER 18, 1978.

DEAR MR. CHAIRMAN: I am pleased to reply to your letter of December 1, 1978, to the Secretary of the Interior, Cecil D. Andrus, concerning Federal actions and programs related to aging.

The Heritage Conservation and Recreation Service continues to emphasize the needs of the disabled, particularly the handicapped and the aged, in its recreation and heritage conservation programs. Projects under our land and water conservation fund program are required to provide access to recreation facilities and enhance opportunities to the handicapped and other persons with special needs, such as the aged. Similar requirements apply to the historic preservation fund program. Projects under this program are not only museum-related, as they may include the reuse of residential, commercial, and industrial buildings—buildings in which people of all walks of life, including the aged, live and work. And under the surplus property program, properties transferred to State and local governments may be used to satisfy the recreation needs of special populations, including senior citizens.

The Federal recreation fee program continues to be one of our most successful programs benefiting the aged. As you know, under this program the Golden Age Passport is issued free for the lifetime to persons 62 years of age or older who are citizens or permanent residents of the United States. The passport entitles them to enter, at no charge, the national parks, monuments, and recreation areas managed by the Federal Government. It also provides 50 percent discount on Federal "use" fees charged for facilities and services such as camping, boating, parking, etc. It does not cover fees charged by private concessioners.

The passport may only be obtained in person after showing proof of age such as a State driver's license or birth certificate. Passports are available at National Park Service offices and areas of the National Park System where entrance fees are charged, most Forest Service offices and ranger stations, and Bureau of Land Management offices. It is not available at post offices.

Sincerely,

CHRIS THERRAL DELAPORTE, *Director.*

ITEM 8. DEPARTMENT OF JUSTICE (LAW ENFORCEMENT ASSISTANCE ADMINISTRATION)

DECEMBER 29, 1978.

DEAR MR. CHAIRMAN: This is in response to your request for input from the Law Enforcement Assistance Administration for "Developments in Aging," which will be published in February 1979.

In February 1978, a statement on "LEAA Programs for Senior Citizens" was prepared for the use of the Special Committee. A copy is enclosed for reference.¹ Because the agency's authority to support programs for the elderly has not been changed since that date, the information contained in the statement is pertinent to your current investigations.

On December 22, 1978, Henry S. Dogin, Deputy Administrator for Policy Development, LEAA, wrote to the Special Committee in conjunction with hearings on "Older Americans in the Nation's Neighborhoods." A copy of that letter¹ is enclosed for your use in "Developments in Aging," since it provides additional information on LEAA activities which assist senior citizens, particularly recent projects supported by the Agency's Office of Community Anti-Crime Programs. Also enclosed for the information of the Special Committee is a complete listing of LEAA categorical awards from fiscal year 1969 to the present relating to elderly programs, and the publication "Crime Prevention Handbook for Senior Citizens," issued by LEAA's National Institute of Law Enforcement and Criminal Justice.¹

¹ Retained in committee files.

I trust this material will be useful to your deliberations. The continued interest of the Special Committee on Aging in the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

STEPHEN T. BOYLE,
Director, Office of Congressional Liaison.

ITEM 9. DEPARTMENT OF LABOR

MARCH 19, 1979.

DEAR MR. CHAIRMAN: Enclosed, as per your request, is a summary of the programs and activities of the Department of Labor for 1978 related to aging. This summary describes the services provided under programs administered by our Employment and Training Administration, Employment Standards Administration and pension and welfare benefits program. I hope this will be of assistance to you in preparing your report, "Developments in Aging."

Sincerely,

RAY MARSHALL,
Secretary of Labor.

Enclosures.

SUMMARY OF EMPLOYMENT STANDARDS ADMINISTRATION ACTIVITY AFFECTING AGING

Department enforcement activities under the 1967 Age Discrimination in Employment Act (ADEA) continued to grow during fiscal year 1978. Although a full report will be contained in the Department's forthcoming annual report to the Congress as required under section 13 of the act, some preliminary statistics are available.

Enforcement activities continued to concentrate investigative resources on the development of cases affecting large groups of workers. During 1978 a record \$14.5 million in damages was found owing to 4,111 persons, representing a substantial increase over the previous record year 1977, when \$10 million was found owing to 1,943 persons. Included in the 1978 total of \$14.5 million is \$13 million found due 3,850 persons as a result of fact-finding investigations. The remainder resulted from conciliations in which employers, employment agencies, or labor organizations agreed to pay damages without being formally charged with violations of the act. The act provides that the Secretary use informal methods of conciliation in an attempt to achieve voluntary compliance. During fiscal 1978, successful conciliations rose by approximately 24 percent over 1977.

A total of \$4.8 million was actually restored to 1,363 persons during fiscal year 1978, as a result of both conciliation and fact-finding investigations. Most of the difference between findings and restorations is involved in cases that have been referred to the Solicitor of Labor for consideration of legal action. During 1978 (calendar year) the Department filed 38 lawsuits under the ADEA. Significant cases decided during the year established precedents regarding the use of statistics in pattern and practice cases, burden of proof, and procedural issues.

In addition to the payment of damages, enforcement activities also succeed in insuring that future wages, health and life insurance benefits, and hiring and promotion opportunities will be enjoyed by older workers. First-year future compensation (wages, pensions, health and life insurance benefits, and so forth) obtained as a result of enforcement efforts by the Department were projected to exceed \$3.5 million to over 1,000 persons.

On April 6, President Carter signed into law the ADEA Amendments of 1978. The amendments bar mandatory retirement before age 70 for most private sector workers and non-Federal public employees, and eliminate mandatory retirement for most Federal employees. The Department is in the process of developing interpretations and regulations to implement the 1978 amendments. Proposed interpretations and regulations have been issued or are now being drafted with regard to the impact of those amendments on employee benefit plans and retirement policies, and the implementation of statutory exemptions for certain executive and high policymaking personnel and tenured employees at institutions of higher education. The Department is also in the process of contracting for

studies of the possible effects of barring mandatory retirement altogether, as well as the impact under the 1978 amendments of raising the upper age limit from 65 to 70 and of the exemptions for tenured employees at institutions of higher education and certain high-level executives.

Enforcement responsibility under the ADEA is scheduled to shift from the Department to the Equal Employment Opportunity Commission on July 1, 1979. The Department is currently engaged in working with the Commission to prepare it for assuming this responsibility, and to assure an orderly transfer. Until the transfer is effected, the Department will continue to vigorously carry out its mandate under the act.

EMPLOYMENT AND TRAINING ADMINISTRATION SERVICES TO OLDER WORKERS

BACKGROUND

Within the broad framework of the Wagner-Peyser Act of 1933, as amended, which established the Federal-State employment service system, the State employment services provide intensive counseling, assessment, job development, placement, and referral to training and social services to meet the employment-related needs of middle-aged and older jobseekers.

The ultimate objective of these services is to minimize the duration of unemployment experienced by men and women who lose their job when in their midforties or later years, and to assist all middle-aged and older workers in obtaining and remaining in employment which utilizes their highest skills.

Although the unemployment rate for middle-aged and older workers is lower than for the younger age groups, the duration of unemployment experienced by men and women who lose their job when in their midforties or later tends to increase. The Age Discrimination in Employment Act of 1967, as amended, recognizes this trend in its coverage of most workers who are at least 40 years of age but less than 70. For purposes of recordkeeping and statistical reporting, the employment service uses age 45 as a reference point for the term "older worker."

FISCAL YEAR 1978 ACCOMPLISHMENTS

Although the total intake of jobseekers age 45 and over decreased 10.1 percent, all major service indicators showed an increase in the number of older workers served. The attached table, "Employment Services for Older Workers," provides data comparing public employment services to jobseekers age 45 and over and 55 and over to all applicants regardless of age.

In fiscal year 1978, a total of 133,833 veterans age 45 and over were placed in jobs by the State employment services. This is a 6-percent increase in older veterans placed over fiscal year 1977.

Older worker specialist training materials prepared by the Minneapolis Rehabilitation Center under contract to the Minnesota Department of Employment Services were used for initial and drefresher training of State agency staff serving older workers.

The public employment services in Arkansas, California, Florida, Georgia, Illinois, Ohio, Michigan, and Texas supplemented their regular staff resources in selected local offices by the use of specially trained low-income retired men and women who work on a half-time basis providing intensive job development and community outreach services for applicants age 55 and over.

State employment services participated in the annual observance of National Employ the Older Worker Week to emphasize year-round public employment services to older jobseekers.

A staff member of the U.S. Employment Service served on the interdepartmental Task Force on Information and Referral created by the Cabinet-level Committee on Aging established under the Older Americans Comprehensive Services Amendments of 1973 (Public Law 93-29). The task force is concerned with implementation of the Interdepartmental Agreement on Information and Referral for Older People signed by the Employment and Training Administration and 13 other Federal departments and agencies on December 21, 1974.

FISCAL YEAR 1979 INITIATIVES

(A) Promotional and technical support for State employment service participation in the 1979 observance of National Employ the Older Worker Week has been provided.

(B) Continued involvement in the Interdepartmental Task Force on Information and Referral.

(C) Initial and refresher training of all new and on-board local office staff serving older workers is being encouraged. State employment services will provide staff training as needed in older worker counseling and placement techniques.

(D) Continued promotion of public employment service cooperation with State and area agencies on aging and other organizations concerned with employment of older people.

RESEARCH AND DEVELOPMENT

The Employment and Training Administration's Office of Research and Development conducts a program of research and demonstration projects to improve and/or develop new employment, training, and income maintenance programs, policies, and initiatives. A number of these projects are aimed at older workers.

RECENTLY COMPLETED PROJECTS

A major project completed in 1978 was the Research and Development Strategy on Employment-Related Problems of Older Workers. Conducted by Dr. Harold Sheppard of the American Institute for Research, this work includes a systematic examination of all relevant older worker data, a review and evaluation of ongoing older worker programs, and an analysis of older worker policy issues and priorities. This study is expected to provide guidance for older worker R. & D. programs over the next 5 to 10 years.

The Office of Research and Development recently sponsored a survey of 600 elderly Hispanic Americans in Riverside, Calif., to study their participation in employment and training programs under the Comprehensive Employment and Training Act (CETA) and the Older Americans Act. The major findings of the survey are that elderly Hispanic Americans have a low participation rate in these programs and that their knowledge or awareness of the programs is minimal. It has been recommended that programs should be developed which are aimed specifically at the Hispanic elderly and staffed with bilingual-bicultural personnel.

Another project sponsored by the Office of Research and Development was the national program for selected population segments (NPSPS). One of the target groups of this project was older workers. In two areas this project trained older persons as homemaker or health aides to assist other elderly persons confined to their homes. Unexpectedly, many trainees qualified for nurses aide or orderly certificates as a result of their training. Many took full-time jobs in hospitals and nursing homes in addition to working in private homes. In two other areas, the project offered more general counseling and placement assistance for elderly persons who may have been forced into early retirement. In another area, the NPSPS project for older workers coordinated existing services for the elderly and provided them with information concerning these services. The project paid the wages of 21 senior citizen coordinators who provided these information and referral services for other elderly persons in the community.

ONGOING PROJECTS

A major effort supported by the Office of Research and Development is the National Longitudinal Surveys of Labor Force Behavior. One of the groups studied is men who were aged 45 to 59 in 1966. The men in the group are surveyed at regular intervals. The surveys focus on the interaction among economic, sociological, and psychological variables that permit some members of a given age-education-occupation group to have satisfactory work experiences while others do not. The United States Bureau of the Census draws the samples and collects and tabulates the data for the National Longitudinal Surveys. Ohio State University prepares the data collection schedules, plans the tabulations, analyzes the results, prepares reports on the surveys, and will write a final comprehensive report for each group studied. Reports on many of the surveys are reproduced as research and development monographs.

A project analyzing the National Longitudinal Surveys data will estimate the effects of social security benefits on retirement rates of men over age 62 and the

effects of aging on earnings and labor supply. The factors to be studied include ill health, forced retirement, other layoffs, and the availability of private pension income.

The Office of Research and Development gives grants to universities to support doctoral dissertation research. Two of these dissertation grants support analyses of the National Longitudinal Surveys of older men. The first, being written at Yale University, is a study of early retirement and its effects with the objective of developing information on pensions, unemployment compensation, social security, and other retirement-related areas. The second dissertation, being written at Cornell University, is an attempt to derive a theoretical model for determining the labor participation/labor supply decisions of older males. This model takes into account not only the impact of the aging process and health factors on the retirement decision but also the effect of public policy directed at the welfare of the aged. It is expected that the methodology developed will make it possible to generalize on the entirety of the available labor supply responses of older workers.

A recently started study is concerned with the feasibility of using retired teachers to make a significant impact on the solution of educational problems in the District of Columbia. Consideration will be given to employing retired teachers on a voluntary basis in supplementary educational and extracurricular activities for full-time students as well as in community and adult education programs, including programs for senior citizens.

EMPLOYMENT SERVICES FOR OLDER WORKERS, FISCAL YEAR 1978

Employment services for older workers	Fiscal year 1978 (all fund sources)			Change from a year ago ¹ (percent)		
	Total	Age 45 and over	Age 55 and over	Total	Age 45 and over	Age 55 and over
New applications and renewals.....	15,463,000	2,015,700	846,900	-2.2	-10.1	-10.7
Individuals referred to job openings.....	8,269,700	INA	INA	+7.6	INA	INA
As percent of new applications and renewals.....	53.5			(48.6)		
Individuals placed in a job.....	4,623,300	408,700	153,600	+11.7	+5.3	+8.7
As percent of individual referrals to job openings.....	55.9			(53.8)		
As percent of new applications and renewals.....	29.9	20.3	18.1	(26.2)	(17.3)	(14.9)
Individuals counseled.....	1,048,100	122,700	42,600	+9.1	+14.4	+22.3
As percent of new applications and renewals.....	6.8	6.1	5.0	(6.1)	(4.8)	(3.7)
Individuals placed after counseling.....	296,000	26,000	8,500	+12.4	+18.1	+28.8
As percent of individuals counseled.....	28.2	21.2	20.0	(27.4)	(20.5)	(18.9)
As percent of new applications and renewals.....	1.9	1.3	1.0	(1.7)	(1.0)	(.7)
Individuals enrolled in training.....	189,400	9,600	2,400	+6.6	+15.8	+26.5
As percent of new applications and renewals.....	1.2	.5	.3	(1.1)	(.4)	(.2)
Individuals referred to supplemental service.....	922,200	128,500	48,800	+24.1	+22.4	+26.4
As percent of new applications and renewals.....	6.0	6.4	5.8	(4.7)	(4.7)	(4.1)
Individuals for whom job development contacts were made.....	1,472,600	199,300	74,300	+12.4	+16.0	+22.1
As percent of new applications and renewals.....	9.5	9.9	8.8	(8.3)	(7.7)	(6.4)
Individuals placed as a result of job development.....	563,900	56,600	21,200	+3.0	+2.1	+7.6
As percent of new applications and renewals.....	3.6	2.8	2.5	(41.8)	(32.3)	(2.1)

¹ Fiscal year 1977 percentages shown in parentheses for comparison.

COMPREHENSIVE EMPLOYMENT AND TRAINING PROGRAMS AND PUBLIC SERVICE EMPLOYMENT PROGRAMS

Persons in all working age groups participate in activities under the Comprehensive Employment and Training Act (CETA) which provides for comprehensive employment and training programs and public service employment. On October 27, 1978 President Carter signed the CETA amendments of 1978 (Public Law 95-524) into law; one of the changes in the statute was a major reordering of programs under different titles. The following table indicates the

numbers of persons in the upper age groups who participated in comprehensive employment and training programs (old title I) and public service employment (old title II and VI) during fiscal year 1978 (October 1977–September 1978) and the persons who fell into these age groups.

CETA, FISCAL YEAR 1978

	Total	Per- cent	Title I	Per- cent	Title II	Per- cent	Title VI	Per- cent
Total participants.....	2, 558, 600		1, 331, 500		210, 200		1, 016, 900	
45 to 54.....	161, 700	6. 3	58, 600	4. 4	18, 700	8. 9	84, 400	8. 3
55 to 64.....	84, 000	3. 3	30, 600	2. 3	9, 700	4. 6	43, 700	4. 3
65 and over.....	24, 600	1. 0	13, 300	1. 0	2, 100	1. 0	9, 200	0. 9
45 and over.....	270, 300	10. 6	102, 500	7. 7	30, 500	14. 5	337, 300	13. 5

By March 31, 1979, the new CETA amendments will have been implemented. The reauthorization provides a strengthened focus on the employment problems of older workers. Title II (the new title for comprehensive employment and training programs) specifically provides that the Secretary of Labor shall insure that prime sponsors' plans shall provide a demographic breakout of their unemployed population, and shall provide the details of the specific services that shall be provided to individuals who are experiencing severe handicaps in obtaining employment including those who are 55 years of age and older. Title III of the new statute provides broad authority for research and demonstration programs and the establishment of employment and training policies and programs to focus on providing older workers a more equitable share of employment and training resources to reflect their importance in the labor force.

CETA—NATIONAL PROGRAMS

On April 1, 1977, the Department of Labor provided the Administration on Aging (AOA) with CETA discretionary funds to continue 15 grants for older worker employment projects which were originally authorized under title X of the Public Works and Economic Development Act. These were later funded by the Employment and Training Administration through direct grants.

During 1978 as many as 5,300 persons were employed in the program. However, the Department has encouraged a gradual reduction in the number of enrollees through a transfer of enrollees into title V of the Older Americans Act. Currently, fewer than 4,000 persons are working in the program. The remaining participants will be supported until June 30, 1979, at which time it is anticipated that most of the enrollees will be transferred into other jobs or programs.

The Employment and Training Administration has budgeted \$18.6 million for this purpose.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The U.S. Department of Labor administers the senior community service employment program (SCSEP). This program, authorized by title V of the Older Americans Act, offers subsidized part-time employment to low-income persons aged 55 and above. Program participants work in a wide variety of community service activities and facilities, including day care centers, schools, hospitals, senior centers, and beautification, conservation, and restoration projects. In addition to subsidized community service jobs, SCSEP participants receive yearly physical examinations, personal and employment related counseling, job training, and in some cases, referral to unsubsidized jobs.

Activity under this program was, in earlier years, sponsored by a group of five national-level organizations: Green Thumb, Inc., the National Council of Senior Citizens, the National Council on the Aging, the National Retired Teachers Association-American Association of Retired Persons, and the U.S. Forest Service. Until July 1, 1977, they sponsored all local projects throughout the Nation.

During the program year of July 1976 through June 1977 the SCSEP subsidized about 15,000 jobs. Financial support for that period was provided by a \$55.9 mil-

lion supplemental appropriation that was made in the last quarter of fiscal year 1976.

In July 1977, the program was expanded to provide an additional 22,400 jobs for a new total of 37,400. During the 12-month period of July 1, 1977, through June 30, 1978, financial support for the program was provided by \$90.6 million from the fiscal year 1977 appropriation and \$59.4 million from the Economic Stimulus Appropriations Act, bringing total funding for this period to \$150 million.

The fiscal year 1978 appropriation provided \$200.9 million for SCSEP. These funds are sustaining the program during the period from June 1978 through July 1979. This level of funding made 10,100 new community service jobs possible, bringing the current total to 47,500.

Beginning with the \$150 million appropriation for the 1977-78 program year, SCSEP funds were divided with 80 percent going to national sponsors and 20 percent going to State governments. Without regard to the sponsoring organization, however, funds are allocated so that each State receives an equitable share of the total appropriation based on the number of eligible individuals.

In addition to the five national sponsors that have historically operated SCSEP projects, the Department added three additional sponsors for the 1978-79 program year. Selected through a competitive process were the National Urban League, the National Association Pro-Spanish Speaking Elderly, and the National Center on Black Aged.

The progress report covering SCSEP activities for the program year ended June 30, 1978, is attached.

The Department's request for fiscal year 1979 is \$220.6 million. This will sustain the current 47,500 SCSEP jobs during the program year that will begin July 1, 1979.

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM PERFORMANCE REPORT
PROGRAM YEAR JULY 1, 1977 TO JUNE 30, 1978**

I. Funding (in millions of dollars) :		
Appropriation -----		\$150
Obligated -----		\$150
II. Enrollment levels -----		37, 415
Authorized positions established -----		37, 415
Unsubsidized placements -----		3,980
III. Summary of characteristics—persons actually enrolled as of June 30, 1978:		
Sex :	<i>Percent</i>	
Male -----		37
Female -----		63
Education :		
8th grade and under -----		41
9-11 -----		21
12 -----		25
1-3 years college -----		9
4 years college and above -----		4
Veteran -----		9
Ethnic group :		
White -----		73
Black -----		20
Hispanic -----		6
American Indian/Alaskan -----		3
Asian/Pacific Islands -----		4
Economically disadvantaged -----		100
Age :		
55-59 -----		24
60-64 -----		28
65-69 -----		27
70-74 -----		14
75-over -----		7

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM PERFORMANCE REPORT
PROGRAM YEAR JULY 1, 1977 TO JUNE 30, 1978—Continued

IV. Areas of community service in which participants were employed as of June 30, 1978:	
Services to the general community-----	45
Education-----	11
Health/hospitals-----	4
Housing/rehabilitation-----	1
Employment assistance-----	1
Recreation/parks/forests-----	7
Environment quality-----	2
Public parks and transportation-----	5
Social services-----	8
Other-----	6
Services to the elderly-----	55
Project administration-----	6
Health and home care-----	6
Housing/home rehabilitation-----	4
Employment assistance-----	2
Recreation/senior citizens-----	8
Nutrition programs-----	12
Transportation-----	3
Outreach/referral-----	10
Other-----	4
V. Average hourly wage \$2.80 as of June 30, 1978	

OTHER PROGRAMS FOR OLDER WORKERS

National program for selected population segments: In September 1976, the Employment and Training Administration distributed \$20 million from CETA title III among 83 CETA prime sponsors. These funds, which were awarded on a competitive basis, are being used to provide special services to certain target groups. Of the \$20 million total, more than \$1 million was devoted to projects for older workers. Two of these older workers projects were selected for an intensive study which resulted in the publication of booklets detailing how the projects can be replicated. These booklets were distributed to all CETA prime sponsors and can be obtained from the ETA clearinghouse.

Subscriptions: In June 1976, the Employment and Training Administration purchased a bulk 12-month subscription to the "Journal of Industrial Gerontology," now "Aging and Work," a quarterly publication of the National Council on Aging. This subscription was later extended through December 1978. Through this subscription (3,500 copies) the Employment and Training Administration provided copies of the Journal to CETA prime sponsors, the local offices of State employment security agencies, and the State and area agencies on aging. The purpose of this was to raise the level of understanding, on the part of professionals in the Employment and Training field, of older workers problems, needs, and progress.

Promotion and development program: In October 1976, the Employment and Training Administration awarded a \$100,000 contract to the Pre-Retirement Planning Center (based in Iowa). The center, working in conjunction with the senior community service employment program conducted by the National Retired Teachers Association-American Association of Retired Persons and with the employment security agencies of five States, trained 75 older individuals to serve in local job service offices as older worker placement specialists. The center's goal is to train and place additional older worker placement specialists in the months ahead. This particular effort has demonstrated that older workers can be particularly effective in placing their peers.

SUMMARY OF ACTIVITY OF PENSION AND WELFARE BENEFIT PROGRAMS AFFECTING AGING

Pension and welfare benefit programs (PWBP) an organization within the Department of Labor (DOL), administers title I of the Employee Retirement Income Security Act of 1974 (ERISA). The purpose of ERISA is to protect

retirees who are receiving benefits from private sector pension plans and welfare plans, workers who participate in private pension and welfare plans and the beneficiaries of both retirees and active participants—to see that workers are not required to satisfy unreasonable age and service requirements before becoming eligible for pension plan participation and vesting benefits; to see that the money will be there to pay pension benefits when they are due; to see that plans and plan funds are managed prudently; to see that retirees and workers are supplied with the information needed by them regarding their plans; to see that spouses of retirees are given protection and to see that the benefits of retirees and workers are protected if the plan should terminate.

SUMMARY OF PWBP PROGRAM ACTIVITY

DOL is given the following responsibilities under ERISA :

ENFORCEMENT

PWBP is responsible for enforcing provisions of ERISA, with the greatest emphasis being placed on obtaining compliance with the fiduciary provisions. These provisions require, among other things, that plan trustees and administrators shall perform their plan duties solely in the interest of participants and beneficiaries. Investigations are conducted and where violations are found, the Secretary of Labor may take civil actions to recover plan assets or remove those persons from their positions of trust. The Secretary also may intervene on the behalf of any retirees, active plan participants or their beneficiaries who allege that a violation of fiduciary responsibilities has occurred in the management of a plan's financial affairs. Where violations are discovered, PWBP's general priorities are the following: move quickly to prevent any future loss of assets; recover assets that were lost; and where appropriate, remove the trustees responsible for the loss.

Strengthening the compliance program was the major priority for PWBP in 1978. As part of this effort, a number of program improvements were implemented in 1978 which included improving targeting methods, developing an enforcement manual, providing in-depth training, closely monitoring and directing field activities, creating task forces to investigate potential violations involving serious and widespread abuses, and providing more specific guidelines to the field regarding our voluntary compliance and litigation strategy. In addition, we developed an agreement with the Internal Revenue Service to coordinate investigations and share information. In effect, this enables each agency to expand the scope of its enforcement.

The program improvements implemented during 1978, were part of PWBP's effort to shift to an almost total emphasis on conducting fiduciary investigations, which protects and recover plan assets in the event of misuse. This is critical to insuring that funds are available to pay promised benefits from pension and welfare plans. While about half of compliance officer time had been spent on technical assistance 2 years ago, this was reduced to 24 percent by the end of 1978. As a result, 1,053 fiduciary cases were closed during this year.

REPORTING AND DISCLOSURE

1. Title I of ERISA prescribes, among other things, the contents of certain reports that administrators of benefit plans must file with the Federal Government. These include annual financial reports (Form 5500 series), descriptions of plan provisions and copies of the summary plan description, the booklet administrators must give to participants and beneficiaries which describe the plan benefits, how these benefits are earned and how these benefits may be lost.

During 1978, PWBP and the IRS initiated development of a compliance oriented annual report for small plans which will be filed once every 3 years, with a registration form to be submitted for every other 2 years. These returns which replace an annual filing will more effectively assist the agencies in their enforcement efforts. Also during 1978 the Department proposed a new format for the Summary Annual Report (SAR), which plans must provide participants with a snapshot of the financial condition of the plan, and indicates where further information may be obtained.

2. PWBP maintains a facility where reports submitted to the Department may be examined. Copies are available at a slight fee. Phone and mail requests

are also filed. The address is: Department of Labor, PWBP Public Disclosure Room, Room N4677, 200 Constitution Avenue N.W., Washington, D.C. 20216. The phone number is (202) 523-8773.

PUBLIC EDUCATION AND INFORMATION

The Office of Communications and Public Services (OCPS) in PWBP distributes publications describing the protections of ERISA for retirees and workers. The Office works with magazines such as "Modern Maturity" and "Dynamic Years" in providing information about benefit plans to retirees. Our staff in our network of field offices and in the national office responded in 1978 to 69,279 letters and 462,757 phone calls from benefit plan participants, beneficiaries and persons involved in the administration of the plans.

There also is a Speakers Bureau which will send specialists on various facets of benefit plans to address interested groups. The address is: Department of Labor, PWBP, OCPS, Room N4662, 200 Constitution Avenue NW., District of Columbia, 20216. The phone number is (202) 523-8921.

RESEARCH AND DEVELOPMENT

PWBP conducts a program of research concerning benefit plans which may be used for developing future legislation. During 1978, the following studies related to retirement and pension plans were initiated.

1. A contract to provide a reliable data base on selected characteristics of certain pension plans. This will be merged with social security records to create multipurpose computer file able to support a wide range of retirement income studies.

2. A study to analyze the extent to which portability and reciprocity arrangements currently exist among private sector single employer plans.

3. A study to determine just how effective private sector pension plans are in meeting the economic security needs of women.

PRESIDENT'S REORGANIZATIONAL PROPOSAL No. 4

During 1978 final authorization was given for the President's Reorganization Plan No. 4 which realines ERISA responsibilities between the Departments of Labor and Treasury. Implementation of the Reorganization Plan began on December 31, 1978. One of the elements of this plan calls for an evaluation to be conducted during 1979 which includes an examination of alternative methods of administering ERISA. This will address the coordination of ERISA with other retirement income policies and programs.

ITEM 10. DEPARTMENT OF TRANSPORTATION

FEBRUARY 26, 1979.

DEAR MR. CHAIRMAN: In response to your letter of December 1, 1978, I am pleased to send to you the enclosed report which summarizes significant actions taken by this Department during the past year to improve transportation facilities and services for older Americans.

If we can assist you further, please let us know.

Sincerely,

BROCK ADAMS.

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of the major actions taken by the U.S. Department of Transportation during 1978 to improve transportation for the elderly.¹ The information included in the report was furnished by the following operating elements of the Department: Federal Aviation Administration (FAA), Federal

¹ Many of the activities highlighted in this report are directed toward the handicapped. However, more than one-third of the elderly are handicapped and will benefit from these activities.

Highway Administration (FHWA), Federal Railroad Administration (FRA), National Highway Traffic Safety Administration (NHTSA), Urban Mass Transportation Administration (UMTA), and Research and Special Programs Administration (RSPA).

REGULATIONS

Office of the Secretary.—On June 8, 1978 the Department of Transportation published in the Federal Register proposed rules to implement section 504 of the Rehabilitation Act of 1973, concerning transportation for the handicapped. The proposal, which will be issued in final form within the next several months, sets forth standards and timetables for making all modes of transportation more accessible to persons with handicaps.

Federal Aviation Administration.—FAA continued in 1978 to review procedural plans submitted by airlines as required by its 1977 regulations concerning the transportation of the handicapped on commercial aircraft. These regulations were designed to give the handicapped maximum access to air transportation consistent with the reasonable constraints of safety and comfort.

MONITORING OF COMPLIANCE WITH REGULATIONS

Federal Highway Administration.—The FHWA in cooperation with UMTA, continued to monitor the activities of metropolitan planning organizations to meet the "specific efforts" requirement in planning public mass transportation facilities that can effectively be used by elderly and handicapped persons.

The FHWA continued to monitor State compliance with section 402(b)(1)(f) of 23 U.S.C., which provides for curb cuts at pedestrian crosswalks, and the FHWA requirement that all new rest area facilities on Federal-aid highways be designed to accommodate handicapped persons.

POLICIES AND GUIDELINES

Federal Aviation Administration.—FAA's Flight Standards Service is working with the Air Transport Association in preparing an advisory circular which will be directed toward the development of uniform procedures among the airlines for transporting handicapped persons.

National Highway Traffic Safety Administration.—NHTSA initiated planning to modify and augment standards written by the Veterans Administration (VA) which provide performance and equipment standards for driving aids used by disabled veterans. Considerable exploratory research is planned to upgrade the present VA standard, which will also affect approximately 5 million nonveteran drivers. By specifying appropriate human engineering guidelines, a Federal motor vehicle safety standard (FMVSS) could add significantly to disabled driver safety.

CAPITAL ASSISTANCE

Federal Aviation Administration.—The agency issued airport development aid program grants to airport operators in the amount of \$37.4 million (fiscal year 1978) for construction of terminal facilities. All such grants require assurance and certification that these facilities be designed to comply with the "American Standard Specification for Making Buildings and Facilities Accessible To, and Usable By, the Physically Handicapped."

At the Washington National and Dulles International Airports, the agency has improved the location and increased the number of parking spaces set aside for handicapped, increased the number of ramps both inside and outside the terminals, improved restroom facilities, increased the availability of wheel chairs, increased the availability of amplified telephones, and installed a TELEX system to assist the totally deaf in communicating. Plans are being developed for major renovation of restrooms, additional elevators, automatic door openers, additional ramps, etc.

Federal Highway Administration.—In 1978 all types of Federal-aid highway funds were available to provide facilities to accommodate handicapped and elderly persons on the Federal-aid systems. Under certain conditions Federal-aid funds (except interstate system funds) could also be used to provide such facilities along highway not on the Federal-aid system.

National Highway Traffic Safety Administration.—Under the State and community highway safety program of NHTSA, States are encouraged to plan and to execute their own projects to benefit the elderly. Through the use of Federal,

State, and local funds, States were planning, preparing, and providing programs for the elderly in the areas of driver instruction, pedestrian safety, and driver licensing.

An excellent example of these types of activities is the State of Illinois where a specific driver reeducation program for the elderly was initiated as a result of Federal assistance. The program entitled, "the senior driver improvement program," was designed to assist elderly drivers to become more knowledgeable about the driving task and ways to compensate for their driving deficiencies. A study guide and a coordinator's handbook were developed and are available from the State of Illinois. This program should prove valuable to senior drivers who wish to continue their driving in a safe and more skillful manner.

Urban Mass Transportation Administration.—During fiscal year 1978, \$25 million was set aside under section 16(b) (2) of the Urban Mass Transportation Act of 1964, as amended, to provide grants to private nonprofit organizations in the acquisition of capital equipment for the provision of transportation services to the elderly and handicapped. Of the \$25 million that has been set aside, grants totalling nearly \$16.3 million have been awarded to 45 States.

TECHNICAL ASSISTANCE

Federal Highway Administration.—In September, the FHWA issued a technical advisory to all State transportation agencies with recommendations on the design and construction of pedestrian facilities to accommodate elderly and handicapped persons. The three areas of concern discussed in the advisory were ramps, curb treatments, and passenger loading/parking zones.

INFORMATION DISSEMINATION

Federal Aviation Administration.—The FAA, in cooperation with the Airport Operators Council International and the Architectural and Transportation Barriers Compliance Board, published the second edition and second printing of "Access Travel: Airports," a guide listing the special services available to aged or handicapped persons at 220 terminals in 27 countries. Copies of the guide may be obtained from the Consumer Information Center, Pueblo, Colo. 81009.

Federal Highway Administration.—Under FHWA's education and training information exchange program, administered by the National Highway Institute (NHI), training aids such as instructor and student guides, visual aids and reference materials developed for NHI-sponsored courses, were made available at no cost to universities and State and local transportation agencies to further disseminate the course content. In addition to materials from the courses cited below, the University of Tennessee Transportation Institute, under contract with UMTA, began to develop a series of slide tape presentations on public transportation issues, including the problems of elderly or handicapped travelers. These materials will be available through the NHI exchange program.

WORKSHOPS

Federal Aviation Administration.—As part of its ongoing training program, FAA sponsored workshops for agency and industry emergency procedures instructors. Of the 8 to 12 hours involved in these workshops, about one quarter of the time was devoted exclusively to instruction in procedures for assisting the aged and handicapped.

Federal Highway Administration.—Under the sponsorship of FHWA's National Highway Institute (NHI), two training courses were conducted in 1978 that included discussions of the transportation problems of elderly and handicapped persons.

"Public Transportation—An Element of the Urban Transportation System," co-sponsored by the UMTA, was presented at 18 locations throughout the United States to 416 participants. "Pedestrian and Bicycle Considerations in Urban Areas—An Overview" was conducted at 9 different locations and attended by 225 participants. In addition, three pilot "Design of Urban Streets" were conducted before year's end for some 90 participants. Participants in the NHI courses generally represented Federal, State, or local transportation agencies.

RESEARCH AND DEMONSTRATIONS COMPLETED

Federal Aviation Administration.—FAA initiated in 1978 corroborative studies on the evacuation of aircraft with specific emphasis on blind persons. The tests, conducted by FAA's Civil Aeromedical Institute (CAMI), considered evacuation time with and without use of canes through windows, doors, slides, and steps. CAMI evaluated, among other things, the utility of telescoping canes, the movement of unsecured canes under expected deceleration forces, and the implication of the use of canes while on evacuation chutes. A report on this study is now in preparation.

A literature search was completed in 1978 by CAMI on the effects of aging for application to both aircrew and passenger related regulatory actions and service considerations.

CAMI also established a computer data bank on the human factors aspects of aircraft accidents and incidents. Accident investigators have been alerted to the need to report specialized information concerning problems experienced by the aged and handicapped. This data base will be useful in correcting the more apparent problems quickly and some of the more subtle problems which become apparent from statistical examination over a longer period of time.

Federal Highway Administration.—The FHWA completed a study on the problems of elderly and handicapped pedestrians, which produced a manual to help local officials make their cities more accessible to these individuals.

Urban Mass Transportation Administration.—UMTA developed vehicle requirements and inspection techniques for the 10-to-16 passenger van, the most widely used paratransit vehicle in UMTA's 16(b) (2) program. The project resulted in a specification and acceptance inspection package based on the market-availability of components. The packages were forwarded to state Departments of Transportation for comment and their use if desired.

A preliminary report was submitted describing the findings of a five-man team who travelled to Stockholm, Sweden to evaluate the use of the inclined elevators in that city's rail rapid transit system. Inclined elevators travel at the same angle as the escalator, alongside the escalator, and have a capacity of 12 persons. The team reported only minor code differences between what is being used in Stockholm and what would be required for an elevator in the U.S. They found the inclined elevator used by mothers with perambulators, people with packages, wheelchair-users, as well as the elderly. The team recommended that an inclined elevator be demonstrated in this country.

RESEARCH AND DEMONSTRATIONS ONGOING

Office of the Secretary.—A project supported by the Office of Environment and Safety will produce a final report in early 1979 on the barriers to coordination of transportation services provided to clients of health and social service agencies in three U.S. cities. The report will include recommendations on how to coordinate and consolidate such services.

Federal Highway Administration.—The FHWA Office of Research initiated several research studies on the accommodation of elderly and handicapped people on pedestrian over- and undercrossing structures. These studies seek to identify the problems and hazards confronting pedestrians with special needs and to recommend effective facility design treatments or alternative solutions.

In addition, a pedestrian safety demonstration project to implement and evaluate at least three safety strategies continued in the Commonwealth of Puerto Rico. These improvements will also enhance the safety of elderly pedestrians.

Federal Railroad Administration.—FRA developed a proposal to study how foreign railroads provide transportation services for handicapped passengers. If special provisions made by foreign railroads can be easily adapted by American railroads, the study will recommend their implementation in the northeast corridor.

National Highway Traffic Safety Administration.—An ongoing study to be completed early in 1979 identified vehicle design deficiencies reported by disabled drivers. The results will be used to support future motor vehicle safety standards and will establish priorities for future research.

NHTSA initiated a 2-year study to determine what types of performance and design requirements are needed to improve the safety of special adaptive driving aids needed by disabled drivers.

Another ongoing contract was awarded to identify driver licensing and improvement requirements of older drivers. Currently, an information package is being developed to help the elderly compensate for their driving difficulties.

NHTSA began planning a project in cooperation with the National Retired Teachers Association and the American Association of Retired Persons to define the driving problems of the elderly and to evaluate a voluntary elderly driver retraining program. The objective of the training program will be to compensate for, or remedy, the performance decrements of individuals over 55 years of age.

Urban Mass Transportation Administration.—Three planning research projects were initiated in 1978 by UMTA's Office of Transit Planning. These three studies are entitled (1) "Planning for the Phase in of Transbus," (2) "Elderly and Handicapped Transportation Data Collection," and (3) "Analysis of Elderly and Handicapped Transportation Services."

A demonstration in Allegheny County Pa. (Pittsburgh Metropolitan Area), was begun to provide the first large scale test of the "transportation broker" concept for providing paratransit service to the elderly and handicapped persons. Through a paratransit agent-broker, social service agencies and individual elderly and handicapped consumers have the ability to purchase service on a coordinated paratransit system at ride-sharing rates. Local private operators, through contracts with the agent brokers, are the service providers.

UMTA provided another demonstration grant for the purchase of transit vehicles for the Navajo Indian Reservation to enable the Tribe to establish a bus system on the reservation. The system will be geared particularly to the health care needs of elderly and handicapped persons on the reservation.

Two reports were released this year as a product of a major UMTA-supported research effort on the transportation problems of transportation handicapped persons. These reports, entitled "Summary Report" and "Technical Report of Data from National Survey of Transportation Handicapped People," showed that 47 percent of the transportation handicapped population living in urban areas is 65 or over.

Another UMTA research effort in 1978 was a review of the state-of-the-art of wheelchair lifts for standard buses to determine the maturity of lift technology, the production capability of lift manufacturers, and the experiences with lifts at transit properties. The conclusion was reached that it is technically feasible to produce a reliable lift, but whether a suitable one is available remains a question.

The California Department of Transportation began to install four different lift designs into existing transit buses at four transit properties. Each lift will be evaluated in a controlled transit service. Lifts were selected for this project through a design competition.

The California Department of Transportation (Caltrans) also carried out a project aimed at improving lifts and securement systems for wheelchairs on transit vehicles. Safety guidelines for lifts were developed with the aid of a project advisory panel composed of rehabilitation engineers, lift designers, lift manufacturers, representatives of the California Highway Patrol, and the chief engineer of a major wheelchair manufacturer. The safety guidelines are being reviewed and will be published and distributed during 1979. As another part of this project, Caltrans built and crash-tested five securement systems similar in design to those on the market today, using standard wheelchairs both facing and perpendicular to the direction of travel. The study showed how the wheelchair behaves under emergency conditions when held by the different fastening systems, and where best to attach the securement system to the wheelchair. To date about 40 tests have been run, at 5 and 10 g's. Further tests will be conducted during 1979.

Caltrans also field-tested normal bus operating conditions and emergency stops (not crashes) with a rider in a wheelchair and with the wheelchair brakes locked, but with no additional securement system. A movie was made showing the effect of quick stops and starts and turns. The movie demonstrated that the wheelchair-user was indeed in a hazardous situation without devices in addition to wheelchair brakes to hold him or her stationary.

A mock-up of the front end of a typical Transbus was built in order to obtain more refined information on the ramped-entry design. Over 50 people with transportation-related handicaps participated in the research. Areas of study included ramp surfaces, edging, potential benefits of handrails on the ramp, and the discontinuity between the ramp and the bus floor. An important question addressed

by this research was whether it is possible to make a direct transfer of GSA standards for buildings to transportation facilities and vehicles. A report will be published in March 1979 compiling the data on the test subjects, their demonstrated abilities, and correlations between what measurements can be expected and what the test subjects were able to do.

UMTA joined the National Highway Traffic Safety Administration (NHTSA) in an ongoing project to design, develop, test, and demonstrate a seating-protection system that protects handicapped passengers in transit and school buses, in wheelchairs and not in wheelchairs, side-facing and forward-facing. NHTSA will be crashing four sizes of school buses (several of which are also sold as transit vehicles) and two large transit buses. The purpose is to obtain crash-pulses to learn what forces the bus and the passenger (anthropomorphic dummy) experience during a crash. Output of this project will be one or perhaps several crash-protection designs and a full-scale engineering mockup demonstrating how a handicapped passenger can be protected.

In 1978, UMTA initiated a project to develop an operational front door ramp that meets the production model Transbus specification. Feasibility of a ramp was demonstrated in the experimental Flexible Transbus; however, the dimensions of the Transbus specification are different from the prototype vehicle. The ramp will also be tested and results will be passed on to Transbus manufacturers to help them develop their own ramp. The objective is to put the ramp through first-generation development before Transbus manufacturers start their ramp development efforts.

UMTA awarded a contract to design, fabricate, and test an escalator-modification kit, to be applied to existing escalators, that would make the escalator accessible to the wheelchair-user and other handicapped travelers.

In 1978, Congress appropriated funds to continue the UMTA paratransit vehicle program. The goal of the current paratransit development program is to produce a product that will sell at a reasonable price and that can be easily serviced and maintained. By late 1979 UMTA expects to have mockups of paratransit vehicles from up to three contractors, and by 1980 three prototypes per contract.

Research and Special Programs Administration.—The Office of University Research supported two ongoing projects relating to transportation for the elderly. Shaw University in Raleigh, N.C., was awarded a contract to investigate the use of school buses for transporting elderly and non-student, non-wheelchair handicapped persons during off-peak hours, including the legal and institutional barriers to such use. In the second project, the Transportation Training and Research Center of the Polytechnic Institute of New York is nearing completion of a study to develop a methodology for evaluating existing and new transportation services with respect to meeting the travel needs of the elderly and handicapped, and to develop suggested service standards for different types of handicaps.

ITEM 11. DEPARTMENT OF THE TREASURY

JANUARY 11, 1979.

DEAR MR. CHAIRMAN: On behalf of the Secretary of the Treasury, I am furnishing you with a summary of Treasury activities benefiting the elderly during 1978. You may be assured that efforts will be continued during 1979 to improve our programs to facilitate the elderly.

You will note that our submission (attached) is comprised of material furnished by Treasury bureaus and offices.

If we can provide additional assistance to the committee, please contact us.

With kind regards,

Sincerely,

WALTER J. McDONALD,

Acting Assistant Secretary (Administration).

Enclosures.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

Persons aged 65 and over comprise a significant segment of the general population and the Internal Revenue Service places considerable emphasis on informing these people of their tax rights and responsibilities, a number of which apply only to this group. The IRS also continues to make a special effort to inform older

Americans who because of immobility, impaired health or any of several other factors, may miss out on some tax benefits to which they are entitled unless IRS reaches them directly. The Service recognizes that, as is the case with many social programs, the people most likely to miss out on the benefits are those with the greatest need for them.

During calendar year 1978, the Service issued a number of informational materials geared toward taxpayers age 65 and older. Those materials focused on the following themes:

- Tax benefits common to all taxpayers 65 and older, including the extra personal exemption and extra general tax credit.
 - Reducing the income tax of older Americans through the tax credit for the elderly, available to many in this age group.
 - Older Americans can be eligible to exclude up to \$35,000 of the gain on the sale of their principal residence.*
 - Single taxpayers 65 and older can receive up to \$3,700 in income before being required to file a tax return. (The limit for singles younger than 65 is \$2,950.) When at least one of the spouses of a married couple is 65 or older, the filing requirement is set at a higher income than when neither spouse is that old. This primary tax benefit for the elderly, like the extra personal exemption, has been communicated throughout the country.
 - The nontaxability of social security payments, railroad retirement benefits, and other benefits from a general welfare fund, such as payments for blindness.
 - For retirees receiving pensions which are taxable, IRS has publicized the existence and usefulness of Form W-4P, which authorizes the payor of the pension to withhold taxes at the source to avoid an unexpected tax bill for the retiree at the end of the tax year.
 - The necessity for part-time workers, many of whom are 65 and over, to file for a refund if there was any money withheld from their pay during the year, even though their income failed to meet the minimum filing requirement.
 - The various services provided by the IRS-sanctioned volunteer income tax assistance (VITA), a tax aide volunteer program designed to assist taxpayers who for one reason or another will not or cannot visit an IRS office for help with their return. Because of limited mobility this group includes a disproportionately large number of older Americans.
 - The services offered older Americans by IRS taxpayer service personnel: Free telephone assistance, walk-in service at IRS offices, free tax information by mail and temporary offices operating during the filing season.
- To communicate the information in 1978, the Internal Revenue Service issued: One filmed television public service announcement (PSA); one recorded radio PSA; one filmed 4-minute television program aide (TPA); two recorded radio interview programs (2 to 4 minutes long); several live-copy radio PSA scripts to be read on the air by local announcers; one 4-minute live-copy radio program script, and various materials prepared for the print media. These are comprised of news releases, feature articles, fact sheets, featurettes, question and answer columns and informational illustrations with captions. Items were reproduced by daily and weekly newspapers, magazines and newsletters across the Nation. Moreover, a newspaper supplement, including a feature on tax considerations for older Americans, was prepared and distributed to newspaper editors.
- Following are additional activities in which we engaged during calendar year 1978 which would benefit elderly taxpayers:
- We tested Schedules R & RP, Credit for the elderly, as a part of the overall 1040 tests last summer. We believe we have made considerable progress in redesigning the schedules to make them easier to prepare and in clarifying the instructions for the schedules to make them easier to understand. Further, we would like to point out that our 1978 Instructions offer to compute the credit for the elderly as well as the tax.
 - Special training on Credit for the Elderly, Schedule R, pensions and annuities and other issues affecting the elderly were provided for employees who performed tax assistance work during the 1978 filing period.

*For sales after July 26, 1978, individuals 55 and over are allowed a one-time exclusion of up to \$100,000. This provision of the Revenue Act of 1978 was highlighted in the 1978 tax package and appropriate IRS publications. Including Pub. 554, Tax Benefits for Older Americans (see below), were also updated to reflect this change.

- Expanded by nearly 50 percent the assistance to older Americans and other taxpayers through the volunteer income tax assistance (VITA) program. Training for VITA volunteer assistors emphasized tax problems of the elderly. Special lessons geared to the tax situation of older citizens included information on tax credits for the elderly, estimated tax payments and Form W-4P.
 - In conjunction with the National Retired Teachers Association and the American Association of Retired Persons, workshops were conducted for senior citizen managers of tax aid/VITA programs. These volunteer managers, in turn recruited and trained other volunteer assistors and instructors in the tax aid/VITA program for the elderly.
 - We continued conducting "retiree income tax seminars" as part of our overseas taxpayer assistance program. These seminars are designed to assist retirees and senior citizens residing abroad to determine their correct U.S. tax obligations. The seminars consist of discussions of tax laws and forms applicable to this particular taxpaying group. The discussions are followed by an exercise in the preparation of a tax return under the guidance and assistance of a tax assister.
 - Emphasis was placed on securing first floor space or, alternatively, easy access to elevators as an aid to handicapped and senior citizens was continued.
 - Emphasis was placed on the protection of retirement benefits for both rank and file employees and retirees.
 - Assistance was provided by our actuaries in answering questions relating to retirement programs and tax benefits available.
 - During 1978, temporary regulations were issued to provide guidance to retired persons relating to the exclusion from income of certain disability payments.
 - In 1978 we published the following revenue rulings affecting senior citizens:
 - (1) Rev. Rul. 78-99, 1978-1 C.B. 152, held that an organization providing individual and group counseling to widows to assist them in legal, financial, and emotional problems caused by the death of their husbands and providing them with information on available benefits and services qualified for exemption under section 501(c)(3) of the Code.
 - (2) Rev. Rul. 78-435, 1978-51 I.R.B. 9, held that the sale of hearing aids to its patients by an exempt hospital whose primary activity is rehabilitating the handicapped, including those with hearing deficiencies, does not constitute an unrelated trade or business under section 513 of the Code.
 - (3) Rev. Rul. 78-170, 1978-1, I.R.B. 24, provides that payments made under the laws of the State of Ohio to qualified individuals to reduce their cost of winter energy consumption are not includible in gross income. In order to qualify for these credits an individual must (1) be a head of household, (2) be at least 65 years old or be totally and permanently disabled, and (3) have a total income of not more than \$7,000.
 - (4) Rev. Rul. 78-263, 1978-27, I.R.B. 11, provides that payments made by a company under a deferred compensation plan which does not specify a retirement age, to an officer retired at age 60 who is also covered by a qualified pension plan allowing retirement at age 65, are not excepted from wages under sections 3121(a)(13) and 3306(b)(10) of the Code. This is true even if the company has a separate qualified pension plan for non-salaried employees allowing retirement at age 60. Such payments made to an officer reaching age 65 also will not be excepted from wages.
 - In addition, we updated and published the following publications that deal with tax issues of particular interest to the elderly: Publication 524, Tax Credit for the Elderly; Publication 554, Tax Benefits for Older Americans; Publication 559, Federal Tax Guide for Survivors, Executors and Administrator; Publication 567, Tax Information on U.S. Civil Service Retirement and Disability Retirement; and Publication 575, Tax Information on Pension and Annuity Income. Publication 523, Tax Information on Selling or Purchasing your Home, has a section, specifically dealing with the capital gains exclusion on sale of a residence for taxpayers over 55.
- All of these publications are available free of charge at IRS offices. They are also used extensively in taxpayer education programs, often in cooperation with organizations especially interested in problems of retired people. Our public information plans for 1979 include the following:

- Continuing the comprehensive information program for older Americans employing both the electronic and print media. Three recorded radio PSA's; one film television PSA; one recorded and one live-copy interview program; three live copy radio PSA scripts.
- As for the print media, we plan to issue a broad range of written items, to include a special package of information for distribution across the United States to publications serving older Americans. Provisions of the Revenue Act of 1978 on, for example, the new \$100,000 exclusion for sale of personal residence will be emphasized. By combining the exposure of tax information for senior citizens in publications devoted to this group, along with periodicals for general audiences that include older readers, such as daily and weekly newspapers, we hope to expand the opportunities for these taxpayers to learn about the tax benefits designed especially for them.

During 1979, we also plan to:

- Continue to provide special training in elderly issues for employees who perform tax assistance work during the 1979 filing period.
- Expand technical support and training for VITA volunteers on tax issues affecting older citizens as authorized by the Revenue Act of 1978.
- Improve the overall quality and management of the VITA program and to continue to promote program growth.
- Schedule workshops for the National Retired Teachers Association and the American Association of Retired Persons volunteers. This workshop will be similar to those conducted in 1977 and 1978.
- Continue to conduct seminars to assist citizens residing abroad with their U.S. tax obligations.
- Continue computer preparation of Forms 1040A test.
- Within the framework of existing law, we will continue our efforts to simplify all tax forms, instructions and schedules impacting on the elderly.

In addition, due to recent legislative changes, some taxpayers who had retirement income during 1977 which qualified as community property income may have been entitled to a larger credit than they originally claimed on their 1977 Schedule RP. We plan to advise all taxpayers who filed a 1977 Schedule RP that they should review their credit computation to insure that they took the full credit benefit to which they are entitled.

BUREAU OF GOVERNMENT FINANCIAL OPERATIONS ACTIVITIES AFFECTING THE AGED

Treasury's direct deposit program for Federal recurring payments, which was implemented in 1975, was expanded to include recipients of civil service and railroad retirement annuities during 1976 and recipients of Veterans Administration compensation and pension in 1977. The program allows the recipients of Federal recurring payments to have their monthly payments delivered directly to the financial organization of their choice for deposit to personal checking or savings account. As of December 1, 1978, over 9.2 million recipients have enrolled in the program. Since 1977, a nationwide marketing campaign has been underway to inform more elderly recipients about the advantages of the program.

BUREAU OF THE MINT ACTIVITIES AFFECTING THE AGED

The Bureau of the Mint, although not involved in programs specifically designed to provide services to the aged, has emphasized in our affirmative action plans and in all special emphasis programs and hiring practices that age will not be a limiting factor in selection practices.

The bureau has initiated a preretirement planning seminar program. The first seminar was conducted in the Philadelphia Mint facility in October 1978. The opportunity to participate in preretirement planning seminars will be extended throughout the Mint during fiscal year 1979.

OFFICE OF THE SECRETARY, ASSISTANT SECRETARY (ADMINISTRATION) ACTIVITIES AFFECTING THE AGED

The equal employment opportunity affirmative action plan for fiscal year 1979 reaffirms Treasury policy that there must be equal opportunity provided without regard to age.

In 1978, an all-day occupational health seminar was held for first-line supervisors, safety officers, personnelists, and other Treasury management and ad-

ministrative staff personnel. One of the four topics on the agenda was "Health Problems of Aging—An Approach to Good Physical and Mental Health." The purpose of this presentation, by an associate professor at a local medical school (who is also a recognized geriatrician), was to increase awareness that problems of aging can be minimized.

U.S. SECRET SERVICE ACTIVITIES AFFECTING THE AGED

During the fiscal year 1978, the Secretary Service closed 41,245 social security check forgery cases and 13,012 supplemental security income forgery cases. Most of these were checks issued to retirees. The identity of the forger was discovered in approximately 60 percent of the cases.

U.S. CUSTOMS SERVICE ACTIVITIES AFFECTING THE AGED

The U.S. Customs Service, in coordination with the Department of Commerce, participates in the U.S. Travel Service's "port receptionist program." Port receptionists are located within the boundaries of the Customs facility at many major airports and are available to provide necessary services (wheelchair, etc.), to the elderly and the infirmed. When Customs is notified by the U.S. Travel Service that an elderly or infirmed traveller is arriving, Customs makes every effort to facilitate the traveller's clearance through Customs. The port receptionists are, in most cases, bilingual and can provide assistance to both U.S. citizens and foreign travellers who are elderly or infirmed.

At all border stations, the U.S. Customs Service, under current OSHA regulations, insures that all new border stations or architectural modifications to present stations, include ramps, stability bars in rest rooms, etc., to insure that Customs facilities are accessible to and usable by all individuals including the handicapped, disabled, elderly and infirmed.

OFFICE OF THE COMPTROLLER OF THE CURRENCY ACTIVITIES AFFECTING THE AGED

The Office of the Comptroller of the Currency (OCC) is responsible for assuring compliance of the Nation's 4,700 national banks with the Equal Credit Opportunity Act (ECOA). A major provision of this law is the prohibition of discrimination on the basis of age in granting credit.

The Comptroller's Office enforces this prohibition as part of regular examinations of national banks for compliance with consumer protection laws. The examination process includes a review of the bank's written loan policies and procedural manuals for indications of possible discriminatory practices, and for violations of the law, in addition to a general audit conducted of the bank's loan portfolio.

As a supplement to the regular examination process, the OCC is seeking to identify discriminatory practices by banks through the development of a new data analysis system. Age is one of the variables which will be included in this project.

In addition to enforcement of the EOCA, the Comptroller's Office engages in a number of other activities which help to promote lending by national banks to the elderly, as part of its overall functions in consumer and civil rights. For example, OCC disseminates information educating consumers on how to obtain credit, and acquainting them with their rights under the law. During 1978, OCC distributed to all national banks a consumer complaint pamphlet which outlines the procedures a consumer should follow in filing a complaint, and includes a preprinted complaint form together with an addressed, franked envelope in which to submit the complaint.

Another bureau function with substantial, although indirect, benefits to the elderly is an increasing effort to facilitate lending in older urban areas, many of which contain disproportionately large populations of elderly citizens. The OCC is encouraging banks to lend in such older neighborhoods through enforcement of the Community Reinvestment Act, and through special programs such as the interagency Commercial Reinvestment Task Force, which is developing a pilot program for urban neighborhood commercial revitalization.

The OCC has recently created a special Office of Customer and Community Programs. The establishment of this new office will substantially strengthen the bureau's activities in consumer affairs, civil rights, and community development, all of which will tend to benefit elderly users of bank credit.

The Comptroller of the Currency serves as a member of the Board of Directors of the Urban Reinvestment Task Force. A principal programs of this force has been the Neighborhood Housing Services. This program seeks to revive the flow of private capital into declining urban neighborhoods. The elderly should greatly benefit from the successful continuation of this program as they are assumed to constitute a substantial portion of the residents in such neighborhoods.

OFFICE OF REVENUE SHARING ACTIVITIES AFFECTING THE AGED

GENERAL REVENUE SHARING PROVISIONS AFFECTING THE AGED

The general revenue sharing program is a direct general fiscal assistance program that provide funds to State and local governments. No application other than a statement of assurance is required of State and local jurisdictions to receive these monies, therefore the GRS is described best as an "entitlement" program.

Congress created the program in 1972 with the intent of sharing the progressive Federal income tax with State and local governments. Legislative provisions of the program indicate an intent to disburse these funds with minimum restrictions on use and maximum attention to permitting control by the local decisionmakers to determine how they could spend the money.

The State and Local Fiscal Assistance Act of 1972 (P.L. 92-512) was authorized for a period of 5 years to end in December 1976. However, the program was extended under the 1976 amendments (P.L. 94-488) through September 30, 1980. For the two respective periods, \$55.8 billion will be distributed to State and local jurisdictions based on a statutorily prescribed formula.

Originally, State and local governments had to use the funds for priority use categories contained in the act. Under the 1976 amendments, the funds may be used for any purpose which is a legal use of the jurisdiction's own funds under State and local law. Thus recipients are to this extent free to use shared revenues for expenditures of benefit to the aged.

Extension of the program brought a number of substantive changes from the original act. Among these changes were several which could be viewed as affecting elderly persons. These amendments:

- Strengthened the nondiscrimination requirements to include specific protection against age discrimination. Originally, this provision was not to become effective until January 1979.
- Mandated special statutory public participation requirements relative to the participation of citizens in the decisions on expenditure of GRS funds and encouraged recipient governments to include senior citizens in the public participation process.¹
- Repealed the provisions restricting the use of funds to certain priority expenditure categories.²
- Eliminated the prohibition of using revenue sharing funds as local matching money for other federal grants.

Measuring the impact of the changes cited above is difficult. Yet, recently available studies initiated by the Office of Revenue Sharing along with the actual use reports (AUR) submitted by recipients give us some indication of traceable benefits.³ Results of a study conducted by Peat Marwick, Mitchell and Co. (PMM & Co.) between July and September 1978 of 40 State and local jurisdictions whose combined entitlement payments exceeded 12 percent of the total payments made to the universe of 39,000 recipient governments revealed the following with respect to two of the 1976 provisions—nondiscrimination and public participation.

Peat, Marwick, Mitchell Findings

With respect to these areas, Peat, Marwick and Mitchell found that the strengthened nondiscrimination requirements are basically perceived as being

¹ 31 CFR, subtitle B, part 51, section 51.16 encourages all governments to provide senior citizens and their representative organizations with an opportunity to be heard so that their views may be considered when planning the budget.

² One of the eight priority spending categories under the old act (1972) was social services for the poor and aged.

³ These reports on actual use are submitted to the Bureau of Census (under an agreement with the Secretary of the Treasury) by recipient governments. Recipient governments report on how general revenue sharing funds were used during their fiscal year by certain functional categories through the use reports. Data from the actual use reports do not fully reflect the impact of GRS since the displacement effects of the program are not completely accounted for.

exclusively applicable to race, color, ethnic or minority groups. Awareness of handicapped status, age, and religion as integral parts of this category is still lacking.⁴ They also found that of the various revenue sharing compliance requirements mandated reporting and public participation requirements were the best understood and used by recipient governments; and that under these requirements, there have been some changes in service delivery to protected classes (the aged/handicapped). Two examples of these findings are:

Example 1.—In a large midwestern city, additional GRS funds over the amount originally budgeted for improving the city's public transit were appropriated when a public interest group representing the handicapped and elderly advised the city officials of their intentions to file a complaint with ORS if the transit vehicles were not modified to accommodate the handicapped and vehicle routes changed to better serve sections of the city with concentrations of the elderly.⁵

Example 2.—The City of Richmond, Va., attracted a sizeable group of the elderly by circulating notices through its Commission on Elderly.⁶

Other findings from the study of 40 jurisdictions which provide some indication of the effect of the GRS compliance requirements on the aged are depicted in the findings cited below relative to service delivery.

Effect of GRS on Service Delivery⁷

Principal GRS protected groups:	<i>Instances of service delivery</i>
Racial minorities -----	3
Handicapped -----	2
Elderly -----	1
Women -----	0

NOTE.—Number of jurisdictions involved : 5.

Other Probable Indicators of GRS Impact on the Aged

Efforts to measure impact on the aged requirements repealed by the amended act—priority spending categories and GRS fund usage as matching money, are discussed below. Primary data sources are the actual use reports and information from the GRS renewal hearings of 1976.

The actual use reports collected by the Bureau of Census provide data for assessing some change, if any, through governments' reports of expenditures in the category of public welfare.⁸ This is what the AUR's show for the period 1975-77.

REPORTED EXPENDITURES FOR THE AGED¹

Period	Public Law	Total expend- iture for social services (in millions)	Total spent, all governments (in billions)	Percent of total GRS expenditure
1975-76 (EP-6) -----	92-512	170.9	\$6,955	3.0
1976-77 (EP-7) -----	92-512	165.7	6,555	2.5
1977-78 -----	94-488	(?)	(?)	(?)

¹ Reported use of general revenue sharing funds (AUR). Data for 1977-78 available in August 1979.

² Not available.

Note: EP-7 was a 6-mo. period, and EP-8 was a 9-mo. period to help align the program with the new Federal fiscal year (October to September). Subsequent EP's are 12-mo. periods.

The successful effort in 1976 to remove the prohibition in the GRS act against using GRS funds as matching money for other Federal grants, was partly based

⁴ Peat, Marwick, Mitchell & Co., final report: "An Analysis of the Impact of General Revenue Sharing Compliance Requirements," chapter four, p. 8 (November 1978).

⁵ *Ibid.*, chapter 4, p. 9.

⁶ *Ibid.*, chapter 5, p. 2.

⁷ The accomplishments of the handicapped and elderly must be combined to equal the level of changes effected by the class of racial minorities.

⁸ The expenditures under the functional budgetary category of public welfare is the current classification where expenditures of benefit to the elderly would be found which replaces the social services for poor and aged category in the earlier actual use reports. Expenditures for public assistance programs including administration costs, vendor payments, medical, hospital, and nursing home care provided the needy are included under public welfare. Amounts paid from State/Federal grants for welfare purposes are also included in this category (per U.S. Bureau of Census definitions).

on the contention that it caused recipients to avoid social expenditures for the poor and aged for which Federal matching aid is available. It was thought that removal of the restriction would increase the availability of funds for use in the social services area, if the jurisdiction decides to do so. The current authority of recipient governments to match other Federal funds with GRS funds has not to date been measured.

GRS contributions to aged Americans are likely to be visible in the results of its comprehensive compliance effort . . . particularly in the areas of public participation and nondiscrimination. Future activities planned in these areas which may enhance the accessibility and accountability of units of government to the aged as a special class are:

—Publication of the age discrimination regulations during the fall of 1979.⁹

—Publication no later than January 1979 of the interim regulations with respect to a qualified handicapped individual. These regulations are amendments to the current interim nondiscrimination regulations which address service delivery, employment, and accessibility of programs to the handicapped.¹⁰

The Office of Revenue Sharing continues to conduct outreach activities to groups requesting assistance in program interpretation. This office also follows up on all complaints filed with it.

ITEM 12. ACTION

DEAR SENATOR CHILES: Thank you for the opportunity to provide information on ACTION's programs relating to aging for the Senate Special Committee on Aging annual report, "Developments in Aging."

ACTION's three older American volunteer programs, respectively entitled the retired senior volunteer program (RSVP), the foster grandparent program (FGP), and the senior companion program (SCP), provide opportunities for older Americans to help meet the needs of their communities across the Nation. In the 7 years of ACTION's stewardship of these programs their healthy growth in volunteer strength demonstrates their continuing worth and popularity:

RSVP from 1,816 in 1972 to 250,000 in fiscal year 1979.

FGP from 4,221 in 1971 to 16,654 in fiscal year 1979.

SCP from 900 in 1975 to 3,000 in fiscal year 1979.

The following statistics indicate the number and percentage of those 55 years of age and over who are serving in some other ACTION programs in 1978:

Name of program	Volunteers 55 years or older	Percentage of volunteers in program
Volunteers in Service to America (VISTA).....	612	14.0
ACTION education program (AEP) ¹	48	6.0
Peace Corps ²	300	4.7

¹ These programs are for students and consequently would only rarely enlist as volunteers those beyond the normal school age.

² A substantial percentage of those serving Peace Corps are in the age group 51 to 60.

It is also important to note that many recipients of ACTION's volunteer services are elderly. For example, Volunteers in Service to America (VISTA) estimates that approximately 20 percent of all VISTA Volunteers work in anti-poverty projects geared specifically toward services to older people.

In response to the committee, I am pleased to enclose a statement summarizing ACTION's major older American volunteer activities during the course of the past year.

Sincerely,

JOHN LEWIS,

Associate Director for

Domestic and Antipoverty Operations.

Enclosure.

⁹ The Age Discrimination Act of 1975 prohibited discrimination in the provision of services, but not employment, on the basis of age and was to be effective January 1, 1979. The act, as amended, continues to include all programs and activities receiving Federal funds and applies to persons of all ages. Two major changes are effective in the amended act (Public Law 95-478)—the repeal of the "unreasonable" age discrimination requirement, and the extension of the effective date of the regulations from January 1, 1979 to July 1979.

¹⁰ These amendments are required to implement the Rehabilitation Act of 1973 (section 504) as amended. The ORS interim regulations become effective 60 days after publication.

DOMESTIC VOLUNTEER PROGRAMS

FOSTER GRANDPARENT PROGRAM (FGP)

The foster grandparent program (FGP) enables low-income persons aged 60 or over to remain active in their community through person-to-person service to children with special or exceptional needs in health, education, welfare, and related settings. The foster grandparents derive a renewed sense of dignity and self-worth from their special service roles and they are provided a modest tax-free stipend to offset the costs of volunteering. They receive additional tangible benefits in the form of transportation to and from their volunteer station, a noon meal on the days (5 days per week) they serve, accident and liability insurance, and an annual physical examination.

Foster grandparents give personal attention and warm affection to the children to whom they are assigned. Ideally, the volunteers spend 2 hours with each of two children on a daily basis. Some group settings are not permissive of a strict one-on-one assignment basis. In these cases, foster grandparents may serve several children as long as the setting is conducive to the establishment of person-to-person relationships among the volunteers and the children they serve. The program provides social, psychological, and educational benefits to children with developmental disabilities and related special needs. The foster grandparents simultaneously benefit from alleviation of some of the consequences of poverty and loneliness. Their psychological outlook and physical health are improved. The mutually benefiting relationship also has a notably positive effect on the children's development and the outlook of their family.

The program provides a degree of protection of human rights of both "grandparent" and "grandchild," insuring that each group is dealt with fairly and humanely.

Children are assigned foster grandparents on the basis of their potential for improvement in personal or social adjustment, skill development and for deinstitutionalization. In the latter case, foster grandparents will follow deinstitutionalized children needing continuing attention to their own homes. Initial assignments of foster grandparents are also made in cases where they can have the greatest impact in the delay or prevention of institutionalization of children living in a home environment.

Foster grandparents are provided orientation prior to assignment to individual children. Subsequently they are provided monthly in-service training. They function as stipended volunteers and are not in the regular work force. Their activities are limited to those which would not otherwise supplant the hiring of or result in the displacement of employed workers, or impair existing contracts for service. Foster grandparents may not provide physical therapy, babysitting service, housecleaning service or other services normally performed by volunteer station staff to the children they serve. Foster grandparents are expected to accept supervision of volunteer station and project staff. Appropriate volunteer grievance and appeal procedures are the responsibility of individual project sponsors.

Foster grandparent program categorical grants are approved by the respective ACTION State program directors and awarded by regional grants and contracts officers. Grant applications for Federal funds in the amount of \$250,000 or greater require headquarters review and approval. Sponsoring organizations (public or private not-for-profit agencies) provide 10 percent or more of total project costs, all or part of which may be waived at the discretion of the Director of ACTION. One of the criteria for grant approval is that volunteer benefits must be an amount equal to at least 90 percent of the Federal contribution to the project budget.

Project staff are employees of the project sponsor; they are not employees of the Federal Government. ACTION requires concurrence in the selection of project directors.

The project director, on behalf of the sponsor, recruits, trains and exercises general supervision over the volunteers. This person also develops memoranda of understanding with volunteer stations where volunteers are to be placed. He/she also ensures that foster grandparents are assigned to children with demonstrated special needs.

Project sponsors, in accepting ACTION grants to operate foster grandparent projects, agree to abide with Agency regulations and policies. ACTION, in turn, provides training and technical assistance to sponsors and project staff, and promotes cooperation and coordination with other Federal, State, and local entities concerned with the needs of low-income elderly and children with special needs, including transportation needs.

The foster grandparent program addresses the most pressing basic human needs, both in seeking the poorest of the poor to serve as foster grandparents, and in the selection of individual children the volunteers serve, recognizing that both have special needs and that some of the children served are, in many ways, less fortunate than the elderly volunteers.

The enabling legislation for the foster grandparent program is Public Law 93-113, the Domestic Volunteer Service Act of 1973, as amended.

The fiscal year 1978 appropriation for the foster grandparent program was \$34.9 million. The program has grown to a strength of 16,640 foster grandparents serving more than 41,500 children. There are now 199 projects with at least one project in each State, Puerto Rico, the Virgin Islands, and the District of Columbia.

The following examples demonstrate some of the ways in which the special children served by foster grandparents benefit from the tender care, love, and patience shown them by the elderly volunteers. Five young residents of a State mental institution progressed to levels that permitted them to move into private apartments adjacent to the institution. A 12-year-old deaf child, after 4 years of rewarding relationship with a foster grandparent, improved his communication skills sufficiently that he, too, was able to move from an institution to private residence. A little girl with slow motor skills was taught by a foster grandparent to utilize a virtually useless hand through an exercise of squeezing a rag doll. She is now in school with other normal children, having achieved the priceless ability to write with the formerly useless hand. In another case where a foster grandparent was assigned to a child diagnosed as "failure to thrive," the 4-year-old child learned to speak and is now in a public school kindergarten. A bonus effect in this case is that the formerly depressed mother of the 4-year-old has become a member of the FGP project's advisory council and is now making contribution of her own to the program. The long-term effects of foster grandparental care are evident in a correctional institution when released youthful offenders return, sometimes from distant locations, to introduce a wife, parent, or girl friend to their foster grandparents.

SENIOR COMPANION PROGRAM (SCP)

The senior companion program provides meaningful opportunities for low-income persons age 60 and over, to offer person-to-person supportive services to adults, especially older persons, living in their own homes and in residential and nonresidential group care facilities.

The senior companion program, an older American community services program, was originally authorized under title VI, part V, of the Older Americans Comprehensive Services Amendments of 1973. Current authorizing legislation is title II, part B, of Public Law 93-113, the Domestic Volunteer Services Act of 1973, as amended.

The senior companion program, like the foster grandparent program, is available to low-income older persons. It provides them with opportunities through volunteer service to maintain a sense of self-worth, retain physical and mental alertness, and enrich social contacts. Additionally, the provision of a stipend and other direct benefits enables them to serve without cost to themselves.

ACTION grants to support the operation of senior companion projects are awarded to public and private nonprofit agencies and organizations. Volunteer stations where senior companions serve include hospitals, nursing home, intermediate care facilities or homes for the aged, and various health, welfare, or related settings. Approximately 70 percent of the senior companions are assigned to assist others, especially older persons, to remain in their own homes or familiar surroundings.

Senior companions serve 4 hours a day, 5 days a week, and receive a small stipend for their service. They are also reimbursed for transportation and provided with a meal, where possible, during orientation and on days when service is rendered. They are covered by accident and liability insurance and receive annual physical examinations. An orientation and in-service instruction program is provided, and through the project staff, senior companions receive counseling on personal matters, as well as information and referral services.

The senior companion program, first operational in 1974, has grown from 18 pilot projects and 1,000 senior companions in fiscal year 1975 to 60 projects and approximately 3,800 senior companions as of December 1978.

During 1978, five new SCP projects were initiated. Their purpose is to assist older people who are physically and/or mentally impaired and need support in order to maintain or resume independent living. A number of new concepts were incorporated into the program design to test the feasibility of replication among the existing projects. These include: (1) The integration of senior companions into a plan of care developed by community organizations with the capacity to coordinate the health and social needs of clients served; (2) enrichment of volunteer training; and (3) broadening the community's role in the structure and composition of advisory councils.

In November 1978, 59 projects attended a 5-day national senior companion conference in Washington, D.C. Training focused on development of health care plans, deinstitutionalization of older patients from mental institutions, acute care hospitals and nursing homes, advocacy, direct health care providers as volunteer stations, and transportation planning.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)

The retired senior volunteer program was established to provide a variety of meaningful opportunities for persons of retirement age to participate more fully in the life of their community through significant volunteer service.

Originally authorized under the Older Americans Act Amendments of 1969, RSVP became operational in June, 1971 when the Department of Health, Education, and Welfare (Administration on Aging) funded 11 projects. In July, 1971, the program was transferred to ACTION in accordance with Executive Reorganization Plan No. 1. Current authorizing legislation is title II, part A of Public Law 93-113, the Domestic Volunteer Service Act of 1973, as amended.

ACTION grants are awarded to local public agencies and nonprofit private organizations to support the development and operation of RSVP projects providing volunteer opportunities for persons 60 years of age and over. RSVP volunteers receive no compensation for their services, but reimbursement is provided for transportation between their homes and volunteer assignments. Accident and liability insurance are also provided.

As an inherently local program, each RSVP project is locally planned, operated and controlled, and supported on a cost-sharing basis. The local match starts at 10 percent the first year, 20 percent the second and for the third and subsequent budget periods remains at a maximum of 30 percent for the local share and 70 percent for the Federal contribution. Exceptions to this requirement may be granted by ACTION in individual cases of demonstrated need.

RSVP projects encourage organization and agencies to develop a wide variety of volunteer service opportunities for retired persons, aged 60 years or over. The focal point of RSVP activity is the preference of the volunteers, for whom community service opportunities are arranged to match their interests, abilities and physical capabilities, as well as the needs of the community. There are no income, education, or experience requirements to becoming an RSVP volunteer. Orientation and in-service instruction are provided for volunteers. Older adults, including minorities, the handicapped and isolated elderly, are sought and encouraged to contribute their time and experience in service to their communities. Assignments arranged for RSVP volunteers offer varied opportunities to serve people of all ages, directly or indirectly.

ACTION grants are awarded to publicly owned and operated facilities or projects and to private, nonprofit organizations. Volunteers serve in innumerable assignments involving health and nutrition, education, economic development, housing, energy and conservation, community services, and legal rights.

Since 1971, the retired senior volunteer program has experienced dramatic growth. As of December 1978, there were 682 federally funded projects, plus 11 which were completely locally supported. Approximately 250,000 volunteers now serve in projects located in all 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Many States now appropriate funds to support RSVP projects. On the basis of the 1978 Federal appropriation of \$20.1 million for the retired senior volunteer program, annual Federal cost per volunteer is estimated at slightly over \$80.

In December 1973, a study of the retired senior volunteer program identified benefits derived from participation in RSVP by both senior volunteers and volunteer stations. Nearly three-fourths of volunteer stations included in the study indicated that RSVP volunteers provided a valuable supplement to their staff, and nearly two-thirds stated that they would be forced to cut services or activities

in the absence of the RSVP volunteers. More than half of the RSVP volunteers included in the study indicated that they felt better physically, and nearly four-fifths stated they felt better mentally, due to their volunteer experience. In addition, study data indicated that a majority of RSVP volunteers who lived alone experienced an increase in community involvement and a reduction in isolation as a result of RSVP.

A 1978 RSVP descriptive survey indicated that 78 percent of RSVP volunteers are women, the majority of whom are widows living alone. The majority of made volunteers, are married and living with their spouses. The average age for all volunteers is 70.3 years, with 11 percent 80 years of age or older. The ethnic backgrounds compare closely with that of the total U.S. population over 65 years of age. The median number of volunteers per project is 298, only one-fourth of whom are transported or request reimbursement for transportation. Sixty-two percent had no or only limited prior volunteer service. Ninety percent of RSVP projects have four or fewer full-time equivalent staff members. Forty-one percent of projects coordinated activities with other ACTION programs, mainly VISTA and the foster grandparent program.

Numerous examples illustrate the value of the contributions of RSVP volunteers to their communities.

An RSVP volunteer in Roanoke, Va., a retired pharmacist now serves in the "free clinic" in Roanoke. In addition to the time he spends stocking shelves and checking inventories, he serves as a pharmacist in the clinic two evenings a week.

The RSVP project in Richmond, Ind., in cooperation with the Family Service Association and big brothers/big sisters, offers computerized services in home energy conservation to residents of the community.

In Snohomish County, Wash., an RSVP volunteer, whose degrees range through Ph D. in biochemistry, assists in the middle school industrial arts class at the sixth grade level. Because he "likes to be kept busy," this volunteer receives a tremendous satisfaction from using his special talent for teaching young people. The class instructor states, "We just can't do without him."

In the Plymouth (Mass.) County probate court, RSVP volunteers serve as "court grandparents" in separation or divorce proceedings where there is concern about the welfare of the children involved. Because of the success of the program, the probate judge has recently requested an expansion in the number of RSVP volunteers who serve. In other projects throughout the country RSVP volunteers serve as tutors for juvenile offenders, give counseling and guidance to persons on probation, serve in courts, prisons, and half-way houses.

In the fall of 1978, RSVP designated 100 demonstration projects under the major categories of advocacy, deinstitutionalization/prevention of institutionalization, criminal justice, housing/food and energy conservation. An assessment of the accomplishments of these special thrusts will be made during the current year.

OLDER PERSONS IN VISTA

ACTION legislation requires that VISTA encourage, "fullest participation of older persons and older person membership groups as volunteers and participant agencies . . ."

A 1978 survey revealed that 20 percent of VISTA projects are involved in programs designed to serve older people living in poverty.

As of January 1, 1979, 14 percent of all VISTA volunteers were 55 years of age or older, including 164 persons who are 70 and older among the 612 volunteers in the over 55 category.

The following are examples of VISTA's serving older Americans:

Senior Federation Services of Minnesota. St. Paul, Minn. (10 volunteers)

The Senior Federation Services of Minnesota has been in existence since 1973 when a group of clergymen and citizens concerned about the problems of seniors got enough money to operate a full-time program. From a small organization it has grown into a statewide program with over 180,000 members. VISTA's have been instrumental in this growth from their arrival in 1974. Presently, there are ten VISTA's on the site. One of them is developing a model for discount buying which will be implemented throughout the State. Within 1 year she has succeeded in getting over 100 stores in her region (the Federation divides the State into 12 regions) to offer discounts on food, medical treatment and drugs, and clothing to seniors. Her success has attracted the attention of local colleges who

have invited her to speak and give workshops as well as that of the State Governor.

The federation, as a whole, has set up medical programs for seniors; successfully lobbied for weatherization laws; been instrumental in the State passing 11 laws concerning the upkeep of nursing homes; and successfully fought against power and light increases during the past 2 years. All of the VISTA's are involved in one or more of these areas.

Through the federation's efforts, which have resulted in the many savings listed above, the seniors of Minnesota can now look forward to an economically more secure future.

New York State Office for the Aging, Albany, N.Y. (16 volunteers)

A volunteer works in conjunction with a RSVP program in a small town in upstate New York. She works primarily with handicapped elderly people who still have much to offer to the community but who are isolated due to their handicap. The volunteer works with various agencies and businesses to establish volunteer positions and then matches the elderly clients with a suitable position.

In addition, through her work, it was discovered that there were a great many architectural barriers within the town which inhibited the mobility of the handicapped population. The volunteers organized a committee of interested elderly people to study the problem and publish a list of agencies, businesses, restaurants, and other services that were accessible to handicapped persons. This group will continue operating to establish building codes within the town. The group has advanced to the point where they will survey a business for architectural barriers even though it may cause hard feelings.

The volunteer has also been able to acquire some title IX positions which will allow qualified elderly people to work in the community and to possibly continue the work the VISTA volunteer has started.

National Citizens Coalition for Nursing Home Reform: Larimer County Council on Aging, Fort Collins, Colo.

In Colorado, a 68-year-old retired professor, who was trained in nursing home advocacy by the State of Colorado's ombudsman program, has reenrolled as a VISTA under the national grant to National Citizen's Coalition on Nursing Home Reform. In her first year as a VISTA, the volunteer helped create the Nursing Home Task Force of the Larimer County Council on Aging in Fort Collins, Colo., and in turn recruited about 100 people willing to regularly visit nursing homes in Fort Collins and Loveland. Under the grant, the VISTA will coordinate their visits and the work of a committee which deals with the problems in homes uncovered by the visitors to help them be more sensitive and effective in recognizing real problems as they arise; and also will work with resident councils in five nursing homes in Fort Collins.

The volunteer has been a tireless worker to improve the quality of life in the area's nursing homes. She has sought to shorten the intellectual and emotional distance between the nursing home and the community.

ITEM 13. CIVIL AERONAUTICS BOARD

JANUARY 8, 1979.

DEAR SENATOR CHURCH: You asked for a summary of our major actions and programs and those within the airline industry related to aging in 1978, and of those planned for 1979. Your letter of December 1 states that this summary is to be included in the annual report of the Senate Special Committee on Aging.

By P.L. 95-163, the Congress amended the Federal Aviation Act, permitting the airlines to offer reduced-rate transportation on a space-available basis to any retired person 60 years of age or older, or to any person 65 years of age or older. The amendments defined "retired" as "no longer gainfully employed," as defined by the Board. In February 1978, the Board issued a notice of proposed rulemaking to ask for public comment in defining this term. In response to the numerous comments received, "no longer gainfully employed" or "retired" has been defined in Part 223 of our Economic Regulations (14 CFR Part 223) to mean those not regularly working at a full-time paying job, and not intending to do so in the future. This definition reflects the Board's interpretation that Congress intended

to include only those who have permanently reduced their working time, or who have permanently stopped working altogether.

Most airlines now offer space-available discount fares at 33½ percent to any person 65 years or older. As a result of consumer pressure, however, many airlines now allow 24-hour periods before flight time during which any elderly person has the opportunity to reserve a seat. These reservations are generally on a first-come basis, although several airlines retain the right not to accept these reservations on flights that are likely to operate at or near full capacity. Again, because of consumer pressure, most of the airlines now intend to eliminate their present requirement for these reservations that a person purchase an identification card to be eligible for these discounts. Proof of age, however, will be a continuing requirement. These fares and the rules for them are, of course, within the control of the airlines.

Also in February 1978, the Board appointed a representative to the Inter-agency Task Force on Aging to assist the Department of Health, Education, and Welfare in developing regulations to prevent age discrimination. The Board staff reviewed for potential age discrimination all our existing regulations and the federally funded assistance programs under our jurisdiction. We are continuing this procedure for each of our proposed rules, and for implementation of the Airline Deregulation Act and its assistance program for small community air service.

We would also stress that our recent policy, combined with major changes of the Airline Deregulation Act, reducing Board authority over airline fares, has created the atmosphere for many innovative low-price service offerings available to all travelers, and that atmosphere should improve as the Airline Deregulation Act takes effect. For example, the Board has set up a pricing zone for passenger fares, in which airlines may cut substantially or raise slightly their fares without Board interference. The Board has also simplified and liberalized its charter rules, providing greater opportunities for this type of low-cost travel. These changes should result in a vigorously competitive airline industry beneficial to all travelers, and particularly to those elderly who may have previously found the cost of air transportation prohibitive.

Other than monitoring these rules and implementing the Deregulation Act, we are not considering any other actions that might relate to aging during 1979.

I trust this provides the information you need.

Sincerely,

MARVIN S. COHEN, *Chairman.*

ITEM 14. COMMISSION ON CIVIL RIGHTS

MARCH 16, 1979.

DEAR CHAIRMAN CHILES: We are pleased to respond to your invitation to submit a summary of the Commission's major aging-related activities in 1978. Enclosed is our report on these activities. We hope it offers a useful addition to the committee's publication for this year.

If you have any questions, please have Mr. Lipscomb or another member of your staff contact Lucy Edwards at 254-8626.

Sincerely,

LOUIS NUNEZ,
Acting Staff Director.

Enclosure.

MAJOR ACTIONS BY THE COMMISSION ON CIVIL RIGHTS ON AGING DURING 1978

The Age Discrimination Act of 1975 (part of the Older Americans Amendments of 1975 [Public Law 94-1351]) directed the U.S. Commission on Civil Rights to carry out a study of unreasonable discrimination based on age in programs and activities receiving Federal funds. Following this mandate, the Commission examined in-depth selected aspects of the field of higher education and the following 10 federally assisted programs:

Community mental health centers, authorized by the Community Mental Health Centers Act, as amended.

Basic vocational rehabilitation services program, authorized by title I of the Rehabilitation Act of 1973, as amended.

Training and public service employment programs, authorized by titles I, II, and VI of the Comprehensive Employment and Training Act (CETA), as amended.

Legal services program, authorized by the Legal Services Corporation Act of 1974, as amended.

Adult basic education program, authorized by the Adult Education Act of 1986, as amended.

Food stamp program, authorized by the Food Stamp Act of 1964, as amended.

Medical assistance program (medicaid), authorized by title XIX of the Social Security Act, as amended.

Social services to individuals and families, authorized by title XX of the Social Security Act, as amended.

Community health centers, authorized by title III of the Public Health Service Act, as amended, and

State vocational education basic grant program, authorized by the Vocational Education Act, as amended.

The Commission also conducted four public hearings. The study was carried out over an 18-month period beginning in July 1978.

On January 10, 1978, the Commission released the report of its age discrimination study, setting forth its findings and recommendations. After weighing the evidence gathered from the study's field investigations and the public hearings, the Commission concluded :

That barriers have been erected by both public and private administrators between persons falling within particular age groups and services which are financed in whole or in part by the Federal Government.

That erection of these barriers is having a serious adverse impact on the lives of children and older persons who need these services.

That practices are being followed which are in direct conflict with the concept of the dignity and worth of the individual.

On examining the reasons that were and continue to be advanced for using age as a barrier to the delivery of services supported by the Federal Government, we concluded :

That none of these reasons constitutes a valid basis for disregarding the needs of individuals falling within these age groups.

That all such barriers constitute "unreasonable discrimination" on the basis of age and should be prohibited by law.

That exceptions to this principle should be made only by the Congress; no authority should be granted to public or private administrators who administer programs supported by Federal funds to make such exceptions.

The Commission concluded further that some statutory modifications were necessary to improve the effectiveness of the Age Discrimination Act. Several of these recommendations were adopted by the Congress when it amended the act in 1978 (Public Law 95-478). In particular, the term "unreasonable" was stricken from the purpose clause of the act, and a private right of action was made a part of the enforcement provisions.

In addition to the study report, the Commission also published the transcripts and exhibits from the four public hearings held in San Francisco, Calif. ; Denver, Colo. ; Miami, Fla. ; and Washington, D.C. The Commission has just recently published (January, 1979) volume II of the age discrimination study report, which was completed in 1978. Volume II describes the methodology that was employed to execute the study, and summarizes on a program-by-program basis the record of information obtained through literature search, data analysis, the field studies, and the public hearings.

As part of the study followup effort, the Commission has worked with the Department of Health, Education, and Welfare and others in connection with proposed regulations to implement the Age Discrimination Act, as amended.

Except for the special short-term mandate of the Age Discrimination Act, the Commission's statutory jurisdiction did not extend to age discrimination. However, the Civil Rights Commission Act of 1978 (Public Law 95-444), which extended the life of the Commission, also granted jurisdiction over the area of age discrimination to the Commission. This legislation was enacted into law on October 10, 1978. During the remainder of the calendar year, the Commission

was engaged in developing plans to implement the new jurisdiction; however, further program action is contingent on receiving the necessary appropriations.

Other congressional action will also affect the Commission's aging-related activities. As part of the 1978 Older Americans Act Amendments (Public Law 95-478), Congress has directed the Commission to conduct a study of discrimination based on race or ethnicity in federally supported programs for older persons. Appropriations are not yet available to implement the study.

ITEM 15. COMMUNITY SERVICES ADMINISTRATION

FEBRUARY 12, 1979.

DEAR MR. CHAIRMAN: We are pleased to submit the enclosed response to your request on the activities, funding, and services of the Community Services Administration (CSA) for the elderly poor people of our country. We are indeed sorry there has been such a delay in getting this information to you. Please accept our apologies.

From the inception of CSA's Senior Opportunities and Services (SOS) program, it has played a major role in reshaping the focus of many social services and the methods of their delivery by many agencies.

The Community Action Agencies (CAA's) and the SOS program pioneered outreach and referral, housing assistance, legal services, employment, and a variety of other services for elderly poor people. The primary role of the SOS program has been that of innovator and coordinator of local, State, and Federal programs for low-income elderly citizens. The program has also served as a measuring tool to assess the effectiveness of many larger and stereotyped programs operated by other Federal agencies.

We feel that the CAA's and SOS program designs and operations have reflected new and imaginative to reach and work with elderly poor people. Our experiences indicate that our special efforts in their behalf have resulted in their being better informed about the services to which they are entitled, even though in many cases the special programs may not have been in existence at that time in their community. As a result of these special overtures, a new sense of trust has developed between elderly poor people and community action people.

This new trust has undoubtedly been a major contributing factor in the success of the SOS program.

If you have further questions, please let us hear from you.

Sincerely,

GRACIELA (GRACE) OLIVAREZ,
Director.

Enclosure.

1978 ANNUAL REPORT OF THE COMMUNITY SERVICES ADMINISTRATION'S PROGRAMS AND ACTIVITIES FOR THE ELDERLY POOR

Since 1937, many Federal agencies have been established to provide assistance to the Nation's elderly. While these agencies have responsibilities in providing services to or assisting the elderly, only CSA has been specifically mandated by Congress to meet the needs of older Americans in poverty. In many ways the older poor are the most vulnerable of the poor and least able to help themselves.

CSA's programs for the older poor are funded from the agency headquarters through the regional offices to local grantees. Most grantees are CAAs or their delegate agencies with a few limited exceptions. These programs are authorized and funded to provide financial assistance to agencies for the planning, conduct, administration and evaluation of community action programs and components, including activities and facilities designed to assist the older poor to:

- (1) Secure and retain meaningful employment.
- (2) Make better use of available income.
- (3) Provide and maintain adequate housing and a suitable living environment.
- (4) Obtain emergency assistance through loans or grants to meet immediate and urgent family needs, including the need for health services, nutritious food, housing, and employment related assistance.
- (5) Remove obstacles and solve personal and family problems which block the achievement of self-sufficiency.

- (6) Achieve greater participation in the affairs of the community.
- (7) Make more and effective use of other programs designed to assist them.

CSA'S POLICY ON THE OLDER POOR

CSA's policy on the older poor will focus on the goals of promoting the highest possible level of independent living, prevention or delay of institutionalization, providing supportive services especially for the functionally dependent, increasing the access of the elderly poor to services, and aiding in the elimination of discrimination on the basis of age.

DEMOGRAPHIC INFORMATION

The number and percentage of the population which is elderly has grown significantly in the past 70 years. Today, 15 percent of the population is over age 60 and by 2035, 24 percent will be over age 60. This growing older population has raised and will continue to raise a number of important policy and program issues. The basic issues will be income, employment, energy, housing, health, nutrition, safety and transportation.

Older Americans in poverty are a special older adult population with extensive needs. In 1975, the number of older persons in poverty totaled 4.3 million with an additional 3 million "near poor," i.e., with incomes less than 125 percent of poverty.

Minority elderly, female elderly and persons age 85 and older are growing, poor populations with extensive needs. These populations share the general problems of all older adults but experience unique problems of access to services and have fewer resources to resolve their problems.

FEDERAL AGENCIES SERVING THE ELDERLY AND THE POOR

Many agencies are designated to provide services to older adults. However, CSA has been specifically mandated by Congress to meet the needs of the poor. The elderly poor are, in many ways, the most vulnerable of the poor. The maintenance of a focus on the needs of the elderly poor, their inclusion in decision-making roles and the representation of their interests remain important functions. These functions can best be carried out by an independent agency which has experience in assisting the poor, which can work cooperatively with other agencies, yet carry out constructive advocacy for the benefit of older persons in poverty.

CSA'S FUTURE ROLES IN SERVING THE OLDER POOR

1. Outreach and Follow-Through

CSA, through its Community Action Agency (CAA) network and Senior Opportunities Services, has assisted and continues to assist older adults to obtain services which they need and for which they are eligible. CSA programs have been able to press the issue of access to services beneficial to low income older adults.

CSA should continue and, if possible, expand these activities and devise new outreach and follow-through mechanisms, especially to assist minorities, non-English speaking, the homebound and the institutionalized. Without adequate outreach and follow-through, the elderly poor, in effect, are denied services for which they are eligible.

2. Advocacy

Vigorous advocacy at national, State, and local levels is required for older Americans in poverty who, for the most part, lack an organized constituency voice. Previously, CSA programs have brought about program and policy changes and mobilized resources for groups of older poor. As new policies and programs are developed, CSA and its State and local grantees continue to advocate directly and to assist national and local public interest advocacy efforts that bring about the recognition of the needs of elderly poor and the allocation of resources to meet those needs.

3. Research and Demonstration

CSA has, both through its SOS and other research and demonstration efforts, developed and demonstrated new approaches in, for example, employment, crime prevention, and housing. These demonstration efforts will be expanded, especially in areas of basic needs such as income, housing alternatives, health care, legal and consumer education services, nutrition and transportation.

4. Coordination

The coordination of all resources to serve and maximize benefits for the older poor is a principal concern of CSA. Developing, strengthening and consistently implementing working agreements with those agencies who have resources which could be made more available to the elderly poor are of central importance. CSA will continue to pursue operational working interagency agreements at the federal, state and local levels.

5. Organizational Capacity

In order to implement the above recommendations, adequate resources to provide training and technical assistance, to monitor progress and evaluate results are required. Appropriate staffing to carry out these functions is being developed at all levels in the CSA and CAA structure.

MANDATES AND SERVICES OF CSA AND OTHER FEDERAL AGENCIES SERVING THE ELDERLY

1. Broad CSA Mandates for the Poor and Elderly Poor

The purpose of CSA, as set forth in the Economic Opportunities Act (EOA) as revised in 1974, is to "eliminate poverty in this Nation by providing to everyone the opportunity for education and training, the opportunity to work, and the opportunity to live in decency and dignity".

CSA works to accomplish those goals by making local, state, private and federal resources available to low-income families in both urban and rural areas so that they can obtain skills, knowledge, hope and the full dignity of a self-sufficient life style.

CSA is directed to realize its purposes through the following methods:

- (a) To strengthen community capabilities for planning and coordinating activities.
- (b) To improve the organization of the range of services related to the poor.
- (c) To develop and use new and innovative approaches in eliminating individual and structural poverty.
- (d) To develop and implement programs serving the poor with maximum feasible participation of the residents of the area.
- (e) To broaden the resource base of programs through securing the assistance of the public and private sectors; including business, labor, religious and charitable organizations and neighborhood and professional groups.

2. Statutory Mandates Related Specifically to Elderly Poor

The Senior Opportunities and Services Program (SOS) was created by EOA in response to the special needs of older, poor persons above the age of 60. SOS accomplishments have been in the following areas:

- (a) The creation of new employment and volunteer opportunities.
- (b) Effective referral to existing services including: health, income, employment, housing, legal, consumer, transportation, education and recreational services.
- (c) Stimulation and creation of new programs and services to remedy gaps and deficiencies in existing programs.
- (d) Modification of existing procedures and eligibility requirements in existing programs such that these programs become more accessible to the older poor.
- (e) Development of recreation and multipurpose centers.

In addition to SOS program activities, Congress has mandated that CSA consult with other agencies and organizations to develop and implement a plan for the participation of the elderly poor in programs.

CSA is required to review all programs to assure that the elderly poor have consistent and continuing access to community resources. It also must maintain interagency liaison with other Federal agencies to achieve a coordinated rational approach to meeting the needs of the elderly poor.

Finally, CSA is required to recommend to the President and Congress the programs that require additional funding and the necessary legislation to provide authority for such funding.

3. CSA and Other Federal Agencies; the Special Nature of the CSA Experience and Mandate

By mandate CSA is the only agency whose sole focus is on services to the poor and near poor. While part of the mandate of a number of other agencies, for CSA, services to the low-income community is its only task.

The enabling legislation of CSA mandates the maximum feasible participation of the poor including the elderly poor in the planning and implementation of all programs. This is not a requirement of other Federal agencies. Other agencies are certainly sensitive to consumer input and may be required to have the poor represented on policy bodies, but do not have a directive to assure maximum feasible participation of the poor.

Through its network of CAA's, CSA has in place a capacity to conduct aggressive advocacy, outreach and follow-through to assist the elderly poor, in many cases, the most forgotten and neglected of minorities.

Other agencies do not have the institutional capacity to conduct such aggressive advocacy and outreach. Further, it is understandably difficult for many national agencies to maintain a sharp focus on the special needs of the elderly poor when their mandate includes the needs of all elderly.

SENIOR OPPORTUNITIES AND SERVICES

The senior opportunities and services (SOS) program authorized as a special emphasis program for the elderly poor by the Economic Opportunity Act of 1964 (as amended) has demonstrated exceptional versatility as a program vehicle with activities ranging from service delivery to advocacy. It serves as the Community Service Administration's primary program for identifying and meeting the special needs of the elderly poor. Grassroots projects, most of them operated through community action agencies, are utilized by the program to help the elderly poor help themselves.

In furthering this goal, the projects must serve and employ persons age 60 and over; provide the elderly poor with the opportunity to plan and design their programs; and deal with those specific problems of the low-income elderly not being addressed by programs serving multigenerational groups. Additionally, the SOS projects serve as a medium for the elderly and local programs designated to serve older Americans.

In 1978, CSA funded 199 SOS projects at a cost of \$10.5 million. In addition to the projects funded with SOS monies, 582 CAA's operated "identifiable" older persons program with CSA funds. These projects provided a variety of services ranging from recreation to employment for over 2 million aged poor. The projects in their design provided the maximum opportunity for the elderly poor to develop, direct and administer such programs, while utilizing existing services and other programs to the maximum extent feasible. Also, CAA's throughout the 10 regions operated more than 526 older persons programs with funds from other Federal agencies.

CSA grantee impact on the well-being of the elderly has been substantial despite static SOS funding levels. CSA's appropriation when measured in terms of resources mobilized for and on behalf of the elderly poor highlights the effectiveness of these funds as a leverage tool assuring the delivery of unduplicated services to more than two and a half million elderly poor at the local level.

Perhaps most importantly, SOS has provided an effective network of services to enable elderly persons to live independently in their own homes.

One of the most innovative and successful of CSA's program operations is the funding of statewide organizations of senior groups. This new concept of organizing on a statewide level older poor persons and other groups of seniors is currently functioning in eight states: New York, North Carolina, Colorado, Montana, North and South Dakota, Utah, and Wyoming.

These statewide organizations, in addition to the Mountain Plains States Congress of Senior Organizations which coordinates the efforts of all six States in region VIII, continue to make rapid growth in their advocacy efforts resulting in new legislation and institutional change benefiting not only older poor persons but all the poor residing in their respective states.

ILLUSTRATION OF SOS PROJECTS

The San Diego County Community Action Partnership administers two SOS programs, one in Imperial Beach and one in the city of San Diego. The latter is

funded from earmarked SOS funds (\$65,000) and the former from local initiative funds (\$43,200).

The primary goals of both these programs are to:

(a) Prevent poor elderly citizens, especially shut-ins from becoming isolated from the larger community.

(b) Give necessary assistance to keep the elderly in their homes and avoid premature or unnecessary institutionalization.

(c) Provide advocacy on behalf of the elderly poor and make their plight known to the larger community.

(d) Provide referral and emergency social services when needed.

The strategies employed to meet these goals are the provision of group activities such as communal meals, craft classes and other appropriate social activities; provision of transportation, and escort services, provision of assuring phone calls on a regular basis to shut-ins and visitations; provision of legal services, tax assistance, consumer protection information, and emergency food and clothing; and publication of a monthly newsletter.

Due to its favorable climate, and close proximity to Mexico, San Diego County attracts a large number of retired people from all parts of the country, being one of two favorite spots for military retirees. (Florida being the other.) As the funding indicates, the earmarked SOS funds are supplemented from local initiative monies to provide but the barest minimum of services to the elderly poor of San Diego County.

RURAL SOS PROGRAM

The Puerto Rico Community Services Administration (PRCSA) (grantee #21477) operates several rural SOS projects. One such project is located in the municipality of Ceiba. The municipality of Ceiba has a population of 55,000 persons of whom approximately 15 percent are elderly and poor.

The SOS project which serves this area is housed in a municipal structure donated by the city government. The project, known to local residents as Centro Ancianos, serves approximately 500 residents on a regular basis providing an array of services such as health services, nutrition, recreation, social and psychological services, transportation, employment counseling, arts and crafts instruction and general education.

Under the general direction of the grantee, operational policy is set by a local council composed of 15 members most of whom are elderly. In cooperation with local government agencies, the project's staff carries out policy as set by the council. The staff which includes an administrator, outreach workers, cooks, teachers and a custodian, recruits elderly volunteers from the community to provide needed services which the project is unable to finance.

On a typical day at this project, a visitor would find approximately 100 elders (predominantly men) engaged in various activities. For example, there would be a nurse/doctor team providing medical services to several clients; there would be a teacher conducting an arts and crafts class for another group (many items are sold and the elders benefit); another group might be discussing a community or project problem in search of a solution; another group might be engaged in a game of dominoes (spectators at hand); still another group will be simply watching television or as they do at Christmas and local holidays singing and dancing under the guidance of a volunteer; and finally, another group will be assisting the custodian or the cooks as they prepare the day's luncheon.

All of these activities are financed by an annual grant of \$75,000 from CSA and local cash and in-kind contributions in excess of \$100,000. Centro Ancianos is an active project, well known and fully supported by Ceiba community.

OTHER SPECIAL EMPHASIS PROGRAMS

I. Community Food and Nutrition Program

Farm to parking lot markets have provided lower cost food to the urban elderly poor. By eliminating middleman costs CFNP funded projects have made nutritious and fresh foods available to city dwellers. Farmers bring their products from their trucks to established farmers' markets.

The absence of meals-on-wheels legislation has not stopped the CFNP funded projects—which provide needed assistance to the home-bound elderly. CFNP projects have tightened their belts, and scrounged for local funds so these vital projects will continue until Federal meals-on-wheels legislation and appropriations are enacted.

Older persons are participants and also the beneficiaries of community garden projects in West Virginia, Oklahoma, Alabama, Wisconsin, Maine, and other States and communities. CFNP funds buy seeds, fertilizer, and tools where necessary. Younger people from CETA and various youth programs do the physically demanding gardening tasks thereby making it possible for the elderly to do what they can and also harvest the produce.

Community canneries started with CFNP funds provide nutritious, low-cost food for the elderly poor. By using locally grown foods at harvest times, when prices are lowest, the canneries provide food which may be consumed throughout the year.

A new project called "stamp out hunger" has been proposed to the administration on Aging by a CFNP grantee. The idea behind the project is to use title III nutrition sites for distributing food stamp information and for certifying eligible people. The CSA grantee is also negotiating with AoA so the new AoA regulations will have input based on the CSA's grantees long experience in nutrition programs. CSA's national network of community antihunger organizations extend to rural and urban communities throughout the Nation.

The Senior Citizens Market in Wilkes-Barre, Pa., had its grand opening on December 20, 1978. Located in the Mercantile Center the store will provide a complete line of grocery items, at a savings of 15 percent to an estimated 1,500 elderly per month.

The \$50,000 startup monies were pooled from community food and nutrition program funds, \$10,000 from the local area agency on aging and \$30,000 from the Council of Churches and other religious groups in the area. Funds for continuing the market will come from other sources.

II. Rural Housing Demonstration Program

The community action agencies and other limited purpose agencies funded by CSA have indicated in a recent survey that they place housing among the top of priority needs of the poor whom they are serving. With \$21 million in local initiative funds and about \$6 million in R&D funds, CSA is supporting programs for more than 500 such agencies that provide housing and housing services for the poor in their communities.

Elderly persons, who as a group are the most desperately in need of housing assistance, generally are the greatest beneficiaries of the housing program. This is particularly true with the extensive work that is being done with rural home repair projects. The agency funding enables local organizations to help poor residents of the community qualify for Farmers Home Administration loans and grants. It also then undertakes, often with CETA labor, the actual repair of the home. The elderly poor (over 62) especially benefit from this program as they may become eligible for an out-right grant if their incomes are too low to qualify for the low interest (1 percent) FmHA home repair loan.

An example of one of a number of R&D housing projects for the elderly is the construction of a multifamily unit in Siler City, N.C. In this instance, the CSA funded Low-income Housing Development Corporation of North Carolina is providing technical expertise of housing to the local community action agency which is helping a nonprofit organization (a small black church) to obtain a FmHA mortgage loan for the construction of the building and HUD section 8 rent subsidies to house forty elderly families.

III. Energy Programs

During 1978 CSA grantees weatherized approximately 300,000 homes of the poor and near poor, bringing the total number of houses weatherized since inception of the program to over 600,000. A large percentage of these houses were occupied by the elderly. Even though DOE monies first became available in substantial amounts, the total number of dwellings weatherized was substantially below expectations due to the great difficulty many local agencies experienced in obtaining CETA workers to carry out the weatherization.

In addition to weatherization, CSA grantees also carried out energy conservation education programs and provided several hundred low cost solar water and space heaters to low income households, many of which included the elderly.

In 1978, CSA and its grantees again carried out emergency assistance which, like the previous year's special crisis intervention program (SCIP) provided assistance in paying of fuel and utility bills. The 1978 program, emergency energy assistance program (EEAP), provided assistance to 466,000 elderly persons.

In addition to these operational programs, CSA has funded the Portland, Maine, Catholic diocese to carry out a personal energy program (PEP) which provides a package of warm clothing and an electric blanket to elderly persons facing the danger of hypothermia. A component of the program is also, through the University of Maine, studying the problem of hypothermia which will assess the extent of the problem and steps which can be taken to avoid it. PEP has provided assistance to several hundred elderly persons, as well as working with local craft cooperatives in the production of hats, boots, gloves, and quilted vests.

CSA'S INTERAGENCY AGREEMENTS

CSA is cooperating with more than 10 Federal agencies to define areas of information and referral, that will be most beneficial to the program participants. We are seeking to avoid overlap of services wherever a public or a private non-profit agency is already doing a good job. A new report on the agencies' varieties of I&R has just been printed and new editions are planned to be printed and distributed as the respective agencies broaden their areas of I&R coverage and provide in simple, everyday language, both in English and Hispanic, the most current information on the older Americans' entitlements.

CSA is also exploring with the Administration on Aging (AoA), OHR/DHEW more innovative and fruitful interagency agreements to serve as the basis to ensure that all possible older Americans benefit from the AoA and CSA programs. We see these programs as being complementary rather than duplicatory and CSA's programs filling in the gaps of services where they exist or providing services where they are nonexistent.

The departments of USDA, HUD and DOL are also to be focal points where we hope to enter into inter-agency agreements and join in new and experimental programmatic endeavors.

CSA'S RESEARCH AND PILOT PROGRAMS

The CSA research and pilot programs support new projects which test the feasibility of different approaches to old problems of the older Americans. They also supplement existing knowledge in a variety of problem areas which are growing more acute and numerous for the older low-income American.

In response to some of these problems four Federal agencies and the Ford Foundation are engaged in the second year of the national elderly victimization prevention and assistance program. The national program consists of seven local demonstration projects in six cities, a central coordinating agency and a long-term impact evaluation of the effectiveness of the projects.

This joint undertaking by CSA, LEAA, and HUD began in 1977 to demonstrate how to reduce and prevent crime against the elderly. The projects were established in six large cities, including two in New York City. CSA is funding three of these projects—New York City, Milwaukee, and New Orleans—at an annualized amount of nearly \$750,000.

Some of the results from the CSA projects of the national demonstration program in fiscal year 1978 are:

1. *Helping the elderly avoid victimization.*—All of the projects offer crime prevention education to senior citizens. Information is given so that the elderly can modify their daily routines, making them less vulnerable to robberies, burglaries, purse-snatchings, and other crimes. New York's "senior citizens' crime assistance and prevention program" (SCCAPP) developed packets for senior citizens which contain pamphlets and fact sheets on crime prevention strategies. The New Orleans program, elderly victimization prevention and assistance program (EVP&AP), uses both a local volunteer group, Women Against Crime, and the police to help conduct presentations. The Milwaukee project uses skits and role-playing to dramatize important crime prevention techniques.

2. *Home security* also helps senior citizens increase home security by surveying weaknesses and needed improvements. The Milwaukee crime prevention-victim assistance program pays for new equipment such as door viewers or locks. All of the demonstration projects conduct "Operation Identification," engraving valuables with identifying numbers to discourage burglaries and deter fencing or speed up recovery of stolen articles. In New Orleans, Operation I.D. is part of the home security surveys.

3. *Reestablishing social networks.*—All projects organize and supervise neighborhood strengthening programs. The Milwaukee project uses organizers who go

door-to-door in two target areas urging citizens to join together in block clubs. In the Sherman Park area alone approximately a dozen clubs have been established. However, all projects have found it difficult to organize transitional neighborhoods where people move frequently. These communities, where the crime rate is highest, require new kinds of techniques, some of which are being developed and tested.

4. *Aiding the elderly victims of crime.*—All projects provide victim assistance and the kind of personal attention which they do not always receive at other social service agencies. The New Orleans project picks up victimization data from the police on all crimes committed throughout the city, then reviews them to identify elderly victims. New York City's SCCAPP sends staff to the local precincts to review police crime reports. Staff members contact victims as soon as possible after the crime or make an assessment of what is needed. Case workers provide the aid directly or through referral. The New Orleans project is able to channel victims to a restitution program run by the parish sheriff's office.

Although five of the seven projects are in states with a victim compensation program, efforts to get financial compensation for elderly clients have generally proved futile, indicating the need for a number of changes to better meet the needs of elderly victims.

5. *Expanding public awareness.*—Projects advocate for public policy changes which will reflect the seriousness of crime against the elderly. While the non-CSA funded program in New York City has moved to disseminate information within the city, the CSA-funded program has extended its public policy activities to the State level. It has organized an elderly ad hoc crime planning group and has adopted a series of resolutions recommending legislation affecting the elderly and crime which have been forwarded to the Committee on Aging of the New York State Assembly.

EVP&AP staff have organized the New Orleans Federation on Aging, a coalition of approximately 20 representatives from local groups. The coalition has been incorporated within the past 3 months.

Another research and demonstration project approach and funded by CSA at the close of the fiscal year is a cooperatively-funded "university centers demonstration project for seniors" sponsored by the National Council on Aging's inter-generational services program. Funds are also supplied by NCOA and the Robert Wood Johnson Foundation. This project will enable NCOA to test a campus-based community service/learning center in seven college centers, with 13 universities, colleges and seminaries involved, across the Nation. Such centers will use students to help the elderly in a variety of ways—social services, classes, health care, and home-help.

The project, while providing much needed assistance to the elderly poor, also provides jobs for college students and an introduction to many faculty members and academic disciplines to the field of gerontology. This communication between the old, young and university staff should provide valuable personal insights to both generations.

CSA in fiscal year 1978 received final reports on previously funded successful research and demonstration projects including Project EXITO (Spanish for success) in Natalia, Tex., to assist elderly rural Hispanic-Americans obtain the support necessary to remain in their homes, and project "employment options for the elderly poor," undertaken by the Institute for Regional Affairs of Bucknell University to test the feasibility of business and local government to provide jobs for the elderly in an economically-depressed area in central Pennsylvania.

ADVOCACY

In fiscal year 1979, CSA also awarded a grant to the National Senior Citizens Law Center for a legislative aid and advocacy training project. The elderly, perhaps more than any other group, rely upon governmental programs for their basic health, income and nutrition. The new project will build on the existing legislative, judicial, and administrative advocacy networks—of which NSCLC is already an integral part—by expanding them to include local, State, and regional CSA advocates for the elderly. An indepth training program will provide knowledge about the methods of effective advocacy. At least five regional or biregional training conferences will be held across the country in fiscal year 1979 and the NSCLC will provide legislative aid to CSA grantees to assist them in preparing public and written testimony on congressional bills introduced at the Federal and State levels and also city and county levels. The NSCLC will also provide legisla-

tive aid to CSA grantees in commenting upon proposed regulations or changes in existing public laws. The CSA will be engaged in advocacy training and legislative aid and not public politicking which CSA grantees are precluded from being involved.

ITEM 16. COMPTROLLER GENERAL OF THE UNITED STATES

JANUARY 16, 1979.

DEAR MR. CHAIRMAN: In response to your December 1, 1978, request for information on our major activities concerning aging, we are enclosing a list of reports issued during calendar year 1978 on reviews of Federal programs concerning the elderly (enclosure I). We have also included a list of jobs in process which concern the elderly (enclosure II) and a statement of the General Accounting Office's "in-house" activities for the elderly (enclosure III).

Copies of the issued reports are being provided to your office separately. A summary of the major findings and conclusions for each report is included in a digest bound in the report or in the letter transmitting it.

Sincerely yours,

ELMER B. STAATS,
Comptroller General of the United States.

Enclosures.

ENCLOSURE 1.—GENERAL ACCOUNTING OFFICE ISSUED REPORTS WHICH CONCERN THE ELDERLY

<i>Title</i>	<i>Date</i>
Report to the Chairman, Subcommittee on Health, Senate Committee on Finance, on Medicaid Insurance Contracts—Problems in Procuring, Administering, and Monitoring (HRD-77-106).	Jan. 23, 1978.
Letter to the Chairman, Subcommittee on Intergovernmental Relations and Human Resources, House Committee on Government Operations, on Listing of Physicians and Group Practices Receiving Over \$100,000 in Medicare Payments (HRD-78-32).	Feb. 7, 1978.
Report to Representative Elizabeth Holtzman on the Social Security Administration Needs to Improve Its Disability Claims Process (HRD-78-40).	Feb. 16, 1978.
Report to the Congress on Number of Newly Arrived Aliens Who Receive Supplemental Security Income Needs to be Reduced (HRD-78-50).	Feb. 22, 1978.
Letter to the Secretary, Health, Education, and Welfare, on Actions Needed to Improve the Nutrition Program for the Elderly (HRD-78-58).	Feb. 23, 1978.
Report to the Chairmen, Senate Special Committee on Aging; Senate Committee on Human Resources; Subcommittee on Aging, Senate Committee on Human Resources; Subcommittee on Select Education, House Committee on Education and Labor; and House Select Committee on Aging; on the 1975 Amendments to the Older Americans Act—Little Effect on Spending for Priority Services (HDR-78-64).	Mar. 6, 1978.
Letter to the Chairman, Permanent Subcommittee on Investigations, Senate Committee on Governmental Affairs, on Review of Grant Funds to the Sacramento Foundation (HRD-78-62).	Mar. 6, 1978.
Letter to the Chairman, Permanent Subcommittee on Investigations, Senate Committee on Governmental Affairs, on Washington State's Procurement of Services from Electronic Data Systems Federal Corporation Under the Medicaid Management Information Systems Program (HRD-78-66).	Mar. 9, 1978.
Report to the Congress on Further Improvements Needed in Investigations of Medicaid Fraud and Abuse in Illinois (HRD-78-46).	Mar. 10, 1978.
Report to the Congress on Twenty-Year Military Retirement System Needs Reform (FPCD-77-81).	Mar. 13, 1978.

ENCLOSURE 1.—GENERAL ACCOUNTING OFFICE ISSUED REPORTS WHICH CONCERN
THE ELDERLY—Continued

<i>Title</i>	<i>Date</i>
Report to the Congress on Information and Referral for People Needing Human Services—A Complex System That Should Be Improved (HRD-77-134).	Mar. 20, 1978.
Letter to Representative Benjamin S. Rosenthal on Review of Certain Operations of Group Health Incorporated Under Part B of Medicare in Queens County, New York (HRD-78-104).	Apr. 11, 1978.
Staff Study on Inconsistencies in Retirement Age: Issues and Implications (PAD-78-24).	Apr. 17, 1978.
Report to the Congress on Effect of the Employment Retirement Income Security Act on the Termination of Single Employer Defined Benefit Pension Plan (HRD-78-90).	Apr. 27, 1978.
Report to the Congress on States Should be Fully Reimbursed for Interim Assistance to Supplemental Security Income Recipients (HRD-77-145).	May 15, 1978.
Letter to Representative John N. Erlenborn on Testing of SSA's Payment Records Before Enactment of Recent Legislation to Determine if Federal Black Lung Benefit Payments Were Correctly Reduced by State Workmen's Compensation Payments (HRD-78-109).	May 16, 1978.
Report to the Secretary, Health, Education, and Welfare, on Review of SSA's Supplemental Security Income Program Concerning Substantial Overpayments to Recipients (HRD-78-118).	May 22, 1978.
Report to the Congress on Supplemental Security Income Quality Assurance System: An Assessment of Its Problems and Potential for Reducing Erroneous Payments (HRD-77-126).	May 23, 1978.
Letter to the Secretary, Health, Education, and Welfare, on Recovery of Overpayments Requirements Under the Aid to Families With Dependent Children Program (HRD-78-117).	May 25, 1978.
Letter to Chairmen, Senate Committee on Finance and House Committee on Ways and Means, on Substantial Overpayments to SSI Recipients Occur Because SSA Determines Eligibility and Benefit Amounts on a Prospective Quarterly Basis (HRD-78-114).	May 26, 1978.
Letter to Chairman, Subcommittee on Oversight and Investigations, House Committee on Interstate and Foreign Commerce, and Representative Anthony Toby Moffett on the Low Medicare Part B Assignment Rates in Connecticut (HRD-78-111).	May 31, 1978.
Report to Representatives Charles Rose and John E. Moss on Procedures to Safeguard Social Security Beneficiary Records Can and Should Be Improved (HRD-78-116).	June 5, 1978.
Report to the Congress on Better Services at Reduced Costs Through an Improved "Personal Care" Program Recommended for Veterans (HRD-78-107).	June 6, 1978.
Report to the Congress on Are Neighborhood Health Centers Providing Services Efficiently and to the Most Needy? (HRD-77-124).	June 20, 1978.
Report to the Congress on Savings Available by Contracting for Medicaid Supplies and Laboratory Services (HRD-78-60).	July 6, 1978.
Report to the Congress on Disability Provisions of Federal and District of Columbia Employment Systems Needs Reform (FPOD-78-48).	July 10, 1978.
Letter to Representative Edward R. Roybal on Questions on Recently Reported Projection of Aliens Receiving Supplemental Security Income Benefits (HRD-78-136).	July 18, 1978.
Letter to the Chief, Health Professional Staff, Senate Committee on Finance, on Survey of Medicare Reimbursement for Return on Investment in For-Profit Hospitals (HRD-78-152).	July 31, 1978.
Letter to the Staff Director, House Select Committee on Aging, on Estimate of the Cost to Implement H.R. 10738, A Bill Liberalizing Home Health Benefits Under Medicare (HR8-188).	Aug. 3, 1978.
Report to the Congress on Replacing Missing SSI Checks—Recipients Waiting Longer Than Necessary (HRD-78-28).	Aug. 22, 1978.

ENCLOSURE 1.—GENERAL ACCOUNTING OFFICE ISSUED REPORTS WHICH CONCERN
THE ELDERLY—Continued

<i>Title</i>	<i>Date</i>
Letter to the Chairman, Railroad Retirement Board, on Serious Physical Security Deficiencies at RRB's Chicago Headquarters and Steps Taken by the Board to Correct Same (HRD-78-162).	Aug. 29, 1978.
Letter to Chairmen, House Committee on Education and Labor and Senate Committee on Human Resources, on Black Lung Benefit Payments to Widows by SSA Not Reduced When Recipient Also Receives State Workmen's Compensation Payments (HRD-78-157).	Sept. 6, 1978.
Letter to the Chairman, Subcommittee on Social Security, House Committee on Ways and Means, on Savings to Social Security System If Benefits Were Calculated to the Nearest Penny (HRD-78-160).	Sept. 8, 1978.
Report to the Chairman, Permanent Subcommittee on Investigations, Senate Committee on Governmental Affairs, on Attainable Benefits of the Medicaid Management Information System Are Not Being Realized (HRD-78-151).	Sept. 26, 1978.
Report to the Chairman, Subcommittee on Oversight, House Committee on Ways and Means, on Opportunities to Reduce Administrative Costs of Professional Standards Review Organizations (HRD-78-168).	Oct. 12, 1978.
Letter to the Secretary, Health, Education, and Welfare, on Ohio's Medicaid Program: Problems Identified Can Have National Importance (HRD-78-98A).	Oct. 23, 1978.
Report to the Congress on Evaluation of Four Energy Conservation Programs—Fiscal Year 1977 (EMD-78-81).	Nov. 21, 1978.
Letter to the Secretary, Health, Education, and Welfare, on Improvements Needed to Insure the Accuracy of SSI Retroactive Payments (HRD-79-26).	Dec. 11, 1978.
Report to the Congress on Liberal Deposit Requirements of States' Social Security Contributions Adversely Affected Trust Funds (HRD-79-14).	Dec. 18, 1978.
Letter to the Secretary, Health, Education, and Welfare, on Payment Problems and Potential Program Abuses Identified During Examination of Alternatives to Financing Student Benefits Under SSA's Retirement, Survivors, and Disability Insurance Program (HRD-79-27).	Dec. 22, 1978.
Letter to the Chairman, Subcommittee on Transportation and Commerce, House Committee on Interstate and Foreign Commerce, on Comments on 10 Bills to Increase Railroad Retirement Benefits (HRD-79-23).	Dec. 28, 1978.

ENCLOSURE 2.—GENERAL ACCOUNTING OFFICE JOBS IN PROCESS WHICH CONCERN
THE ELDERLY

- Review of medicare cost reimbursement system for home health care.
- Comparison of reimbursement for physicians services under medicare and private health insurance plans of selected carriers.¹
- Review of medicare claims processing system as required by section 12 of Public Law 95-142.
- Survey of hospices in the United States.¹
- Review of hospital costs for selected routine supply items.¹
- Review of medicare utilization changes and claimed cost savings by selected professional standards review organization.¹
- Review of medicare and medicaid post payment monitoring system for professional standards review organizations.
- Review of Oklahoma's utilization review system.¹
- Review of management of medicaid nursing home patient drug regimens.
- Review of federal sharing related to the medicaid program to buy-in medicare beneficiaries.
- Review of identification and recovery of medicaid overpayments to providers.

¹ Being performed at the request of committees or individual members of Congress.

- Survey of the paperwork burden on the elderly.
- Review of the compensation by Federal agency of personnel who are other than full-time employees.
- Review of the proposed retirement system for military personnel.
- Impact of medical policies on nursing home utilization by the elderly.
- Survey of Federal efforts to house low income elderly and handicapped.
- Survey of Washington Metropolitan Area Transit Authority bus and rail operations.
- Survey of the effectiveness of State and area agencies on aging.
- Survey of the Administration on Aging model projects program.
- Review of ACTION's older American volunteer programs.¹
- Evaluation of four energy conservation programs—fiscal year 1978.
- Review of the impact of Federal programs on the elderly.
- Review of the delivery of title XX social services to elderly SSI recipients.¹
- Analysis of the well-being of elderly Americans living in rural versus urban areas and in congregate housing.¹
- Survey of the administration of title XX contractors.
- Review of SSA's processing of SSI posteligibility changes.¹
- Review of large retroactive windfall payments to SSI recipients.
- Review of internal controls and performance of the SSI system.¹
- Survey of SSI payments to recipients residing outside the United States.
- Survey of HEW's regulation of residential facilities where SSI recipients reside.
- Survey of uncashed SSI, VA pension, and AFDC checks.
- Survey of income security programs in the U.S. territories and possessions.
- Survey of SSA payments to foreign beneficiaries.
- Survey of SSA retirement and survivors insurance program.
- Survey of operations at the Railroad Retirement Board.
- Review of overpayments from SSA trust funds.
- Survey of minimum retirement and survivors insurance benefit payments.
- Survey of earnings suspense file and duplicate payments.
- Review of alternatives to financing SSA student benefits.
- Survey of SSA's management of district offices.
- Survey of earnings test.
- Review of railroad retirement trust fund.¹
- Review of railroad retirement proposed legislation.¹
- Survey of SSA's program for recovering SSI overpayments.¹
- Review of request by SSA to monitor phone calls in teleservice centers.¹
- Review of security of beneficiary records used by State agencies and outside contractors.¹

ENCLOSURE 3.—GENERAL ACCOUNTING OFFICE'S INTERNAL ACTIVITIES FOR THE ELDERLY

Equal Employment Opportunity and Merit Promotion, two programs covered by GAO orders, provide the basis for our policy regarding employment of the elderly. From the prohibition of discrimination on the basis of age in employment and in selection for job vacancies, other policies and practices evolve. For instance, because training is important to enhance effectiveness and provide opportunities for advancement, older employees are included in opportunities for training, both in-house and outside the agency.

In keeping with the policy of nondiscrimination, persons over age 40 are recruited for available positions with the Office. Although an employment freeze limited our level of recruitment, 1,067 persons were appointed to permanent and temporary positions during 1978. Of that number, 131 persons (12 percent) were age 40 and older at the time of their appointment.

As of December 31, 1978, 1,800 persons (35 percent of our workforce) age 40 and older were on the rolls of the General Accounting Office. Though employees in this age group participate widely in all our programs, we especially note that we have employees age 40 and older in the upward mobility program (three) and in our cooperative education program (two). These programs usually draw participants from a younger population.

The Employee Health Maintenance Examination, a comprehensive and professional medical examination, is available on a 2-year cycle for all employees age 40 and older. Employees nearing retirement age have available individual preretirement counseling. Our Equal Opportunity Office also provides information and advice to persons regarding complaints of alleged discrimination because of age.

¹ Being performed at the request of committees or individual Members of Congress.

ITEM 17. ENVIRONMENTAL PROTECTION AGENCY

JANUARY 15, 1979.

DEAR MR. CHAIRMAN: In response to your letter of December 1, 1978, I am again pleased to report the Environmental Protection Agency's (EPA) sponsorship of job opportunities for the population aged 55 years and over.

On October 18, 1978, the White House hosted a Senior Environmental Employment (SEE) ceremony to commemorate the program's successful first year, and to honor the SEE participants, national contractors, State grantees, and national project coordinators.

This event was the high point of a year in which President Carter designated May as Older Americans Month, and EPA declared May 24 as Senior Environmental Employment Day. Also on October 18, President Carter signed the reauthorization bill for the Older Americans Act. This legislation provided a considerable boost to the Senior Environmental Employment Program by specifically citing SEE as a good resource for the country and by authorizing its expansion into all 50 States. EPA feels that this citation is due, at least in part, to the results of an Administration on Aging funded comprehensive evaluation of the program's first year of operation.

The Foundation for Applied Research—the organization conducting the evaluation—said in its final conclusions that:

"At the end of the initial year of operation, the Senior Environmental Employment Program is evaluated by the Foundation for Applied Research to be a major success. The concept of utilizing older workers in projects to improve and protect the environment has been shown to be valid. This was true within a variety of types of projects and tasks, with workers of a wide variety of educational and occupational backgrounds, and in a wide variety of administrative relationships. The first year experiences of the SEE program provides a strong foundation for further research and expansion."

Since the program has begun, it has provided meaningful part-time employment to over 200 older Americans in jobs relating to the prevention, abatement, and control of environmental pollution. The jobs include surveying toxic chemicals used in industrial areas, educating the public on areawide water quality planning, educating the public on programs in noise abatement, establishing and managing agency environmental libraries, presenting educational programs on the uses of pesticides and the hazards of poisoning to farm workers, and working on surveys of environmental carcinogens.

The effectiveness of using senior citizens for environmental jobs was proven in an earlier program. Some 72 older Americans were employed to conduct a Pesticides Inventory Program in the State of Iowa with great success. Their activities included product processing, registrations, reporting pesticide accidents, and developing a general statewide awareness of the dangers of misusing pesticides. The project was quite unique in that it involved cooperation and support of several organizations such as the State Agriculture Department, Commission on Environmental Quality, Commission on Aging, National Retired Teachers Association, American Association of Retired Persons, Iowa Public Community College System, and the Department of Labor.

The pilot programs are presently funded through August 1979 with a strength of approximately 220 older workers. Some of the enrollees have been hired by the agencies as a regular employees. Typical responses to the activities of the SEE program are:

"This program could very well prove to be one of the better ways to tackle environmental problems."—Richard F. Kneip, Governor, South Dakota.

"We feel the concept utilized in the SEE program has valid application in the abatement of other forms of environmental pollution. We feel that legislation to create a Federal Senior Employment Corps would enable the U.S. Environmental Protection Agency and the Administration on Aging to work together productively toward the control of many environmental hazards now imposed on our society."—Janet J. Levey, director, California Department of Aging.

The EPA has been a good Federal organization to pilot this effort. EPA currently administers Federal legislation designed to control, reduce, and eliminate pollution in the areas of air, water supply, wastewater, solid waste, noise, pesticides, radiation, and toxic substances. Aside from its regulatory and enforce-

ment functions, EPA provides technical and financial assistance to public and private agencies at all levels in support of pollution control and abatement programs and projects. A major concern in pollution control is the availability of qualified personnel at all levels to carry out the responsibilities mandated by Federal, State, and local environmental agencies. Moreover, environmental control activities have a relatively high potential for permanent unsubsidized employment in State and local government and in the private sector, especially in the subprofessional/technical occupations.

EPA is working to expand SEE into all eight environmental program areas. We believe that this program can be adapted easily to suit the needs of every State in meeting legislative mandates. Expanding SEE will provide an opportunity for many more older citizens to participate in and benefit from the program while improving the quality of life in general.

Sincerely yours,

DOUGLAS M. COSTLE,
Administrator.

Enclosure.

COST-BENEFIT ANALYSIS

COST-BENEFIT ANALYSIS OF MANPOWER PROGRAMS: A BRIEF SUMMARY AND CRITIQUE

Cost-benefit analysis is a practical methodology for choosing between expenditure proposals when the private market cannot make a satisfactory choice. It is most commonly employed for investment decisions in the public sector of the economy. Here, the market cannot provide an efficient allocation of investment either because the good or service is characterized by significant externalities, it has a zero or declining marginal cost, or it is to be supplied at zero price because of various socio-political objectives.

Advocates of cost-benefit analysis believe that this methodology can be a powerful tool for increasing the efficiency of resources used in government manpower program administrators have employed the technique to answer questions such as the following: (1) Should a particular program currently operating be continued, (2) which of several ongoing programs should be expanded or cut back, (3) how should the components of a specific program be modified to increase efficiency, and (4) what programs are best suited to the needs of particular groups of individuals.

Cost-benefit studies of manpower training programs have generally employed one of two major techniques for quantifying program benefits. The simplest approach is to compare the pre- and post-training incomes or wage rates of the program participants. A better method is to compare the before-and-after trainee incomes with those of a scientifically selected control group. An ideal control group would enable the investigator to measure the amount of trainee benefits attributable to the training itself.

The enchantment of earning power is not the only benefit derived from training programs. The monetary value of trainee output, if any, is occasionally incorporated into the benefit measure. Society as a whole may gain from such programs (e.g., through reduction in crime or illness), and the trainees may reap psychological benefits in ways that cannot be readily translated into specific dollar values.

The costs of manpower training programs are usually taken to be the training and administrative costs of the government. Enrollee stipends and contributions from private employers may also be included in certain cases.

Some writers state that cost-benefit analysis gives explicit recognition solely to those benefits that can be assigned monetary values. Other, noneconomic criteria for measuring program effectiveness (e.g., the percentage of persons completing a training program who obtain jobs utilizing skills in which they were trained) may be considered but are not injected into the formal benefit computations. When such "effectiveness" measures do form an integral part of the cost-benefit calculus, the technique may then be termed "cost-effectiveness" analysis. As with cost-benefit analysis, program comparisons are commonly made by means of an effectiveness-cost or a cost-effectiveness ratio.

The application of cost-benefit and cost-effectiveness analysis to government manpower programs over the past 15 years has produced highly variable results.

Most of these studies utilize the cost-benefit approach. The benefit-cost ratios obtained run the gamut from less than zero to well over 100. Even within individual manpower programs, the variation is quite large. An Urban Institute study published in 1973 cites an average (weighted) benefit-cost ratio of 6.8 for all projects in the Concentrated Employment Program (CEP). On a project-by-project basis, however, the ratios exhibit a very broad range—from 2.3 to 15.8. For a sample of Manpower Development and Training Act (MDTA) institutional training projects, the benefit-cost ratios were found to vary from -0.6 to $+21$, with an average of 2.1.

What accounts for such diverse results? In the first place, there is a considerable difference of opinion as to what constitutes cost and benefit. Definitions vary so much from study to study that separate evaluations employing the same data may yield vastly different benefit-cost ratios. A second major problem is inadequate data. The data collected often do not convey a true impression of the average or typical impact of the program under evaluation. Measurement techniques and sampling strategies differ among studies and inject unmeasurable biases into the cost-benefit calculations.

Of course, it should be stressed that the manpower programs themselves exhibit a kaleidoscopic heterogeneity in terms of real cost and effectiveness. They involve different objectives, target groups, geographic settings, and local economic conditions. And a given program may change markedly over time, so that a one-shot study does not necessarily provide an accurate longitudinal picture of program costs and benefits.

Cost-benefit and cost-effectiveness techniques are best suited for the evaluation of one single project or a set of similar projects within a specific program. However, such studies have not been routinely included in manpower program evaluations. When cost-benefit analyses are performed, the results are usually considered valid only when they present a favorable image of the program. In the case of programs that have been terminated because of a low benefit-cost ratio, the evaluation often turns out to be a rationalization for a decision already made.

Cost-benefit studies have thus had a rather limited impact on the formulation of government manpower policy. This, coupled with the bewildering variety of results that one encounters in the empirical literature, has led in recent years to a notable decline in the popularity of cost-benefit analysis as a strategy for manpower program evaluation.

COST-BENEFIT ANALYSIS OF SEE PROGRAM

The approach taken by FAR to the cost-benefit aspect of the evaluation of the AoA-EPA SEE program is straightforward. The cost-benefit analysis is applied to the program as a whole, rather than to each state program individually.

Measurement of Costs

The cost of the SEE program for the first year within the selected states is measured as the sum of the budget provided by AoA and the total contributions of the grantees. Costs of designing, launching and evaluating the demonstration program are not included as they would not be ongoing costs of a permanent program. It is recognized that the administrative overhead costs of this demonstration program can be expected to be substantially greater than the administrative overhead costs of a larger, ongoing program which might grow out of the demonstration project. A demonstration program such as this has additional overhead costs generated by startup costs, heavy initial training expenses, and relatively low economies of scale. An ongoing program 10 times the size should cost well under 10 times as much.

Measurement of Benefits

There are two categories of benefits of the SEE program. The first is the set of benefits produced by the positive impact of the activities of SEE workers on the quality of the environment. It is beyond the scope of this evaluation to attempt to measure directly the impact of SEE workers on the environment (e.g., how much cleaner the water in Pennsylvania has become as a result of that State's SEE project). Further, even if such direct measures were feasible, the diversity of state projects would preclude a meaningful summary measure of environmental impact.

FAR has measured indirectly the impact of the SEE program on the environment by asking EPA officials managing the individual State projects to estimate the costs of duplicating the efforts of the SEE workers with regular full-time personnel. The number of full-time workers needed to perform the functions of the SEE workers times their salaries-plus-fringe benefits, plus other costs (travel, etc.), has provided a proxy, measured in dollars, for the impact of SEE workers on the quality of the environment.

The benefits of the SEE program accruing to the SEE workers themselves—increased happiness, self-esteem, social participation—are not readily translatable into dollars. FAR has not attempted to do so. These benefits have been measured directly through a series of surveys of the workers. They are reported in chapter II and are briefly summarized in this section.

The above approach does not provide the traditional cost-benefit ratio. For reasons already noted, such as the relatively high overhead of a demonstration program and the difficulty of translating worker benefits into dollar figures, this would be inappropriate. However, it does provide an indirect dollar measure of the impact of SEE workers on the environment and a measure of the benefits to the older workers themselves.

The Costs

The cost of the SEE program is measured by the sum of the budget provided by AoA (\$1,000,000) and the total contribution of the grantees (\$120,708). This amounts to a total program cost of \$1,120,708.

The Benefits to the Environment

There is no practical way to measure directly the impact of the SEE workers on the environment. Therefore, we have measured the dollar value of the impact of SEE workers on the environment by totaling the estimated costs of the 10 States duplicating the work of the SEE workers by using regular full-time personnel, taking into account any productivity differences. This amounted to \$1,341,057. Thus, \$1,341,057 of environmental benefits were obtained for a cost of \$1,120,708, for a net saving of \$220,349 or 10.4 percent.

The Benefits to the Workers

The benefits to the individual worker of participating in the SEE program are analyzed in detail in chapter II. Three-quarters of the SEE workers reported that their lives had improved as a result of SEE participation. Most of these viewed the primary source of improvement in terms of increased self-esteem and interest in life. For some SEE workers the impact of participation was dramatically positive, resulting in a major improvement in well-being.

In addition to the environmental benefits and the benefits to the workers, the SEE program has had other important positive impacts. One of these is an increased appreciation by supervisors and administrators in the environmental field for the potential contribution of older workers. More generally, the success of the SEE program is adding significantly to the body of evidence that older Americans, male and female, of various educational and occupational backgrounds, constitute a vital and underutilized supply of labor which our society cannot afford to overlook.

Summary

The above can be summarized in the form of a cost-benefit statement. For a cost of \$1,120,708, the SEE program produced the following benefits:

- (1) Work in the environmental field which would have cost \$1,341,057 if done by regular full-time workers (and which in many cases would not have been done at all).
- (2) Improvement in the lives of at least 125 older Americans and great improvement in the lives of at least 60 of these.
- (3) Indirectly, greater employment opportunities for other older Americans and an increased utilization of the contributions of which such older persons are capable.

CONCLUSIONS AND RECOMMENDATIONS

At the end of the initial year of operation, the Senior Environmental Employment Program is evaluated by the Foundation for Applied Research to be a major success. The concept of utilizing older workers in projects to improve and

protect the environment has been shown to be valid. This was true in a variety of types of projects, within a variety of types of tasks, with workers of a wide variety of educational and occupational backgrounds, and in a wide variety of administrative relationships.

The first-year experience of the SEE program provides a strong foundation for further research. FAR presents the following recommendations:

CENTRAL RECOMMENDATIONS

(1) *The SEE program should be expanded.*—The success of the demonstration project warrants expansion (1) to all fifty States, and (2) within states already having SEE programs. Such expansion should be made carefully and incrementally. States currently without SEE projects should begin with projects of the same scale as current projects (15 to 20 workers).

(2) *Explore other potential utilizations of older workers in public service.*—Expansion of the SEE concept need not be limited to the environmental field (though obviously there is great potential there). The fields of public health, consumer protection, recreation and social services hold great promise for development of SEE-type programs.

(3) *Publicize the success of the SEE program.*—FARs research indicates that many state environmental employees were at first skeptical regarding the potential contributions of SEE workers but after experience with the program are almost unanimous in strong praise of the workers. Successful expansion of the SEE program depends upon the dissemination of positive findings to environmental agencies not currently involved with the SEE project, other government agencies which might develop SEE-type programs, agencies on aging, older persons, and the general public.

AUXILIARY RECOMMENDATIONS

(1) Explore the possibility of waiving, raising or otherwise ameliorating the social security earnings limitations for SEE workers and other low-wage public service workers. This limitation has been a problem for a significant number of SEE employees.

(2) Extend channels of communication within the SEE Program, especially inter-project communication, via newsletters, slide shows, conferences, etc.

(3) Explore means of reducing the expense (or increasing the reimbursement) of SEE workers' use of their own automobiles for performance of job duties. Increased insurance costs in particular are a problem.

(4) Explore the possibility of a federally sponsored health care/hospitalization program for SEE workers (and other older workers in public service). Lack of such a program has been a problem for a substantial number of SEE workers.

(5) Insure in any new SEE programs undertaken that the sponsoring state organization has direct program responsibility for the projects in which the SEE workers are to engage.

(6) Provide orientation and informational materials to state officials who are considering sponsoring SEE programs in the future in order that they fully understand the successes of other programs and the potential contributions of SEE workers.

ITEM 18. FEDERAL COMMUNICATIONS COMMISSION

JANUARY 16, 1979.

DEAR MR. CHAIRMAN: Your letter of December 1, 1978, requesting information concerning any actions or programs relating to aging which this Commission may have engaged in since 1977, sought material for inclusion in part II of your committee's next periodic report of "Developments in Aging," scheduled for publication in February of 1979.

This Commission does not have any direct responsibilities with respect to the problems of aging or the elderly and did not have any programs or take any actions directly concerned with aging or the elderly. I was asked by Congressman Pepper's counterpart House Select Committee on Aging to submit views on the subject of "Age Stereotyping and Television" and related topics; a copy of my

response to Chairman Pepper, dated January 5, 1978, is enclosed. As you will see from that response, I declined to appear as a witness because of first amendment considerations and a statutory prohibition on Commission censorship of programing that limit the Commission's actions in the area of programing.

The response to Chairman Pepper explains in greater detail the extent of and limitations on the Commission's concern with program content. You may wish to consider whether this material is suitable for your committee's report. Thank you for the opportunity to participate in the work of your committee.

Sincerely yours,

CHARLES D. FERRIS, *Chairman.*

Enclosure.

FEDERAL COMMUNICATIONS COMMISSION,
Washington, D.C., January 5, 1978.

HON. CLAUDE PEPPER,
*Chairman, Select Committee on Aging,
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: I have your recent letter inviting me to testify at a hearing on January 25, 1978, before your Select Committee on Aging on the subject "Age Stereotyping and Television." For reasons more fully explained below, I believe it would be inappropriate for me to appear as a witness in this hearing. Initially, the subject matter of your hearing involves programing, an area which enjoys the constitutional protection of the first amendment guaranteeing free speech. In addition, the Commission is prohibited by law from censoring broadcast matter and from taking any action which would interfere with the right of free speech by broadcasting. The Commission looks to the licensee, as a public trustee, to assume the responsibility for the selection of programing based on what he has learned in ascertaining the problems and needs of the community to which his station is licensed.

In its policy statement on ascertainment, the Commission stated that "... the principal ingredient of the licensee's obligation to operate his station in the public interest is the diligent, positive and continuing effort . . . to discover service area." *Statement of Policy Re: Commission En Banc Programming Inquiry*, 25 Fed. Reg. 7291, 20 RR 1901 (1960). In the fulfillment of this obligation, the licensee must consult with leaders who represent the interests of the community and members of the general public. Community leaders should represent a cross section of those who speak for the interests of the service area. This cross section includes, among many others, organizations of and for the elderly. *Ascertainment of Community Problems by Broadcast Applicants—Primer*, 41 Fed. Reg. 1381 (copy enclosed).

The program material presented on television generally enjoys the constitutional guarantees of free speech, even if it may be offensive to some viewers. Thus, the Commission must rely on the good taste and responsible judgment of broadcast licensees to assure broadcast of material that would not tend to stereotype, demean, or degrade any group in the society, religious, racial, ethnic or other group including the elderly. In response to any complaints the Commission receives about programing, we urge viewers to make their concerns known directly to the stations and networks involved. In that way, the licensees are better able to exercise their professional judgment with respect to programing broadcast in their communities.

We have found in our experience that most responsible broadcasters are interested in receiving from the various elements within their service areas suggestions on programing to meet specified needs and interests. This, coupled with their own ascertainment efforts, enables them to provide a service designed to meet the needs, interests and problems of the service area. Representatives of the elderly in a community, who wish to see increased programing on topics of serious concern to the elderly, should address their suggestions to the stations and networks serving the area.

In response to other questions posed in your letter, you should be advised that at the present time no station has lost its license because it failed to respond to the concerns of the elderly in a community. In addition, we are unable to comment on whether age stereotyping on television is a problem since the Commission does not routinely monitor the content or qualitative aspects of individual television programs. I might add that our records further reveal that the Commission has received very few complaints concerning this subject.

As to your last question, asking whether the Commission would favor or oppose regulation as a means of minimizing age stereotyping on television, I can only say that such programing, though it may be viewed as—an in fact be—offensive or demeaning, falls within the protection of the first amendment. Thus, as we have already emphasized, the Commission and the public must look to the networks and station licensees to exercise responsible judgment in making programing determinations.

I trust that you will find the above information helpful. Should you have need for any additional information, please let me know.

Sincerely,

CHARLES D. FERRIS, *Chairman*.

ITEM 19. FEDERAL TRADE COMMISSION

JANUARY 22, 1979.

DEAR MR. CHAIRMAN: The Federal Trade Commission is pleased to respond to your request for a report on our actions and programs related to aging during the past year. As you know, the responsibilities of the Federal Trade Commission include the protection of consumers from commercial abuses and the enforcement of antitrust laws. Many of these activities do, we believe, result in a more competitive and fairer commercial environment and this should be of particular benefit to older people, especially those who must live on a fixed income, enclosed is a staff summary of Commission activities during 1978 which particularly impact older Americans.

In reviewing the list of Commission activities, I think you will find that the Federal Trade Commission is deeply committed to helping elderly persons. We appreciate the opportunity to assist the committee in its work and we hope you will call on us if we can help in any other way.

By direction of the Commission.

MICHAEL PERTSCHUK, *Chairman*.

Enclosure.

STAFF SUMMARY OF FEDERAL TRADE COMMISSION PROGRAMS RELATED TO AGING

(1) NURSING HOME INVESTIGATION

The Commission is currently investigating alleged economic abuses in the nursing home industry. Nearly 1.2 million people reside in the Nation's 24,000 nursing homes. The staff is particularly concerned about a number of practices, including:

Contract provisions which absolve the home from financial liability for injury to the patient or theft of the patient's property.

Prohibitions which prevent the patient or family members from buying supplies on the open market with the result that they must pay inflated prices.

Contract provisions requiring the patient's guarantor to waive all rights to be informed of changes in the terms of the patient's care or in charges. As a result the guarantor may be required to pay for services not knowing in advance what those services are or how much they cost.

Contract provisions requiring the guarantor, if he sues the home, to pay all costs of litigation, even the fee for the nursing home's attorney.

Failure to disclose to a patient before entering a home what behavior or financial condition will precipitate eviction.

Life care contracts which require the patient to turn over all assets as a condition of admission without an opportunity to cancel after a reasonable period of time.

Possible remedies under active consideration by staff as part of a possible trade regulation rule include:

Requiring nursing homes to disclose all pertinent information about charges and fees, termination policies, and refund practices.

Prohibiting possibly unfair safety, theft, and waiver clauses in admissions contracts, and other one-sided contract provisions, like requiring the guarantor to pay all costs of litigation against the home.

Requiring that life-care contracts include a 60-day trial period.

Allowing patients and their families freedom of choice to purchase supplies on the open market.

(2) BLUE SHIELD ANTITRUST INVESTIGATION

The Commission continued its antitrust investigation of Blue Shield in 1978 and the Commission staff expects to make its recommendation to the Commission in the near future. That investigation concerns alleged physician control of the 71 Blue Shield plans and the Blue Shield Association. The investigation is examining the nature and extent of physician control of the Blue Shield organizations and its impact on competition in the delivery of health care.

According to the staff investigation, approximately 40 percent of the population pays for physician services through Blue Shield. In 1976, Blue Shield plans paid out about \$6.5 billion, including \$4 billion from consumer premiums and \$2.5 billion from Federal funds. Thus, their policies and practices may significantly affect fee levels and other forms of competition in the provision of health care.

(3) PROPOSED TRADE REGULATION RULE ON FUNERAL PRACTICES

The Commission is now considering the proposal of its staff that it issue a trade regulation rule concerning funeral practices. After an extensive rulemaking proceeding lasting several years and, based on an analysis of the 45,000-page record, the staff believes that bereaved relatives are frequently denied price and other basic information necessary for an informed choice and that regulations are necessary to curb certain abuses at funeral homes. The staff estimates that many of the 2 million people who purchase funerals every year will be able to save \$200 to \$1,000 through use of information provided by operation of the proposed rule.

The rule recommended by the staff would require that, before making a selection, the purchaser be furnished with price lists for caskets and burial containers (such as vaults or grave liners) and a general price list itemizing amounts for funeral service and merchandise and also stating that embalming may not be done without permission. The purchaser also would later have to be given an itemized agreement listing the prices of the merchandise and services that were selected.

To ensure that consumers can make informed decisions and comparison shop if they desire, the rule would require that funeral directors quote prices over the phone, and send a copy of the general price list upon request and include in advertisements a notice that price information is available over the telephone. The staff's proposed rule also contains provisions that would prohibit misrepresentations and other deceptions by funeral directors.

The Commission has not yet decided whether, or in what form, to issue a regulation. That decision will be based upon a review of the entire record, including the staff's report, the presiding officer's report and any public comments on the reports.

(4) STUDY OF MEDICARE SUPPLEMENT INSURANCE

The Commission has released a staff issues paper on Medicare supplement insurance (or "Medigap") in response to allegations of various abuses in sales of these policies to the elderly. It has been alleged that some agents sell several policies with overlapping, worthless coverage to the same person; this is called "stacking." Allegedly, agents' sales pitches sometimes represent that a policyholder's current coverage is inadequate and that extra policies will fill the gaps. Another alleged marketing abuse is "twisting," or persuading people to cancel their policies and buy new ones which subject them to new exclusions and waiting periods.

Agents may have an incentive to engage in overselling and twisting because they typically receive high first year commissions on Medigap policies; a 65 percent commission is routine, and a 100 percent first year commission has been reported.

Consumers have so little information about medicare supplement policies that it is almost impossible for them to make rational purchase decisions. This lack of information may, in turn, facilitate agent misrepresentations about unstandardized policies.

The variety of differing policies makes it extremely difficult for buyers to compare benefits and premiums. As a result companies are not forced to compete on price and many offer policyholders only a very low return.

State regulations of medicare supplement insurance differ widely, and the FTC has recommended that an impact evaluation study be performed to determine their relative effectiveness. Such an evaluation could assess the strengths

and weaknesses of each State's system. To aid in the design of a full-scale impact evaluation, the FTC has contracted with an organization to perform a preliminary methodology study. This design-phase project will involve preparation and pretesting of survey instruments for use with both industry and consumers.

An FTC staff member is also serving on the advisory committee to the National Association of Insurance Commissioners' task force on medicare supplement insurance.

(5) PROPOSED TRADE REGULATION RULE ON HEARING AIDS

The Commission is now considering a staff proposal that the FTC issue regulations designed to curb abuses in the sales of hearing aids. In the staff's report on the proposed rule, which was issued on November 19, 1978, after a rulemaking proceeding lasting several years, the staff noted evidence of numerous abusive selling techniques in the hearing aid industry.

For example, the staff report says some retailers sell used hearing aids as new. In addition, some sellers represent that hearing aids will function in a manner similar to the way a normal ear functions or claim that hearing aids will retard or arrest the progression of hearing loss when such is not possible.

Under terms of the recommended rule, the buyer may invoke a 30-day right to return the hearing aid if the hearing aid is unsatisfactory in any way. If the buyer exercises that right, he would be entitled to most of his money back. The recommended rule would permit the seller to retain specified cancellation charges amounting to \$50 for each hearing aid returned.

The recommended rule would also restrict the manner in which prospective hearing aid customers could be obtained. In addition, it would provide consumers with protection against unsolicited and unannounced sales visits at their homes or places of employment. People selling hearing aids would be required to identify themselves as sales persons under terms of the proposed rule. According to the staff, the record indicates that many people selling hearing aids represent themselves as "experts" to prospective customers. Under terms of the recommended rule, misleading advertising and misrepresentations by sellers would be prohibited and high pressure sales tactics would be discouraged. The recommended rule would require all hearing aid sellers to give each buyer certain simply worded documents which clearly spell out the buyer's right to return the hearing aid within 30 days of delivery. In addition, the seller is required to state orally that the hearing aid may be returned. If these documents are not given to the buyer, or if there are oral misrepresentations by the seller, the FTC can impose civil penalties on the seller.

Of the estimated 650,000 hearing aids purchased annually in the United States, most are bought without the involvement of a medical specialist. About half of all such sales are consummated in the consumer's home. It is in such cases that many abuses take place, according to the FTC staff.

The Commission has not yet decided whether, or in what form, to issue a regulation. That decision will be based on a review of the entire record, including the staff's report, the presiding officer's report, and any public comments on the reports.

(6) STUDY OF GENERIC DRUG SUBSTITUTION LAWS

The FTC has just released a staff study of generic drug substitution. That study indicates that consumers could save hundreds of millions of dollars in prescription drug costs if the marketplace fostered the purchase of the lowest-cost generic equivalent. We believe that the lack of price competition in this market has been caused in part by State laws preventing pharmacists from substituting less expensive generics.

Along with the staff study, the FTC released jointly with HEW a model generic drug substitution law for the States. About 40 States do now permit some form of pharmacist selection of generic rather than brand-name drugs. The State laws, however, vary greatly in their potential effectiveness; indeed some "substitution" laws impose so many burdens and restrictions on the substituting pharmacist that substitution simply does not take place.

Because the States are currently in a period of transition, it may be too early to enact preemptive Federal legislation, particularly in light of the likely costs of Federal enforcement. A better approach, at this stage, we believe, would be to observe and evaluate the States' efforts to enforce their laws through the

pharmaceutical regulatory bodies and mechanisms already at their disposal. At the same time, the FTC will continue to monitor carefully the success of substitution, and stand ready to take whatever action is necessary to ensure the health of price competition in the prescription drug market.

(7) TRADE REGULATION RULE CONCERNING EYEGLASSES

On July 13, 1978, a trade regulation rule issued by the FTC went into effect for the ophthalmic goods industry (eyeglasses and contact lenses). The rule removes virtually all public and private restraints on the advertising of price and availability of eye examinations and prescription lenses. It also requires that consumers have a right to receive a copy of their prescription when corrective lenses are called for. The purpose of this rule is to promote the flow of information to consumers and to allow them to shop around more effectively.

The Commission believes that this regulation will significantly increase the amount of price competition for prescription eyewear and should substantially reduce prices. As 93 percent of those over 65 use some form of corrective eyewear, this should be of particular value to older persons. In 1975, consumers spent over \$4.1 billion in this industry and various surveys have shown that prices of eyewear vary by as much as 100 percent to 300 percent from seller to seller. Several analytical studies have indicated that prices in states where advertising is permitted are 25 percent to 40 percent lower than where advertising is not allowed. The Commission staff has estimated that the savings to consumers as a result of this regulation could range from \$250 to \$400 million.

(8) STUDY OF "INDUSTRIAL" INSURANCE

The FTC staff is conducting a preliminary study of "industrial" insurance and plans a more detailed study. Industrial insurance consists of small policies (usually under \$1,000) sold door-to-door, mostly to low-income persons. Premiums are due monthly or weekly and generally are collected by the agent at the policyholder's home. Most "industrial" insurance is "permanent" (or "whole life") insurance, but some health, accident and fire is also sold.

"Industrial" premiums in 1977 were about \$1.3 billion, with approximately 101 million policies in force. While "industrial" insurance is sold to people of all ages, "industrial" policyholders are disproportionately elderly females when compared to other policyholders. In 1977, 61.7 percent of "industrial" insureds were over 69 at age of death and 62.1 percent of claims were made on policies which had been owned for 30 years or more. Because premiums on these old policies are based on how outmoded interest and mortality assumptions unfavorable to policyholders, these elderly policyholders have probably paid very high costs over many years, for relatively small benefits.

The FTC is preparing a preliminary staff issues paper which examines allegations that "industrial" insurance is typically high-cost insurance which provides little relative value for purchasers. This problem may be caused by the lack of consumer information about the costs and benefits of "industrial" insurance relative to alternatives. It also reviews allegations of unfair sales techniques used for this kind of insurance. We expect that this staff issues paper will be released in the near future.

ITEM 20. NATIONAL ACADEMY OF SCIENCES

MARCH 19, 1979.

DEAR SENATOR CHILES: This is in response to your letter of December 1, 1978 and more recent discussion by telephone with your staff concerning preparation of the committee's annual report summarizing Federal programs related to aging. As was indicated, the National Academy of Sciences is a private, nonprofit institution that was created by act of Congress in 1863 to provide advice to the Federal Government on matters of science and related technology. Academy programs that relate to aging are located in the National Research Council and the Institute of Medicine.

In response to a 1977 request from the National Institute on Aging, a committee on Aging was established within the NRC's Assembly of Social and Behavioral Sciences (ABASS) to provide assistance to that institute in developing its

research plans, including the stimulation of high-quality research on topics not yet receiving major attention, and to encourage behavioral and social scientists to participate in research and discussions on these topics. Workshops are planned by the committee dealing with stability and conflict in the elderly family, with the new elderly (those who will be 65 or over in the next several decades), and with biology and behavior. These projects are to provide support on behalf of the 1979 White House Conference on the Family. Recently the Administration on Aging has asked that the NRC assist in developing options on manpower policy for the aging and to conduct assessments of needs measured against such policies. These tasks also are a responsibility of ABASS.

The Institute of Medicine, in the exercise of its responsibilities for identifying issues of medical care, research and education recently completed a study concerning aging and medical education. This study was financed by the National Institute on Aging and grew out of concern emerging from the 1976 Anglo-American Conference on the Care of the Elderly, sponsored jointly by the Institute of Medicine and the Royal Society of Medicine. The major concern of the study dealt with an investigation of the effectiveness with which knowledge of aging is currently being incorporated in medical education. A report was issued on this study in September 1978.

It should be noted that these projects are integral components of the research programs of the respective Federal agencies who sponsor the projects and are likely to be referenced more generally in their reports to your committee.

If we may be of further assistance to your committee, please do not hesitate to call upon me.

Sincerely yours,

PHILIP HANDLER, *President.*

ITEM 21. NATIONAL ENDOWMENT FOR THE ARTS

JANUARY 12, 1979.

DEAR MR. CHAIRMAN: I am pleased to report to you on the fiscal year 1978 activities of the National Endowment for the Arts related to the programs for older adults.

Enclosed is a summary of the Endowment's activities specifically related to older persons. Of course, all Endowment grantees are encouraged to include all segments of the population in their programs, regardless of age. Perhaps the most important factor which I have become aware of since I became Chairman of the Endowment a little over a year ago is that there is a great deal of new interest on the part of administrators of arts and aging programs, alike, as to how the arts can be made available to older persons. This bodes well for both fields, particularly in view of the Commission on Civil Rights' report several months ago concerning age discrimination.

I trust this information will be useful to you in completing your annual report to Congress. Please let me know if I can be of further assistance.

Sincerely,

LIVINGSTON L. BIDDLE, Jr.,
Chairman.

Enclosures.

SUMMARY OF ACTIVITIES RELATING TO OLDER ADULTS, FISCAL YEAR 1978

The National Endowment for the Arts believes that the arts should be made available to as many people as possible. In pursuing this goal, the Endowment has a coordinator of special constituencies who is responsible for advocacy efforts related to older adults, disabled and institutionalized populations. The coordinator also provides information and technical assistance to organizations dealing with arts and aging programs which seek to develop cultural opportunities for older adults.

Through its office of special constituencies and its grant programs, the Arts Endowment is actively engaged in making the arts more accessible in the firm belief that the arts are catalysts for vitalization and enrichment of all individuals, regardless of age. Our advocacy program for special constituencies includes: (1) determining what arts programs already exist for them; (2) advocating more support for addressing their needs through the Endowment's programs and

those of other Federal agencies; (3) recommending ways in which the Endowment can ensure that the arts are made more widely available to them; and, (4) providing technical assistance to individuals and organizations seeking information and assistance in developing arts programs.

Regrettably, attitudinal and policy barriers which hamper efforts to provide creative experiences for older adults continue to persist. Many administrators in the field of aging do not yet understand how the arts can stimulate mental growth, foster self-confidence, and provide opportunities for intergenerational learning.

Last March, I submitted congressional testimony on the reauthorization of the Older Americans Act. In my statement, I said: "The National Endowment for the Arts supports the premise that ageism has no place in our society. We have begun a campaign to sensitize cultural institutions and our colleagues in the arts to ways then can include both frail and independent older persons in arts programs and services designed to play an effective role in modifying long-held attitudes about the aged."

Each year, we continue to see a greater sensitivity among administrators of both arts and aging programs to how the arts can relate to older persons. Largely this is a result of more artists and arts organizations recognizing not only the value of developing older persons as audiences for the arts, but also the tremendous creativity and sensitivity they bring to the arts. By next year at this time, I should hope to be able to report to you that the number of Endowment programs involving older persons has increased significantly.

Endowment support to the National Council on Aging's Center on Arts and the Aging helped it sponsor the second of its nationwide conferences on arts and aging. This conference which took place in January 1978, in Lexington, Ky., was devoted to exploring arts education opportunities for older adults. The proceedings from this conference will be available shortly, and I will be certain that you receive a copy. The older adults participating in the Lexington conference testified strongly to the value of the arts in their daily lives and supported the Endowment's premise that arts programs and services are a major force in reintegrating older adults into society.

Endowment support has also helped the center sponsor three regional training seminars designed to expose practitioners of arts and aging programs to each other and to foster dialogues between them. These seminars were responsive to the interests and needs of managers of arts and aging programs in each particular geographic region and were aimed at orienting them to opportunities for mutual collaboration. The center continues to be a valuable national information clearing house and an effective technical assistance resource. Mrs. Jacqueline Sunderland, the executive director of the center, is an experienced and knowledgeable advocate for arts programming for older adults. Through her commitment and energy the center will be developing a stronger publications component in the next fiscal year. These publications will enable the center to disseminate its technical assistance, expertise, and knowledge of viable arts projects to larger numbers of organizations dealing with arts and aging programs.

ARCHITECTURAL ACCESSIBILITY

Although the majority of older persons are not physically handicapped, many suffer from physical impairments which make it difficult for them to enjoy cultural activities. Often, they may be prevented or discouraged from participating in an event because of architectural barriers within or at the entrance of concert halls, museums, theatres or other arts centers.

The Arts Endowment has continued to support the National Arts and Handicapped Information Service which provides technical assistance and information to organizations concerned with making the arts accessible to disabled persons. The service publishes materials which illustrate how architectural and program barriers can be eliminated.

This year the Arts Endowment convened artists, arts administrators, representatives from arts and cultural institutions, and handicapped consumers to assess the impact of Federal regulations for implementing section 504 of the 1973 Rehabilitation Act concerning elimination of discrimination toward the handicapped. The work of this task force and the expertise of the National Arts and Handicapped Information Service are making the arts organizations more aware of existing barriers. These new regulations and the sensitivity they will

develop will result in access to more cultural activities by physically and mentally impaired individuals.

During fiscal year 1978, the Endowment provided design project fellowships through the architecture, planning, and design program to enable research and development of a resource compendium of information on architectural and building products appropriate for use in environments where older adults reside. Through the architecture program's design and communication category, a grant was made to support a special issue of the "Journal of Architectural Education" on design and older adults. I am enclosing a copy of this timely publication for your perusal.

FINANCIAL BARRIERS

Economic factors often are a major cause for lack of participation in arts activities by older persons. The cost of tickets to cultural events, as well as the cost of transportation, discourages attendance by those who live on limited incomes. Various arts organizations have received funds from the Endowment to help them provide tickets at reduced rates or schedule cultural activities where transportation would not pose a problem:

Concerto soloists of Philadelphia has developed a program which includes low-cost tickets to senior citizens and the disadvantaged, and a series of informal concerts given during Sunday afternoons, a time which is safe and convenient for older adults to attend.

The Minnesota Orchestral Association in Minneapolis gave a series of outdoor concerts in area parks and plazas, and two free concerts in Orchestra Hall to senior citizens and handicapped persons.

St. Paul Chamber Orchestra Society has continued to provide half-price tickets to students and senior adults for all orchestra programs. They also offer our morning concerts for nonworking individuals who are reluctant to travel at night.

The Greater Fall River Recreation Committee, Inc., has continued a street theatre project which includes several special indoor performances free of charge for the handicapped, shut-ins and senior citizens.

The Peripatetic Task Force of Chicago supports touring of plays by children and free theatre for senior citizens centers and hospitals.

The Watts Community Symphony Orchestra in Los Angeles supports a program of free intergenerational music lessons.

Dayton Civic Ballet, Inc., offers a series of noontime performances in the downtown Dayton area for shoppers, workers and older adults.

New Stage, Inc., in Jackson, Miss., provides theatre for low-income elderly citizens by ticket disbursement through the Jackson Department of Allied Services.

PROGRAM ACCESSIBILITY

It is vitally important that older adults who have so often been pushed aside at retirement age and who no longer feel they are contributing members of society not only have access to arts activities, but become actively involved in the arts. Programs which have encouraged participation by older individuals have found that not only do the older people enjoy and often gain a new self-respect, but the artists and other participants are richer as a result of their participation. Grants have been made to the following organizations which encourage active involvement by older individuals:

COMPAS, in St. Paul, supports arts workshops and arts activities at various neighborhood sites and involves professional artists in community arts programs and artist residencies with older persons.

Community Center for the Creative Arts in Greeley, Colo., encourages fine arts programs within communities and particularly includes senior citizens.

Bronx Community College has expanded project SPEAR (senior's program in education arts and recreation) to include more participation by elderly people, to stimulate workshop participation, to develop access for elderly arts students into the college's facilities, and to introduce progressive art courses which take individual students at their own speed.

Community Film Workshop in New York provides instruction in video technique to entire communities including seniors.

Lively Arts Parade in Boston has workshops for senior citizens held in conjunction with its performance season.

The Madison Civic Repertory Theatre in Wisconsin continued a program by a community-based theatre house in a retirement complex to provide multi-level involvement by seniors.

The Bilingual Foundation of Arts in Van Nuys, Calif., through the Esperanza Theatre, presents Spanish-English plays for intergenerational audiences and offers the audience a followup dialog after the performance with members of the cast and the director.

The Friends of Mime Theatre/London Theatre Workshop Ltd., in Milwaukee, supports a theatre arts program of performances and workshops for the entire community including the elderly.

The Iowa State Arts Council has developed arts programs for the aging directed by professional artists in every discipline emphasizing participation and community interaction.

The Durham Fund for Research and Development of Cultural Arts in St. Louis provides various cultural enrichment programs for older citizens, and institutionalized populations through a core of artists, educators, and researchers.

The Learning Guild, Inc., in Boston, continues their intergenerational arts program, which pairs elementary and secondary school children with senior citizens in workshops in music, photography, theatre, dance, painting, poetry, writing and puppetry.

Karamu House in Cleveland provides senior workshops in choral music, drama, visual arts and crafts.

The Dance Exchange, Washington, D.C., provides an innovative program of classes for older adults in the Washington Metropolitan area.

The Endowment's literature program has supported the following arts programs for senior citizens:

The Frederic Burk Foundation for Education in San Francisco has expanded its writer-in-resident program to include a full program with a group of senior citizens.

The Henry Street Settlement in New York has provided a 10-week residency for various writers. Activities include a weekly workshop for adults interested in fiction, nonfiction, and poetry writing, a weekly workshop specifically oriented to older adults, and a series of three public readings followed by an open discussion period.

The University of Louisville has developed a series of three residencies for writers of different genres to give workshops, consultations, and readings at various sites through the city including senior citizens centers.

The folk arts program has expanded its support of older adults. Although some of the programs funded are not directed specifically toward older Americans, the older adult constituency has benefited directly from the program's activities:

The Jewish Community Centers for South Florida, Inc., sponsored a 10-day Yiddish cultural festival, including elderly Yiddishists and artisans living in the South Beach area. The festival included a dance troupe, lectures, discussions, development of poetry and writing groups and demonstrations of Yiddish folklore and art.

The Alaska State Council on the Arts has invited six mask-makers of Alaska Native cultures to participate in demonstrations of their skills at the native arts festival of the University of Alaska.

The American Indian Historical Society of San Francisco gathered and documented the folk arts history of three major tribes in California.

The Institute for Southern Studies, Inc., in Atlanta, continued field investigation and documentation of folk arts in southeastern Illinois.

Berks Community Television in Reading, Pa., developed a cable television program series which dealt with the creative traditions of the residents of Berks County, Pa.

The Office of Navajo Economic Opportunity in Arizona supported a 2-day tribal elders workshop to teach Navajo children traditional arts, crafts, and music.

Not only is it important to document the folk traditions of a particular-local culture, but also it is extremely valuable to document the life and accomplish-

ments of older artists, and make the documentation available to the public in order to provide role-models for older persons. In this regard, the music program at the Endowment has provided funds to aid Hedy West of Stony Brook, N.Y., to record the life and music of Lillian West, who is 89.

Access to the arts for older Americans has been supported increasingly by regional and State arts agencies. The Federal-State partnership program encourages its grantees to make the arts more available to older Americans. Two examples of fiscal year 1978 grants are cited below :

The Mid-America Arts Alliance received a grant to support the expansion of its initiatives to provide greater opportunities for access to multi-State programs by nonwhite, older and handicapped individuals. This expansion emphasized involving these particular constituencies in program planning, identifying and strengthening new local sponsoring organizations which represented these constituencies, and assisted traditional community sponsors in upgrading their efforts at marketing arts activities for these constituencies.

The Western States Arts Foundation received a grant to design and implement a plan to provide increased access for ethnic groups and minority populations to regional arts activities. The Foundation provides a model for other state and community arts agencies, with a final evaluative report containing recommendations for further implementation of the project.

The special projects program supported some innovative arts and aging projects during fiscal year 1978 :

One of the most exciting special projects grants was awarded to the New School for Social Research to develop a creative arts center for older adults and to pilot a training program and curriculum serving approximately 50 professionals (artists, adult educators, senior center directors). Since training programs are essential to the development of quality arts programs for older adults, the New School's pilot could serve as a model for colleges, universities and communities seeking to develop life-long learning opportunities.

Museums Collaborative, Inc., in New York City, has increased its constituency of community organizations and arts institutions through a culture voucher program. Through this voucher arrangement, community groups of older adults are visiting cultural institutions for the first time.

The Iowa Arts Council documented its highly successful statewide arts and aging program on slide cassette and in booklet form and is making both available to the public.

Hospital Audiences, Inc., in New York City, is responsible for bringing artists to nursing homes and hospitals for performances and demonstrations.

Duke University Medical Center in Durham, N.C., has begun a pilot effort to integrate the visual and performing arts into the hospital setting not only for patients, but also for their families, hospital administrators and staffs.

The Arts Endowment and the National Council on the Arts will continue its commitment to make the arts more available to older adults and to encourage its applicants and grantees to involve older individuals in their activities.

The Committee on Aging's continued interest in and support of the Endowment's activities relating to older people are greatly appreciated.

ITEM 22. NATIONAL ENDOWMENT FOR THE HUMANITIES

JANUARY 15, 1979.

DEAR SENATOR CHURCH: In response to your request, I am pleased to enclose a report summarizing major activities for the aging supported by the National Endowment for the Humanities in 1978.

I hope that you and your committee will find this report of our activities helpful. I also hope that those who read the report find that it suggests varied ways in which humanities projects can be designed to benefit older Americans and to increase understanding both of their problems and the contributions they can make.

Please let me know if we can be of any further help to your committee.

Sincerely,

JOSEPH D. DUFFEY, *Chairman.*

Enclosure.

REPORT ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1978

INTRODUCTION

The Endowment recognizes the important contributions older Americans can and do make to this society; it also recognizes the need of older citizens to have access to information and perspectives that can aid them in making informed decisions as they confront personal and public problems and choices. Therefore, NEH encourages increased utilization by the elderly of Endowment-supported products (such as print materials, radio and television programs), and participation of older Americans in a wide variety of NEH-supported activities, including scholarship, the pursuit of additional knowledge through formal and informal educational programs, and discussions of vital public policy questions in communities across the nation.

In carrying out its congressional mandate to encourage the understanding and use of humanistic knowledge in the United States, NEH responds to needs and interests in the humanities, primarily as they are expressed in applications for specific projects. The agency does not normally designate fixed amounts of money for work in any subject area or for particular groups of individuals. Consequently there is no special NEH program for older citizens utilizing funds allocated for that group; nor is there a formal program to support study of the processes and problems associated with aging.

However, through its regular procedure for selection and support, NEH has funded a number of projects specifically designed to increase understanding or attitudes toward aging, and to provide learning experiences in the humanities for the elderly. In addition, regrants of NEH funds through the State-based humanities committees have supported many locally initiated and conducted projects of these types.

All of the activities supported by NEH to increase understanding and use of the humanities *among the general public* reach large numbers of older Americans. The following programs are particularly relevant or useful to older citizens:

Media programs.—The quality radio and television productions supported by the Endowment (e.g., the Adams Chronicle, the American Short Story series) are especially useful to older people, many of whom cannot or prefer not to leave homes. NEH encourages grantees to promote the use of media productions among senior citizens and urges applicants to plan media programs with this group in mind. Specific information on media programs and any adjunct material produced is provided to all organizations working for special groups, including the elderly.

In addition, many institutions of higher education, including community colleges, are offering courses for credit using NEH-supported television programs and accompanying written material. These courses, some of which do not require attendance on campus, are good opportunities for continuing a lifelong education, particularly for those elderly whose mobility may be limited by health or transportation problems.

Humanities radio programming serves a wide audience, including the visually handicapped, who might have limited access to the humanities in other media. For many elderly people confronting problems such as impaired vision and reduced programs, these Endowment-funded programs provide access to information as well as a mechanism for communicating with others.

Courses by Newspaper.—Since 1973, Courses by Newspaper has—with the support of the Endowment—been preparing materials for nontraditional college-level of courses at University Extension, University of California, San Diego. These courses are offered to the general public nationally each September and January through the cooperation of hundreds of participating newspapers and educational institutions. A series of newspaper articles prepared by outstanding scholars serves as the basis of a course offered at local colleges and universities for those readers desirous of earning college credit. More than 450 newspapers and 300 colleges and universities cooperate regularly to bring these courses to citizens of every State, Puerto Rico, Guam, the Virgin Islands, as well as parts of Europe, Canada, New Zealand, and the Far East.

Courses by Newspaper offers several options for those who want to engage in lifelong learning. Use of the courses can vary from reading the articles only, to independent study of additional print material, to enrollment for college credit at hundreds of institutions in all parts of the Nation. Readership for the articles

has always included a significant number of older Americans (20-40 percent of the total readership is over 65).

In addition to their function as course materials, the materials developed for Courses by Newspaper can be used to stimulate public discussions in town meeting formats; as the basis for community programs at libraries; and as the outline for thought-provoking discussion by civic groups, churches, community organizations, and service clubs—all organizations with large numbers of elderly members.

The two Courses by Newspaper in 1978 were on popular culture and taxation.

SPECIFIC NEH GRANTS SERVING THE ELDERLY

In 1978, the Endowment awarded approximately \$1,189,000 for projects specifically designed to increase knowledge about aging or to provide special materials or activities for older persons. These projects might be divided into three categories: (1) research on aging and the elderly in our society; (2) programs for older Americans; and (3) programs using senior citizens as consultants or resource people. Examples of the programs funded follow:

A. Research on Aging

(1) Aging: New perspectives in introductory courses in the humanities.—This grant was made in support of a new introductory humanities curriculum at Case Western Reserve University designed to increase student awareness of the positive aspects of aging and to dispel their negative attitudes toward older people. Teaching strategies include seminars, field trips, team teaching, films, and role playing. Faculty for the courses are drawn from the departments of art, literature, classics, history, American studies, and music, and they, as well as their students, are sensitized to the concerns of the aging through the new curriculum.

(2) Humanities planning grant—KAXE.—This award to KAXE, Northern Community Radio in Grand Rapids, Minn., was used to set up meetings between selected scholars and historical societies and KAXE staff to discuss and identify possible program subjects. The station was especially interested in further exploring programming possibilities around humanistic perspectives on the aging process.

(3) WCBB program planning grant.—Like the previous grant, this one was made by the Endowment's media programs. Channel 10—WCBB—in Lewiston, Maine used the award to finance a permanent steering committee to develop humanities program ideas for the station. Like KAXE, WCBB is particularly interested in developing programs on topics related to aging.

(4) Class, age, and sex inequalities: A comparative analysis.—This summer fellowship, awarded to a researcher in sociology at Rutgers University, supported a study on social stratification and various types of social inequality. Class stratification was compared with two other forms of discrimination—age and sex. Based upon the assumption that there is an underlying kinship among all types of social inequality, the three types of stratification were analyzed in terms of their impact upon both the individual and our society as a whole.

(5) Medicine, aging, and human values.—This grant to Michigan State University was used to secure released time for humanities faculty to introduce six new interdisciplinary courses dealing with aspects of medicine and human values. The new courses to be offered include two on aging and human values; one for graduate students in medicine, nursing, social work, public administration, and family ecology; the other for advanced undergraduates in all fields. Another of the courses introduced is on aging in America: now and later.

B. Programs for Older Americans

(1) Senior center humanities program.—This award was made to the National Council on the Aging for a program of group discussions led by trained volunteers and supplemented by community related projects, outside research and reading, and films. The program seeks to offer opportunities for older Americans to become actively involved in community affairs and in independent projects centering around their interests in the humanities. The program will be offered at 400 locations, including senior centers, church clubs, libraries, labor halls, nursing and retirement homes, and it is expected that when the project is completed in June, 1979, 50,000 persons will have participated in it.

(2) Humanities programs for residents of senior citizens housing.—B'nai B'rith has been given support for a survey of the need for and interest in humanities programming by the elderly residing in senior citizens housing, using residents of B'nai B'rith housing as a sample group. A listing of existing humanities programs for the elderly was compiled, and a panel of experts in both humanities and aging met to analyze the results and plan new programs based on the information gathered.

(3) Oklahoma image.—This grant to the Oklahoma Department of Libraries is to improve libraries services and promote quality humanities programs, stressing Oklahoma's multicultural heritage. Senior citizens are among the major audiences for these programs.

(4) A course on contemporary American music for public schools, community centers, and nursing homes.—A student at Brandeis University in Waltham, Mass. was the recipient of this youth grant in the humanities. With the Endowment's financial support, she will prepare a lecture/concert course of study on American contemporary music for young children and senior citizens. The curriculum, which will include an oral history of contemporary composers and their music, will be taught in a university course on the aging and disturbed to agencies, community centers and colleges, and music teachers and public school systems across the country.

(5) Intergenerational humanities program.—The purpose of this grant to the Learning Guild in Boston, Mass., is to establish ongoing intergenerational humanities programs by pairing youth groups with elderly organizations. Young and old will participate in humanities programs—led by professional humanists from the community—integrating values, philosophy, and history and focusing on such topics as "growing up, growing old" and "as it was/our town." About 2,000 persons are expected to participate in the program.

(6) "Northeastern Wisconsin multimedia museum education project.—With this award, the Neville Public Museum in Green Bay, Wis., will develop an outreach program to service the hospitals, homes for the elderly, senior citizens centers, and physical rehabilitation centers in Northwestern Wisconsin. Ten multimedia traveling exhibits on the history of Wisconsin including slide/tape presentations and museum artifacts, will be developed as part of this project.

(7) Volunteers in the public humanities.—A grant from NEH will enable the National Center for Voluntary Action to develop communications and human support networks for volunteer programs in the public humanities from "hard to reach" groups. Programs for minorities, low income individuals, the elderly, and the handicapped will be set up by volunteers recruited from these constituencies. The purpose of the project—which runs through March 1979—is to demonstrate that, if provided with equal resources, these groups can conduct volunteer programs as successfully as these.

C. Programs Using Senior Citizens as Consultants or Resource People

(1) All-Yuman applied workshop in language and culture.—This grant to San Diego State University will support a 4-week workshop for approximately 20 native speakers of Yuman languages who are involved in education. The staff will include not only educators and professional linguists with knowledge of Native American bilingual education and of Yuman languages, but also elderly tribal members with valuable knowledge of their tribal culture and history.

(2) Oral ethnic history presented through popular culture activities.—With the support of this award from the Endowment's office of youth programs, black youth in Decatur, Ill., will collect oral histories from their elders and present this information, using popular culture communications forms, to the community.

(3) Living Atlanta.—The Radio Free Georgia Broadcasting Foundation, with funding from the NEH, will produce, broadcast, and distribute a series of 45 half-hour documentaries on aspects of Atlanta's history between World Wars I and II. The programs will focus on the experiences of blacks and whites in a segregated city and will be based on the recollections of six older citizens. After their initial airing, the radio programs will be distributed to other stations.

(4) Historical slide show of Fort Yukon.—This grant enabled the Kinjii Zhuu Enjit Museum in Yukon, Alaska, to gather information on the history of Fort Yukon, through interviews of older people in the community, photographs, sketches, and materials in the University of Alaska (Fairbanks) library. From

this data a set of slides and a tape were assembled which depicts the people, events, and historical significance of the area.

(5) The architectural history of Bangor, Maine.—A researcher in Bangor, Maine is receiving support from the Endowment to produce a book-length, illustrated monograph documenting the social and stylistic development of the distinguished architectural landmarks of Bangor, Maine. The systematic study will use the recollections of elderly residents, old prints, photographs, journals, and court records as sources. The result, expected in 1980, will be a useful tool in the preservation and planning process of the city.

(6) AFL-CIO labor movement oral history project.—With the help of this award, researchers at the George Meany Centre for Labor Studies will conduct an oral history project of the American labor movement, interviewing 50 or more leaders and participants who played key roles in it. Much of the information about the movement has not been recorded in print, and many of the movement's leaders are aging, which lends this project special importance. Materials collected will be made available to historians and interested individuals and groups of many kinds.

STATE PROGRAMS

The State programs division of the Endowment makes grants in the 50 States and in Puerto Rico to State humanities committees. These committees, in turn, respond to competitive applications from institutions and organizations within the State for humanities projects of broad benefit to the citizens of the State. The majority of the projects funded across the country focus on issues of public policy or of contemporary concern to the society. Therefore, many projects deal with the topics of biomedical ethics, death and dying, the status of the family within the society, and with other issues of particular concern to the elderly. Below, we have tried to enumerate projects which are specifically directed towards the elderly or focusing directly on the problems of the elderly rather than on the galaxy of related issues of health care, family, etc., enumerated above.

Like the Endowment as a whole, the division of State programs has no computerized records of its grant-making activity and, as a result, no way of knowing exactly how many programs State committees sponsor each year for the elderly. Some sense of distribution can be gained, however, by a sampling of individual State committee lists of projects funded:

- In Colorado, between September 1, 1976, and August 31, 1977, 3 out of 86 grants were made for projects oriented specifically toward the elderly, while the committee listed 7 projects overall (including the above 3) that dealt with issues related to the elderly either directly or indirectly. This compares with committee listings of 3 projects dealing with rural problems; 3 with the family; 7 with women; 1 on property taxes; 6 on minority affairs; 5 on historic preservation; and one on foreign affairs (plus other grants dealing with some ten additional topics). Examples of projects funded by the Colorado committee are given later in this report.
- In Florida, a State with obvious interest in the elderly, committee records for the period August, 1976 to August, 1977 (12 months) list 42 projects funded overall, with 2 of these specifically designed for the elderly. Indirectly, however, at least three-fourths of the committee's programs dealt with issues of interest to the elderly, since programs on such topics as legislative representation and health care cannot avoid the subject in a State such as Florida.
- In Ohio, during the last 9 months of 1973, the committee funded 66 projects, only one of which dealt directly with the elderly. This State committee gave much greater emphasis to other issues, such as the problems of cities, the role of minorities, foreign affairs, the role of women, the energy crisis, and health care.
- In Virginia, in the period October 1977 to June 1978, the committee funded 75 projects, two of which were oriented specifically toward the elderly. These two projects are described in this memorandum. The spread of other issues and topics addressed by the Virginia committee resembled that described above for Colorado.

Examples of State-based Projects Directly Affecting Older Citizens

Of the many State-based regrant projects undertaken in 1978, the following few suggest the nature of the program and, it is hoped, will prove suggestive of content and concepts that can be duplicated elsewhere.

Although the variety of these projects can only be suggested here, they generally include one or more of the following features: exploring the values and assumptions implicit in our behavior toward the elderly at present; exploring attitudes toward aging in other cultures or in other times in our history; considering future alternatives to our present behavior and attitudes; exploring major public issues with audiences limited to the elderly; and programs on the topics of death and dying.

Florida.—The Florida committee sponsored two projects specifically for the elderly:

(1) The committee awarded \$12,000 to the Hillsborough County Office on Aging for a conference entitled "Retirement: Its Problems and Prospects" which drew an audience of 400 participants. While most participants were women, the conference attracted a wide range of retired people—rich, poor, white, black, Jewish, Hispanic, middle class, working class. The conference featured speakers, small group discussions, poetry readings, singing, and quotations from essays written by participants. Eight scholars in the humanities assisted a core group of retirees in planning the program.

(2) The committee awarded \$8,500 to the Pinellas County Interfaith Council on Aging for "The Future of Aging in Florida," a series of major addresses followed by small group workshops led by scholars in the humanities that involved over 2,000 participants. Discussion focused particularly on the problems that technology is likely to create for the elderly.

Alaska.—The Alaska State humanities committee awarded a grant of \$22,000 to the Northwest Alaska Native Association for "Inupiaq Elders Conference," in which 30 of the most respected old people were brought together in Kotzebue to discuss the heritage of the Inupiaq Eskimos and the role that the elder plays in transmitting Eskimo culture. The project was planned by the Eskimo people in and around Kotzebue, who selected the issues for discussion and undertook the extensive word-of-mouth publicity that resulted in attendance by 75 participants. The conference spanned 10 days, with intensive discussions from morning into the night on such subjects as the Elder's role as community leader; how Elders have reacted to western religions; difficulties of teaching love of nature and animals in an industrializing, urbanizing society; future prospects for preservation of Eskimo identity; and the importance of ceremonies performed by Elders. Proceedings of this conference were videotaped for future use in other community discussion programs.

Virginia.—The Virginia State committee made two major grants for programs related to the elderly:

(1) The committee awarded \$6,000 to an ad-hoc group of citizens in the city of Hampton for a 3-day conference on the possible use of Asian attitudes toward the elderly as guiding concepts for public policy toward the elderly in the United States. Attendance averaged 150 each day, including representatives from local colleges, churches, and the U.S. State Department, as well as a broad cross section of Hampton citizens. Contrasts were drawn between eastern and western notions of health care, social importance of the elderly, and conceptions of the elderly as embodied in religion and literature. After the conference, some 40 participants were sufficiently enthused to begin preparation for a future gathering on African attitudes toward the elderly, which is expected to be funded in the near future.

(2) The committee awarded \$2,950 to the Virginia Center on Aging and the Virginia Commonwealth University for a series of three weekly forums focusing on the dominant values that have shaped American attitudes toward the aging. Attendance averaged 150 per forum. At each session, well-known scholars gave major addresses that were followed by small discussion groups led by humanists. The programs were open to the public, and the proceedings will be transcribed and published for distribution throughout Virginia.

Ohio.—The Ohio humanities committee awarded a grant of \$11,495 for "The More Things Change . . .," a series of two 10-week discussion programs held at three retirement homes in the Cincinnati area. Residents and visiting humanities scholars explored problems and issues related to new forms of government, new legislation, and new discoveries in science and medicine that may bring about changes in the role of the elderly in America. The project was jointly sponsored by the Department of English at the University of Cincinnati.

Arizona.—The Arizona committee awarded \$1,140 for two local discussion programs based on materials for the elderly originally prepared with a major grant from NEH to the National Council on Aging. At two senior centers, in Flagstaff and Williams, 1½-hour discussions were held each week for seven weeks based

on such texts as the family album, the family in literature and history, and Americans and the land—publications prepared by the National Council on Aging to deal with subjects judged to be of special interest to the elderly. The same material was also made available on cassettes for the participants who could no longer read and in written form in Spanish. Each discussion began over lunch at the retirement center and then was continued informally for as long as participants desired. Programs received favorable publicity in Arizona media, and the Arizona committee anticipates funding more such programs in response to popular demand.

Colorado.—The Colorado committee funded three programs related to the elderly:

(1) The committee awarded \$8,560 to a consortium of five northwestern Colorado organizations for development of a multimedia show on the problems of growing old in rural Colorado. The program was based on extensive interviews with older residents of the area and made extensive use of old photographs. The multimedia show was made available for distribution throughout Colorado and has been used in many communities to stimulate discussions of the humanistic issues it raises.

(2) The committee awarded \$7,653 for "Age Segregation: Three Score and Then," a 30-minute television documentary aired on Channel 9-KBTV. A second grant is planned to permit viewing of the film and discussion of the issues it raises at 12 university communities throughout the state. Vigorous publicity will be designed to ensure that discussions are attended by the general public as well as by residents of local senior citizens' homes.

(3) The committee awarded \$1,000 to a group of Northern Colorado organization to produce a 30-minute, 16 mm film focusing on four senior citizens from different backgrounds. The film will be used by institutional personnel and is designed to sensitize them to humanistic aspects of their work.

ITEM 23. NATIONAL SCIENCE FOUNDATION

MARCH 19, 1979.

DEAR SENATOR CHILES: This is in response to your recent request for a summary description of National Science Foundation (NSF) activities related to aging. The Foundation provides limited support for aging-related research.

The major funding agency for support of research dealing with aging of animal systems and health-related problems is the Institute of Aging of the National Institutes of Health. Within the Foundation, the Directorate for Applied Science and Research Applications has supported several applied social science projects on policy issues related to the status of the elderly. The Directorate for Science Education has supported several needs-assessment projects, particularly in relation to social and health services program planning, as well as education and information exchange projects.

The Directorate for Biological, Behavioral, and Social Sciences provides support for basic research projects related to aging in humans as well as plants. This research ranges from plant senescence, to senescence of nervous systems, to developmental behavioral problems associated with aging humans. The basic research on plant senescence has potential agricultural implications. For example, delays in plant aging could result in increased plant productivity. Additionally, understanding the processes underlying aging of plants is necessary for development of general biological theories and concepts about the aging process.

Enclosed are copies of the project summaries and program award recommendations for NSF-supported projects related to aging.

If I can be of further assistance, please let me know.

Sincerely yours,

PATRICIA E. NICELY,
Head Congressional Liaison.

Enclosures.

NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

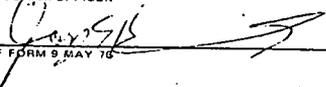
NSF AWARD NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME) Koba Associates, Inc.		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT) Washington, D.C. 20009	
PRINCIPAL INVESTIGATOR Peabody, Gerald		DIVISION (OFFICE) AND DIRECTORATE Advanced Pro- ductivity Research and Technology SECTION Public Policy	
PROPOSAL NUMBER APR-7684310	FISCAL YEAR 1977	PROGRAM Distribution and Equity	
TITLE OF PROJECT Condition Forecast: Economic Welfare Among Retirement Aged Blacks in the Year 2000			
SUMMARY OF PROPOSED WORK (LIMIT TO 22 PICA OR 14 ELITE TYPEWRITTEN LINES) A national discussion is growing about the economic condition of the aged and the resources that society is willing to commit to their support. Very little research has been focused on the effects of advancing age on the disadvantaged members of the population, especially the racial minorities. The purpose of this study is to assess the relative economic position of a cohort of blacks reaching retirement age in the year 2000. Attention will be paid to effects of income from earnings, social security, Supplemental Security Income (SSI) and private pension on the economic well-being of blacks vs. whites. This will provide an information basis to assess the extent to which aged blacks in the future will receive an adequate income. This assessment will provide a basis for evaluating the impact of public and private policy options which could affect the future welfare of black aged. The Urban Institute Micro-analytical Model (UIMM) provides much of the basic data for the study. Private pension data and an update of current labor market characteristics will be added to the data file. Additional data will be obtained from the National Survey of Labor Force Experience (Parnes Study) and the 1970 census.			
PROGRAM APPROVAL  George E. Brosseau		DATE 3/31/77	

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2. Division of Grants and Contracts will post award number, amount granted and inclusive project dates on copies 3 through 7 and distribute these copies.

NATIONAL SCIENCE FOUNDATION

PROGRAM AWARD RECOMMENDATION	PROPOSAL NUMBER APR-7683410
<p>The APRT program in aging research is concerned with distribution and equity issues as they impact the quality of life of the elderly. We have identified the problem of work and retirement as one of the most important emerging problem areas, reaching its maximum impact over the next 25 years. The equity aspects of support for minority elderly are especially poorly understood. This project would make a major step forward in filling this void.</p> <p>The use of micro simulation is probably the only way that meaningful studies of future economic well-being can be made. It is a good tool for evaluating the consequences of alternative policy options. The data sources are adequate, the analytical techniques are simple and straight forward.</p> <p>The Principal Investigator is very experienced with the micro simulation model, being one of those who worked on its development. He is experienced and competent in the necessary areas of analysis and data management.</p> <p>The proposal received reviewer support from technical and user reviewers. The problem is important and relevant to NSF programming and user needs. It is recommended for funding at \$351,000 for 24 months.</p> <p>The first 12-month award would be \$175,500 starting February 1, 1977. Given satisfactory performance, a second 12-month period at \$175,500 would be awarded. These awards would complete the project objectives.</p>	
PROGRAM OFFICER 	DATE 3/31/77

NSF FORM 9 MAY 76

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 YELLOW COPY (PROGRAM)

NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF GRANT NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
Florence Heller Graduate School Brandeis University		Waltham, Massachusetts	
PRINCIPAL INVESTIGATOR	SOCIAL SECURITY NO.	DIVISION (OFFICE) AND DIRECTORATE	
James H. Schulz		Advanced Productivity Research & Technology	
PROPOSAL NUMBER		SECTION	
APR-7523383		Public Policy and the Disadvantaged	
TITLE OF PROJECT		PROGRAM	
		Public Policy and Human Resources	
Economic Impact of Private Pensions			
SUMMARY OF PROPOSED WORK (LIMIT TO 33 PICA OR 14 ELITE TYPEWRITTEN LINES)			
<p>Pensions have played a major role in the improvement of the aged's economic situation. The economic impact of private pensions is being virtually ignored in current research. Pension policy is now at a crossroads in determining the mix of private and public pensions. It is necessary to develop research tools to evaluate the many arguments currently being made with regard to income maintenance policy and the role of pensions.</p> <p>This project will develop a microsimulation private pension model to investigate the future impact of private pensions on the economic status of the elderly. This model will be used to investigate: (a) the distribution and magnitude of future private pension income, (b) the impact of private pensions on the economic status of the aged, and (c) the implication of vesting standards specified in the pension reform act (1974) for a & b.</p> <p>The simulation model will permit microanalysis of the earning replacement potential of private pensions as they are currently developing. It will also permit analysis of alternatives to or changes in current private pensions mechanisms.</p>			

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NATIONAL SCIENCE FOUNDATION

PROGRAM AWARD RECOMMENDATION	PROPOSAL NUMBER APR-7523383
<p>The economics of aging is an inadequately investigated field and there are relatively few economists working on it. Within that field, the private pension is clearly the most neglected area, and yet in terms of development of pension policy, it is an extremely important one. This project would move forward to fill this gap by the development of analytical tools for the better understanding of the impact of various pension options especially as they relate social security with the private pension system.</p> <p>Review support for the proposal is substantial. Dr. Schulz is a recognized authority in this area and has done virtually all the definitive work. Review comments include favorable comment on Dr. Schulz's capability and on the appropriateness and feasibility of the proposed microsimulation techniques for carrying out the project.</p> <p>A major concern in aging is the question of adequacy of income and income maintenance. The NSF program on public policy and aging is particularly concerned with future projections on the role of the elderly in society. Income adequacy is an important component in maintaining a meaningful role for the elderly. Therefore this project is directly relevant to the NSF program and is a high priority in program development. For these reasons and the demonstrated scientific merit of the project, it is recommended for funding in the amount of \$205,800.</p>	
PROGRAM OFFICER <i>U. Schur</i> <i>5/11</i>	DATE March 24, 1976

NSF FORM 9 APR. 72

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NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF GRANT NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
The RAND Corporation		1700 Main Street Santa Monica, California 90406	
PRINCIPAL INVESTIGATOR	SOCIAL SECURITY NO.	DIVISION (OFFICE) AND DIRECTORATE	
Tora K. Bikson		Advanced Productivity Research & Technology	
		SECTION	
		Consumer Policy	
PROPOSAL NUMBER		PROGRAM	
APR-7520134		Public Policy and Human Resources	
TITLE OF PROJECT			
Decision Making Processes Among the Elderly Consumers			
SUMMARY OF PROPOSED WORK (LIMIT TO 25 PICA OR 18 ELITE TYPEWRITER LINES)			
<p>This project will attempt to determine how older consumers as compared to younger consumers, make product choices.</p> <p>Using piloting and sampling procedures, elicitation techniques leading to rating scales, interviews and multidimensional scaling, the RAND Corporation will perform the project in four stages: (1) experimental pilot project to explore how products are perceived, to pretest procedures, and to develop and implement a sample design; (2) obtaining product ratings from the participants; (3) examination of the manner in which older and younger consumers weight product attributes and arrive at "optimum choices," and (3) establishing aspects of the product decision situation which can be modified to improve product choice by older people.</p>			

\$187,800/12 months, beginning 6/1/76

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2. Grants and Contracts Office will post grant number, amount granted and inclusive project dates on the S.I.E. copy and make distribution of remaining copies.

NATIONAL SCIENCE FOUNDATION

PROGRAM AWARD RECOMMENDATION	PROPOSAL NUMBER APR-7520134
<p>This project addresses an area that seems to have been neglected by existing research. That is, the investigation of how a significantly expanding segment of the population (persons 65 and over) differs from consumers (30-50 years old) insofar as product choices are concerned. The policy issues involved, therefore, are not only those of protecting the aging population, but of predicting and preparing for the increasing impact of that population on consumer markets.</p> <p>The proposal was reviewed by gerontologists, consumer behavior experts, and Federal officials. The review revealed both merit and methodological flaws in the proposed project. An amended proposal revised the project's methods in response to the suggestion offered and the proposal was rereviewed. A significant upgrading of the proposal resulted, bringing it into the range suitable for funding.</p> <p>The project bridges two programmatic interests in APRT. It is related to APRT concerns about distribution and equity. It is relevant to our consumer policy program concern about consumer information processing and decisionmaking and the aging programs concern with the welfare of the elderly in our society.</p> <p>The project meets NSF/RANN requirements on specific merit and relevance to programming and is recommended for funding at \$187,800.</p>	
PROGRAM OFFICER	DATE March 11, 1976

NSF FORM 9 APR. 72

 WHITE COPY (GCG)
 YELLOW COPY (PROGRAM)

NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF AWARD NO.

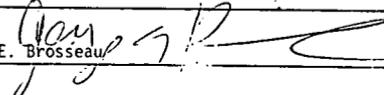
NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
Portland State University		P. O. Box 751 Portland, Oregon 97207	
PRINCIPAL INVESTIGATOR		DIVISION (OFFICE) AND DIRECTORATE	
John E. O'Brien		Advanced Pro- ductivity Research and Technology	
		SECTION	
		Public Policy	
PROPOSAL NUMBER	FISCAL YEAR	PROGRAM	
APR-770991B	1977	Distribution and Equity	
TITLE OF PROJECT			
Identification of a Spectrum of Community Support Options for the Elderly			
SUMMARY OF PROPOSED WORK (LIMIT TO 32 PICA OR 14 ELITE TYPEWRITTEN LINES)			
<p>The shortcomings of sending the elderly to a home has long been recognized. Today, as a result of the increase in the number of elderly, the scope of the problem has changed raising questions of aggregate demand and the capacity of society to respond with feasible alternatives. This project has assessed the full range of problems and prospects of alternative institutional support arrangements for impaired elderly individuals. It includes an assessment of the possibility, feasibility and desirability of each alternative identified. The study substantially broadens the range of intellectual and practical consideration available regarding critical policy choices about such alternatives.</p> <p>The assessment has been carried out by Portland State University staff members supplementing their efforts with a set of conferences and written contributions from national experts in order to analyze in detail the feasibility and desirability of each alternative mode that is identified. The alternatives have been delineated and then examined with a general emphasis on resource allocation. The final consideration was the cost and benefits to society and the potential impact of each alternative on the quality of life of the individuals affected.</p> <p>This renewal (grant # APR-7500190) is to provide for the wide dissemination of the findings of the assessment. These include the definition of social objectives, a model of the human support system; and the analysis of 48 practical program innovations.</p>			
PROGRAM APPROVAL		DATE	
 George E. Brosseau		5/25/77	

INSTRUCTIONS FOR USE

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2. Division of Grants and Contracts will post award number, amount granted and inclusive project dates on copies 3 through 7 and distribute these copies.

1. PROPOSAL FOLDER

NATIONAL SCIENCE FOUNDATION

PROGRAM AWARD RECOMMENDATION	PROPOSAL NUMBER
<p>The Division of Advanced Productivity Research and Technology has supported social policy research concerned with the needs of the elderly and on ways to increase productivity in providing services to them. This project renewal is to expand the dissemination activities of one of these projects.</p> <p>The project is concerned with identifying innovative means of extending the period of independent maintenance of the elderly. The major scientific contribution is in devising a method of generating and pre-testing service innovations.</p> <p>The principal investigator combines competence in sociology with extensive experience in service delivery. He is very well qualified to direct this project.</p> <p>The renewal is recommended for funding at \$23,700 for 8 months.</p>	
PROGRAM OFFICER George E. Brosseau 	DATE May 12, 1977

NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF GRANT NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
Duke University		School of Medicine Durham, North Carolina	
PRINCIPAL INVESTIGATOR	SOCIAL SECURITY NO.	DIVISION (OFFICE) AND DIRECTORATE	
George L. Maddox		Advanced Productivity Research & Technology SECTION	
PROPOSAL NUMBER		PROGRAM	
APR-761164		Public Policy	
TITLE OF PROJECT			
Age Structure and Economic Change			
SUMMARY OF PROPOSED WORK (LIMIT TO 32 PICA OR 16 ELITE TYPEWRITTEN LINES)			
<p>This project will examine the inter-relationship between the demographic factors resulting from various low fertility patterns and the economic status of the elderly combined with the ability of the working population to provide the aged with adequate income maintenance. This project will examine (1) the trade-off between lower dependency costs for decreasing number of younger dependents and the increasing cost of supporting the growing number of older dependents, (2) the ability of individuals to accumulate assets to support themselves in late life, (3) the fluctuation of retirement income from various sources over late life, (4) potential shifts in the age-earning profile and the resulting impact on income distribution, and (5) trends in the patterns of labor force participation rates and their implications for the capacity of the non-aged to support the aged.</p> <p>Investigators from Duke, North Carolina State and University of North Carolina will carry out the project with project responsibility located at Duke's Center for the Study of Aging and Human Development. The research will be based upon the refinement and extension of an econometric-model developed in a predecessor project. Bureau of Census and Department of Labor data will be used for population and labor force projections; Social Security Data for retirement trends; and HEW and DOL data on school attendance trends. The final report will project alternative levels of economic status for the aged given different levels of government support and fertility rates.</p>			

\$85,500/18 months, beginning 8/15/76

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NATIONAL SCIENCE FOUNDATION

PROGRAM AWARD RECOMMENDATION	PROPOSAL NUMBER APR-7611164
<p>A previous report from the Center of Aging at Duke University, under award number APR-7302885 A02, analyzed the ability of the working population to support a dependent elderly population under conditions of zero population growth. This report highlighted the need to know more about the intergenerational transfer of funds if reasonable judgements were to be made. The predecessor report has been reviewed now and the reviewers indicate that it will be widely useful.</p> <p>The work proposed will increase the number of factors explored -- factors that the reviewers agreed are of great interest to policy makers. It is the view of several of the reviewers that the researchers are competent and this research design is sound.</p> <p>Furthermore, both the methodology to be used and the research team are substantially the same as in the predecessor project, therefore there is reason to believe that the proposed work will be similarly successful. The project is recommended for funding at the requested level of \$67,400.</p>	
PROGRAM OFFICER George E. Brosseau, Jr.	DATE

NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF GRANT NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
Duke University		The Duke University Center for the Study of Aging and Human Development Durham, North Carolina 27710	
PRINCIPAL INVESTIGATOR	SOCIAL SECURITY NO.	DIVISION (OFFICE) AND DIRECTORATE	
George L. Maddox	425-28-9286	ERPA/RA	
PROPOSAL NUMBER		SECTION	
P310282		PROGRAM	
TITLE OF PROJECT		Human Needs	
"Economics of a Stationary Population: Implications for the Elderly"			
SUMMARY OF PROPOSED WORK (LIMIT TO 32 PICA OR 14 ELITE TYPEWRITTEN LINES)			
<p>The most pressing problem confronting today's elderly is their economic status. To a large degree, the welfare of the aged is conditioned by the financial resources available to them during the retirement period. An overview of the prospective economic position of the elderly is thus fundamental to any analysis of future age related issues.</p> <p>This investigation will inquire into the changes in age structure of the population and how they pose questions of special significance, such as the effects of a stationary population on the total output of the society and hence on the capacity to support non-working older people. This investigation will include an analysis of the alternative dependency ratios and support patterns deriving from a stable population; the implications of the population's changing age structure for productivity and levels of living; and the substitutes and complements to work in old age. Questions of appropriate retirement policy will be recast in the context of the new population age structure as will the issues of the aged's income and the manner in which it is to reflect changing price levels and growth rates.</p>			

\$67,100/12 months, beginning 11/1/73
Cumulative Award - \$68,200

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NATIONAL SCIENCE FOUNDATION

Form Approved
OMB No. 99-0104

- Public Service Science Residency
 Public Service Science Internship

PROPOSED ACTIVITIES PROGRAM

Name: ASANOVIC Susan Date May 9, 1977
last first middle

Social security number: 119-34-0874

Proposed host institution: Home Care Program, Norwalk, Connecticut

Type or print clearly a non-technical abstract (approximately 200 words) of your proposed activities program which can be used by the National Science Foundation to inform the public if you receive an award.

I propose to work as a consulting nutritionist with the Home Care Program Systems for Independent Living at the Norwalk, Connecticut Department of Health. Public funds are used to keep the aging out of institutions when at all possible. My activities would center around helping our senior citizens to better understand public policy regarding nutrition's impact on good health and how to obtain the best possible food with limited economic and physical means. This includes teaching the clients of the Program as well as their families to choose and prepare their food wisely with special attention to food stamp cases. Most of the clients are very poor. I would assess the impact of Government policy (i.e. F.D.A.) on the availability and value of dietetic foods and supplements for the aging. These goals would be reached through personal interviews with the clients and evaluation of each case with the Home Care Program Coordinator, special diet counseling, and talks to senior citizen groups. Finally, I would determine whether public policy for keeping the aging, particularly those with medical-dietary problems, out of institutions is effective and possible when the bases of sound nutrition are implemented. I would determine if individualized nutritional counseling for the elderly has significant results, enough to permit many to continue to live at home and carry out meaningful, dignified lives.

Describe in detail, in not more than three (3) typed double-spaced pages, your proposed activities program, limiting your description to the activities you expect to undertake while on tenure. Do not propose alternative programs. Be sure your name is on each sheet. Attach your program description to this cover sheet and submit along with 5 copies of the entire package.

You are advised to consult the Application Review Criteria (Appendix A of the Program Announcement) in designing your activities program, and to comment specifically on the following points:

- What you propose to do. Describe your objectives and work plan, explaining how the program will contribute to helping the public understand science, engineering and technology and their impact on public policies. Describe how it will contribute to the development of facts, issues, and arguments relevant to public policy issues having significant scientific and technical aspects. In particular, describe how it will provide an independent perspective which will raise the level of public debate about these issues.
- Where, when, and with whom you plan to conduct your activities program. Comment on the relationship of your activities to the programs and objectives of the host institution. If you plan on other than a continuous tenure, or a tenure of less than 12 months, explain.

**NATIONAL SCIENCE
FOUNDATION**

 Form Approved
OMB No. 99-R0304

PROPOSED ACTIVITIES PROGRAM FOR <input checked="" type="checkbox"/> Public Service Science Residency <input type="checkbox"/> Public Service Science Internship		
NAME OF APPLICANT Susan Clement Brutto	SOCIAL SECURITY NO. 237-82-7181	DATE 3-6-78
PROPOSED HOST ORGANIZATION Central Kentucky Community Action Council, Inc.		
Type or print clearly, in the box below, a non-technical abstract of your proposed activities program which can be used by the National Science Foundation to inform the public if you receive an award.		
<p>The researcher will use anthropological methods, which include participation, observation and informal interviewing, to gather health-related data in a rural Kentucky community. Based both on the results of this research and on gerontological and geriatric reference material, the researcher will then develop informal educational programs to disseminate relevant medical information to the elderly in an eight-county area of central Kentucky. The elderly citizens of a rural central Kentucky county constitute the research population. Much of this population can also be characterized as poor, belonging to a minority group, and having little formal education. Available statistics indicate that the county chosen for the focused study is representative of an eight-county area development district, thereby making the health education programs generated by the research in this one county relevant to the needs of the elderly citizens in all eight counties. Already existing local radio stations, local newspapers, Title VII of the Older Americans Act nutrition sites, and Senior Citizen Clubs provide the primary channels for disseminating relevant medical information. The initial focused research both prepares the researcher to translate relevant scientific information into programs appropriate to the target group and provides data to local community development organizations interested in planning health-related services for the elderly.</p>		
<p>Describe in detail, in not more than four (4) typed double-spaced pages, your proposed activities program, limiting your description to the activities you expect to undertake while on tenure. Do not propose alternative programs. <i>Be sure your name is on each sheet.</i> Attach your program description to this cover sheet; submit the original and one copy with your application.</p> <p>You are advised to consult the Application Review Criteria (Appendix A of the Program Announcement) in designing your activities program, and to comment specifically on the following points:</p> <ul style="list-style-type: none"> • What you propose to do. Describe your objectives, explaining how your program will contribute to the development and dissemination of scientific facts, issues, and arguments about policy issues in which science and technology play an important part, and will encourage citizens and citizen groups to reach informed decisions and participate effectively in the public policymaking process. Describe your activities plan and methods, and indicate how you expect to assess their success. Describe how your specific knowledge and skills in science and technology will be applied to the particular problems you address. • Where, when, and with whom you plan to conduct your activities program. Indicate the specific audience to which your program is directed, specifying how you intend to reach this audience. Explain how your program meets the needs of citizens and citizen groups normally lacking access to scientific information. Comment on the appropriateness of the host organization for your program, and on the relationship between your program and new or ongoing activities by the host. Indicate if you have worked with the host organization previously. • Internship applicants: Indicate the scientific supervision that will be available to you during your tenure. Name specific individuals who have agreed to provide scientific guidance for your program (one of whom should submit a Reference Report for you). 		

NATIONAL SCIENCE
FOUNDATIONForm Approved
OMB No. 99-R0304

PROPOSED ACTIVITIES PROGRAM FOR <input checked="" type="checkbox"/> Public Service Science Residency <input type="checkbox"/> Public Service Science Internship		
NAME OF APPLICANT	SOCIAL SECURITY NO.	DATE
JOE WILLIE CONNER	550-80-9529	3-7-78
PROPOSED HOST ORGANIZATION		
University of Southern California Community Service Center		
Type or print clearly, in the box below, a non-technical abstract of your proposed activities program which can be used by the National Science Foundation to inform the public if you receive an award.		
<p>THIS RESIDENCY'S INTENT IS TO PRODUCE A SCIENCE AND TECNOLOGY (S/T) SYMPOSIUM FOR THE BLACK COMMUNITY OF METROPOLITAN LOS ANGELES. PRESENTATIONS WILL BE BY BLACK SCIENTISTS AND SHALL CONSIST OF LECTURES, FILMS, PANEL DISCUSSIONS, WORKSHOPS, AND TOURS. THE UNIVERSITY OF SOUTHERN CALIFORNIA COMMUNITY SERVICE CENTER WILL SPONSOR THE SYMPOSIUM. A 12 MEMBER ADVISORY COUNCIL, COMPOSED OF SCIENTISTS AND NON-SCIENTISTS, IS PROPOSED TO SUPERVISE ALL ASPECTS OF THE PLANNING AND ORGANIZATION: TO FACILITATE COMMUNITY PARTICIPATION AND TO MINIMIZE SCIENTIFIC JARGON, WHILE STRESSING CONCEPT CLARITY. THE FOLLOWING TENTATIVE GOALS ARE SUGGESTED BY THE COMMUNITY SERVICE CENTER: 1. TO ENCOURAGE BLACK PEOPLE TO CONSIDER S/T CAREER OPTIONS, THEREBY INCREASING MINORITY INPUT IN PUBLIC POLICY DECISIONS; 2. TO STRENGTHEN COMMUNITY TIES AMONG BLACK SCIENTISTS AND NON-SCIENTISTS; 3. TO DEVELOP SEVERAL MANAEABLE DEFINITIONS OF S/T AND PUBLIC POLICY, AND SUGGEST METHODS TO ASSESS TRENDS; 4. TO DEVELOP A SHORT FILM DESCRIBING THE SYMPOSIUM.</p> <p>I SHALL WORK WITH THE ADVISORY COUNCIL TO OBTAIN FUNDS, SCIENTIFIC PERSONNEL AND SUPPORT MATERIALS/SERVICES. BLACK SCIENTISTS FROM ACADEMIA, GOVERNMENTAL AGENCIES, AND INDUSTRY WILL DISCUSS THEIR VIEWS ON S/T, EMPHASIZING FOOD, CAREERS, HEALTH, AND SHELTER.</p>		
<p>Describe in detail, in not more than four (4) typed double-spaced pages, your proposed activities program, limiting your description to the activities you expect to undertake while on tenure. Do not propose alternative programs. Be sure your name is on each sheet. Attach your program description to this cover sheet; submit the original and one copy with your application.</p> <p>You are advised to consult the Application Review Criteria (Appendix A of the Program Announcement) in designing your activities program, and to comment specifically on the following points:</p> <ul style="list-style-type: none"> • What you propose to do. Describe your objectives, explaining how your program will contribute to the development and dissemination of scientific facts, issues, and arguments about policy issues in which science and technology play an important part, and will encourage citizens and citizen groups to reach informed decisions and participate effectively in the public policymaking process. Describe your activities plan and methods, and indicate how you expect to assess their success. Describe how your specific knowledge and skills in science and technology will be applied to the particular problems you address. • Where, when, and with whom you plan to conduct your activities program. Indicate the specific audience to which your program is directed, specifying how you intend to reach this audience. Explain how your program meets the needs of citizens and citizen groups normally lacking access to scientific information. Comment on the appropriateness of the host organization for your program, and on the relationship between your program and new or ongoing activities by the host. Indicate if you have worked with the host organization previously. • Internship applicants: Indicate the scientific supervision that will be available to you during your tenure. Name specific individuals who have agreed to provide scientific guidance for your program (one of whom should submit a Reference Report for you). 		

NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF AWARD NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME) University of New Hampshire Northern New England Center for Appropriate Technology		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT) New England Center for Continuing Education 15 Garrison Avenue Durham, NH 03824	
PRINCIPAL INVESTIGATOR Richard M. O'Donnell		DIVISION (OFFICE) AND DIRECTORATE Office of Science and Society	
PROPOSAL NUMBER OSS78-19468		FISCAL YEAR 78	PROGRAM Science for Citizens
TITLE OF PROJECT New Hampshire Forums on Energy and the Aging			
SUMMARY OF PROPOSED WORK (LIMIT TO 25 PICA OR 16 ELITE TYPEWRITTEN LINES) Inadequate income, substandard housing, attempts to conserve energy and poor health pose particular hazards for the elderly, making them particularly vulnerable to the impact of the energy crises. NNECAT proposes to conduct a program addressing these problems of the elderly by bringing them and their representatives together with scientific and technical experts in the fields of geriatric medicine, energy efficiency of residential structures, home economics, and local government. The Principal Investigator and a Steering Committee will supervise all four phases of the project: a day-long conference at which the elderly, representatives of medicine and the scientific community, and local officials will exchange and develop information; an outreach and feedback effort through town meetings and sessions at elderly nutrition sites; television and radio presentations; and dissemination of information through Preliminary and Final Reports prepared by project staff. A Task Force will be formed to provide ongoing guidance to policy-makers. Finally, a training program to teach new health and energy-saving techniques to social service personnel dealing with the elderly will be designed and carried out by project staff, with advice from Task Force members. The Northern New England Center for Appropriate Technology is a non-profit organization affiliated with the New England Center of the University of New Hampshire. Active in the promotion of small-scale, low-cost projects that increase individual and community self-reliance in energy, housing, and food production, NNECAT policy is set by its Executive Director in consultation with staff.			
PROGRAM APPROVAL <i>Michelle Hollander</i>		DATE 8/10/78	

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NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF AWARD NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
University of Colorado at Colorado Springs		Cragmor Road Colorado Springs, Colorado 80907	
PRINCIPAL INVESTIGATOR		DIVISION (OFFICE) AND DIRECTORATE	
Robert P. Larkin		OSS/SE	
		SECTION	
PROPOSAL NUMBER	FISCAL YEAR	PROGRAM	
OSS 78-06684	'78	Public Understanding of Science	
TITLE OF PROJECT			
Science and the Elderly: An Informal Instructional Program on Energy and the Environment			
SUMMARY OF PROPOSED WORK (LIMIT TO 22 PICA OR 11 SLIFE TYPEWRITTEN LINES)			
<p>The elderly constitute an increasingly important sector of the public with special interests in the nature and importance of research activities. This project will develop and test a model program to serve these interests.</p> <p>The University of Colorado at Colorado Springs will develop for local senior citizens a program of informal instruction focusing on energy development and its environmental implications. This energy science program will capitalize on the knowledge and vitality of the many retired scientists in the area as presentors and directors of instructional activities designed for elderly lay people. The program will include workshops, seminars, discussions, demonstrations and field trips which will take place in the area's retirement communities, public halls, research labs, energy industry and other technical facilities.</p> <p>Preparatory to these events, the project will inventory the scientific skills among the elderly, form a group of 25 retired scientists able to share their expertise with their fellow elders, and coordinate the development by the working scientists of the outreach activities designed to give the elderly an understanding of and, hopefully, involvement in current science issues. Local media will promote and report on the numerous events.</p> <p>It is hoped that this project can serve as a model for similar programs of science information for the elderly.</p>			
PROGRAM APPROVAL		DATE	
John B. Intermaggio, Jr. GWT		5/28/78	

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NATIONAL SCIENCE FOUNDATION

PROJECT
SUMMARY

NSF AWARD NO.

NAME OF INSTITUTION (NSF DIRECTORY NAME)		ADDRESS OF INSTITUTION (INCLUDE BRANCH/CAMPUS & COMPONENT)	
Town of Lexington		Lexington, Massachusetts 02173	
PRINCIPAL INVESTIGATOR		DIVISION (OFFICE) AND DIRECTORATE	
William R. Page		OSS/SE	
		SECTION	
PROPOSAL NUMBER	FISCAL YEAR	PROGRAM	
OSS-77-20838	1977	SFC	
TITLE OF PROJECT			
Lexington Forums on Aging			
SUMMARY OF PROPOSED WORK (LIMIT TO 32 PAGES OR 16 5/8" IF TYPEWRITTEN LINKS)			
<p>The Town of Lexington, through its Forum on Aging Committee, will co-sponsor with the American Association of Retired People a forum series on research on aging in late April and May 1978. The Lexington Senior Citizen organizations, the Lexington League of Women Voters, bio-medical and social scientists, and the Lexington churches and synagogues will help to prepare and participate in the forums.</p> <p>Using an Innovative form of "Town Meeting" adaptable to many other settings, the forum series will allow scientists and non-scientists of all age groups to interact. It will elicit diverse views about the ethical appropriateness of biological experiments to modify the rate of human aging; the appropriate priority of a national goal of extending the healthy middle years of life; the social consequences of progress toward this goal; diverse views on the likelihood of and the consequences of reversing certain forms of senility, of reducing the frequency of major disabilities, and of influencing the rate of human aging through nutrition and preventive medicine. The discussion will include assessment of the rate of progress of biomedical research on causes of aging and ways in which that rate could be influenced.</p> <p>This project will help Lexington citizens reach informed decisions on issues relevant to aging. Greater understanding of science involved in human aging will give policy guidance Lexington citizens, Town Meeting Members and other elected officials in considering government expenditures for health and other human services.</p>			
PROGRAM APPROVAL		DATE	
<i>Richard Holbrook</i>		7/26	

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ITEM 24. OFFICE OF CONSUMER AFFAIRS

JANUARY 31, 1979.

DEAR SENATOR CHILES: In response to your request, I am enclosing copies of the summary of the United States Office of Consumer Affairs activities on behalf of the elderly during 1978. We are pleased to have the opportunity to contribute to the Senate Special Committee on Aging annual report.

Sincerely,

ESTHER PETERSON,
Special Assistant to the President for Consumer Affairs.

Enclosure.

REPORT OF ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING 1978
RELATING TO OLDER AMERICANS

The U.S. Office of Consumer Affairs (US/OCA) serves as the staff of the Special Assistant to the President for Consumer Affairs and advises Federal agencies on consumer related policies and programs. US/OCA encourages and assists in the development of new consumer programs, cooperates with State agencies and voluntary organizations in advancing the interests of consumers, promotes improved consumer education, handles consumer complaints, recommends legislation and regulations of benefit to consumers and encourages productive dialog and interaction between industry, government, and the consumer.

Major activities have primarily focused on consumer advocacy, consumer education and information, and planning and analysis. While these activities in general are initiated on behalf of all consumers, it should be noted that the elderly consumer shares fully in the benefits of US/OCA programs.

Highlighted below are major activities having the greatest impact on older Americans.

CONSUMER ISSUES

Credit

US/OCA urged the Federal Home Loan Bank Board to develop standards for reverse annuity mortgages instruments. Reverse annuity mortgages are specifically designed to aid elderly homeowners. Under RAM, a person is able to receive monthly supplemental income allowances from an annuity purchased by a loan secured with the equity in his/her home, thus allowing persons to capitalize on their major lifetime investment. As a result of US/OCA and other public commentary, the FHLBB has adopted minimum regulatory requirements for RAM and has imposed specific disclosure and other consumer protection standards for this type of alternative mortgage instrument.

Insurance

US/OCA and the National Consumers League cosponsored a conference on life insurance which featured discussion of major consumer issues in life insurance, including cost disclosure, policy language simplification, and marketing. Conference proceedings are available from US/OCA. In addition, US/OCA testified during life insurance cost disclosure hearings conducted in August 1978 by the House Committee on Interstate and Foreign Commerce, Subcommittee on Oversight and Investigations.

Labeling

In conjunction with US/OCA's participation in the Food and Drug Administration's current regulatory proceeding on food labeling, particular attention is being focused on the expressed needs of older Americans. Our objective is to develop labeling information which will be informative and useful but not likely to increase the price of the items to be purchased.

Transportation

US/OCA has obtained a commitment from the American Express Co. to conduct a survey in 1979 on problems that consumers, including elderly consumers, have

in obtaining information on the most economical air charter and scheduled air service available.

US/OCA has asked the Interstate Commerce Commission to initiate proceedings on proposed changes in intercity bus fare regulations. Both consumers, especially low-income consumers, and the intercity bus industry could benefit from regulations allowing increased flexibility in reducing bus fares and setting charter prices. US/OCA urged the ICC to open rulemaking proceedings to consider changes in ICC's proposed by Trailways, Inc.

Specifically, Trailways has asked that the bus industry have the authority to offer fare reductions without previous notice to ICC and have them take effect on the date they are published, rather than requiring advance approval and advance publication of reduced fares, as is the current practice. ICC would have 30 days to suspend such reductions if they were predatory, i.e., designed to eliminate competition. Trailways foresees more competition between buses, railways and airlines as a result of its proposals.

Trailways has also asked the ICC for permission to negotiate charter fares instead of publishing set prices.

US/OCA said these requests from Trailways provide the ICC with an excellent opportunity to review some of its regulations that affect the bus industry and its intercity ridership, the largest percentage of whom earn less than \$5,000 per year. Many of them elderly.

US/OCA did not take a stand on the substance of the Trailways request because the ICC requested comments only on the issue of whether the Trailways petition for rulemaking should be considered. US/OCA noted however, that under the proposal, certain undesirable pricing tactics could harm competition and that pricing discrimination may be at issue under the negotiated charter pricing request. In asking ICC for a formal rulemaking proceeding on the Trailways petitions—which would include opportunity for participation by all affected parties—US/OCA pointed out that what may be needed to minimize these potential problems “is proper enforcement instead of what frustrates price competition.”

Health

US/OCA has supported through written commentary and public statements efforts to control the spiraling cost of hospital care. Additionally, US/OCA plans to support proposed HEW regulations to require public representation on insurance boards that process medicare and medicaid claims.

Drugs

Under a contract with US/OCA, the Virginia Citizen Consumer Council prepared a report on the extent of prescription drug price advertising practiced by drug stores in Virginia following the Supreme Court decision which struck down a Virginia law which prohibited such advertising. The report will be used to assess the need for further action by government in bringing consumers, including elderly consumers, the benefits of prescription drug price advertising and price competition.

In conjunction with HEW's efforts to promote the use of generic drugs, US/OCA submitted supporting comments on the draft of the HEW produced “Guide to Prescription Drug Prices.” In addition, attempts are being made through written commentary and public testimony to increase advertising of prescription drug prices, particularly for health maintenance drugs. Plans are also underway to undertake a survey of prescription drug prices with specific solicited input from senior citizens.

Hearing-Impaired

US/OCA convened meetings between representatives of the telephone industry and representatives of hearing-impaired consumers, including the elderly handicapped, and is working with both groups to establish a continuing vehicle for dialogue on the subject of how technology can improve and assist rather than impair and complicate the daily functioning of the hearing-impaired.

The office funded the installation of an induction-loop system in the HEW North Building auditorium. This system greatly improves speaker audibility for wearers of hearing aids equipped with telephone switches.

Energy

US/OCA petitioned to intervene in a proceeding before the Federal Energy Regulatory Commission (FERC), the outcome of which will have a major impact on elderly utility consumers around the country. The proceeding, which is still underway, concerns an application of the Public Service Co. of New Hampshire (PSNH) to include construction work in progress (CWIP) in its rate base. Essentially, PSNH is seeking to make its present customers pay a return on facilities under construction and therefore not yet generating electricity. Although the final decision in this case will directly affect only New Hampshire consumers, it could establish a precedent that would be followed by state regulatory commissions around the country. Hence, the outcome of this case could affect utility users nationwide.

US/OCA has opposed the PSNH application because rate base treatment of CWIP discriminates against present customers in favor of future customers. The elderly, in particular, would be forced to pay for generating plants from which they may never receive electric service. US/OCA has called the Commission's attention to this intergeneration equity problem in the direct testimony of three expert witnesses, during 3 weeks of hearings on the case, and in a brief and reply brief. A decision in the case is expected soon.

US/OCA also plans to facilitate the representation of utility consumer interests at the state level by establishing an information exchange network for State utility consumer advocates, and by developing and distributing information related to the Public Utility Regulatory Policy Act of 1978 (PURPA). PURPA establishes 11 rate design and utility service standards which must be considered for implementation by State regulatory commissions within the next 2 years. By facilitating the representation of consumer interests in utility rate proceedings and PURPA hearings, US/OCA can help to control the increase in utility rates and improve the quality of utility service. Since electric and gas service are basic necessities of life, the elderly are directly benefitted by improved service and slower rate increases.

OUTREACH

Conferences and Technical Assistance

Besides providing information on an individual basis, US/OCA has participated in national, regional, and State conferences and workshops designed to address issues affecting low income and elderly consumers. In addition to providing materials and information regarding possible funding sources and technical assistance, US/OCA has continued to alert these groups to proposed legislation, regulations and policies that may impact on them.

US/OCA sponsored a consumer education "catch-up" conference which brought together educators, community leaders and representatives from senior citizen organizations. Many issues presented impacted on elderly consumers. Conference proceedings are available from US/OCA.

The office is currently developing workshops and serving on the planning committee for the May National Conference on the Black Aged to be held in Jackson, Miss. The theme is "protecting the consumer rights of the elderly: rural and urban."

US/OCA will cosponsor with Howard University a spring conference focussing on the needs of low income consumers. The conference is being designed to train grassroot program directors, highlight successful community based consumer programs and provide up to date information on consumer legislation and issues.

Information and Education

In addition to carrying articles in every issue of general interest to all consumers, "Consumer News" focused on Federal activities of special concern to the elderly. A few examples: Federally funded nutrition and transportation programs high costs of medical care, tips on energy conservation, widowers' benefits, and memorial societies. "Consumer Register," which carries summaries of Federal regulations, includes material of special interest to older Americans such as those dealing with social security, nursing homes and prescription drugs.

"Dear consumer" columns, which are provided as a public service to more than 7,000 weekly newspapers, have dealt with topics that primarily concern older Americans. US/OCA's 4-minute Public Service Radio program "HELP," sent to over 1,200 radio stations, frequently has programs designed for the elderly. "HELP" and "dear consumer" have dealt with such specific topics as: retirement living, concerns for older women, pensions, Gray Panthers, nursing homes, and elderly taxpayers.

US/OCA's "Directory of Federal, State and Local Consumer Offices" includes a listing of toll-free telephone lines in operation to help facilitate consumer contacts with these offices. The directory, now being updated, also includes a listing of Federal information centers, Federal consumer information centers and State public utilities commissions. These will insure that the directory is of special assistance to the homebound and/or handicapped consumers. The directory will be available soon.

US/OCA prepared "A Consumer Shopping List of Inflation Fighting Ideas," a 16 page tabloid newspaper with 140 ideas on stretching dollars. It covers ideas in food buying and preparation, health services, housing and energy. The guide has provided useful information for elderly consumers. Copies of the guide are available from US/OCA.

INTRAGOVERNMENTAL ACTIVITIES

Consumer Complaints

A four-phase study to improve complaint handling in the public and private sectors funded by US/OCA has been completed. The study should serve as the catalyst for substantive changes in procedures and will enhance the impact complaint data has on management directives and formulation of policy.

Many of the approximately 20,000 complaints received by US/OCA during 1978 were from elderly consumers. About one-fourth of these complaints were referrals from the White House, members of Congress, and other Federal agencies. Each complaint is given careful consideration and brought to the attention of the appropriate Federal, State, county or city government agency, trade association, or business firm that can be of assistance to the consumer. A special effort is made to be of direct help to senior citizens when it is possible.

Interagency Committees

US/OCA was represented on the following Interagency Committees which have special impact on the elderly:

Planning committee of the 1981 White House Conference on Families. The conference will highlight the special needs of infants, children, young adults and the elderly which make up the extended family.

HEW Secretary's task force on the Age Discrimination Act of 1975. The task force was responsible for developing general guidelines. Scheduled to go into effect January 1979, the law provides that no person can, on the basis of age, be denied the benefits of or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Policy group of the HEW task force on deinstitutionalization of the mentally ill and mentally retarded. The task force developed Department strategy on deinstitutionalization of community care and treatment.

Congressional Black Caucus "brain trust" on the elderly. Among other things, the brain trust assisted the caucus in developing legislation to benefit minority and poor elderly citizens.

University of Pittsburgh's National Consumer Advisory Council. The council advised the university in carrying out its Administration on Aging grant to research the fraud problems of the elderly.

Intra-HEW nutrition coordinating committee which considers broad nutrition needs of Americans including the elderly.

Interagency energy and the elderly committee which provides members with information on Federal programs and activities designed to lessen the impact of the high cost of energy on low income individuals, including the elderly.

ITEM 25. OFFICE OF PERSONNEL MANAGEMENT

JANUARY 15, 1979.

DEAR MR. CHAIRMAN: This is in response to your letter of December 1, 1978, inviting us to submit a summary of our major actions during 1978 related to aging. Our report on these activities is enclosed and is entitled "Major 1978 Activities of the Civil Service Commission Affecting Rights and Benefits of Older Americans."

A most significant piece of legislation enacted this year affecting older workers was P.L. 95-256, enacted 4-6-78, amending the civil service retirement law to remove the mandatory separation requirement of Federal employees who attain age 70 with 15 years of creditable Federal service. This amendment was effective September 30, 1978. The Commission strongly endorsed the elimination of age 70 mandatory retirement since it believed that the decision to retire should be left to the individual as long as he or she is capable and has the ability to perform the duties of a position. Furthermore, as a matter of public policy, age should not be a determinant in either entering or leaving government employment unless it can be clearly demonstrated that it is a bona fide occupational requirement. It is not expected that the mandated study due January 1, 1980 will indicate any adverse impact on Federal personnel management as a result of enactment of P.L. 95-256.

In addition, P.L. 95-437, Federal Employees Part-Time Career Employment Act of 1978, was enacted, and older people are among those who might benefit particularly from this legislation. A copy of a recent report on part-time employment in the Federal Government is enclosed for your interest.

Our 1979 activities in this area should continue to focus on efforts to assure nondiscrimination on account of age in employment and to provide services and assistance related to administration of the civil service retirement system and the retired Federal employees health benefits program.

We hope this report will be a useful addition to your committee's publication. Thank you for the opportunity to participate. If any other information is needed, please let me know.

Sincerely yours,

ALAN K. CAMPBELL, *Director.*

Enclosures.

MAJOR 1978 ACTIVITIES OF THE CIVIL SERVICE COMMISSION AFFECTING RIGHTS AND BENEFITS OF OLDER AMERICANS

ADEA (AGE DISCRIMINATION IN EMPLOYMENT ACT) PROGRAM

The Commission (and Federal agencies) continued the program to assure non-discrimination on account of age under the act, as amended, and implementing Commission regulations. This included policy interpretations; processing of complaints, appeals, and notices of intent to file civil actions under ADEA; program evaluation; statistical data program development; Department of Labor and other liaison-coordinative relationships; orientation, training, and other efforts to inform and publicize; and other ongoing activities.

DEVELOPMENTS OF PARTICULAR NOTE IN 1978

ADEA Amendments of 1978, Public Law 95-256, became effective in the Federal employment sector on September 30, 1978. Briefly summarized, the law:

- Retained the minimum age limit of 40 for ADEA protection against discrimination on account of age;
- Removed the upper age limit for ADEA protection (which presently is age 40 to less than 70 for employees and age 40 to less than 65 for applicants);
- Specifically repealed the title V mandatory age-70 retirement provision (i.e. mandatory retirement at age 70 with 15 years of service or after age 70 upon completion of 15 years service);
- Specifically repealed title V prohibitions against permanent appointments for persons age 70 or more;
- Did *not* change (a) statutory "early" mandatory retirement provisions involving Isthmus of Panama, Alaska Railroad in Alaska, certain CIA, or Foreign Service employees (although we should note that the Foreign Service statutory requirement for early retirement is in litigation now); or (b)

statutory provisions concerning age limits for appointment and retirement of certain air traffic controllers, park police, and certain law enforcement and firefighter personnel;

—Did not change title V optional retirement provisions.

Reorganization.—The Civil Service Commission completed its final year of responsibility for administering and enforcing the ADEA in the Federal employment sector, a responsibility established in 1974 when the ADEA was amended to include coverage of public as well as private employment. As a result of Reorganization Plan No. 1, the Commission's ADEA responsibilities transferred to the Equal Employment Opportunity Commission (EEOC) effective January 1, 1979.

Publication.—In cooperation with EEOC, work is expected to continue on the development of age-related work force statistics. A first major publication on this subject was issued this year in the Civil Service Commission. It is entitled "Age and Federal Employment—An Overview," and is based on December 1974 Federal civilian work force statistics. A copy was sent to the committee earlier in the year, and another is herewith enclosed.

Age Discrimination Complaints.—The Federal discrimination complaints system has been available to individual Federal civilian employees and applicants in the ADEA-protected age group since the May 1, 1974 effective date of the 1974 ADEA amendments. Age discrimination was the subject of about 13 percent of formal discrimination complaints filed by individuals in fiscal year 1977 (latest information available).

CIVIL SERVICE ANNUITANTS

Pursuant to 5 U.S.C. section 8340, the annuities of retirees and survivor annuitants under the Federal civil service retirement system were increased to keep abreast of changes in the cost-of-living. Annuities were increased by 2.4 percent, effective March 1, 1978, and again by 4.9 percent, effective September 1, 1978.

To comply with the final opinion and order issued December 22, 1977, in the case of *Shannon v. U.S.C.S.C.*, No. C-76-1864-SW, U.S.D.C., N.D., California, the Commission prepared interim regulations establishing administrative procedures for the recovering of erroneous payments to annuitants made in the course of its administration of civil service retirement, Federal Employees' health benefits, Federal employees' group life insurance, and retired Federal employees' health benefits programs.

The Commission approved 10 new comprehensive medical plans (health maintenance organizations) for participation in the Federal employees health benefits (FEHB) program. These plans provide health services on a prepaid basis to subscribers living in the specific geographic areas covered by the plans. During the annual FEHB open seasons, employees and annuitants can enroll in any plan for which they are eligible. One of the new plans was the Blue Cross network, composed of 18 plans.

OTHER NEW LAWS ENACTED AFFECTING RETIREMENT, LIFE INSURANCE, OR HEALTH BENEFITS

P.L. 95-366, enacted 9-15-78, amending title 5, U.S.C., to authorize the Civil Service Commission to comply with the terms of a court decree, order or property settlement in connection with the divorce, annulment, or legal separation of a Federal employee or annuitant who is under the civil service retirement system.

P.L. 95-368, enacted 9-17-78, establishing uniformity in benefits and coverage under the Federal employee's health benefits program. Effective for a 5-year period commencing January 1980, carriers are required to pay or reimburse for certain treatment or services rendered in a medically underserved area by any type of practitioner, if the practitioner is licensed in that State to provide such treatment or services and if the health benefits contract provides payment or reimbursement for the type of treatment or services rendered.

P.L. 95-382, enacted 9-22-78, amending title 5, U.S.C., to provide that Japanese-Americans shall be allowed civil service retirement credit for time spent in World War II internment camps.

P.L. 95-454, enacted 10-13-78, amending title 5, U.S.C., to reform the civil service laws. The act, under section 303(g)(2), includes a provision to protect the pension rights of reserve officers who currently qualify for retirement but have not yet reached the mandatory age of 60 years. Section 412 adopts the House amendment providing for early retirement for those employees removed from the

Senior Executive Service for less than fully successful performance. In addition, the law incorporates certain new technical and conforming amendments.

P.L. 95-519, enacted 10-25-78, clarifying the status of the Librarian of Congress under subchapter I or chapter 63 of title 5, U.S.C., relating to annual and sick leave. The law amends section 8339(m) of title 5, U.S.C., by adding at the end thereof the following new sentence: "For the purpose of this subsection in the case of any such employee who is excepted from subchapter I of chapter 63 of this title, the days of unused sick leave to his credit include any unused sick leave standing to his credit when he was excepted from such subchapter."

P.L. 95-583, enacted 11-2-78, amended title 5, U.S.C., to provide that employees who retire after 5 years of service, in certain instances, may be eligible to retain their life insurance and health benefits coverage. For retention purposes, the law requires participation in the health and/or life insurance programs for the 5 years of service immediately preceding the date of retirement, or for the full period or periods of service during which the employee was entitled to participation, if less than 5 years. The law became effective upon enactment.

COMMISSION PARTICIPATION WITH GROUPS ON AGING

The Commission continued to participate in activities dealing with problems of older Americans. For example, in cooperation with the Administration on Aging, the Commission continued to make certain information and referral services available in its nationwide job information center network for use of older Americans.

INTERGOVERNMENTAL PERSONNEL PROGRAMS

Under the intergovernmental Personnel Act (IPA), the Office of Personnel Management (OPM) is authorized to make grants to assist State and local governments and Indian tribal governing bodies to strengthen their central management capability by improving their personnel systems and training their professional, administrative, and technical employees.

State and local officials decide which of their management improvement needs can be met by applying for available IPA funds. OPM's approach is to encourage State and local governments to cooperate in the identification of management improvement needs and to support those projects which the jurisdictions determine are the most important, within the confines of the law and national policy.

There have been some IPA grant projects which deal with issues and programs of interest to the elderly. One such project currently underway provides workshops for new directors of area agencies on aging. These sessions cover the directors' developmental needs in areas of intergovernmental realtions and regulatory affairs on behalf of a locale's older Americans. The OPM is funding this project in conjunction with a grant from the Department of Health, Education, and Welfare's Administration on Aging.

Another IPA-funded project involves the efforts of the National Conference of State Legislatures (NCSL) to provide training, information, and guidelines to State legislators and staff on pension issues and pension reform. This project aims to educate those who control State pension plans to improve their fiscal integrity, effectiveness, and fairness. This benefits the potential retirees as well as the public at large who support such systems.

Over the years, the IPA grant program has funded many general personnel management projects, some of which have involved various aspects of retirement. One such project carried out by the State of Connecticut enabled the State's larger agencies and municipalities to sponsor brief preretirement education courses for older employees, thereby enhancing their chances of experiencing well adjusted and rewarding retirements.

The Intergovernmental Personnel Act also authorizes the temporary exchange of employees between Federal agencies and State, local, and Indian tribal governments and institutions of higher education. Approximately 1,200 such temporary assignments occurred during fiscal year 1978. Program data indicates a high rate of participation by senior employees (GS-13 level and above), so it can reasonably be assumed that these have included significant numbers of older workers. The OPM is presently working to improve its data base on mobility program activities. Participant age is one of the variables being considered for inclusion in the new data base.

Attachments.

MEMORANDUM FOR HEADS OF DEPARTMENTS AND AGENCIES

Earlier this year we asked each agency for a series of progress reports on implementation of the President's September 1977 message on expanding permanent part-time employment opportunities. The initial agency reports have now been compiled and a summary is attached for your information.

I am sure that you are as encouraged as I am by the progress made thus far. We are also cognizant of the problems identified and will be working to overcome them.

The recently enacted Federal Employees Part-time Career Employment Act of 1978 gives us all additional responsibilities for part-time employment and I ask your continued cooperation, as we move to implement this legislation in the months ahead.

ALAN K. CAMPBELL, *Chairman.*

Attachment.

PERMANENT PART-TIME EMPLOYMENT IN FEDERAL AGENCIES, SEPTEMBER
1977-JULY 1978

EXECUTIVE SUMMARY

Part-time employment in the Federal Government has substantially increased during the first phase of a program to provide more opportunities for people who need to work less than full time.

A special Civil Service Commission survey of the largest Federal agencies shows that over 6,000 permanent part-time positions were established in the first 10 months following President Carter's September 1977 directive to Federal agencies to open up more part-time jobs.

Agencies cited a variety of management benefits from greater use of part-time workers including improved productivity and reduced overtime. Problems were encountered in identifying "true" part-time employment candidates and in dealing with certain "per capita" costs associated with employing extra workers. Actions are underway to overcome these problems.

The personnel ceiling system was most frequently cited as the major obstacle to further expansion of part-time employment. Because of the ceiling requirement that part-time and full-time employees count essentially the same against an agency's personnel authorization, many managers feel they are losing staff resources by employing part-time workers. Recent congressional and administration actions will change this arrangement over the next 2 years. Beginning in October 1980, agencies will be given personnel ceilings which count part-timers only according to the proportion of a full-time schedule they work. Five agencies are using this system on a test basis during fiscal year 1979.

On September 16, 1977, President Carter directed Federal agencies to expand permanent part-time employment opportunities. This effort is aimed at giving older people, those with family responsibilities, the handicapped, and students greater opportunities for Federal career employment.

In February, 1978, the Civil Service Commission (CSC) asked Federal agencies employing more than 2,500 workers for a series of reports on their actions to implement this directive. The first progress reports from these agencies covering the period September 1977 through July 1978 have now been reviewed and analyzed. Major highlights of this first survey of Federal part-time employment follow.

NEW PART-TIME JOBS ESTABLISHED

Agencies were asked to identify by occupation and grade each new part-time permanent position established in headquarters and field activities from September 16, 1977, through July 31, 1978. Agencies reported establishing over 6,000 new jobs in this category during this period (see detailed table attached). In a departure from past experience about 30 percent of the new jobs were in pay grades GS-5 or above. Over 5 percent of the new part-time jobs were at grades GS-10 and above.

Expansion of part-time employment in higher graded professional and administrative jobs is a major priority of the recently enacted Federal Employees Part-time Career Employment Act of 1978. As recently as April 1976, a CSC report to the House Post Office and Civil Service Committee showed that only 20 percent of the Federal part-time work force served at GS-5 or above.

The Department of Health, Education and Welfare accounted for over a fifth of the new part-time jobs. Other large-scale increases came from the Veterans Administration and the Department of the Interior.

MANAGEMENT PERSPECTIVE

Many agencies reported important management benefits from greater use of part-time workers. The Navy Department reported increasing part-time employment to improve productivity in its commissary and exchange system. The Naval Supply Systems Command initiated a cost control staffing program designed to reduce expenses by better matching employee working hours with peak customer demands. By using more part-time workers, Navy stores have been able to better meet peak demands without increasing costs.

The International Communications Agency reported that greater use of part-time employment improved the agency's ability to fill difficult jobs. The agency cited employment of part-time operators for the optical character reader typewriters it uses to transmit the daily agency wireless file to overseas posts.

This is a 12-hour per day operation which does not require continued presence by the same operators. The agency believes that part-timers are better able to perform this tedious and repetitive work because of their shorter daily exposure time.

Other benefits were identified. Several agencies reported using part-time employment as an alternative to costly overtime. EPA indicated it was able to retain several hard-to-replace engineers by offering them part-time employment upon their return from maternity leave. TVA reported that establishing more part-time positions had improved the agency's ability to attract women and minorities to its white collar work force.

CURRENT EMPLOYEE INTEREST IN PART-TIME

Agencies were also asked to identify interest levels of current full-time employees in switching to part-time work schedules. This area was emphasized because of the widespread belief that many full-time employees would prefer to work part time if given the opportunity.

Most agencies conducted at least partial surveys of their work force on this question. (Many of the surveys had not been completed at the time of the report.) Interest levels varied considerably. HEW reported that in a February 1978 survey of 2,200 workers at a Social Security Administration Program Center, 73 (3.5 percent) employees expressed interest in switching to part-time; 32 of these employees were at grades GS-7 or above. The Veterans Administration reported that a total of 1,236 employees expressed interest in switching to part-time employment in an agencywide survey. Of that number 491 actually shifted to a part-time schedule. In the Treasury Department, 1,424 employees expressed interest in switching. In VA, Treasury, and most other agencies the majority of interested employees were at grades GS-6 and below.

Several agencies reported establishing formal policies to honor employee requests to shift from full time to part time whenever the work situation permits.

AGENCY EVALUATIONS OF PART-TIME EMPLOYEE EFFECTIVENESS

Few agencies reported completing special surveys of part-time employee effectiveness, although several were in the planning stages.

HEW reported the results of a survey of supervisors of 571 part-time employees conducted by the Social Security Administration Federal women's program. The supervisors stated that almost 40 percent of the part-timers performed work of a higher quality than comparable full-time employees and 35 percent had more positive attitudes about their work. Overall 97 percent of the supervisors surveyed responded favorably to their experience with part-time employees.

The Treasury Department reported that after reviewing the effectiveness of part-time workers, some managers in the agency had decided to increase part-time hiring goals. The Department of the Army also noted that morale and productivity are generally high among its part-time employees.

FUTURE DIRECTIONS

The concluding portion of the survey dealt with changes in Government-wide policies, regulations or laws which would increase permanent part-time employment opportunities.

Certainly the major factor affecting part-time employment in the months ahead is the recently enacted Federal Employees Part-time Career Employment Act of 1978 (P.L. 95-437). This legislation requires agencies to operate continuing part-time employment programs which must include goals and timetables for part-time hiring, position review procedures for identifying part-time vacancies, and special part-time job announcement procedures. The new Office of Personnel Management is charged with overseeing this effort, providing technical assistance to agencies, and conducting research on part-time employment.

A key feature of this legislation changes the personnel ceiling system and will thereby remove what agencies identified as the chief obstacle to expanded part-time employment. Because of present ceiling requirements that part-time and full-time employees count essentially the same against an agency's personnel authorization, many managers feel they are losing staff resources by employing part-time workers. The new full-time equivalent (FTE) system, mandated for Government-wide use in 1980 by P.L. 95-437, will count part-time employees for ceiling purposes only according to the percentage of a full-time schedule they work.

Although most provisions of the new law will not go into effect until April 1979, various actions begun under the President's initiative are already laying the groundwork. Five agencies (VA, FTC, GSA, EPA and Export-Import Bank) have begun testing the FTE ceiling system. The final shape of this system, which has implications far beyond part-time employment, will therefore be determined after actual use. The FTE test also emphasizes expanding part-time employment opportunities and should provide valuable insights on this progress.

In addition to the nationwide effort underway in the five FTE test agencies, other agencies are conducting experiments on a regional basis. The Social Security Administration has recently begun an experiment in two regions designed to give field managers broader flexibility in setting work schedules and using part-time employees.

Along with these agency efforts, certain actions have been taken by the Civil Service Commission to improve Government-wide part-time employment policies and procedures. When contacts with potential applicants indicated many were unaware that the Federal Government employed part-timers, recruiting aids were developed to correct this impression.

Changes have also been made in the Federal job application form (SF-171) to improve screening of part-time applicants. In place of a simple "yes"- "no" question on availability for part-time work, the new form asks applicants to indicate availability for specific hour ranges of part-time jobs: 0-20 hours, 21-31 hours, 32-39 hours. This more refined screening process is designed to deal with the longstanding problem of distinguishing between candidates who really want to work part time, and those who are seeking a "foot in the door" to full-time employment.

The proper role of part-time employment in the organization was identified as a concern in the survey and is also receiving attention. The Civil Service Commission has recently surveyed several hundred part-time employees, their supervisors, and comparable full-time workers on their roles and relationships. This survey is expected to provide important information on the dynamics of the part-time work force and the optimal work situations for employing part-timers. Several other agencies are planning or have begun similar research efforts. A CSC clearinghouse is being set up to disseminate information on these and future research efforts.

Some problems identified by agencies are more difficult to address. Chief among these are the extra "per capita" costs (e.g., security clearances, space and equipment, training, supervision, etc.) which accrue when agencies use more employees who work fewer hours.

Although progress will undoubtedly be affected by Federal hiring limitations and budget restrictions, most agencies appear optimistic about future expansion of part-time opportunities in their work force. In responding to the survey several expressed the belief that part-time employment should not be increased merely for the sake of increase, but because organizational needs can be met and additional resources can be tapped. Others indicated that once management is more familiar with part-time employment and the ceiling system is changed, opportunities are bound to increase. These areas will receive priority attention as the Office of Personnel Management moves to implement the Federal Employees Part-Time Career Employment Act of 1978 in the months ahead.

NEW PERMANENT PART-TIME JOBS ESTABLISHED IN FEDERAL AGENCIES WITH MORE THAN 2,500 WORKERS,
SEPT. 16, 1977 TO JULY 31, 1978

Agency	Total	Grade levels/equivalents		
		GS-1 to 4	GS-5 to 9	GS-10 and above
NASA.....	10	4	2	4
EPA.....	30	15	12	3
FDIC.....	15	15		
NRC.....	9		8	1
CSC.....	123	92	16	15
GSA.....	49	33	14	2
TVA.....	131	131		
ICA.....	10	10		
Justice.....	135	91	40	4
Agriculture.....	301	213	72	16
Interior.....	1,276	807	439	30
SBA.....	27	27		
Air Force.....	434	419	7	8
Army.....	485	436	25	24
Navy.....	26	15	7	4
Other Defense.....	6	6		
Treasury.....	170	93	71	6
HUD.....	26	8	8	10
HEW.....	1,348	605	561	182
Labor.....	23	11	5	7
VA.....	1,320	1,117	159	44
Transportation.....	44	22	17	5
Commerce.....	162	113	25	24
AID.....	73	26	41	6
Energy.....	28	21	3	4
State.....	53	33	16	4
Smithsonian.....	18	18		
Total.....	6,332	4,381	1,548	403

¹ Grade level distribution unspecified.

² Figures do not include positions in Navy commissaries and exchanges.

ITEM 26. PENSION BENEFIT GUARANTY CORPORATION

JANUARY 15, 1979.

DEAR MR. CHAIRMAN: This is in response to your December 1, 1978, request for a summary of the Pension Benefit Guaranty Corporation's (PBGC) activities on aging.

Title IV of the Employee Retirement Income Security Act of 1974 (ERISA) established PBGC to provide termination insurance covering most defined benefit plans. On termination of a covered plan PBGC guarantees the payment of benefits vested under the terms of the plan within limits specified in ERISA. This includes payments to surviving beneficiaries under options such as joint and survivor annuities, as well as to the participants when they reach retirement age.

Since almost all terminating plans filing with PBGC have sufficient assets to meet guaranteeable benefits, these cases are expedited to allow assets to be distributed to participants and beneficiaries with a minimum of delay. In those cases with insufficient assets, top priority is given to maintaining continuity of benefit payments. If plan assets are not adequate to avoid benefit interruption, PBGC assumes trusteeship quickly so that benefits to the retirees and their beneficiaries can be continued.

As of September 30, 1978, there were approximately 266 plans under PBGC trusteeship covering approximately 45,000 participants and beneficiaries. Under these plans, PBGC has paid \$1,783,583 in benefits monthly to 14,394 individuals. Under many of these plans, the participants and beneficiaries would not receive their promised benefits if PBGC were not in existence.

Five of the plans under PBGC trusteeship are multiemployer plans, where PBGC exercised its discretion to guarantee benefits. (Under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, mandatory coverage of multiemployer plans does not become effective until July 1979.) Eleven additional multiemployer plan termination requests are currently under review by PBGC.

In addition, PBGC is charged by ERISA with the duty to provide advice and assistance to individuals regarding establishment of individual retirement accounts (IRA's) or other retirement savings, and the desirability, in particular cases, of transferring an employee's interest in a qualified retirement plan to a form of individual retirement savings upon termination of employment. Booklets on this subject are available from the PBGC and the Federal Trade Commission (FTC). (The FTC booklet may be obtained from PBGC.)

Any elderly person may write to PBGC, Office of Communications, Room 7100, 2020 K Street N.W., Washington, D.C. 20006 for information on pension protection under ERISA for terminating defined benefit pension plans, or they may call PBGC on 202-254-4817.

We hope this information will be helpful to you.

Sincerely,

MATTHEW M. LIND,
Executive Director.

ITEM 27. POSTAL SERVICE

JANUARY 15, 1979.

DEAR MR. CHAIRMAN: This responds to your letter of December 1, 1978, requesting an update of last year's report to your committee on Postal Service programs as they affect the elderly.

The most significant undertakings by the Postal Service which are of special benefit to the aging are our civil and criminal enforcement activities under the laws prohibiting the use of the mails for fraudulent schemes. The swindlers who engage in these frauds often find that senior citizens are the most inviting targets because many live alone and often because of reduced ability to protect themselves. Moreover, elderly persons living on fixed or reduced incomes suffer more severely when defrauded by these schemes than younger persons better able to earn the means to support themselves.

The Congress has given the Postal Service some effective tools to fight this kind of preying on the weak or unsophisticated. The criminal mail fraud statute, 39 U.S.C. 1341, is the oldest and perhaps the most important consumer protection law. It provides penalties of up to 5 years in prison and a \$1,000 fine for the use of the mails to further any fraudulent scheme. The civil false representation statute, 39 U.S.C. 3005, enables the Postal Service, after a hearing, to stop the delivery of mail pertaining to a "scheme or device for obtaining money or property through the means of false representations." Section 3007 of the same title authorizes the Postal Service to go to court to get a temporary restraining order against a person suspected of a violation, pending action on the mail stop order. The stop order can be a very effective way to put fraudulent schemes out of business, short of criminal prosecution.

In enforcing these laws, the Postal Service has found many schemes in which elderly individuals are intended victims. Many of these involve particularly deplorable attempts to exploit the aging citizen's entitlement to Government benefits. Enclosed are brief summaries of some of our recent specific activities in criminal and civil enforcement involving schemes against senior citizens. Some of this material was shared with the committee this past summer but has been put in updated form. In addition to enforcement activities, the Postal Inspection Service devotes numerous hours toward educational efforts to prevent schemes of this character. Postal Inspectors frequently address community groups and appear on radio and television to try to alert elderly and other citizens about the dangers of these schemes, ways to avoid them, and steps to report them to the authorities.

The aging also are vitally interested in Postal Service efforts to combat the theft of mail after delivery. These thefts often focus on social security and other retirement checks as well as food stamp and other benefit documents received by many older people. A brief summary of recent theft prevention efforts also is enclosed. With recent changes in the Food Stamp Act, the convenience of mailing food stamps directly to the recipients, which is perhaps of most benefit to the elderly and infirm, has become easier to achieve. Every effort is being made to assure the security and reliability of the mail-out program.

The Postal Service has mail-out programs of its own, designed to help the elderly and others who do not get out frequently to go to their post office. One is the Stamps by Mail program, now in its seventh year of operation. Postage-paid

forms are available enabling the customer to order stamps and stamped envelopes, enclosing a check including a 40 cent fee to cover handling. The order is filled by mail within 3 days. The consumer service card program, also available to all customers, provides another opportunity for the elderly and others who find it difficult to get out to the post office, to handle problems by mail. These cards, furnished by mail carriers, bring to the attention of Postal Service headquarters and the local post office any complaints or requests the customer wants to register concerning mail delivery or other services.

A much different type of program aiding the elderly, the handicapped, and those who live alone is the continuing "Postal Alert" or "Operation Alert" program. This program is a partnership effort between the Postal Service and a local community group or agency. Letter carriers keep a special watch on mail delivery boxes marked with a bright red or orange sticker given to customers registered in the program. If mail is not picked up from the mailbox in a reasonable time, the Postal Service notifies the participating civic group, which keeps a file on the people enrolled. The group then calls a friend or relative who has agreed to follow up in the event of such a warning sign.

Older postal employees and candidates for employment were benefited during 1978 by the enactment of the Age Discrimination in Employment Act. This statute eliminates previous restrictions that permitted persons over 70 to be hired only for temporary appointments not to exceed 1 year and that required retirement for persons reaching age 70 after 15 years of service. Older postal employees continue to benefit from the Postal Service preventive medical program. Our medical and health units provide advice and counsel concerning such subjects as advancing arthritis, cardio pulmonary conditions, cancer, vascular disease, and respiratory infections, in order to encourage proper attention and care for these problems. Also, our personnel offices give "exit interviews" that address medicare and supplemental health programs and offer seminars on retirement.

In conclusion, I would like to stress again this year that senior citizens who suspect they have become targets of mail fraud or false representation are urged to make their complaints known to a responsible employee at a postal installation near them. We are here to help them and their inquiries will receive prompt and conscientious attention. Also, if they are considering the purchase of a product or service by mail, I hope they will investigate the offer before they invest in it.

Sincerely,

WILLIAM F. BOLGER.

Enclosures.

CIVIL ENFORCEMENT UNDER THE FALSE REPRESENTATION STATUTE

(1) In *Independent Food Aid Program*, a mail stop order pursuant to 39 U.S.C. § 3005 was obtained against the promoter of a scheme allegedly furnishing Government food stamps to senior citizens at reduced prices.

(2) In *Midwest Health Research*, a mail stop order, preceded by injunctive relief pursuant to 39 U.S.C. § 3007, was issued against the promoter of an alleged "cure-all" method, falsely promising relief to persons suffering from degenerative diseases. The method involved use of a long discredited procedure (colonic irrigation) and the promoter has been convicted of mail fraud (18 U.S.C. § 1341).

(3) We have taken action against a number of "work-at-home" schemes where exaggerated promises of return upon moderate investment and home labor are involved. These schemes are typically pitched to older people who wish to supplement retirement income.

(4) We have also taken action against a variety of cosmetic products falsely advertised to remove wrinkles or allow the user to "look years younger."

(5) In *All Products Unlimited*, we obtained a mail stop order against the promoter of a "magnetic bracelet" allegedly capable of curing arthritis.

(6) In *Breaking Free*, we obtained an agreement whereby the promoter of a diet allegedly capable of curing and preventing cancer agreed to discontinue the promotion.

(7) We have taken action against a wide variety of products allegedly capable of maintaining or prolonging the virility of older mail users.

(8) In *Evero Laboratories*, we obtained an agreement whereby the promoter of a vitamin pill allegedly capable of curing cataracts without surgery agreed to discontinue the promotion.

(9) In *United Health and Retirement Association*, a mail stop order was obtained against a promotion involving false promises of savings obtainable through a medical insurance plan.

(10) In *Rev. Billy Sunday*, we obtained a mail stop order against a rheumatism and arthritis cure.

(11) We have recently discussed with staff investigators on the House and Senate Committees on Aging and the Federal Trade Commission, possible use of 39 U.S.C. § 3005 against exaggerated coverage and benefit claims in mail order insurance directed primarily to older persons. Our review to date has been inconclusive.

CRIMINAL ENFORCEMENT

1. INSURANCE FRAUDS

Elderly persons are oftentimes unable to resist the high pressure sales tactics of unscrupulous operators, and are not sufficiently discerning to recognize that the product or service they are being sold is grossly misrepresented. Typical of these fraudulent schemes are the following:

Five persons sold worthless vehicle warranty policies to over 60 elderly individuals—some of whom did not own automobiles—who believed that they were purchasing accident and health policies. Four operators of the schemes were convicted and sentenced to a total of 25 years' imprisonment.

Over 70 elderly persons were victimized by two swindlers who sold them worthless vacant lots. The purchasers understood that they were buying paid-up insurance policies. The swindlers were indicted and convicted.

In a separate scheme, five persons—including four of those who sold the worthless lots above—sold duplicate accident and health policies to more than 200 elderly victims who were not aware that they were paying needlessly for insurance duplicating coverage they already had.

2. HOME IMPROVEMENT FRAUDS

Elderly persons are frequently incapable of performing the physical work involved in home maintenance or repair, and become the targets of dishonest mechanics and contractors. Falsely representing, on occasion, that failure to have the work done will result in a hazardous condition or will place the homeowner in violation of a local ordinance, the contractor will charge for work not performed, or done shoddily, frequently requiring the victim to encumber the property to secure funds for payment to the contractor.

The officers of a home improvement company, concentrating on elderly people in rural areas living on fixed incomes, pensions or social security benefits, induced approximately 118 victims to sign contracts for home improvements. In applying for loans to a savings and loan association, the officers of which were in collusion with the contractors, applicants were urged to consolidate their other debts and add them to the cost of the home improvements so as to increase the amount of the loans. The victims' homes were pledged as collateral for the loans. Interest rates and the amount and number of monthly installment payments were misrepresented to the homeowners. Investigation of the scheme culminated in a 100-count mail fraud indictment. The principals in the improvement company and in the savings and loan association who were charged in the indictment ultimately pleaded guilty.

In a similar but unrelated home improvement scheme, which also involved misrepresentation in the financing agreements, the fraudulent operator was convicted in Federal court and sentenced to 5 years' imprisonment.

In still another home improvement scheme, nine persons were convicted of using high pressure tactics and misrepresentations to induce elderly homeowners to sign home improvement contracts, pay cash, and then fraudulently obtained improvement loans in the names of the victims on the basis of the contracts.

A building contractor, who operated a home improvement scheme preying upon elderly, widowed homeowners, was convicted of mail fraud and sentenced in January 1977 to 15 years' imprisonment, to be followed by 5 years' probation. A condition of the probation was restitution of some \$37,500 to his victims.

3. WORK-AT-HOME SCHEMES

Many elderly persons have limited incomes and understandably are interested in supplementing them, while at the same time they are unable by reason of infirmity or lack of mobility to take full-time employment or employment away from their homes. They are the natural targets for those who promote fraudulent work-at-home schemes.

Using a spurious publishing company as a cover, three promoters mailed approximately 23,000 letters throughout the United States soliciting applicants to work at home stuffing envelopes. Applicants were required to submit a \$15 registration fee with their applications. Those who paid received nothing for their money, and were unable to obtain refunds. Two defendants were convicted in Federal court and received prison sentences.

In a variation of the work-at-home scheme, approximately 160 victims were defrauded by an individual who sold them distributorships to sell by mail from their homes copies of his three books describing his success in the mail-order business. A mail stop order was obtained by the Postal Inspection Service to put an end to this promotion.

Still another variation of the envelope-stuffing promotion required applicants to pay an \$8 fee, for which they received instructions on how to start promotions like the one to which they had fallen victim. Again, a mail stop order was used to bring this promotion to an end.

4. REAL ESTATE FRAUDS

Directed at much the same group as the investment frauds are fraudulent realty schemes which victimize the better off among the elderly. Some victims purchase property for retirement or second homes, others as an investment, expecting that appreciation in land values would give them a better return on their money than more conventional land conservative investments.

Some 40 to 50 gulf coast and Florida property owners, many of them elderly, were persuaded to exchange their properties—undervalued or evaluated as worthless by the operators of this realty scheme—for vouchers to be applied to the purchase price of more expensive properties offered by the promoters. The victims were misled into believing that the promoters would sell their newly acquired properties for them within a few months at a high price, recouping their investments and giving them a profit. In reality, the properties offered by the promoters were overvalued by the amount of the vouchers, so that the victims paid full price for the new properties and received nothing for the properties they exchanged. No effort was made by the operators of the scheme to sell the victims newly acquired properties. The promotion filed in bankruptcy in December 1977 and its principals were indicted for mail fraud in April 1978.

Another scheme involved the sale of approximately \$4.3 million in corporate promissory notes supposedly secured by first mortgages on realty. In actuality, the notes were unsecured and worthless. Six promoters of the scheme were indicted and convicted of 40 counts of mail fraud.

5. INVESTMENT SCHEMES

Not all elderly persons have limited incomes. Many are comfortably retired and have savings accumulated over a lifetime of hard work. Many are widows or widowers who have received substantial proceeds of insurance policies on the deceased spouse. They have a natural interest in investing their money in a manner that will provide the greatest return for themselves or for their children and grandchildren. This group is a target of the more sophisticated fraudulent schemes.

Currently under indictment and awaiting trial is an investment scheme promoter—himself 72 years old—who induced some 30 persons, elderly and mostly widowed, to entrust him with, in one case, as much as \$160,000 for investment. Many of the victims were unfamiliar with financial matters and relied completely upon his counseling and his promises of lucrative, guaranteed-secure investments. Some lost their entire life savings. In May 1978, the promoter was indicted by a Federal grand jury on 11 counts of mail fraud.

Over 40 elderly persons were induced to invest more than \$485,000 in a real estate brokerage and management company for the purpose of supplementing their retirement incomes with guaranteed monthly payments representing a 12 percent return on their investments. The operator of the scheme had concealed the fact that the company was actually losing money, and had distributed a falsified balance sheet listing assets which the company did not own. In July 1978, the operator was convicted on 18 counts of violation of the Mail Fraud Statute and 3 counts of perjury. He received prison terms totaling 12 years.

6. MEDICAL FRAUDS

Elderly people, susceptible to the illnesses and infirmities of advancing years, are a target for the fraudulent schemes which offer pills, potions and nostrums of all sorts to cure illnesses, grow hair on bald scalps, restore sexual potency and rejuvenate fading beauty.

A self described doctor, principal in a national health clinic, distributed an estimated 2 million brochures throughout the United States and Canada offering for sale a "Health Bible," promoting a colonic irrigation treatment for the prevention, alleviation and cure of some 40 diseases, including malnutrition, arteriosclerosis, gallstones, diabetes, asthma, arthritis and appendicitis. The book offered a colonic irrigation "kit" for sale for an additional sum. The total number of victims of this scheme is unknown, but it is believed that at least 1,000 victims paid \$9.95 for the "Health Bible." Expert medical testimony at the hearing which resulted in issuance of a mail stop order identified the colonic irrigation kit as an ordinary enema and described it as not only of no benefit in the treatment of the disease or conditions for which it was recommended but potentially harmful in certain cases. The operator of the scheme subsequently pleaded guilty to two counts of a 10-count indictment.

7. MISCELLANEOUS

Indicted and awaiting trial are two operators of a fraudulent scheme which targeted the elderly and infirm by inducing them to pay in advance for grave memorials which were never furnished.

THEFT OF MAIL

During the last 10 years, check mailings have steadily increased until there are now more than 800 million Federal, State, and local government checks entered into the mails annually. Check letters are most vulnerable to theft when they reach the public's mail boxes. The problem of mail theft is most severe in the low income areas of the larger cities where millions of welfare and social security checks are delivered each month. The poor and elderly residents of those areas suffer undue hardships when forced to wait for replacement for a stolen check or stolen document authorizing the purchase of food stamps.

The check thief's crime is not completed until a stolen check is converted into cash or merchandise. Consequently, this offense usually leaves a "paper trail" for investigators to follow. Postal Inspectors working with other Federal, State, and local law enforcement officers have developed investigative techniques which have made mail theft an extremely high risk crime. In fiscal year 1978, a total of 12,936 convictions were obtained for the theft of mail or for the related offense of possession of stolen mail. Incidents of mail theft reported to the Inspection Service were down 22 percent from the previous year and are currently at the lowest level in 10 years.

In addition to relying on the apprehension and prosecution of offenders to deter mail thefts, the Inspection Service, in the past year, initiated a test program aimed at involving citizens in assisting in the prevention of crime. The program, known as curb area thefts (CAT), was initially limited to selected cities in the eastern United States. Direct communication was established with postal customers who were asked to report anyone observed committing a violation of the postal laws. The program was publicized in newspapers, on radio and television, and through the display of posters in public places. The objectives of the program were explained in presentations to civic groups, church congregations, students, and local merchants.

It is too early to fully evaluate the impact of the program in reducing thefts, but the early response from the public has been encouraging and the Chief Postal Inspector has expanded the test to include one city in each of the midwest, Southern, and Western areas of the country.

ITEM 28. RAILROAD RETIREMENT BOARD

JANUARY 9, 1979.

DEAR MR. CHAIRMAN: In response to your letter of December 1, 1978, I am pleased to enclose a statement summarizing major activities of the U.S. Railroad Retirement Board on aging during 1978. I have also described some of the Board's plans and goals for 1979.

We look forward to your committee's 1978 report on developments in aging.
Sincerely yours,

R. F. BUTLER,
Secretary for the Board.

Enclosure.

U.S. RAILROAD RETIREMENT BOARD

The U.S. Railroad Retirement Board is the Federal agency that administers a comprehensive social insurance and staff retirement system for railroad workers and their families, separate from but coordinated in several ways with social security. Programs of the system include the following: (1) Old-age, survivor and disability benefits under the Railroad Retirement Act; and (2) unemployment and sickness insurance benefits under the Railroad Unemployment Insurance Act. In addition, certain administrative services under the Federal health insurance (medicare) program are performed with respect to aged and disabled railroad workers and eligible members of their families.

BENEFITS AND BENEFICIARIES

During fiscal year 1978, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled \$4.2 billion, an increase of \$219 million from the same period 1 year earlier. Retirement and survivor benefit payments amounted to \$4 billion, an increase of \$201 million over the same period 1 year earlier. Unemployment and sickness benefit payments during the benefit year ending June 30, 1978, totaled \$184 million, which was \$5.6 million less than in the preceding benefit year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1978, totaled 1,019,000. The vast majority (81 percent) were aged 65 and older. At the end of the fiscal year, 460,000 retired employees were being paid a regular annuity averaging \$409, about \$29 higher than a year earlier. In addition, 176,000 of these employees were being paid a supplemental annuity averaging \$55.

Over 232,000 spouses of retired employees were receiving an average annuity of \$191. Of the 335,000 survivors on the rolls as of September 30, 1978, 292,000 were aged widows receiving an average annuity of \$285. Some 868,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the medicare program at the end of fiscal year 1978. Of these, 847,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to 164,000 railroad employees during the benefit year ending June 30, 1978. However, only about \$1.1 million (less than 1 percent) of the benefits went to individuals aged 65 and older.

LEGISLATIVE DEVELOPMENTS

While there were no amendments to either the Railroad Retirement Act or the Railroad Unemployment Insurance Act, Board programs were affected by amendments to the Social Security Act in fiscal year 1978. Because of laws coordinating the railroad retirement and social security systems, certain provisions of Public Law 95-216, amending the Social Security Act, also apply to the railroad retirement system. Some of the major changes affecting the railroad retirement system include revisions in the method of computing benefits, retirement tax increases and reductions in the benefits of spouses, widows and widowers who also receive public pensions. The amendments also allow higher post-retirement earnings before benefits are reduced and further increase the benefits of those who postpone retirement beyond age 65.

PLANNED ACTIVITIES

At the request of railroad management and labor, the Board will provide technical assistance in legislative recommendations to correct the financial problems of the railroad retirement system. While the Railroad Retirement Act of 1974 substantially improved the system's financial condition, an actuarial deficit and cash flow problem still remain.

The Board is committed to an improvement in its service to the railroad public. Over the past few years, extensive legislative changes have made the Board's programs much more complex and difficult to administer. With initial implementation to this legislation accomplished, the Board has begun extensive evalua-

tions of operations, procedures and facilities to identify areas where improvements in service can be made.

Quality control programs, designed to measure and monitor error rates, identify causes of erroneous payments, and reduce or eliminate errors, are in the process of development for both the retirement-survivor and unemployment-sickness benefit programs.

Since many railroad employees retire without adequate counseling or preparation, the Board is investigating the feasibility of preretirement counseling. Such counseling would be designed to examine the advantages and disadvantages of retirement on an individual basis and help railroaders to better understand and prepare for retirement.

ITEM 29. SMALL BUSINESS ADMINISTRATION

DECEMBER 27, 1978.

DEAR MR. CHAIRMAN: This is in response to your letter of December 1, 1978, concerning programs relating to aging.

In 1964, the Small Business Administration established a volunteer program called the Service Corps of Retired Executives (SCORE). The program has continued to expand and there are now some 8,200 members of SCORE. The objective of this program is to provide management assistance service to the small business community. The Active Corps of Executives (ACE), is comprised of business people who have not retired.

SCORE is comprised of volunteers retired from the active business world who have had a lifetime of business experience and are willing to share this knowledge and experience with others. SCORE provides a businessperson-to-businessperson advisory relationship. In addition to the invaluable service that is derived by the small business owner/operator, there is an added benefit to the volunteers. SCORE members know that their aid is needed and their participation provides the retired volunteers with a sense of satisfaction for contributing his or her knowledge to help others.

SCORE volunteers have counseled over 500,000 small businesses since 1964 and the organization has grown from the initial 1,000 members to its current membership level organized into 342 chapters located throughout the United States. In fiscal year 1978, SCORE volunteers counseled over 139,000 small business owner/operators.

Sincerely,

A. VERNON WEAVER, *Administrator.*

ITEM 30. VETERANS ADMINISTRATION

FEBRUARY 5, 1979.

DEAR MR. CHAIRMAN: In response to your request of December 1, 1978, I am pleased to forward the enclosed report on the Veterans Administration activities relating to the developments in the care of older veterans for the year 1978.

The VA is well aware of its responsibilities to the aging veteran and the problems that will result from the increasing number who will seek VA assistance. Plans and programs have been developed over a considerable period of time and are being emphasized to meet these needs as they become increasingly pressing during the remainder of the century. The VA believes that these plans are comprehensive, but flexible enough to meet changing needs as knowledge and technology develop.

I hope the enclosed information will be helpful to the committee. Please let us know if we can be of further assistance.

Sincerely,

MAX CLELAND, *Administrator.*

Enclosure.

VA ACTIVITIES AFFECTING OLDER AMERICANS IN 1978

1. INTRODUCTION

The historic pattern of American wars has created increased numbers of veterans at roughly generational intervals. As a result, there is a concentration of veterans who will pass through various ages together as they grow older.

Most of the World War I veterans were aged 65 to 75 between 1960 and 1970; aged 75 to 85 between 1970 and 1980; and the survivors over age 85 will be most numerous between 1980 and 1990. The World War II-Korean War veterans will have similar age concentrations between 1985 and 1995, 1995 and 2005, and 2005 and 2015, respectively. Since this is a uniquely large group, and the needs of the aged change during these three periods, projections for health service delivery and other benefits require a recognition of these variables.

In January 1978, the Veterans Administration submitted a comprehensive report to the appropriate committees on veterans affairs of the Senate and House of Representatives. Entitled "The Aging Veteran: Present and Future Needs," this report outlined long range plans for meeting the needs of this aging veteran population.

On a more immediate basis, a wide variety of services were provided for aging veterans during the past year and are described in the following paragraphs.

2. EXTENDED CARE

The rapidly expanding veteran population above the age of 60 requires increased attention to patient care programs which provide both alternatives to costly hospital care for patients requiring long-term institutional care and alternatives to institutional care itself. The Office of the Assistant Chief Medical Director for Extended Care, accordingly, organizes the patient care programs for which it is responsible along a continuum of care ranging from skilled nursing home care to programs designed to maintain independent living in the community. Because its programs cut across many other central office functions, some staff activities of this office are referred to in other sections of the report.

The patient care mission of this office is to provide the necessary professional expertise and leadership for the following long-term care programs: VA nursing home care, community nursing home care, personal care homes, hospital based home care, domiciliary care, State home care (nursing home, domiciliary, and hospital). In order to improve the care of older veterans through the development of new programs targeted toward the elderly, it also administers eight geriatric research, education, and clinical centers.

Large numbers of aged veterans requiring long-term care will place an ever increasing demand on the clinical programs. A major concern of this office is the assessment of various approaches to long-term care programs to assure that the VA health care system is available and responsive to those veterans in need of such care. Through increased emphasis upon coordinating a variety of long-term care programs, it is expected that the VA will improve the quality of care for patients of all ages, broaden the comprehensiveness of our services, increase patient satisfaction, and, in a time of rapidly increasing cost for health care services, make more effective use of manpower and resources.

VA Nursing Home Care

This program is designed for veterans who are not acutely ill or in need of hospital care, but who require skilled nursing care and related medical services. The services are prescribed by, or performed under, the general direction of persons duly licensed to provide such care. Typically, a veteran admitted to VA nursing home care is chronically ill, has a permanent or residual disability, is expected to require a long period of nursing supervision, observation and care, and requires special efforts of a long-term rehabilitative nature. All the services required for the comprehensive care of a veteran in the nursing care unit are available through the resources of the hospital. Nursing home care beds were increased during the course of the year with the opening of new nursing home care units at Loma Linda, Calif.; Phoenix, Ariz.; and Wilmington, Del. During 1978, there were nursing home care units at 91 VA medical centers with 7,935 average operating beds with an average daily census of 7,480. The number of patients treated was 11,671.

Community Nursing Home Care

This program is designed for veterans who are not acutely ill and not in need of hospital care, but who require skilled or intermediate nursing home care and related health care services. The primary purpose of this program is to aid the veteran and his family in making the transition from a hospital to the com-

munity by providing time to marshal resources for the veterans' continuing care. Participating facilities are assessed by VA personnel prior to approval and no less than every 2 years thereafter. Followup visits are provided to the veteran in the nursing home by the hospital social worker, nurse and other members of the treatment team. Under this program, nonservice-connected veterans may be placed in community facilities at VA expense for a period not to exceed 6 months. Veterans requiring nursing home care for a service-connected condition may be placed at VA expense indefinitely.

As of September 30, 1978, 2,459 nursing homes were under contract with the agency, 1,245 of which were skilled homes and 1,214 of which were intermediate care facilities or combined skilled and intermediate care facilities. A total of 26,996 veterans were served by this program during fiscal year 1978 with an average daily census of 7,997.

During the past year, the VA has continued to develop an approach to nursing home assessment which emphasizes the quality of care and quality of life in the home. Parallel to this effort, the VA has continued to work more closely with other Federal and State agencies in order to coordinate and avoid duplication of effort in the assessment of nursing homes. These closely related endeavors have been pursued through a series of regional conferences for VA community nursing home teams and through administrative meetings with VA, HEW, and State survey agency staff.

Hospital-Based Home Care

This program allows for an early discharge of veterans with chronic illness to their own homes and reduces readmissions to the hospital. The family provides the necessary personal care under coordinated supervision of a hospital-based multidisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regimens as well as the training of family members and the patient. Thirty VA hospitals are providing hospital based home care services. By providing increased days of care in the home, acute care beds in hospitals are freed up. An educational training experience was provided selected team members in program evaluation and patient care audits through the Minneapolis Regional Medical Education Center (RMEC). This training experience was designed to assist HBHC teams to develop a quality assurance program. On-going training conferences are being planned for anticipated program expansion.

VA Domiciliary Care

The VA domiciliary program is designed to provide necessary medical treatment and comprehensive professional care for eligible ambulatory veterans in a residential type setting. The program is directed toward those veterans who are disabled by age, disease, or injury and are in need of care, but do not require hospitalization or the skilled nursing services of a nursing home. To be entitled to domiciliary care, the veteran's disability must be chronic in nature. The veteran must also be incapacitated from earning a living and have no adequate means of support.

A modest construction effort has been initiated to improve existing domicillaries which recognizes the need for emphasis on privacy and on the psychosocial needs of older veterans in congregate living. The design criteria that have been developed provide an environment that is free of architectural barriers and encourage physically disabled veterans to function at their optimal potential. The new 20-bed domiciliary being constructed at the Wood VA Medical Center in Milwaukee, Wis., is nearing completion and others are scheduled in the near future.

In fiscal year 1978, the 16 domicillaries operated 9,751 (average) beds with an average daily census of 8,721. The number of patients treated was 17,275.

Personal Care Homes

This program provides personal care and supervision in a homelike setting in the community for veterans who have no homes or whose home does not provide the care they need. The veteran pays for his care, usually out of the combination of VA pension, supplemental security income, and/or social security disability payments. All veterans with sufficient funds may utilize this service. Homes vary in size from those accommodating one veteran in a family setting to homes

accommodating 20 or more veterans. Homes are periodically inspected by an interdisciplinary team from the nearest VA hospital. Regular followup visits to the homes are made by members of the VA hospital staff. The social worker is the most frequent visitor, working with relationships between sponsor and veteran, veteran and family, and veteran and the community.

During fiscal year 1978, the General Accounting Office completed a study of the program. While noting the need for greater administrative efficiency and for clearer guidelines for the program, the report strongly recommended the expansion of the program as a cost effective alternative to hospitalization.

In December 1978, the VA completed a survey of a systemwide sample of veterans currently in the program and of now institutionalized, potential candidates for placement into the program. The data retrieved are undergoing analyses and are expected to be of great value in planning for the expansion of the program to meet the needs of veterans who would be appropriately placed at this level of care.

State Home Program

The State home program has grown from 11 homes in 11 States in 1888 to 40 State homes (one of which has two annexes) in 31 States including the District of Columbia. Currently a total of 15,815 beds are available to provide hospital, nursing home and domiciliary care. The VA relationship to State veterans' homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States to provide care that meets modern standards of quality to veterans requiring domiciliary, nursing home, and acute and intermediate hospital care. The other grant program provides VA assistance with 65 percent Federal funding in the construction of new domiciliary and nursing home care facilities, and the expansion and remodeling of existing facilities. The State home per diem program is administered through VA medical facilities which reimburse the States on a quarterly basis. The construction program is administered by central office.

Since the enactment of Public Law 88-450 in 1964, VA grants have been utilized by 22 States for construction projects for nursing home beds. Public Law 91-178 made it possible for the VA to participate in the remodeling of existing hospital and domiciliary facilities. The provisions of Public Law 95-62 enabled the VA to continue to assist the States with new construction funding, and expanded the construction program to include domiciliary facilities within an authorized appropriation.

In 1978, new construction resulted in the addition of a 360-bed nursing home care unit (NHCU) at Marshalltown Iowa; a 50-bed NHCU addition at Tilton, N.H.; and a 50-bed NHCU at Bristol, R.I. An existing facility in Hastings, Minn., was recognized by the VA as a 150-bed annex to the State veterans' home at Minneapolis, Minn. In addition, the VA obligated funds in fiscal year 1978 totaling over \$10.6 million in support of constructing an additional 455 NHCU and 263 domiciliary beds.

During fiscal year 1978, the average daily census in State veterans' homes was 4,945 NHC, 5,236 domiciliary, and 1,004 hospital patients.

Geriatric Research, Education and Clinical Centers (GRECC's)

Geriatric research, education and clinical centers are charged with the task of advancing clinical, research and educational achievements in the area of geriatrics and gerontology, and integrating these into the total VA health care system.

During fiscal year 1978 another GRECC was initiated at the VA Medical Center in Minneapolis, Minn. This became the eighth GRECC in the VA system, with others located at American Lake/Seattle, Wash.; Boston/Bedford, Mass.; Little Rock, Ark.; St. Louis, Mo.; Palo Alto, Calif.; Sepulveda, Calif.; and Los Angeles (Wadsworth), Calif.

Selected specific accomplishments of these centers during the past year are:

A memory clinic was established at the Boston OPC GRECC. This involves an examination of modes of clinical diagnosis and the design of methods of intervention in memory changes with aging.

The GRECC located at the VA Medical Center, Little Rock, Ark., completed remodeling and staffing, and activated its 28-bed geriatric rehabilitation unit. In addition, the geriatric ambulatory clinic was moved to new, enlarged facilities, enabling an increase in the number of patients seen.

The GRECC at the VA Medical Center Wadsworth, (Los Angeles), Calif., activated a 15-bed geriatric clinical evaluation and demonstration unit.

The Office of Academic Affairs initiated a fellowship program in an effort to prepare board eligible physicians in internal medicine, family practice, and psychiatry for clinical excellence in geriatrics and gerontology. Of the six program awards made, four are at VA medical centers which have GRECC's (Bedford, Little Rock, Palo Alto, and Wadsworth). An additional six sites will be selected during fiscal year 1979 and the remaining GRECC's are under consideration for awards.

Information and Referral Program

To minimize duplication of effort and to promote efficient use of resources, the VA is actively participating in coordinative endeavors with other Federal agencies on behalf of elderly veterans to provide information and referral services.

During the past year, the VA has participated in the following activities:

Information and Referral liaison representatives from VA medical centers and regional offices have contacted the area agencies on aging (AAA's) within their various jurisdictions to offer the services of the Veterans Administration. Service to the AAA's is being provided in varying degrees depending upon the responses to the initial VA contact. Many AAA's are visited regularly, others are visited on an on-call basis. In some areas, personnel from the Department of Veterans Benefits have conducted veterans benefits training seminars for AAA's intake counselors.

Activity continues in the area of introducing veterans discharged from VA medical centers to senior citizen centers in their local communities. Volunteers are being used to assist in these programs. Veterans Service personnel are establishing liaison with many of these senior citizen centers to assist in matters relating to veterans benefits.

In one State, VA Department of Medicine and Surgery (DM&S) social workers and Department of Veterans Benefits (DVB) Veterans Service personnel have initiated regularly scheduled visits to residence hotels where large numbers of veteran single room occupants live in order to offer information and assistance about VA medical programs and benefits.

Over 200 VA employees participated in training conferences for I&R liaison representatives from both DM&S and DVB located in HEW regions I through X at Salem, Va.; St. Louis, Mo.; Birmingham, Ala.; Northport, N.Y.; Minneapolis, Minn.; and Long Beach, Calif. These conferences gave an overview of I&R development, operation of agencies and resources required for ongoing provision of services. Technical experts from I&R agencies and administrators from Federal, State, and local agencies on aging, and Alliance of Information and Referral Services personnel were part of the faculty.

Each year, approximately 8,500 veterans are placed in community nursing homes from VA medical centers. Veterans Service personnel are conducting benefits awareness campaigns at many nursing homes to alert administrators and staff at these homes to the availability of VA benefits for veterans and widows.

The VA has been involved in many State, county, and local activities for the elderly, such as: Federal executive board, senior citizen showcase of benefits, and a Governor's conference on aging.

Efforts to stimulate interest in VA benefits and medical programs among potential elderly beneficiaries have included establishing rapport with local newsletters, newspapers and other publications circulated among the elderly. Press releases are prepared concerning benefits and services for this target population, and distributed to publishers. Responses have been favorable.

A brochure "Information and Referrals for Veterans 60 years or Older" has been prepared listing services available from VA and community agencies for seniors. The list was completed in large print, making it easy to read. This AoA-VA joint activities project was presented at the VA I&R conference for adoption systemwide.

3. MEDICAL SERVICE

The Veterans Administration Central Office Medical Service and the Medical Services in Veterans Administration medical centers pursued their goal of improving the overall quality of medical care provided veterans during 1978 with vigor. Once again a large share of their efforts were devoted to the aging veteran group since these patients constitute a significant portion of our patient population both in terms of numbers and professional challenges.

In addition to this general medical interest in the aged patient, several more specific activities in this area were carried out during 1978 and should be cited. The Veterans Administration's study of extended hospital care (EHC), mentioned in last year's report, was expanded and completed during the year. Medical Service played a key role in this extensive multidisciplinary evaluation of the current and future needs of, and programs for, long-term patients in the VA. Comprehensive recommendations for the development of optimal EHC programs will be presented to the Chief Medical Director in early 1979. The newly established centers for handling rheumatology-immunology and cardiopulmonary rehabilitation problems continued their growth and development in 1978 with obvious impact on the care of the aging veteran. Medical Service continues to play a significant role in the evaluation of these centers and will do so in the future. Medical Service is also collaborating with Dietetic Service to initiate a comprehensive clinical nutrition program throughout the entire agency. The potential significance of improved nutrition for aging patients in promoting better quality of life and quality of care is great. Medical Service representatives participate actively in various professional conferences and meetings on aging (e.g., "Initiating Strategies for VA Geriatric-Gerontology Programming," a VA sponsored meeting held in Dallas, Tex., in November 1978).

Medical Service plans to continue and expand its role in this very important area of internal medicine in 1979, and the future.

4. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

The Mental Health and Behavioral Sciences Service has increased its efforts and activities directed towards the older psychiatric patients. With increasing age there is increasing incidence of mental problems, and the number of older veterans being treated in our psychiatric medical centers will continue to increase into the next century.

One major development was a meeting held October 23-25, 1978, with the chiefs of psychiatry and psychology from 40 VA medical centers with the largest number of psychiatric patients. This training conference focused specifically on the psychogeriatric patients. The faculty for this meeting was composed of professional ward staff from three VA medical centers which have established ongoing psychogeriatric special treatment wards/units. Emphasis was given to development of specialized skills required to properly treat and rehabilitate the elderly veteran. These involved consideration of physical health, social situation, economic resources, self-help and transportation needs, as well as treatment of the patient's functional disorders. Different models were presented to allow the participants to develop their individual programs to better care for their aged psychiatric patients.

During the year three program guides were developed, one of which has already been published, on the appropriate use of psychiatric medications. In each of these guides special emphasis is given to the problems relating to the elderly patients, as well as the problems of drug selection and dosage levels. This is especially important since, with advanced age, the patient's ability to distribute, bind, detoxify and eliminate such drugs is often reduced.

One VA medical center has established the first VA psychogeriatric day center. The center is called the "Elder Veterans Service Center" and is presently functioning to assist aged veterans to secure maximum levels of physical independence, social system development, and the appropriate use of community resources. The Elder Veterans Service Center was implemented to serve patients from the Psychiatric Service, Intermediate Care Service, and the Nursing Home Care Unit at the Palo Alto VA Medical Center, Menlo Park Division. The center is currently under the leadership of a doctoral level clinical psychologist and may serve as a prototype for additional centers in the VA health care system.

A fourth new thrust has been the work of the Mental Health and Behavioral Sciences Service working in concert with other professional services to develop a "quality of life report" which was specifically directed towards aging veterans. The report was sent to all of our medical centers. It defined the quality of life concept, delineated areas of concern within the definition, devised specific items and field tested and revised a series of evaluative instruments. Copies of this report are available from the Mental Health and Behavioral Sciences Service (116B). This is one of the first efforts of a major health care system to evaluate and assure enhancement of living as well as to maintain life for the aged.

5. SOCIAL WORK SERVICE

The development and coordination of community support services for the mentally and physically handicapped elderly was given impetus during 1978 by the participation of Central Office Social Work Service on the White House Committee on Services to the Handicapped. Through a subcommittee on independent living, the Veterans Administration's 30 year experience in the development and operation of community support programs, including the residential component, was highlighted and issues were raised concerning the need for cooperation in the development of a Federal interagency thrust in community support service programming. A key recommendation is that the Veterans Administration participate in a federal interagency demonstration project focused on "independent living" for the handicapped.

As the cost of acute medical care continues to escalate, there is every indication that alternatives to institutionalization meeting quality of care and quality of life standards will be more fully utilized by the VA and other agencies to meet the needs of the elderly, particularly those with emotional or physical handicaps. During fiscal year 1978 over 66,000 veterans received placement and followup services in VA approved community facilities. Over 3,600 veterans were placed directly in community settings without a period of VA hospital care. The development of quality of life and quality of care indicators for veterans placed in community settings was highlighted at several workshops held under the auspices of the Office of Extended Care during fiscal year 1978. In using a multidisciplinary focus, social workers, nurses and dietitians examined traditional roles in the assessment of community settings and in the delivery of services. Emphasis was placed on the need to prevent unnecessary duplication of services and to focus on a more effective use of available manpower in the assessment of community facilities.

An innovative outreach program is developing in a number of medical centers whereby veterans living alone in personal care homes are encouraged to participate in activities provided under the auspices of senior citizen centers, veterans service organizations or other community groups. These social and recreational activities support the re-entry of the veteran in community life following hospital care, and help to prevent the gradual and premature loss of social functioning which sometimes occurs among the elderly who have lost the sense of security which comes with close interpersonal relationships. A goal is to assist the elderly in maintaining as independent a life style as possible. The reestablishment of productive social patterns which may have been dormant for years encourages the elderly to reassess control over their own lives through active participation in the decisionmaking process. An example involves services to veterans in an inner city hotel, most of whom are elderly. The manager of the hotel requested assistance from the VA and a community agency to assist veterans and other residents in establishing contact with appropriate community services. Initially, social workers from both agencies met informally with the residents over coffee and donuts. Gradually the residents began to develop their own list of priorities which included improvements in the physical plant and services provided by the hotel. The experience demonstrated that older people can bring their collective influence to bear on the resolution of problems affecting their future. In effect, they can become advocates for their own needs which reduces the need for a direct involvement of social work and other staff in the resolution of problems.

Social work liaison staff have been appointed in eight medical districts in order to facilitate the development of community support services for an aging veteran population incapable of fully independent functioning. Key social workers in Medical Districts V through XII will assist central office Social Work Service in determining priorities and in developing strategies for meeting the needs of this veteran population. If proved successful, this project will be expanded to other medical districts.

Considerable interest has been generated in the need to develop day care center activities for the elderly living in the community. At least one medical center has developed an activity center which incorporates classes in retirement planning, financial management, information and referral services, and brief counseling services which will be offered to older veterans and their families. Assistance is also available to veterans in maintaining suitable living arrangements or in locating supportive care situations. During fiscal year 1979 there will be continu-

ing emphasis on the need to develop and extend services to the elderly to enhance the quality of life in support of medical care goals. Social workers will be encouraged to work closely with Federal and State agencies which are also concerned with developing quality programs within budgetary constraints. Emphasis will be placed on the need to develop additional community residence programs in medical centers with a general medical and surgical orientation.

6. REHABILITATION MEDICINE SERVICE

With the majority of our VA patient population over 60 years of age, Rehabilitation Medicine Service has concentrated a major emphasis on programs designed for the aging. Rehabilitation Medicine Service therapists and physicians have been encouraged to engage in continuing education programs designed to stimulate, motivate and provide new programmatic ideas in geriatric care. Two VACO-Rehabilitation Medicine Service sponsored workshops concerned with aspects of aging were presented in fiscal year 1978. While overall Rehabilitation Medicine Service programs are geared for most disabilities, new efforts are being made toward modification, adaptation, and, even more importantly, greater sensitivity to the needs of the aging.

Rehabilitation Medicine is currently involved in such programs as sensory integrative dysfunctioning programs to help patients regain the use of their sensory mechanisms or to compensate for their loss; compensated work therapy to provide for monetary incentives in community work projects for a greater feeling of self worth and meaningful activity; cardiac rehabilitation programs designed to treat patients with special diseases—especially important to the geriatric patient; and blind rehabilitation which is concerned with blindness developed by the aging veteran who has special needs not normally found in the younger blinded veteran.

It has been clearly established that the incidence of speech, hearing, and language disorders rises markedly with aging. It is highly important that treatment services be made available to the elderly who are in need of communicative rehabilitation.

Services for communicative disorders are provided at 89 of our medical centers. To cope with the rising workload, a new unit was activated at the Loma Linda VAMC, Calif., in fiscal year 1978, while another is planned for the Augusta VAMC, Ga., in the current fiscal year.

With greater emphasis on gerontology in the VA and a greater divergence of programs concentrated in this area, both greater numbers and varieties of Rehabilitation Medicine Service programs will continually be designed to meet these needs.

7. NURSING SERVICE

Nursing Service has collaborated with three regional medical education centers (RMEC's) in educational endeavors to improve the understanding and knowledge of nurses concerning aging. Conferences and workshops have been held, with VACO staff member participation, at the Southcentral, Southeastern, and Northeastern RMEC's.

In April 1978, Nursing Service published a new program guide, "Standards and Educational Guidelines for Gerontologic Nursing Practice," G-14, M-2, part V. Two chapters comprise the guide. Chapter I covers the standards of gerontologic nursing care. Using Maslow's hierarchy of needs as an organizing focus, nine standards are enunciated. These standards attempt to address the special needs of the elderly along a continuum ranging from psychobiologic needs to those for self actualization and creativity. While the standards are written primarily for use by nursing personnel, they may have value to other health team members should they wish to adapt them for use in their disciplines. It is the intent that the central focus should be the needs of the aged individual rather than any health discipline or occupational group. Chapter II consists of a course outline for gerontologic education for nurses. As with the standards, other health professions may find the outline helpful as a systematic guide to learning more about the special and unique aspects of the normal aging process. Throughout the guide an attempt is made to stress a humanistic, concerned approach to the elderly veteran patient. The need for an enabling environment is addressed throughout the guide, hopefully it will be of assistance to those who seek to improve both the quality of care and the quality of life of the aged, ill veteran. A

workshop to design strategies to implement the standards systemwide is planned for June 1979 at the North Central RMEC, Minneapolis, Minn. Three registered nurses from each RMEC area will comprise those invited to design and implement the strategies throughout the system.

VA Nursing Service continues to work closely on matters of mutual concern on aging with the Department of Health, Education, and Welfare, Division of Long Term Care. The staff member responsible for long term care initiatives has served in a consultative capacity in the developing and testing of PACE, the guide to patient care management in long term care facilities.

Nursing Service continues to stress the need for more information relating to geriatric and gerontologic nursing. University nursing faculty and VA medical center staff are working collaboratively toward increasing the knowledge base of geriatric nursing practice at the Northport, N.Y.; Durham, N.C.; and Madison, Wis., VA Medical Centers.

The need for improved services to the aged veteran in the community is recognized as a matter of priority by Nursing Service. Several proposals pertaining to this topic have been developed.

8. DIETETIC SERVICE

Nutritional care continues to be an important component of the total treatment program for the aged veteran. Nutritional assessment of veteran patients indicates that disease and disability still contribute significantly to their nutritional risk. One of the risk factors which has a subsequent impact on nutritional status and which should be given more emphasis is the oral health care of the aged veteran patient.

The oral health status of a patient is an important clue to his general health status because the cells and tissues of the lips, tongue, periodontium and teeth are extremely sensitive to functional and anatomic changes produced by nutritional as well as other metabolic aberrations. If the nutritional component is recognized, appreciated and dealt with in the same substantive, objective manner as is done in the nutritional management of such general health problems as heart disease, diabetes and alcoholism, the diagnosis and management of oral health problems will be improved considerably. Through coordination with dentistry, a good dental care program for veterans can be implemented as part of an in-depth nutritional care plan.

Patient health education efforts have focused on individual patient diet counseling as well as training of the caregiver in meeting the individual's nutritional needs. Future emphasis will be focused on continuing education programs directed to improving the knowledge and skills of dietitians in working with the elderly, and the use of community resources. The regional medical education centers (RMEC's) have provided educational workshops on nutritional assessment for dietitians. These workshops have implied the need for the development of nutritional quality care standards for the geriatric patient.

In cooperation with the geriatric research, education and clinical centers (GRECC's), Dietetic Service plans to identify through research studies the nutritional risk factors which impact the quality of care for the elderly.

9. VOLUNTARY SERVICE

During fiscal year 1978 a systemwide survey of medical facilities, culminating in the Administrator's volunteer development report, showed that 65.8 percent of the volunteers are above the age of 60. The report demonstrates that the VA Voluntary Service program continues to provide welcome opportunities for older Americans to participate effectively in the mainstream of community life.

The volunteer development report concludes that older Americans "are the best resource—and the backbone—of the VA Voluntary Service program," and points out that from VA experience, "Older Americans are one of this country's richest, wisest and most committed resources—a gold mine of compassion and experience."

Voluntary Service continued to encourage participation in the evolution of projects for aging veterans initiated by two of its member organizations: "Operation Post Home," sponsored by the American Legion, and the "Haven" project of the United Voluntary Services.

"Operation Post Home" was adopted formally in 1978 as a program of the American Legion and auxiliary to open post homes to the elderly, of the com-

munity, especially veterans, for regularly scheduled recreational, educational, and social activities. Successful post home programs were established, with the cooperation of VA Voluntary Service staff, in Duluth and Minneapolis, Minn., and in Central Illinois. Twelve State-level American Legion organizations have expressed strong interest in participating in the program, and the Legion and auxiliary have set as their 1979 goal the participation of posts in 25 of the 50 American Legion departments, again with organizing assistance from the VA.

In the Duluth program, which has been the pilot project, a recreation therapist from the Minneapolis VA Medical Center travels to the post home periodically, a dietitian has given talks, and a telephone contact program has been established. A group of some 25 older veterans meets 1 day weekly, during which the American Legion serves a meal.

The United Voluntary Service "Haven" project, based on the successful leisure time lounge operated by the organization for patients at the Palo Alto VA Medical Center, is popular with elderly veterans, though not limited to their participation. During 1978, with Voluntary Service cooperation, "Havens" were opened at VA medical facilities at Hines, Ill., and Wood, Wis. As the fiscal year ended, 12 other facilities had entered the planning stage for "Havens," and 37 displayed significant interest in working with the United Voluntary Service in the project. Fifteen medical facilities had previously established programs similar to the "Havens."

A Patient Services project designed to study needs for more leisure time activities for long-term care patients, many of whom are elderly veterans, resulted in a restructuring which will provide more emphasis on recreation activities during nontreatment periods.

10. DENTISTRY

The VA Dental Service has continued to strengthen its program to meet the oral health care needs of long term and geriatric patients. VA sponsored conferences on Geriatric Dentistry were held in Dayton, Ohio, and Seattle, Wash. More than 100 dentists participated in these training activities. Meeting the oral health care needs of geriatric patients was also given emphasis on the agenda of seven different administrative conferences that included chiefs of Dental Service from twelve medical districts. Two issues of Dentistry Information Letters carried items emphasizing comprehensive dental care for long-term patients, many of whom are in the geriatric age group. This effort is in accord with the findings and recommendation of the National Academy of Sciences.

Other accomplishments worthy of note are the participation of the Assistant Chief Medical Director for Dentistry in a VA sponsored geriatrics/gerontology meeting and the publication of a textbook, "Geriatric Dentistry: Clinical Applications of Selected Biomedical and Psychosocial Topics," Heath Company, Boston, Mass. The text is a collaborative venture between the VA and the Harvard School of Dental Medicine. It is the only book devoted to the subject of dental care for the geriatric patient.

To effectively deal with one of the problems encountered in the aging process, the VA Oral Disease Research Laboratory, Houston, Tex., has developed a saliva substitute known as Oralube. The product is used throughout VA medical centers for those patients who have reduced salivary secretions and experience great difficulty in swallowing.

The VA is pursuing a vigorous program of preventive dentistry to be implemented in gradual increments in the coming years. Initial programs are in effect at more than 90 percent of VA medical centers. The long range effect of the program will be seen in improved oral health and reduced human suffering especially for the patient in the declining years of life.

The employment of 76 additional auxiliary dental personnel during fiscal year 1978 represents progress in VA capability to deliver dental services. Geriatric patients throughout the health care system are receiving some of the benefits of this additional personnel support.

The Service's overall effort to meet the growing need for dental care in geriatric patients is documented in its current program of management by objectives. The plans include a series of scheduled training programs through calendar year 1981, and the encouragement of investigators in the pursuit of research attuned to the geriatric patient.

11. MEDICAL RESEARCH SERVICE

There has been a gradual increase in the number of elderly persons within the United States over the past several decades. With increasing population age, there has been an attendant increase in the chronic multiple disorders which

affect older individuals and the problems of geriatric medical care have become a major concern of our health system. These problems include definition, availability of resources, recruitment and training of professional staff at all levels. In the Veterans Administration the challenge of geriatric care is particularly acute. The single largest group of VA patients is constituted by veterans of World War II, with a median age of 59 years. These individuals comprise three-quarters of the VA inpatient population nationwide, and even larger percentage of patients in the long term and chronic hospitals.

There has been limited recognition of geriatrics within schools of medicine and nursing until recent years. Over the past 5 to 6 years, however, there have developed major advances in recognition of the altered physiology, pathology and response to therapy which are characteristic of geriatrics. These advances have been pioneered by the Veterans Administration, and most significantly through the efforts of the VA Research Service. A brief review of selected current geriatric research activities within the VA follows.

Research in Mechanisms of the Aging Process

At the VA Medical Center in Bedford, Mass., biochemical studies have been made on cell protein synthesis during aging. These studies have shown that cytoplasmic ribosomes do not develop significant errors in protein synthesis despite experimental provocation. This study casts doubt on theories of aging based on cellular metabolic error accumulation.

Investigators at the VA Medical Center Wadsworth (Los Angeles) have continued studies on the immunological aspects of the aging process. Currently, human epidemiological studies are being carried out with veteran patients. A particularly interesting feature of this study is the involvement of aging veteran twins. These studies are designed to define the roles of cell-mediated and humeral immunological factors in vulnerability to senescent disorders.

Basic Science Studies

Biochemical studies on development and aging have been made by investigators at the VA Medical Center in Bedford, Mass. The effect of aging processes on central myelin deposition have been studied in animal models. These studies have defined qualitative differences in development and the effects of alcohol as an age-accelerator are being explored.

Investigators at the Bedford VA Medical Center have developed methods for assessing neuronal aging in-vitro using cultured neuroblastoma cells. Useful criteria include the disposition of lipofuscin pigment, lysosomal enzyme levels, latency for cell division and enzyme induction. The same investigators, by manipulating the environmental pH, have developed a nontoxic reversible method for producing aging of nondividing neuronal cells in culture. These studies promise to yield important tests for fundamental studies of the aging process.

Investigators at the North Chicago VA Medical Center have been engaged in studies dealing with the biochemistry of mucopolysaccharides and glycoproteins in aging. These studies have been related to human senile dementia, glaucoma and chronic pulmonary disease. They have found a "keratin-sulfate-like" glycan in brain tissue which decreases with age, and changes in protoglycan composition of tissues from the angle region of the eye in experimental glaucoma. These studies promise to contribute in a major fashion to our understanding of these disorders.

The biochemical substrate for memory trace formation has been studied by investigators at the Sepulveda VA Medical Center. They have shown that glutamate antagonists selectively impair memory in experimental animals. The efficacy of these antagonists, further, is highly specific in terms of stereo isomerism and the amnesic effects are distinct from convulsant activities.

Investigators at the Boston Outpatient Clinic have continued their well established and productive research on the metabolism; structure and function of mucopolysaccharides. These studies are relevant to the problems of connective tissue disorder such as chronic arthritis in geriatric patients.

At the Bedford VA Medical Center a long range study utilizing an EEG-alpha-visual stimulus biofeedback system has been continued. This non-invasive technique is being applied to the detection of human brain pathology, cortical lateralization of function and to the alerting response in aged humans. The technique of feedback EEG has been refined and is considered superior by these investigators

to the computer average visual evoked response (VER). This study represents a potentially significant tool for clinical evaluation of patients.

Investigators at the Bedford VA Medical Center have also studied the effect of diet on aging rat brains by anatomical methods. Dietary restrictions from 5½ months of age produced more active animals with significantly greater longevity compared to controls.

Investigators at the Charleston (S.C.) VA Medical Center have studied the nature and origin of the amyloid plaques in the brains of patients with senile dementia. These plaques are important pathological findings in this disorder, and the findings indicate that plaques develop in situ rather than by passage through the blood brain barrier from systemic sources.

Investigators at the Palo Alto VA Medical Center have carried out electron microscopic studies on the cellular inclusions called Lewy bodies in Parkinsonism. They have reported morphological evidence which relates a helical fibrous protein in Lewy bodies to the neurofibrillary material found in senile dementia. Clinically this study suggests a possible common etiological relationship between these age-dependent disorders.

Clinical Studies

Pre-senile and senile dementia are major problems in the geriatric population, and trace metals such as aluminum have been implicated in pathogenesis. Investigators at the Pittsburgh VA Medical Center have studied the levels of aluminum in spinal fluid from patients with Alzheimer's disease and have developed an animal model of aluminum toxicity. Anatomical selectivity for aluminum binding in frontal and occipital lobes have been reported and this site selectivity is correlated to neuronal loss in these areas.

Investigators at the Baltimore VA Medical Center have studied the effects of aging on the human vascular system. Their studies have focused on calcification in the aortic valve and aortic media. These studies identify the nature of the crystalline material in the valves and vessel walls and promise to shed light on this critical pathological process.

Investigators at the Miami VA Medical Center have completed studies on the A.V. conduction system in aged animal hearts. Spontaneous conduction defects which correlated with abnormal conduction properties in the left and right bundle branches of the A.V. system were reported. These studies are clinically relevant to diagnosis and ultimate improved therapy of heart disease in the elderly.

Investigators in the Palo Alto VA Medical Center have studied age related changes in metabolism. They have reported glucose intolerance and insensitivity to insulin in aging animals, and striking elevation in plasma triglyceride levels. These studies are relevant to problems of diabetes and atherosclerosis in aged patients.

Studies in the pathology of senile emphysema have been carried out by investigators at the St. Louis VA Medical Center. These investigators have been able to develop an animal model of the human disorder by use of the enzyme elastinase in hamsters. Structural changes in elastic connective tissue rather than loss of elastin have been proposed as the underlying cause of this disorder.

The normative aging study at the Boston Outpatient Clinic has reported data which defines the impact of age on anterior pituitary hormone function. Specifically, basal FSH and LH increased, but no change was found in production of TSH, Prolactin and growth hormones.

At the Sepulveda VA Medical Center continuing studies of normal aging changes in craniofacial and dental structures. The purpose of these studies is to predict long term adjustments and provide reliable treatment norms for geriatric dental care.

A series of psychological studies are being carried out at the Bath (N.Y.) VA Medical Center. These studies focus on adjustments to domiciliary living by aged subjects. The studies are expected to have an important bearing on acceptance by patients of the domiciliary environment and should be useful in planning long term care facilities.

Investigators at the Boston (Jamaica Plains) VA Medical Center have studied cognitive and sensory deficits in patients with presenile and other forms of dementia by psychological techniques. Distinctive neuropsychological patterns promise to offer an important diagnostic-evaluation technique for such patients.

The effects of age (expectation and practice on decision making) were studied at the Boston Outpatient Clinic. The investigators reported that slower decision-making in aged individuals could be improved in terms of speed by practice and variability between groups of different ages was similarly reduced by practice.

Investigators at the Palo Alto VA Medical Center have continued a well known and productive program in psychopharmacology. Their studies are designed to develop new and better forms of treatment for patients with emotional disorders and memory deficits.

Sleep patterns as a function of age, mental illness and the effects of psychotropic drugs have been studied at the San Francisco VA Medical Center. This study focuses on the relationships postulated between altered sleep states and such cognitive functions as memory in the elderly. Data from this study will have a major impact on assessment and management of older patients.

Psycho-Social Studies in Aging

At the Wichita VA Medical Center investigators studied the adjustment of elderly persons to nursing home placement. They found that supportive therapy during the first week of placement significantly improved the life threatening stress of relocation.

These studies span a wide range from theoretical mechanism to the very practical efforts to define patient acceptance of health care systems. They emphasize the fact that geriatric medicine is a dynamic area with enormous potential for further development. Research is critical to the development, and VA research continues to be a standard bearer in geriatrics.

12. EDUCATION

During the past 3 years, the Office of Academic Affairs has provided leadership in education and training in geriatrics. Among the factors which stimulated this activity were: the awareness of the increasing age of the veteran population; the implications of this increasing age on the health/medical care needs of veterans; the legislative mandate in the Veterans Omnibus Health Care Act of 1976, Public Law 94-581, and the report of the National Academy of Sciences, "Study of Health Care for American Veterans."

In cooperation with the Offices of Extended Care and Professional Services, the thrust of the educational strategies has been directed toward health care providers, and has emanated from various VA resources, i.e., VA central office (VACO); regional medical education centers (RMEC's); geriatric research, education and clinical centers (GRECC's); and individual health care facilities. On a continuing cooperative basis, these facilities offer training programs which address the multifaceted aspects in the professional and paraprofessional care of the elderly.

Annual national seminars on aging were initiated 3 years ago for VA physicians. The scope of these seminars has been enlarged to include nurses, social workers, psychologists and other therapists. A total multidisciplinary approach has thus been incorporated into these seminars. Subsequent to the annual seminar, participants develop proposals for educational program efforts to be conducted during the year.

In November 1978, the Office of Academic Affairs in cooperation with the Offices of Extended Care, Professional Services and Dentistry presented a program in Dallas, Tex., to define and initiate strategies for programming efforts in the areas of geriatrics and gerontology. Representatives from various functional groups (clinicians, administrators, educators) from field facilities and central office had the opportunity to work in small groups to develop strategies for the care of the geriatric patient. This program was planned to coincide with the Gerontological Society meeting which was also held in Dallas. Many VA staff members were able to participate in the meeting of the Gerontological Society.

The manpower grants service program, VA Medical School Assistance, and Health Manpower Training Act of 1972, has awarded several grants to academic institutions in support of training in a variety of aspects of geriatrics. These include long-term nursing care of the aging adult, nurse practitioners in geriatric settings, and interdisciplinary training for various types of geriatric services.

The most promising educational program focusing on the development of

geriatric minded health professionals is the newly established fellowship training opportunity for physicians who are board eligible or certified in internal medicine, family practice, or psychiatry. The fellowship training consists of a 2-year post residency curriculum to develop clinical excellence in geriatrics/gerontology for inpatient, ambulatory, and long-term care.

Six sites for the geriatric fellowship program became operational in July 1978. A total of nine fellows were enrolled in the program at VA medical centers located in Bedford, Mass.; Lexington, Ky.; Little Rock, Ark.; Palo Alto, Calif.; Philadelphia, Pa.; and Los Angeles (Wadsworth), Calif. In November 1978, six additional facilities were designated as sites where training will commence in July 1979. The newly designated programs will be located at the VA medical centers in Buffalo, N.Y.; Durham, N.C.; Gainesville, Fla.; Madison, Wis.; Portland, Oreg.; and Sepulveda, Calif.

In July 1979, two new fellows will begin training in each of these 12 sites each year. By 1985, a total of 132 physicians are expected to have completed this special training in geriatrics. They will play an important role in stimulating and catalyzing educational and clinical efforts in geriatrics in VA facilities, and, through joint medical school appointments, are also expected to stimulate undergraduate and graduate medical education in the schools with which the VA facilities are affiliated.

The first meeting of the 12 directors of the geriatric Fellowship programs was held in Dallas, Tex., in November in conjunction with other meetings. Beginning strategies were developed for process and outcome evaluation measures.

Planning continues for the training of other health professionals in all aspects of gerontology and geriatrics. At three centers of excellence where the geriatric fellowship program for physicians is located, interdisciplinary teams will receive training in patient centered approaches to health care for the elderly. In addition, VA education and training programs are encouraged to offer special clinical instruction in the care of older veterans to health professions students from affiliated educational institutions.

13. DEPARTMENT OF VETERANS BENEFITS

Compensation and Pension Programs

Disability and survivor benefits (pension, compensation and dependency and indemnity compensation) administered by the Department of Veterans Benefits provide all or part of the income for 1,635,338 persons age 65 or older. This total includes 796,199 veterans, 712,988 widows; 100,841 mothers; and 25,310 fathers. Approximately 260,000 veterans age 78 or older receive a 25 percent added differential in addition to their monthly pension benefit under Public Law 86-211, as amended.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provides for a new, restructured pension program. Under this program, eligible veterans will receive a level of support meeting the national standard of need. Pensioners will generally receive benefits equal to the difference between their annual income from all other sources and the appropriate income standard.

This act provides for an \$800 increase in the applicable income standard for veterans of World War I. This provision is in acknowledgement of the special needs of our older veterans.

Pensioners on the current rolls will have an opportunity to elect to receive benefits under this new program.

Veterans Assistance Service

Service to area agencies on aging (AAA's) by Veterans Services Division personnel was further refined during 1978. In many areas of the country regularly scheduled visits are made to AAA's by VA personnel. All AAA's are served at least on an "on call" basis depending upon the response of the AAA's to VA's offer for service to the elderly. The conferences provided a vehicle for exchanging ideas between VA disciplines and with experts outside the VA on how to improve service.

As VA regional offices implement new ideas and innovations in service to the elderly, they are submitted to VA central office in the narrative portion of the reporting system. These innovations are then shared with all Veterans Services Divisions through periodic information bulletins. The sharing of ideas has been largely responsible for increased activities during the year.

Educational Assistance

There are roughly 500 people age 65 or over receiving VA educational benefits, of whom nearly 270 are training under chapter 34, the Veterans Readjustment Act of 1966, as amended. Widows of veterans who died of service-connected causes and wives of veterans who are permanently and totally disabled from service-connected disabilities total about 190 of the enrollees in the survivors' and dependents' educational assistance program. No close estimate of the number of recipients of vocational rehabilitation is available. While no education and rehabilitation service program is specifically designed as a service to the aged, participation in the programs continue to include a small number of aged veterans and eligible dependents.

