

PART 2—APPENDIXES  
DEVELOPMENTS IN AGING: 1977

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A REPORT  
OF THE  
SPECIAL COMMITTEE ON AGING  
UNITED STATES SENATE

PURSUANT TO

S. RES. 78, FEBRUARY 11, 1977, AND

S. RES. 147, JUNE 14, 1977

Resolutions Authorizing a Study of the Problems  
of the Aged and Aging



APRIL 27 (legislative day, APRIL 24), 1978.—Ordered to be printed

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U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON : 1978

## SPECIAL COMMITTEE ON AGING

MEMBERSHIP, FEBRUARY 1, 1977-MARCH 31, 1978<sup>1</sup>

FRANK CHURCH, Idaho, *Chairman*

EDMUND S. MUSKIE, Maine

PETE V. DOMENICI, New Mexico

LAWTON CHILES, Florida

EDWARD W. BROOKE, Massachusetts

JOHN GLENN, Ohio

CHARLES H. PERCY, Illinois

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WILLIAM E. ORIOL, *Staff Director*

DAVID A. AFFELDT, *Chief Counsel*

LETITIA CHAMBERS, *Minority Staff Director*

GARRY V. WENSKE, *Assistant Counsel for Operations*

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<sup>1</sup> 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, nonlegislative 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.

## LETTER OF TRANSMITTAL

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U.S. SENATE,  
SPECIAL COMMITTEE ON AGING,  
*Washington, D.C., April 27, 1978.*

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

DEAR MR. PRESIDENT: Under authority of Senate Resolution 147 agreed to June 14, 1977, I am submitting to you the annual report of the Senate Special Committee on Aging, *Developments in Aging: 1977, Part 2—Appendixes.*

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,

FRANK CHURCH, *Chairman.*

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

REPORT  
APPENDIXES

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Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

JANUARY 13, 1978.

DEAR MR. CHAIRMAN: On behalf of the Federal Council on the Aging, I am pleased to submit the 1977 Annual Report of the Federal Council on the Aging.

As you know, the President asked me to serve as Chairman of the Council effective July 1 to succeed Bertha S. Adkins. Miss Adkins has continued as a member of the Council and her continued service assured the smooth functioning of the Council in carrying out our congressionally-mandated role as advocate for older Americans to the executive and legislative branches of Government.

The report summarizes the various positions taken by the Council on a number of legislative issues, some of which are still pending in the Congress and some which have yet to be addressed. We hope the Council's views will be considered as the second session of the 95th Congress reconvenes.

We appreciate the continuing support and interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

NELSON H. CRUIKSHANK  
*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.

The Older Americans Act directs the Federal Council on the Aging to perform the following functions:

1. Advise and assist the President on matters relating to the special needs of older Americans;
2. assist the commissioner in making the appraisal of the Nation's existing and future personnel needs in the field of aging;
3. 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;
4. serve as a spokesman on behalf of older Americans by making recommendations to the President, to the Secretary, the Commissioner, and to the Congress with respect to Federal policies regarding the aging and federally conducted or assisted programs and other activities related to or affecting them;
5. inform the public about the problems and needs of the aging, in consultation with the National Clearing House on Aging, by collecting and disseminating information, conducting or commissioning studies and publishing the results thereof, and by issuing publications and reports; and
6. provide public forums for discussion 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.

## CHAIRMANSHIP

On June 6, 1977 Vice President Mondale announced that President Carter would name Nelson H. Cruikshank as both Chairman of the Federal Council on the Aging and Counselor on Aging to the President.

Bertha S. Adkins who resigned as member and chairman effective June 30, 1977 was asked by the administration to remain as a Council member until the expiration of her term in June 1978 and consented to do so.

Mr. Cruikshank took office as Chairman of the Federal Council on the Aging on July 1, 1977 and as Counselor on Aging on July 5, 1977. He has been a member of the Council since its establishment in 1974 and served as chairman of its Committee on the Economics of Aging. Mr. Cruikshank was president of the National Council of Senior Citizens from 1969 until his appointment as Counselor to the President. He was director of the Department of Social Security at the AFL-CIO in Washington from 1953 until his retirement in 1965. In announcing the dual appointment of Nelson Cruikshank, Vice President Mondale stressed the need for the talents and skills and the contributions of senior citizens at high levels of government.

At the July 12 meeting of the Council, members paid tribute to both Miss Adkins and Mr. Cruikshank. They passed a resolution commending the Council's first chairman for her service beginning June 5, 1974 and thanking her for her leadership, sincerity and dedication in guiding the Council in assuming the responsibility given by the Congress to be an advocate for older Americans.

The resolution concluded:

Your words of wisdom inspired a spirit of cooperation among 15 persons from all over this country. We came together and developed national policy recommendations which affect the lives of older Americans and those who will become old. We especially appreciate your warm sense of humor which made our serious deliberations productive and pleasant.

In noting Mr. Cruikshank's appointment by the President, the Council expressed pleasure at the continuity this dual appointment would provide for major Council projects and goals. These comments were communicated to the President along with the assurance to the President of the Council's continuing commitment to advocacy for older Americans.

## MEMBERSHIP

The Council is composed of 15 members nominated by the President and confirmed by the Senate. The Secretary of the Department of Health, Education, and Welfare and the Commissioner on Aging serve as ex officio members of the Council but they do not participate in the development of recommendations by the Council because of the fact that such recommendations are made, under the law, to them, to the President, and to the Congress.

Ten members of the Council are themselves older persons. They and the other members are representative of national organizations with an interest in aging, business, labor, and the general public as called for in the law.

## COUNCIL ROSTER

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

MEMBERS<sup>1</sup>

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 of 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, New York, director of the Catholic Charities for the Roman Catholic Diocese of Syracuse; former president of the 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.

Selden G. Hill, of Orlando, Fla., member of the Regional Area-Wide 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., executive vice president and director, Stephen Smith Geriatric Center; founder and first chairman of the National Caucus on the Black Aged and presently a member of its executive committee.

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 Meyer, of Rochester, N.Y., retired executive of Eastman Kodak; president emeritus 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 work, 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.

## EX OFFICIO MEMBERS

The Secretary of Health, Education, and Welfare and the Commissioner on Aging.

<sup>1</sup> Individuals nominated for 1978 are as follows: Chairman, Nelson H. Cruikshank, Hobart C. Jackson, Sr., Fannie B. Dorsey, Mary A. Marshall, Walter Moffett, Bernice L. Neugarten, James T. Sykes, Fernando Manuel Torres-Gil, and Wesley C. Uhlman.

## EXECUTIVE DIRECTOR

Cleonice Tavani, Federal Council on the Aging, Room 4260, HEW-North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

## MAJOR COUNCIL ACTIONS

## OVERVIEW

This annual report marks the fourth such issuance by the Federal Council on the Aging. It describes the Council's activities during 1977 and with its predecessor reports chronicles the activities and views of 15 citizens charged with being advocates for older Americans to the executive and legislative branches of government since 1974.

Because the Council has now been in operation for almost 4 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", usually involving outside studies, consultants and contractors are the Council's way of identifying and addressing emerging issues or those which do not lend themselves to short-term responses to initiatives by the Congress and the administration. These projects are described elsewhere in this report.

The remainder of this section records the Council's actions on matters which were deemed of importance to the elderly in 1977. It represents the Council's best efforts to utilize its resources and collective experience. Selecting these priorities was and will continue to be a difficult process for the Council when there are so many issues of vital importance to this Nation's older citizens.

## CODIFICATION OF SOCIAL SECURITY ACT

FCA Chairman Bertha S. Adkins, on January 4, 1977, recommended that Congress take action to codify the Social Security Act. Members of the Council were of the belief that codification would be of great assistance in administering the social security program and would improve the understanding of the provisions of the act by millions of older persons who either receive or wish to apply to receive benefits under the Social Security Act. Letters were sent to the Vice President and to the Speaker of the House urging that the Senate and House undertake a review of the many amendments to the Social Security Act over the past 40 years which make the act extremely complex to administer and interpret. The matter was also brought to the attention of the administration.

HEW Secretary Joseph A. Califano, Jr. replied that he did not believe that a codification of the Social Security Act would necessarily simplify its administration or make it more understandable to persons affected by its programs. Codification might result in some simplification for those people whose job requires them to work directly with the statutory language, but codification would not, the Secretary held, make substantive changes in the requirements of the act that would assist beneficiaries in general.

## SOCIAL SECURITY ADVISORY COUNCIL

As a result of Council action at its March meeting, Chairman Adkins wrote to HEW Secretary Joseph A. Califano, Jr. expressing the interest of the Council in the quadrennial Social Security Advisory Council to be appointed to review the status of the several trust funds maintained by the Social Security Administration in relation to the long term commitments of the social security old age and survivors, disability and medicare trust funds and the impact of the programs on the public assistance programs that are a part of the Social Security Act.

The FCA hoped that the Social Security Advisory Council would address:

The relationship of the supplemental security income program to the social security retirement benefit as an adequate income floor for older Americans.

The impact of the practice of government retirees not covered by social security, entering into covered employment and thereby establishing eligibility for social security retirement benefits on the basis of short-term employment.

The relationship of private pensions to social security retirement benefits and the impact of private pensions on the adequacy of total retirement income with special attention to the problems of workers with life-long low earnings records.

A continuation of the work of prior councils to study ways to remove inequities based upon sex and race in social security benefits.

HEW Secretary Califano expressed appreciation for the views of the Federal Council on the Aging and for any Council study materials which could be of relevance to the work of the Social Security Advisory Council.

#### SOCIAL SECURITY FINANCING

On March 14, 1977 the Council brought to the attention of HEW Secretary Califano, and appropriate Senate and House Committee chairmen, Council efforts, dating from a letter to the President on December 3, 1975, to stress the importance of the long- and short-term issues of financing the social security system. The Council said that "... the decoupling issue is of a long-term nature though it has an immediate influence on the public's attitude towards the system."

"Under the present automatic benefit increase provisions of the act, in a situation when both wages and prices had risen steadily, future workers would in effect, get a double upward adjustment of their retirement. This would occur because the impact of the rising wages and rising prices would be entered twice in the computation of the benefit—once in the determination of the average wage on which benefit amounts are based and again by adjusting the amount for rising prices. In the long run, this would result in paying present workers unjustifiably high benefits when they retire—a situation neither foreseen nor intended by Congress." The Council recommended that the Congress act to amend the Social Security Act to correct this inequitable feature of the system.

In May, President Carter proposed far-reaching measures to strengthen the financing of the social security system. The Council expressed unanimous support for these at their quarterly meeting that month. A major element of administration proposals was to compensate trust funds from general revenues for a share of social security payroll taxes lost when unemployment is 6 percent or higher. The Council also agreed that increasing the taxable wage base is preferable to an increase in the rate on wages saving: "... the removal of the ceiling on the employer wage tax is also preferable to an increase on the tax rate on workers' wages. It provides the employer with a tax credit that workers would not receive."

As this important piece of legislation moved through the Congress, an issue which was not included in the administration's proposals emerged, namely, the "retirement test". This test establishes the amount that can be earned in wages or self-employment by a person otherwise eligible for social security retirement benefits and still be considered retired.

The House of Representatives eliminated the retirement test for those over age 65 by 1982. The Senate voted to retain the retirement test except for people over age 70 and liberalized it for those under 70 increasing the wage limit to \$4,500 in 1978, \$6,000 in 1979 and by increases in the average wage thereafter.

The Federal Council on the Aging reviewed the House and Senate bills at their December meeting and passed the following motion:

The Federal Council on the Aging recommends the retention of the retirement test for social security beneficiaries with the liberalizations in the bill passed by the Senate.

The FCA correspondence to Congressman Al Ullman and Senator Russell Long as Cochairmen of the Joint Senate-House Conference Committee on Social Security Financing Amendments stressed the Council's concern about the cost of removing the retirement test and the increased tax burden this would place on younger low- and middle-income workers while those benefiting would be a group among the elderly who are relatively in a more favorable financial position.

The Social Security Amendments of 1977 ultimately passed by the Congress on December 15, included the Senate provisions for retaining the retirement test and reducing the age at which the test no longer applies from 72 to 70. House provisions for raising the earnings limit to \$4,000 in 1978 and \$500 annual increments to \$6,000 in 1982 and indexed to earnings thereafter were also adopted.

The Congress also corrected the decoupling situation by reestablishing benefits at replacement rates which are assured for the future in terms of increases in average wages. This ratio will not result in excessive drain on the system but will at the same time maintain benefits geared to improved productivity in the economy and maintaining a wage replacement ratio.

#### OLDER AMERICANS ACT

In recognizing the Older Americans Act as a major Federal law affecting the lives of the elderly, the Council has continuously reviewed the implementation of the law and made recommendations for improvement from time to time. In preparation for the major review of the act which will take place in 1978 when re-

authorization is required, the Council took a number of actions during 1977 which were conveyed to the Secretary of Health, Education, and Welfare and the Commissioner on Aging who have major responsibility to develop the administration's position.

The major guidance the Council is proposing to the Congress and the Administration at this time is that the level of authorization for all programs under the Older Americans Act be increased to meet the needs of the growing elderly population. The Council believes there should be continued support for the role and concept of the State and area agencies on aging as set forth in the current legislation. The major change which the Council is proposing is the return of the national older American volunteer programs to the Administration on Aging from ACTION. The rest of this section describes certain amendments which the Council believes will improve the Older Americans Act without affecting its current major thrusts.

Since the Federal Council on the Aging is established by a provision of the Older Americans Act, the Council reviewed its enabling legislation as part of its evaluation which took place this year. Apart from the obvious need to delete references in the act to studies which have been completed, the Council agreed to recommend that the following section be added to title II, section 205:

In performing its functions under this act, the Council may utilize the services and facilities of any agency of the Federal Government and of any other public or nonprofit agency or organization in accordance with agreements between the Council and the head thereof; and be authorized to pay therefor, in advance or by way of reimbursement, as may be provided in the agreement.

The Council continued to recommend that the act be amended to allow the Director of the National Institute on Aging to be an ex officio member of the Council as are the Secretary of HEW and the Commissioner on Aging.

Other major positions which the Council has taken during the year and distributed to both the administration and the Congress include the following:

Title I, Declaration of objectives: Substitute the Federal Council's Bicentennial Charter.

Title II, Administration on Aging: National Clearing House for the Aging—broaden the language to include data collection, characteristics of the elderly, research findings, current programs serving older persons, analyses, dissemination and publication.

Title III, State and community programs:

Delete section 302(1)(E) and substitute the following: "services designed to provide older persons with appropriate high quality medical and social care both in the community and in institutions."

Delete (H) and substitute the following: "services designed to develop jobs for older persons, job referral and followup for those who want to continue to work." (H) then becomes (I).

Section 303(b)(2) area planning and social service programs. Amend the State allotment formulas by adding poverty in addition to the number of State residents aged 60 or over as a factor in the present State allotment formulas.

Section 305(b) Reaffirm position that national priorities be set from time to time in title III of the Older Americans Act but that mandatory percentages of funding restriction not be imposed.

Title IV, Training and research: Part A. Section 402(a). The Commissioner on Aging should consult with minority aging organizations and include in reports on existing and future personnel needs, the status of meeting the manpower needs for minority elderly.

Part A. Section 403. Amend to include provisions for encouraging minority persons to enter the field of aging.

Part B. Section 411. Broaden AoA research, now literally restricted to study of current patterns and conditions of living, to study of future directions.

Part C. Move sections (2) and (3) to part D so these fiscal and reporting procedures apply to all title IV projects.

Title V, Multipurpose senior centers: Fund centers through allotment formulas rather than through grants and contracts as is presently the case; shift the administration of this title from the Federal level to the State level; add the sections from title III referring to participation by Indian tribal organizations.

Title VI, National older American volunteer programs (repealed): Return the foster grandparents, senior companions and RSVP programs presently administered by ACTION to AoA.

Title VII, Nutrition program for the elderly: Section 706(a)(3) add the following: "where older persons cannot attend a congregate meal site because of acute

or chronic conditions, that home delivered meals be available. Criteria should be developed for participation in home delivered meals and periodic contact should be maintained to determine continuing need for home delivered meals."

Add the sections from title III referring to participation by Indian tribal organizations.

On behalf of the Council, member John Martin testified before Senate and House committees on proposals to amend title VII of the Older Americans Act to expand nutrition services to the homebound. On April 17, he told members of the House Select Committee on Aging, Subcommittee on Federal, State and Community Services that the FCA shared the concern of many persons for the "homebound" elderly but did not believe that a separate "meals-on-wheels" program was the best approach to meet their needs in a systematic way. Mr. Martin described the Council's "frail elderly" proposals as an attempt to accurately determine the services most required by vulnerable older persons to maintain their independence while serving their continuing needs. (The Council's position on a National Meals-on-Wheels Act had been originally approved in September 1976.)

In testimony before the Subcommittee on Aging of the Senate Committee on Human Resources on May 13, Mr. Martin expressed the Council's opposition to S. 519 and S. 1283 both of which would amend title VII of the Older Americans Act to bring about a separate "meals-on-wheels" program. Instead, he urged additional funding for title VII to increase the number of home-delivered meals through the existing legislation.

#### COST-RELATED REIMBURSEMENT FOR LONG-TERM CARE FACILITIES

At the Council's March meeting, it was agreed to contact HEW Secretary Califano expressing concern about the delay in implementing the regulations on cost-related reimbursement for skilled nursing and intermediate care facilities in the medicaid program from July 1, 1976 to January 1, 1978. On June 8, Secretary Califano replied: "... nothing in the regulation discourages the State from implementing the statute immediately. The department has not delayed implementation of the effective date of section 249; it has merely committed itself, for a limited time, not to impose on the States a particular sanction entirely within its discretion. This decision does not change the effective date of the statute."

#### WELFARE REFORM

During this year, the FCA considered the administration's welfare reform proposals from the point of view of the adequacy of the proposals for older persons. On March 10, 1977, John B. Martin, Chairman of the FCA Senior Services Committee, testified before Secretary Califano at the DHEW hearing on welfare reform. Mr. Martin reviewed the findings of the Council's study on the interrelationships of benefit programs. The numerous income-conditioned Federal benefit programs for the elderly have not considered the interrelationship of programs and have resulted in a complex system that is too difficult to administer and understand. He advanced a Council recommendation that federally financed benefits have similar eligibility criteria and perhaps a single eligibility process. Mr. Martin also expressed the Council's concern that certain social services for frail older persons *not* be cashed-out. A premise of the Council's frail elderly project is that even with an adequate income floor, many older persons of the most advanced years require some one-to-one personal help in coping with living.

At its September 14-16 quarterly meeting, the Council analyzed the impact on the elderly of the administration's welfare reform proposal which has now been introduced in Congress as the "Better Jobs and Income Act" (S. 2084 and H.R. 9030). It combines the largest jobs program since the Great Depression with a cash assistance program for the poor simplifying the program that now exists, and providing more uniform cash benefits. The proposal consolidates three of the largest existing welfare programs—aid to families with dependent children (AFDC), supplemental security income (SSI) and food stamps—and replaces them with a single system of cash assistance.

The Council agreed to transmit the following selected recommendations to Secretary Califano and Senate and House leadership:

##### (1) Jobs and Work:

(a) Some of the jobs and training opportunities provided by the program should be available to older persons within their capabilities and should include incentives.—The central focus of the proposed welfare program is work for low-income families with children; thus ensuring that families in which someone works will

be better off financially than families of the same size structure in which no one works. The second major theme, fairer and more uniform cash benefits, appears to be based on the assumption that the aged, blind and disabled will be provided with an adequate income level and will not be required, or expected, to work. They can work, if they choose, but there will be some reduction in benefits; i.e., 50 cents for every dollar received in wages. This is a higher reduction rate than exists under the SSI program. The reduction thus serves as a disincentive for the elderly.

(b) Exclusions from earned income should be provided for the elderly who work.—Exclusions from earned income are established for parents of children under age 14, those eligible for subsidized work or training and other units with two or more adults meeting certain criteria. This incentive to work is not available to the aged, blind and disabled who are not expected to work but who may wish to work.

(c) The number of CETA jobs for older persons should be increased.—The role of CETA in the proposal's emphasis on 1.4 million public sector jobs is unclear insofar as older persons are concerned. Opportunities for older persons in CETA programs are limited, at best, at the present time. The elderly who are working in these jobs (for income and well-being) should not be replaced by the parents of children who are required to work. Consideration should be given to expanding other programs, such as senior companions and foster grandparents, to provide job opportunities for the elderly.

(2) Eligibility:

(a) Financial need, not living arrangements, should be the basis for eligibility.—The provision requiring a reduction in benefits when an elderly person shares a common residence with a related individual focuses on family structure and living arrangements rather than on financial need and should be eliminated. Such a reduction is a disincentive to families to care for their older relatives in their own homes or for older persons to share a home with adult children, etc.

(b) A permanent outreach program should be established.—A permanent outreach component should be included in the program to assure continuous efforts to locate low-income aged, blind and disabled persons who cannot be expected to be aware of benefits for which *they must apply*. The Council suggests an outreach approach utilizing peer groups and voluntary organizations with special efforts for those who have not been reached before, especially the minority and rural elderly.

(c) Eligibility determination should be on a prospective basis.—Under the proposed program, eligibility will be determined on a retrospective basis, using the applicant's actual income over the preceding 6 months. This procedure presumes accurate record keeping, which could present problems for many elderly individuals. Eligibility for SSI and food stamps now is determined on the basis of anticipated income, using varying lengths of time (3 months in SSI and 1 month in food stamps) in determining need. The retrospective basis could cause hardship for an older person who suddenly loses income and who might not be eligible for the next 6 months based on the previous 6-months income. If a retrospective basis is adopted for all applicants, arrangements must be made for emergency assistance for the elderly who are not employed.

(d) Eligibility redeterminations for the elderly who are unable to work and whose sole income is the national basic benefit should be on an annual basis.—Recipients with employment income will be required to report monthly; others, less frequently. Older persons whose income is not primarily from employment and whose assets are stable should not have their eligibility redetermined as frequently as those who are working. Many elderly individuals do not have the physical stamina to visit offices for eligibility redeterminations.

(e) Current aged, blind and disabled recipients should be protected against reduced benefits after the 3-year transitional period.—States will be required to maintain a substantial fraction of their current expenditures for AFDC, SSI, emergency assistance and general assistance during the 3-year transitional period. This is to assure that current benefits for these recipients are not reduced. Since it is claimed that the AFDC caseloads turn over approximately one-third each year, the 3-year transition period should cover current recipients. It cannot be assumed that the SSI caseload turns over at the same rate. Data must be collected to determine the turn-over rate and arrangements made to protect the current elderly, blind and disabled recipients from benefit reductions. There should be a guarantee that the elderly do not receive less than their current entitlement.

(3) Medical care:

(a) The present principle that cash recipients also are eligible for medical assistance (medicaid) should be continued.—Under the proposed welfare reform program, existing medicaid eligibility criteria will be preserved. This ensures that the new eligibility rules under welfare reform do not automatically expand the medicaid rolls. No reference is made to linking new recipients to the medical care system until such time as a national health insurance program is enacted. Consideration must be given to ways of providing medical care and services to new recipients of the proposed welfare reform program.

Acknowledgements of the Council position paper were received from Senator Frank Church, Chairman of the Senate Special Committee on Aging; Congressman Claude Pepper, Chairman of the House Select Committee on Aging; Congressman James C. Corman, Chairman of the House Subcommittee on Public Assistance and Unemployment Compensation; and Congressman Carl D. Perkins, Chairman of the House Committee on Education and Labor.

#### HUD ASSISTANCE FOR MINORITY SPONSORS OF SUBSIDIZED HOUSING

As a result of action at its March meeting, FCA communicated its concern to HUD Secretary Patricia Roberts Harris that a lack of technical knowledge was preventing minority sponsors from developing successful subsidized housing applications for the poor and minority elderly. The Council suggested that HUD fund a national center to provide assistance to interested minority and other sponsors who need help in preparing the papers for sponsorship of subsidized housing.

HUD Secretary Harris replied that the department recognized the importance of encouraging competent minority sponsorship, but did not contemplate a nationwide developmental training program for section 202 projects. HUD headquarters office will handle the selection of sponsors and all funds will be reserved by September 30, 1977, making it possible for sponsors to apply without risking funds beyond what is necessary to put together an application.

#### INCREASED FUNDING FOR SECTION 202 HOUSING PROGRAM FOR THE ELDERLY AND HANDICAPPED

On May 6, HUD Secretary Patricia Roberts Harris, responded to an earlier communication from the Council by expressing her appreciation to the FCA for its continued interest in the section 202 Housing for the Elderly and Handicapped. Mrs. Harris reported that section 106(b) seed money loan program was being reactivated so that eligible borrowers under Section 202 of the Housing and Community Development Act of 1974 could borrow up to 80 percent of the necessary seed money expenses from HUD on an interest-free basis.

#### MANDATORY RETIREMENT

The Federal Council on the Aging, following review at its September 14-16 quarterly meeting of pending legislation and data on the impact of the legislation on the elderly, voted 10 to 1 to support the raising of the age limit under the Age Discrimination in Employment Act.

The Federal Council recommended to the appropriate Senate and House Committees that increasing the age limit under the Age Discrimination in Employment Act would protect the rights of older workers who have the desire and capability of continuing to work after age 65.

The Council stated that passage of this legislation is a beginning in implementing section III of the bicentennial charter for older Americans issued by the FCA in January 1976—the right to an opportunity for employment free from discriminatory practices because of age. “Proposed legislation is a start to implementation since it would expand protected employment rights of older workers. However, it does not meet the goal of the charter since it does not increase employment opportunities for unemployed or underemployed older workers or begin to establish a national policy on the right of older workers to employment opportunities.”

The Federal Council on the Aging recommended that national policies be pursued that will result in an expanding economy and that a part of these policies include comprehensive and flexible programs designed to promote employment opportunities. The administration’s stimulus package and the recently enacted Youth Employment and Demonstration Projects Act of 1977 represent appropriate ways to address unemployment problems without necessitating the exclusion of any one group to make room for another.

The Council's position was sent to the President and to appropriate Senators and Congressmen. Congressman Claude Pepper, Chairman of the House Select Committee on Aging, utilized the FCA position statement in floor debate on the bill on September 23.

Vice President Mondale acknowledged receiving the Council's position on mandatory retirement in a letter on November 9, 1977 to Chairman Cruikshank. He described the concern of the administration in adequately protecting the interests of older citizens as social and economic policy is developed.

#### IMPACT OF ENERGY/WEATHER CRISIS ON ELDERLY

The winter of 1976-77 with its combination of extreme cold and rising cost of energy/fuel was a particular hardship for many older persons. The Council analyzed the problem as it affects the elderly as well as the actions taken by the Federal Government to assist the poor in meeting the increasing cost of energy. At its regular quarterly meeting on September 14-16, the Council approved certain recommendations dealing with the short-range issues of energy/weather. The Council will continue to work on the longer range aspects of this problem during 1978.

On behalf of the Council, Chairman Cruikshank communicated with the White House, HEW Secretary Joseph A. Califano, Jr. and congressional leaders urging the adoption of the following recommendations to assure that Federal aid will be in place for the elderly during the 1977-78 winter season:

(1) That funding the Community Services Administration program of emergency assistance to pay overdue fuel and utility bills be continued for the winter of 1977-78. The amount of funding for the coming year should be based on an evaluation of the effectiveness of the program as well as on the adequacy of the funding in relation to the total need.

(2) That funding be continued to assist low-income elderly persons to weatherize their home to minimize heat loss and to improve thermal efficiency. Insulation programs conserve energy by decreasing utilization of fuel by consumers. The amount of funding for weatherization programs should be based on an evaluation of the effectiveness and adequacy of 1976-77 funding in relation to need.

(3) That a significant outreach component be built into the emergency assistance and weatherization programs and that new approaches be tried to reach minority and rural elderly, such as utilization of peer groups and voluntary organizations.

(4) That programs be developed for the dissemination of energy conservation information, establishment of energy conservation education programs and representations of the interests of the elderly poor in public proceedings on energy policy and utility rate structure. Utility companies should be required to provide easily understandable explanations of fuel assistance payments available to their low-income customers.

The President communicated to Mr. Cruikshank as counselor on aging his approval of the FCA recommendations. With administration support, the Congress approved funding of the Community Services Administration program of emergency assistance for fuel and utilities for the winter of 1977-78. Unfortunately, the funding for this program was attached to a bill which would also provide monies for the B-1 bomber. The bill was still in conference at the end of the year.

In a letter to Chairman Cruikshank on October 28, 1977, Senator Frank Church, Chairman of the Senate Special Committee on Aging, stated that he was in full agreement with the recommendations made by the Council relative to relief for older persons affected by the energy/weather crisis.

Appreciation of the Council position was expressed also by HEW Secretary Joseph A. Califano, Jr., Congressman Henry S. Reuss, Chairman of the House Committee on Banking, Finance and Urban Affairs, and Congressman Al Ullman, Chairman of the House Committee on Ways and Means.

#### NATIONAL HEALTH CARE AND THE ELDERLY

At its September 14-16, 1977 meeting, the Council agreed on the need for certain principles regarding the elderly which should guide legislative and administrative initiatives for national health care. This position statement was forwarded to Secretary Califano and Senators and Congressmen with responsibilities in the field of aging.

Background:

In the preamble to the constitution of the World Health Organization, health is defined as "a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." This definition suggests that physical well-being, in itself, is not sufficient for health, but that mental and social factors must be considered simultaneously. However, a much narrower concept guides the delivery of health care in the United States. It is crisis-oriented. It lacks any kind of unified health-medical system covering the full range of preventive and curative services.

In older persons, the interrelationship between physical and mental health problems is especially important. For this age group, the possession of both becomes more valued than at any other time in life, in large part because of the potential threat to independence from any mental or physical illness and because of the likelihood of such social "ills" as loss of work role and spouse and decreased income. Providing the resources that make it possible for the elderly to remain healthy and independent is a responsibility that society must try to fulfill.

The establishment of medicare and medicaid in 1965 evidenced a strong national concern for relieving major health care costs for many older and poor persons. Medicare, even with its coinsurance and deductible features, has covered the major part of acute health care costs for most older persons. But just as the covered health care costs have risen so too has the recipient contribution and uncovered health care services. The cost of out-of-hospital drugs, preventive health services and long-term institutional care, never intended to be covered by medicare, have become a disproportionate drain on the resources of the elderly. Some of these needs are met for the certified poor by the Federal-State cost-sharing medicaid program, Medicaid has been especially valuable to eligible older persons for long-term institutional care. But wide differences exist among many States as to those who are eligible to receive assistance.

The mental health services so vitally important to the elderly have been only minimally provided for and much needed services actually excluded in existing health care reimbursement programs.

Despite the many problems of medicare and medicaid, the Council believes that these two programs are still of inestimable value to the elderly and the poor. The challenge facing this Nation is to maintain the real benefits of medicare and medicaid for the elderly and the poor and extend them to the nonpoor and the nonelderly who have many of the same problems in receiving and paying for adequate health care.

#### Principles:

(1) Since health care is a basic right for all Americans, the elderly should be included in any Federal initiative to improve health care. These programs should be designed to enhance the dignity and maximize the opportunity for choice for all persons, especially the elderly.—Older persons should be served by an integrated program for all age groups. The elderly, however, like other segments of the population, should also have the benefits of certain specialized facilities, programs and services based on their distinctive needs. The elderly should have a choice of the type of care they want; i.e., physicians' office, ambulatory care clinic, HMO's, etc. They also should be involved in decisions for treatment and for institutional versus home care. It is recognized that just as certain facilities, programs, services and research are geared to various diseases, so too should the special problems related to age be addressed in activities within a total health care program.

(2) A national health care policy should be directed to the development of a system which emphasizes the maintenance of health, the treatment of illness and care of the sick and their restoration and rehabilitation rather than merely focusing on a method of financing.—To be effective, physical and mental health services should be provided to maintain good health and prevent illness as well as to treat those who are already ill. However, although the need for a comprehensive program of preventive health services for older people has been increasingly recognized, our medical care system continues to be crisis-oriented, lacking any kind of unified health-medical system covering the full range of preventive and curative services. Preventive and maintenance care are not included in the present reimbursement mechanisms.

(3) A national health care system should be comprehensive in that:

- (a) All essential health services are provided.
- (b) All the population is included.
- (c) All costs are paid for without coinsurance and deductibles.

A comprehensive system of appropriate health care requires that the full spectrum of presently known essential treatment and services be readily accessible. To be comprehensive and systematic, health care must provide: (a) assessment of health condition and needs; (b) education to preserve health; (c) appropriate preventive and outreach services; (d) all physical and mental health services necessary to maintain or restore health with linkages to social and supportive services; (e) rehabilitation; and (f) maintenance and long-term care when disability occurs. The deletion of coinsurance and deductibles will remove a major barrier to obtaining needed medical care.

(4) Accessibility is akin to the very right to health care. The system, including reimbursement, should remove as far as possible cultural, physical, language and distance barriers to services. It should be defined in such a way as to include all that is necessary to health care, available to all, particularly the poor and rural residents.—Adequately staffed and programed comprehensive health services should be available in geographically accessible settings. Where necessary to provide effective communication with members of ethnic and racial groups, staff must be multilingual. Individual differences must be considered in planning services.

(5) The Federal financing of a national health program should be based on these sources:

(a) Direct contributions from all employed persons.

(b) Sharing of the cost by those who derive indirect benefits, such as employers whose employees' health will benefit, and through the use of general revenues. A contribution based on income by all persons covered is important not only to assure revenues for the program, but also to establish entitlement to benefits as a right. It also provides a sense of participation in the operation of the program on the part of beneficiaries. Both wages and salaries and income from self-employment should be taxed. Since all of society benefits, indirectly if not directly, from the operation of a comprehensive health care system it is appropriate that part of the cost of the system should be paid for out of the general revenues of the government.

(6) Attention must be given to both the training and educational needs in the health care field which will produce the types, quality and distribution of professional and related manpower essential to achieve quality of care. Affirmative action efforts, including the involvement of women and racial minorities on an equitable basis, must be built into the manpower component.—Education and training programs should be addressed to all ages and should include all stages of development so that the needs of the different age groups will be understood.

(7) Long-term care has two major components: medical and social. The long-term care medical system and benefit should reach all whose primary need is a medical regimen (in their own homes or in a medical facility). The long-term care social support system and benefits should reach all whose primary need is social support. In such a system, the medical component (both services and financial support) should be an integral part of the national health program. As a matter of national priority, a social support system should also be developed to complement the national health care system with both systems designed for implementation on the local level in a simple, comprehensive fashion.—“Long-term care” refers to health and social services provided to chronically disabled persons, most frequently the elderly. Such services range from frequently required skilled nursing and therapy that must be provided in a medical facility to occasional contacts in a person's own place of residence by a homemaker/home health aide, social worker or volunteer.

The Federal Council on the Aging is developing national policy recommendations calling for universal entitlement of certain social services to the most frail among the elderly—usually the oldest. They would be offered 1-to-1 assistance in assessing their needs and resources of the community. Assistance would be given in matching needs and resources. If there were no “significant other” person in the life of the frail older woman or man, then that would be arranged. The “case management” service would continue to be available to arrange for but not necessarily provide other needed, desired and, hopefully, available health and social services.

(8) A national health care program must provide for stringent cost containment and quality assurance from sources outside of the health care program itself whether private or public. Incentives for both quality of care and cost containment should be built into a national health care program.—Spiraling costs for hospital and health care are a major concern to all interested in the provision of quality care. To contain costs in the long run, health resources must be organized more effectively, health care benefits distributed more equitably and prevention and primary

care emphasized. Cost containment is but one aspect of the problem. High quality of care must be assured through vigorous monitoring by State and Federal agencies whose mission is quality assurance. There must be incentives to providers to control costs and to establish and maintain high quality care. Centralized responsibility for standards and controls over health facilities and services must be combined with protection for the patient and provider from arbitrary, capricious and varied application and interpretation of existing as well as new standards.

(9) Every person has a responsibility, insofar as possible, to maintain his/her own physical and mental health. Both the public and private sectors can assist individuals and families through health education and the prevention and amelioration of adverse environmental conditions.—Programs of health education are needed for people of all ages so that they can enter their later years as well prepared as possible to meet and understand the special health conditions and needs which are likely to occur with advancing age. Health education programs must utilize peer groups and voluntary organizations in order to involve previously unreached groups such as minority and rural elderly.

The prevention and amelioration of adverse environmental conditions is the responsibility of all citizens. The health care system can identify societal and environmental factors which contribute to disease and illness but improving conditions requires a commitment by the entire society.

#### TITLE XX—SOCIAL SERVICES

The subcommittee on Federal, State and community services of the House Select Committee on Aging invited Chairman Cruikshank to testify at an oversight hearing on October 27 on the effectiveness of title XX of the Social Security Act in meeting the social service needs of the elderly.

Mr. Cruikshank made observations based on the Council's proposals for the frail elderly and its study on the interrelationships of government benefit programs. He said that while the Council was proposing a set of core services for the frail elderly, that it was equally important to determine and provide certain social services for the nonfrail or "independent elderly" so that their independence is maintained as long as possible and they do not have to depend on society for the more costly health and social services needed by their frailer and older parents, spouses, brothers, sisters and friends.

The FCA chairman concluded with some of his own views on rationalizing the two major social services programs for the elderly:

I believe it is important to continue serving the elderly through both all-ages and aged-only programs. Both the title XX agencies and State and area agencies on aging have planning and advocacy functions which are important for the elderly. There are many services, usually individually-determined and individually-delivered, which are needed by certain persons at all age levels and these might more appropriately be the responsibility of the public multigenerational casework agency. Protective services, one of the most important title XX programs for the elderly, is one example. Many group services are unique to the needs and role of the older persons and might more appropriately be lodged and financed on an ongoing, not a demonstration and startup, basis in the Older Americans Act. There should not have to be a means test—even if you call it "Group Eligibility"—so an older person can attend a senior center. But neither should older people be discouraged from paying for their own meal in a senior center so they can be full and independent partners in a "Senior Service" program.

#### 1981 WHITE HOUSE CONFERENCE ON THE AGING

On May 3, 1977, Senator Frank Church, Chairman of the Senate Special Committee on Aging, and Congressman Claude Pepper, Chairman of the House Select Committee on Aging, introduced a joint resolution calling for a White House Conference on Aging in 1981 (S. J. Res. 48).

In commenting on the joint resolution, FCA Chairman Bertha Adkins, stated to Senator Church that the Federal Council had discussed it at the May quarterly meeting and was pleased to note the reference to the Council in assisting the Secretary of Health, Education, and Welfare in planning and conducting the conference. . . . "As the permanent national citizen advisory body on aging, the Council might be assigned a major role in monitoring and assessing the efforts of government and the private sector in carrying out the major goals of the 1981 conference . . . The Council looks forward to the holding of this important decennial meeting and hopes that it might be able to make substantive and specific contributions to the development of issues out of our ongoing work such as the bicentennial charter for older Americans."

## WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

At the September 14-16, 1977 Council meeting, member Dorothy L. Devereux gave a report of the White House conference on handicapped individuals at which she was an official observer on behalf of the Council. The Council voted to assure Dr. Henry Viscardi, Jr., chairman of national planning and advisory council of the conference, of their intention to use the recommendations from the conference as guides in the Council's role of national advocacy for the elderly.

The Council conveyed the need for focusing on and planning for so many older persons with debilities, mentioning especially its own concern that all housing for the elderly be barrier-free so residents are not forced to move because of later difficulty in getting around in their homes.

## WHITE HOUSE CONFERENCE ON FAMILIES

In a letter to HEW Secretary Joseph A. Califano, Jr. following the FCA meeting of May 18-20, 1977, Chairman Bertha Adkins advised the Secretary of Council interest in the proposed White House conference on families. The Council recommended that the concerns of older persons and older persons themselves be involved in planning for the conference since the elderly are a vital and essential part of the family, and issues concerning the elderly should be of major emphasis at the conference.

As a national advocate for the elderly, the Council offered its assistance in planning the proposed conference.

## STUDY OF ASSET TESTING

When the Congress established the Federal Council on the Aging through the 1973 amendments to the Older Americans Act, it charged the Council with conducting a study of the interrelationships of government benefit programs for the elderly. The study was duly carried out and transmitted to the President in December 1975.

One recommendation in that report was a charge by the Council to itself to try to come up with some answers to one of the most perplexing aspects of determining the manner in which government benefits should be distributed. The Council said it would ". . . initiate a study of the philosophical and administrative rationale connected with the way 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."

The Council began the project with the commissioning of a paper by economist Betty Duskin. Her paper reviewed philosophies of income maintenance, the economic basis of asset tests, the existing approach and an alternative strategy, the asset tests and administrative complexity and costs. The Council accepted Mrs. Duskin's recommendation that a number of study papers be commissioned to increase the knowledge base on asset tests and to provide a choice of options for the Council.

In early 1977, a grant was made to the institute for research on poverty at the University of Wisconsin to carry out the following activities:

- (a) Commissioning of concept papers on asset testing topics by experts in economics, law, and social work.
- (b) Critique of the papers by authors and other experts at a conference.
- (c) Preparation of a publication containing the technical papers and an overview of the conference.

Dr. Robert Lampman, professor of economics at the University of Wisconsin was engaged by the Council to develop recommendations based on his own work and the outcome of the conference for consideration by the Council in preparing policy guidance for the executive and legislative branches of government.

The conference was held at the University of Wisconsin at Madison in May. The following persons prepared papers on the listed subjects:

Marilyn Moon, Ph.D., *The Treatment of Assets in Cash Benefit Programs for the Aged and Disabled.*

Irene Lurie, Ph.D., *Income, Asset and Work Tests in Transfer Programs for Able-Bodied, Nonaged Individuals.*

Leonard J. Hausman, Ph.D., *Rules and Practices for the Taxation of Income and Assets in Income-Like Subsidies for Housing, Medical Care, and Higher Education.*

Robert I. Lerman, Ph.D., *Treatment of Assets and Property Income in Designs for Negative Income Taxation.*

Yung-Ping Chen, Ph.D., *Housing Assets as Potential Income: Implications for Income-Conditioned Programs.*

Michael K. Taussig, Ph.D., *The Treatment of Wealth in Means-Tested Transfer Programs.*

Paul L. Menchik, Ph.D., *Should Wealth Matter?*

In November, these technical papers and an overview by Dr. Lampman were issued as an FCA publication titled *The Treatment of Assets and Income from Assets in Income-Conditioned Government Benefit Programs.* Copies are available upon request from the Council.

No conclusions were reached at the Madison conference but some general agreement developed on the following points:

(a) Assets cannot be ignored since wealth is important, in addition to income, in considering the economic status of individuals.

(b) Benefits should not have an arbitrary cutoff when assets reach some arbitrary limit, particularly when exemptions vary by type of asset.

(c) 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.

To aid the Council in preparing policy recommendations, Dr. Lampman presented the following series of questions and options to members at the December meeting:

#### I. Definition of countable nonearned income.

(A) Should net imputed rent of an owner/occupied home be counted?

(B) Should realized and unrealized capital gains be counted?

(C) Should the "return of principle" in the proceeds of annuities, private pensions, and social security be subtracted?

(D) Should some part of contributions from relatives be excluded?

(E) Should a contribution be "deemed" in the case of an aged beneficiary who lives in the home of an adult child?

(F) Should an arbitrary rate of return to property be used to calculate a hypothetical property income, which would be substituted for the actual cash income (now included) in the form of rent, interest, dividends, and profit?

#### II. Benefit reduction rate to be applied to each type of nonearned income.

(A) Should the same benefit reduction rate, now 100 percent, be applied to all types of nonearned income, or should some type, say net imputed rent, be subject to a lower rate?

(B) Should the benefit reduction rate be uniformly reduced to less than 100 percent?

(C) Should the benefit reduction rate be changed to a schedule of bracket rates, starting at less than 100 percent for, say, an initial bracket of under \$1,000 of property income and rising to more than 100 percent for a bracket of over \$3,000?

#### III. Definition of type of assets to be counted (This is aside from the question of asset limits).

(A) Should an owner/occupied home be included?

(B) Should the assets of a spouse who is not a beneficiary be counted?

(C) Should the assets of any other relatives be counted?

(D) Should the present (capital) value of an annuity be included? What about the capital value of future pension and social security benefits?

(E) Should the present value of future earnings (human capital) be included?

(F) Should liabilities be subtracted from assets? In other words should only net worth be counted?

#### IV. Levels of assets or net worth limits by type of asset.

(A) Should an owner/occupied home be subject to an asset limit?

(B) Should the several asset limits by type of asset be abandoned in favor of one limit for the combined total of all types of assets?

(C) Should asset or net worth limits be regularly (automatically?) adjusted for changes in consumer price index (or in some other index)?

#### V. Alternatives to asset limits.

(A) Simply abandon all asset limits and rely on the present income definition of nonearned income and the benefit reduction rate on poverty income (now 100 percent) to accomplish the purposes of denying aid to nonneedy persons and varying benefits according to need.

(B) A variant of (A) would broaden the definition of countable nonearned income. See part I (F).

(C) Another variant of (A) would institute a set of progressive benefit reduction rates against countable property income (excluding transfers, proceeds of annuities and pension funds, and gifts). (See part I (F), and part II (C)). The rationale for a surtax on property income (or a tax on net worth) is that the public expects the applicant for aid to use up some of his wealth for current consumption during periods of low income.

(D) Reconstitute the lien law, whereby benefits paid are recaptured when assets are sold or transferred.

VI. Should the treatment of assets and income from assets differ from one means-tested program to another?

(A) Should the treatment differ by age of the beneficiary?

(B) Should medicaid be considered separately?

(C) Should housing benefits, child day care benefits, higher education benefits, et al, each be considered separately? Does the answer to this question turn on the issue of how much we expect which consumers of these benefits to dissave?

(D) Should the treatment differ by whether beneficiaries are expected to be on the program for more or less than one year?

Dr. Lampman also developed recommendations and options for changes in the supplemental security income program with respect to treatment of assets and income from assets. These include:

1. All asset-limits and the present treatment of property income in SSI should be abandoned. In their place, we should introduce the following scheme:

(A) Determine a net worth total counting all types of property except rights to annuity, pension, and grant income.

(B) Attribute an income of 5 percent to all net worth in excess of \$5,000.

(C) For an aged couple, calculate an "expected contribution out of net worth" in the amount of 5 percent of net worth in excess of \$28,000. (\$28,000 is approximately 7 times the povertyline income for an aged couple. This ratio should be maintained as the povertylines are adjusted.)

(D) Reduce the benefit by the sum of attributed income and expected contribution multiplied by the benefit reduction rate.

2. The basic benefit-reduction rate on all types of nonearned income should be reduced from 100 percent to 75 percent. It is estimated that this recommendation would increase cost by 35 percent and increase the number of those aged who are eligible for SSI benefit by 55 percent. The combined effects of recommendations 1 and 2 would be approximately a zero change in costs.

*Recommendations 3 and 4 are alternatives to recommendation 1. They could be combined with 2.*

3. The several asset limits by type of asset should be abandoned in favor of the limit for the combined total of all presently included types of assets plus an owner-occupied house, less liabilities. This limit should be set at \$35,000 for a couple. It is estimated that this recommendation would increase the cost of SSI for the aged by 19 percent.

4. Countable income should be defined to include net imputed rent of an owner-occupied house. This recommendation would reduce the cost of SSI for the aged by 15 percent.

*Recommendations 3 and 4, taken together, would leave the cost of SSI for the aged approximately unchanged. If recommendations 3 and 4 were combined with 2, the cost of SSI for the aged would rise approximately one-third.*

5. The present scheme of reducing benefits by one-third for living in the home of a relative should be eliminated. This would encourage more cooperation among family members in meeting housing needs of aged persons. It would, however, have an initial effect of raising SSI cost by 15 percent.

*If neither recommendation 1 nor 3 is adopted, then recommendation 6 should be considered.*

6. The existing asset limits in SSI should be adjusted regularly for changes in the consumer price index.

7. "Housing annuity plans" and "reverse mortgage plans" should be encouraged as ways to accommodate gradual dissaving of net worth.

Following Dr. Lampman's presentation and a discussion at the December FCA meeting, the Council decided that it would need additional information and reactions to the range of options from Federal officials with major responsibility for administration of means-tested programs. The Council will study their comments and hopes to complete this project with a series of policy recommendations to the Congress and the President early in 1978.

## NATIONAL POLICY FOR THE FRAIL ELDERLY

## OVERVIEW

In its first annual report issued in March 1975, the Federal Council on the Aging identified as a priority concern, that group among the elderly—usually the oldest of older Americans—who have an accumulation of health, social, economic and environmental problems which impede their independent living to such an extent that they need to have some direct personal assistance from society on a continuing basis. Presently, in this country, we are struggling to determine the nature, arrangement, and financing of that "assistance".

Efforts towards solving this problem have all too often been short-range and narrowly focused. Many of them are based on medical models without addressing overwhelming social needs. Inadequate income is often a major criterion for eligibility for assistance. These well intentioned efforts have often resulted in duplicative and administratively ponderous programs which fall short of an equitable and effective distribution of government or philanthropic dollars. Neither do these efforts systematically begin with minimum government intervention needed to maximize the voluntary sector be it family, friends or philanthropy.

A great variety of programs and institutions have been tried ranging from nursing homes to friendly visitors. Some have proved successful and some have not.

The need for help in getting help has been recognized. The Older Americans Act, particularly through the area agency, attempts to bring about agency co-operation at the community level towards the goal of comprehensive, coordinated services for the elderly. There are now federally aided mechanisms for health and social services planning for people of all ages at the local level. There have been a number of demonstration projects where coordination has begun with the individual needing help rather than the helping agency.

During these past 3 years, the Federal Council has developed a conceptual framework within which to make a determination of a national policy regarding services to this most vulnerable segment of the American older population which the FCA came to call the "frail elderly". The Council claims no scientific accuracy for the nomenclature. It was selected because of the need for a dramatic term to focus attention on this particular subgroup of the elderly.

While lauding efforts at agency coordination at the community and other local levels and short-term individual advocacy efforts, the Council believes there is need for long-term coordination by individual agents of society for individual frail persons.

The Council's recommendation for systematizing aid to persons who need direct personal assistance from society on a continuing basis is for a free-standing case assessment and case management service as an entitlement to the frail elderly upon reaching a certain age, on a universal and voluntary basis. Frail persons below that age could be qualified by some functional eligibility determination. This essentially social model would be complementary and of equal stature to services designed to meet the long-term health care needs of this population.

This "floor" of social services would provide a skilled practitioner to develop a plan of care in conjunction with the older person and his or her family and/or friends. A priority in the assessment and plan process would be to identify a significant other person or persons available to the older man or woman to assist in coping with daily needs. This practitioner would see to the provisions of this person if none were already available.

## COUNCIL ACTIONS

During 1977, the Council adopted several formal positions towards development of a national policy for the frail elderly. The Council approved eight major elements which are described later in this section.

The Council also took formal action in two other related policy areas, welfare reform and national health policy, which were influenced by its study of the needs of this vulnerable group among the elderly.

The Federal Council took the position on welfare reform proposals that there should be no reduction in the supplemental security income (SSI) benefit of elderly recipients residing with a relative to encourage such living arrangements.

The Council also adopted principles for national health care and the elderly which described long-term care as having both medical and social components. The Council urged development of a social support system to complement a national health care system with both designed for implementation on the local level in a simple comprehensive fashion.

The Council's Task Force on the Frail Elderly continued to function during this year under the chairmanship of Monsignor Charles Fahey. Specific focus was directed to identifying the basic concepts of services for the frail elderly which had been considered by the Council over the past few years. A number of hypotheses were developed. Reactions were sought from the many individual practitioners and scholars in the field who have maintained contact with the Council. The task force also met with representatives of voluntary agencies serving the elderly and relevant Federal agency staff. The Government Accounting Office (GAO) through its study on "The Well-Being of Older People in Cleveland" provided valuable data for the Council's deliberations. Monsignor Fahey participated in a symposium at the gerontological society annual meeting on the frail elderly proposals. Many of the views of these individuals and organizations have been incorporated into the FCA project.

At the September Council meeting, the task force presented eight major elements of the FCA frail elderly proposal which were adopted by the Council:

### *1. Frail Population*

There are many persons within the aging population who because of an accumulation of various continuing problems require the assistance of a significant person from time to time to aid in coping with certain daily life activities.

Implicit in this statement is the Council's belief that national attention needs to be drawn to that group of the elderly who no longer belong to the vast majority of aged who can manage their own lives with their personal resources and such outside assistance as social security, pensions and some form of housing subsidy. Neither is this vulnerable group primarily in need of care in such settings as hospitals and nursing homes. In developing a national policy response to this group of the elderly, the Council is advancing a "social model" based on the premise that the first level of assistance which the frail elderly need is a "significant other" person or persons in their lives to assist in coping with daily life.

### *2. Government Assistance*

Where there is limited or no continuing availability of a significant person certain aids for life management should be assured by government if agreed to by the frail person.

Several recent research projects have issued findings substantiating the Council's views that there is extensive aid available to the elderly through family and friends. Government policies whether carried out through the tax system, income supplementation programs, housing or services should supplement not supplant these "natural" aids when necessary and appropriate.

Traditionally, protective services have been available from public social service agencies for older persons in crisis because of the need for assistance in life management. The service has been of a short-term duration and clients have been referred elsewhere for any other available services. Because of the location of protective services in the public welfare agency, this aid has been stigmatized as care for the poor.

State and local government in this country has been providing certain aids for life management for its mentally ill citizens for many years. Courts are often involved in admission and discharge to government mental treatment facilities. At less restrictive levels and for less deviant behavior, the procedures of guardianship, conservatorship and other forms of surrogate management are frequently utilized by the courts.

What is different about the FCA proposals is the Council's advocacy of Federal Government assurance of certain aids for life management before a crisis occurs and not because of some manifestation of an emotional or physical disorder or before the person is rendered destitute.

### *3. Core Services*

The Federal Council on the Aging proposes that this assistance be available on a universal basis as an entitlement and be primarily of a social support nature consisting of the following services: case assessment, plan of care and case management.

The initial step in the process would be an assessment carried out in conjunction with the frail older person, insofar as possible, of his or her health, social, economic and environmental condition, problems and resources. This would include the person's role and relationship with significant other persons in his or her life or the absence thereof.

The process would move on to an identification of benefits available from Federal and other governmental programs and such private provisions as pensions. The caseworker and the older person, and possibly a significant relative or friend, would then develop a plan of care with an emphasis on fully utilizing personal resources and the help of family and friends. When appropriate and available, formal services in the community would be obtained.

#### 4. Eligibility

The core services should be available on the basis of presumptive eligibility, determined on the basis of attaining a certain age; e.g. 75. Persons below that defined age with need for these services should have access through some form of functional assessment.

The Council believes that because there is a high degree of correlation among the factors of frailty, advanced age and the need for the core services, that the services should be available upon attainment of a certain age such as 75. This presumptive eligibility process would provide for considerable administrative efficiency and cost-saving.

At the same time, the Council is aware of and sensitive to the needs of frail persons under the age of 75 or 80 who require some ongoing assistance in coping with life management. These individuals could have access to the set of services through a form of functional assessment certifying to the existence of some chronically disabling condition.

#### 5. Administration

The core services should be administered by a single State agency with Federal/State matching funding with flexible delivery at the community level.

In making this decision, the Council utilized the following criteria: administrative capacity, accessibility, acceptability and adaptability.

The Council envisions the State agency as having overall responsibility for assuring the quality and coverage of the program with State options as to where and how the service would be delivered at the community level. It could be a local counterpart of a State agency such as a county public health or social services office. It could be through a senior center, area agency on aging, long-term care center or a voluntary health or social service agency.

#### 6. Significant Person

When a significant person is not available or has not been identified through the case assessment, priority in developing the plan of care should be given to the provision of such a person.

A "significant other" is a helping and concerned individual, a resource to assist frail individuals with limited but consistent aid in such matters as personal management of the household, marketing and other simple chores, and to provide a measure of companionship.

The concept of a significant other person to assist the frail elderly individual derives from a recognition that at the edge of the life span there is a strong likelihood of personal losses among elderly—loss of spouse, of close friends and neighbors. To help offset such losses, both in a material and an emotional sense, the Federal Council suggests bringing into the life of the frail elderly person a replacement individual.

The persons could be viewed as a family surrogate for a shorter or longer period of time where a family member is unable to be present or there is no family member to satisfy this role. Individuals prepared to serve can be drawn from a number of potential sources such as kin, friends, interested neighbors or elderly volunteers from ACTION programs such as senior companions and RSVP or a local volunteer organization.

The significant person would have a collegial and partnership relationship not only with the older person but also with the professional who would be providing case management.

#### 7. Referral

Any other services identified as being needed or desired are to be obtained from informal or formal services and benefits available to older persons.

Like many advocates for the elderly, the Council would like to see an array of services available in every community so that there would truly be options for every older person. But with limited government and philanthropic resources, services should be created and systematized according to principles which stress the highest degree of dependence upon self and informal resources. In this vein,

the Council is advocating certain core services for a broadly defined group rather than comprehensive, coordinated services for a few.

The frail elderly casework service would not only identify the informal or formal services that exist in a community but would assure that the services are received. The same approach would be utilized in seeing that the older persons would receive all the government and private benefits such as social security, SSI, and pensions to which he or she had an entitlement.

### 8. *Unmet Needs*

A mechanism should be developed for providing data about the unmet needs of the frail elderly to community planning agencies and leadership/advocacy groups.

The Council recognizes the limitations of a case management system which is geared to identifying the need for such services as home-delivered meals, transportation, day care, homemaker and home-health aids when in fact these services frequently do not exist in a community or cannot be afforded. But the Council envisages the core services only as a beginning, as a floor of social support, as a point of entry to the spectrum of long-term care benefits and services.

The frail elderly service program would have to operate in close cooperation with all community agencies responsible for planning and/or delivering health and social services both to the elderly and to the total population in need.

### COMPLETION OF PROJECT

To complete the frail elderly project, the Council plans to issue a report early in 1978 which will contain data collected during the project such as findings from relevant research and demonstration projects and the observations and reactions of the many organizations and individual practitioners and citizens including the elderly with whom the Council has been in communication during these past few years.

In the course of this project, the Council has been aware of the broader aspects of "long-term care" and the needs of the nonelderly frail population. At the last FCA meeting in 1977, the Council addressed the timeliness of national policy attention to the broader context in which the floor of social services for the frail elderly would hopefully be provided. The Council recognized that the problem was one which impinged upon the responsibilities of many agencies and departments of government. In view of these considerations and taking note of the fact that its chairman also serves as counselor to the President, the Council adopted a resolution at their last meeting in 1977 requesting him to propose a coordinated effort at the highest level of government, for developing long-term care policy in the United States.

### PERSONNEL NEEDS IN THE FIELD OF AGING

In fulfilling the legislative mandate of the Federal Council on the Aging to assist the Commissioner on Aging in making periodic appraisals of the Nation's existing and future personnel needs in the field of aging, the Council has maintained close communication with the Administration on Aging and other units in HEW and the Department of Labor with responsibilities for manpower for aging programs. The Council has given particular attention to the health and geriatric field because no other unit inside or outside government was providing a comprehensive approach to this concern.

### SOCIAL SERVICE MANPOWER

The Council reviewed the AoA report issued in 1977 on "Hearings on Human Resource Issues in the Delivery of Social Services to the Elderly." The hearings were held in three cities with testimony from 70 organizations and individuals. The following are the five recommendations made by the Council to the Commissioner. His comments follow each recommendation.

#### *Recommendation*

AoA develop model job descriptions and career ladders for occupations in the delivery of social services to the elderly.

#### *Comment*

This recommendation was made in the report section on turnover and education and training. During the hearings it was suggested that a national model for job

descriptions might help particularly at the State and local levels where there is an effort to up-date job requirements.

There is the question as to whether the development of model job descriptions and career ladders would reduce or have any effect on turnover which is a problem in a number of agencies.

The real problem in many of these agencies is not having money for competitive salaries or that the agency is too small to offer advancement opportunities that are comparable to those in larger, better established agencies.

*Recommendation*

AoA study graduates from gerontology centers on what jobs are available and where do graduates become employed.

*Comment*

The Administration on Aging awarded a contract to Camil Associates in fiscal year 1976 to evaluate the Title IV-A Career Training program. Part of this evaluation consists of contacting graduates of the various programs to determine, first of all if they obtain jobs in gerontology, and if they do—where. Preliminary results of this study are expected in early 1978. This should give some facts on the employment picture of AoA supported graduates.

*Recommendation*

AoA require placement services in supported schools.

*Comment*

AoA is concerned that graduates of supported programs be employed in positions in which they can use their related skills and knowledge. In the title IV-A grant application, institutions are encouraged to provide information on the manpower needs in the area and any type placement service that exists at the institution. Reviewers examine this information as part of their assessment of the institutions' capability to respond to identified manpower needs. AoA does not feel it would be desirable to establish strict guidelines in this regard since educational institutions may, for administrative reasons, handle this kind of service in different ways.

*Recommendation*

AoA evaluate the impact of title IV training efforts for quality and effectiveness in improving services to older persons.

*Comment*

It is difficult to measure quality and effectiveness of services provided. The Bureau of Labor Statistics indicates that the fairly extensive studies that have been done on direct service provision have had very questionable results. However, all other things being equal, the individual who has had special training can perform his/her job better than one who has not. BLS suggests that one type of effectiveness measure, for short term training, is a followup survey of the people who receive the training 6 months to a year after the training. AoA will pursue the feasibility of relating this method to the in-service training program. Furthermore, it is expected that as part of the career training evaluation, the interviews with former students and employees may provide additional insights on how best to assess the impact of the career training program on improved services for older persons.

*Recommendation*

AoA study ways to reduce the maldistribution of personnel providing social services to the elderly.

*Comment*

Regional job market difference, like effectiveness, are difficult to assess. However, AoA will explore with the Bureau of Labor Statistics the feasibility of studying the distribution of personnel providing services to older persons.

#### HEALTH MANPOWER

As a part of activities to evaluate and plan for systems of health care delivery for the aged, the FCA has awarded a contract to CSF Ltd. to analyze manpower issues in the delivery of health services to older Americans and to develop public policy recommendations aimed at providing appropriate health care services. The overall aims and objectives of this study are:

- Assess manpower requirements in the delivery of health care services to the elderly and identify conditions of present or expected future manpower shortages.
- Identify the health care and allied support services for a comprehensive health program for the elderly and its potential impact on health manpower needs.
- Delineate key issues for governmental policy decisions with respect to the delivery of health care services to the elderly.
- Identify areas where insufficient data exists and where further research is required.

This project is under the supervision of the Council's Research and Manpower Committee and was developed out of a survey undertaken by the committee last year. Government agencies and selected national private organizations with responsibility and concern for health manpower to serve the elderly were asked to submit available information and views.

After Council review of the reports, data and studies collected, the FCA made the following interim findings and observations:

- The entire service delivery system to the elderly is highly fragmented with little coordination or continuity. No single unified structured system currently exists to deliver the total range of needed health services to the elderly. The organization for the delivery of services is severely inadequate.
- There is very limited coordination and unification of health manpower needs and services provided by the Federal Government and other private, State, local and county organization. Little attempt is made to organize and integrate the research findings of the various agencies.
- Many of the personnel providing health services for the elderly are not properly trained for their positions. They perform their jobs without the skills necessary to meet the special needs of this group.
- There is little evidence of any coordination among the training programs that presently exist. It is also unknown at this time whether funding for training programs is determined according to documented needs.
- While a considerable amount of data and other information resources currently exist on health manpower needs and sources, little effort has been made to convert the existing data to future planning activities and programs.
- Some evidence exists that the level and quality of care and services provided the elderly are inadequate and need improvement. The delivery of and accessibility to a full range of social services are essential to meeting the special needs of the elderly. Community resources are scarce.
- The problems of accessibility and availability of services present barriers to care for the elderly.
- The financing of needed services is often lacking since inadequate reimbursement mechanisms exist. Oftentimes, the categorization of patients into skilled nursing facilities is arbitrary.

Confronted with the findings and observations the Council contracted for this study that is scheduled for completion in February 1978.

In addition to issues directly related to health manpower and the delivery of services, there are several related issues which are also being studied. These include the special health problems of the minority elderly and the oldest of the old; namely, persons 75 years of age and over.

Several outcomes of the project are anticipated. First, areas with the greatest manpower shortages will be identified. Second, recommendations will be made as to areas where further data must be collected and further research is warranted. Finally, key issues for government policy decisions will be identified.

#### STUDY OF MINORITY ELDERLY

One of the Federal Council on the Aging's mandated functions is to review and evaluate on a continuing basis Federal policies regarding older persons as well as programs and other activities affecting older persons which are conducted by Federal departments and agencies for the purpose of appraising their value and their impact. Another equally important mandated function of the Federal Council on the Aging is to serve as spokespersons on behalf of older Americans by making recommendations with respect to Federal policies and federally conducted or assisted programs and other activities.

During the Federal Council's efforts to pursue these functions, policy and program concerns affecting the minority elderly (Blacks, Hispanics, Native Amer-

icans, and Asian and Pacific Islanders) emerged. The concerns of the minority elderly were especially apparent throughout the Federal Council's deliberations on the frail elderly. To achieve administrative simplicity, the idea of presumptive eligibility for specific services, based on the attainment of age 75, is being considered. The critical issue for most minorities is that they experience life expectancies substantially shorter than those of their white counterparts. Thus such age eligibility consideration may be disadvantageous to minority elderly because they generally do not live long enough to participate in Federal programs.

Because of this and other concerns relating to minority elderly, the Federal Council on the Aging undertook a study to examine the equity and impact of age eligibility criteria not only in relation to the frail elderly proposal, but also for all major Federal programs. The Research and Manpower Committee of the Council has the responsibility for overseeing the conduct of the study and to forward recommendations to the Council for action.

In October of 1977 the Human Resources Corporation of San Francisco and Washington, D.C., a minority firm, was awarded a 26-week contract to conduct the study.

The contractor is currently:

(a) Collecting, analyzing and synthesizing available data on the four minority groups (e.g., life expectancy, health statistics, income levels, employment histories, housing characteristics, family support systems, etc.);

(b) reviewing the Federal Council's frail elderly proposal to determine its potential impact on minority elderly;

(c) identifying data gaps and further research needs which relate to existing and proposed policies and their impact on minority elderly; and

(d) developing recommendations regarding the Federal policies and programs analyzed, including age entitlement for the frail elderly, as they impact on minority aged. The recommendations will address issues in relation to legislation, Federal programs for the aging, research directions, as well as provide an operational definition of frailty.

Assisting the Human Resources Corporation is a National Advisory Panel which includes Larry Curley, the National Indian Council on Aging; Dr. Fernando Torres-Gil, Andrus Gerontology Center, University of Southern California; Dr. E. Percil Stanford, Center on Aging at San Diego State University; Alan Wong, Self-Help for the Elderly, San Francisco; and Dr. Robert Binstock, Florence Heller School, Brandeis University. Representatives of governmental agencies are also participating on the advisory panel.

The final product of this study will be a series of policy recommendations for consideration by the Federal Council on the Aging.

#### 1978 AGENDA

During 1978, the Council will continue working in a number of areas which have been its special concern as well as initiating attention to emerging issues of importance to the elderly of the present and the future. The Council's agenda will also be affected by actions concerning the elderly by the executive and legislative branches of government.

A major component of the Council's agenda for 1978 will be the completion of four projects (described elsewhere in this report) which will have been in process for some time:

(1) Treatment of assets and asset income in determining eligibility for income-tested government benefit programs.

(2) A national policy for the frail elderly.

(3) Health manpower needs to serve the elderly.

(4) Policy concerns on special problems of minority elderly.

A number of legislative issues of importance to the elderly were still pending as the 95th Congress concluded its first session or are scheduled for consideration in the second session. Legislation having to do with such matters as welfare reform, mandatory retirement, reauthorization of the Older Americans Act and the White House conference of the aging will be given attention by the Council during 1978.

The administration has several major activities underway or about to be launched of the kind which the Council is to "review and evaluate" under provisions of the Older Americans Act. These include: development of proposals for national health care, planning for a White House conference on families, issuance of legislated studies on age discrimination and mental health and the establishment of three new advisory bodies on social security and pensions.

## A FOCUS ON OLDER AMERICANS

The increase in the absolute and relative numbers of the elderly among the American population coupled with their increasing longevity means that there are substantial numbers of people at each age level right up to 100 years.

As the Council examines its future agenda, it will attempt to personalize, and organize, its work keeping these data in mind. Therefore, the Council will begin by considering the elderly as belonging in two major categories: the "independent elderly" and the "impaired elderly". Because of the importance of developing national policy for the elderly with full utilization of all modern technologies, especially tools for forecasting, the Council will also consider the special concerns of the "future elderly".

## INDEPENDENT ELDERLY

There is general agreement on the importance of national policy directed to the goal of sufficient income and good health to live out one's last years in comfort and dignity. For the purpose of defining the Council's agenda for 1978, the "independent elderly" shall be considered as being those who are, in the main, in the younger age group, in relatively good health, capable of making decisions about their lives and generally able to seek and obtain needed medical care and social services.

For this group of the elderly, the Council will be examining some of the following issues in 1978 to determine the need for new policy initiatives:

*Income*

How can the adequacy, efficiency and integrity of Federal income maintenance programs be assured?

*Housing*

To what extent should government-assisted housing programs be available to the independent elderly?

*Health care*

Pending enactment of a national health care program, are there short-range steps to provide health care to the independent elderly in a more efficient and less costly manner?

*Senior services*

What is the nature of the partnership of the public and private sectors in making available social, educational, cultural and recreational group services to enrich the lives of the elderly?

*Citizen participation*

How can volunteer opportunities be increased and older people encouraged to be volunteers in policy advisory roles and in direct service to others?

*Employment*

How can opportunities be expanded for increased income and life satisfaction through employment?

*Minorities*

What are the barriers which prevent older minority members from obtaining needed benefits and services and how can these barriers be removed?

*Family*

What is the function of the Federal Government in enhancing the role of the older person as an active family member?

## IMPAIRED ELDERLY

For some time the Council has advocated the need for a special national policy approach to the oldest of the old, usually those over the age of 75. The Council has used the term "frail elderly" to describe those women and men who although capable of making decisions about their lives need continuing assistance of a social support nature to enable them to reside in the community. Some of the "old-old" need much more assistance in the form of institutional care, special home-delivered services and even court intervention in making life decisions.

Obviously, the impaired elderly must have at least the basic levels of income, health care, housing and other needs which all the elderly require. In addition, they require certain special benefits and services to improve the quality of their lives. In 1978, the Council will be studying some of these special needs to determine priorities for Federal action:

#### *Assessment*

How can a multidisciplinary assessment be incorporated into the delivery of individually-determined social and health services for the elderly?

#### *Case management services*

How can the package of case assessment, plan of care and case management services proposed by the Federal Council for the frail elderly be implemented as an entitlement?

#### *Family*

What additional steps, if any, should government take to assist individuals in caring for their elderly relatives?

### FUTURE ELDERLY

In addition to the survival needs which will be no different from those experienced by their parents as they became aged, there are some special factors to be considered in examining national policy issues which will affect the elderly of the future.

#### VETERANS

By the year 1980, veterans will comprise 70 percent of the American male population 65 and over. These large numbers, composed of veterans with service-connected disabilities and veterans without disabilities, will impact on income maintenance, social services, health and housing not only for veterans but also for all older Americans.

#### LIFE CYCLE PLANNING

Increasing longevity and changes in work patterns such as elimination of mandatory retirement and the fuller participation of women in the workforce are bringing about substantial changes in the structure of society. The periods of time an individual devotes to education, work and leisure are changing along with their very sequence. "Retirement" itself must be reexamined as a concept affecting adults of all ages.

#### COUNCIL STEWARDSHIP

There are several Federal laws which affect 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 our 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 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.

The Council held the four quarterly meetings called for by the Older Americans Act on March 8-9, May 19-20, September 15-16 and November 30-December 1. A special Council meeting was held on July 12 concerning the evaluation of the Council. All meetings were announced in the Federal Register and some three hundred notices of the meetings sent to representatives of national organizations and staff of various Federal agencies, Congressional members and committees with a special interest and responsibility in the field. A number of these persons and the general public do attend Council meetings. AGING magazine, the publication of the Administration on Aging, regularly carries stories on Council activities. All documents relevant to Council official actions are maintained in the office of the FCA Secretariat and are available for public inspection and copying.

Council members received briefings during the year from a number of Federal officials including the Commissioner on Aging, staff of the Government executive and legislative branches and experts from the private sector in the field of aging.

## EVALUATION OF THE COUNCIL

Several factors combined in bringing about the decision by the Council in early 1977 to retain a management consultant to undertake a study of the Council's effectiveness in carrying out its mandated responsibilities. First, the Council was reviewing the Older Americans Act to determine what amendments were needed, if any, when reauthorization was scheduled in 1978. Since the Federal Council on the Aging was established by provisions of the act, the Council felt it could not exclude itself from an examination. Then, President Carter had called for an evaluation of all Federal advisory bodies. Finally, the Council felt that any organization, especially one purporting to speak for so broad a constituency and with so broad a mandate, should make a periodic selfevaluation.

The project, which was conducted by Arthur Boyd, began with a retrospective look at the origins of the FCA and at what had transpired since its inception. For the current year, the institutional context for FCA activities at the national level was examined. Mr. Boyd concluded with a presentation of recommendations for the Council's future operations.

Acknowledging all of the factors that have shaped its performance, it is clear that the FCA has done well. It has completed the mandated studies in a manner that exemplifies high standards for such work. It has spoken out on a wide range of issues affecting older Americans. It has initiated and is pursuing important lines of inquiry and development. It has established a "following" among those who have an active interest in aging. It has contributed the Bicentennial Charter for Older Americans as an instrument for improving the public dialogue regarding the elderly. It has stimulated and supported worthwhile activities by other bodies concerned with the well-being of older persons.

These assets and liabilities of a virtually unlimited congressional mandate to promote the interests of older Americans in relation to the whole range of Federal policies and programs were described by Mr. Boyd.

The FCA has a generic-function mandate reinforced with guidance as to the congressional intent. But generic-function mandates, even when enriched and reinforced by congressional or presidential statements of concerns to be addressed and purposes to be served, are inherently weak instruments for organizing talent and getting worthwhile nonroutine things done. What such mandates accomplish is nothing more than to mark the boundaries within which appointees/employees exercise their personal capacities and dispositions. Within such boundaries people are in fact without direction other than self-direction.

On close examination, it turns out that the FCA's mandated generic functions are a source of gratification without being a source of strength. It turns out also, that the task of advising the Congress and the President about actions on behalf of older Americans imposes on the FCA that same burden of particularization which explains the fragmentation (see "specialization") of congressional and executive branch efforts on behalf of older persons—a fragmentation the FCA has the opportunity if not the duty to counteract.

Collective selfdirection, in such complex circumstances, cannot be determined by reference to the mandated generic functions of the FCA, or by reference to congressional or presidential intent, or by reference to the needs of older persons and the worthwhile possible responses to those needs. The selfdirection can be established only by FCA members jointly crystallizing a sense of their own collective role and purpose vis a vis other elements of the larger system.

For a variety of reasons, including the initial burden of the mandated studies, the present Council has not formulated such a consensual view of its role—any adequate vision of which would perhaps have enable it to achieve a larger measure of its potential value to older persons.

The evaluation contained five alternative models for operation of the Federal Council in keeping with the congressional mandate and the legislative history that would improve its effectiveness and efficiency. The Council reviewed these options at the September meeting and agreed it was not necessary to make a choice among the models at this time but that the entire report would be most helpful as new members came on the Council and sought to organize themselves.

The Council adopted a specific suggestion from Mr. Boyd regarding an amendment to the Older Americans Act which would strengthen the ability of the Council to receive assistance in carrying out its work. (The proposed amendment is presented in detail in another section of this annual report.)

## COUNCIL SUB-UNITS

The Council has three standing committees; each met twice during 1977.

The Committee on Senior Services headed by John B. Martin had as its major responsibilities during 1977, a review of proposed legislation in the areas of energy/weather, health care for the elderly, welfare reform, national meals-on-wheels program and reauthorization of the Older Americans Act.

The Aging Research and Manpower Committee chaired by Bernard E. Nash, reviewed and made recommendations through the Council, to the Commissioner of the Administration on Aging on social service manpower needs, developed two major studies, one on health manpower needs for services to the elderly, and the second, on policy issues concerning minority elderly whose groups show shorter life expectancies than the majority white population.

The Committee on Economics of Aging chaired by Nelson H. Cruikshank monitored the study, by the Institute for Research on Poverty, University of Wisconsin, of assets and asset income in means—tested benefit programs being carried out for the Council. The Committee reviewed legislative initiatives regarding mandatory retirement and developed the position eventually taken by the Council. The Administration's social security financing proposals were reviewed and recommendations made for Council action.

All three Committees considered recommendations to the Council on amendments to the Older Americans Act, and to the Task Force on the Frail Elderly in the formulation of a national policy on services to the frail elderly and the development of a frail elderly services definition.

The Task Force on the Frail Elderly under the chairmanship of Monsignor Charles J. Fahey held two meetings in 1977. The first meeting on April 25 included the input of representatives of provider groups in the field of aging to the Council's developing recommendations on services for the frail elderly.

The second meeting of the task force on July 11 and 12 included the input from selected major providers of services in the field of aging and representatives of Federal agencies concerned with the aging in an effort to obtain reactions and recommendations to the FCA's development of a national policy on services for the frail elderly.

The FCA paper identifying issues on services for the frail elderly to be discussed at a symposia at the November annual meeting of the Gerontological Society was reviewed.

## ACTIVITIES OF CHAIRMAN

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 participate in a number of activities. Miss Adkins' major engagements included:

—Address to the National Intra-Decade Conference on Spiritual Well-Being of the Elderly in Atlanta, Georgia on April 14. Her topic concerned *Spiritual Well-Being and the Rights of Older Citizens*.

—Panel member in a session at a conference on *The Role of Older Persons in China and America*, held at the Midwest China Study Resource Center, Macalester College, St. Paul, Minnesota, on April 26.

Activities of Chairman Nelson H. Cruikshank since assuming the chairmanship on July 1, 1977 include appearances at meetings and conference of the following organizations:

—The Ad Hoc Coalition on Aging, Washington, D.C., July 21.

—The National Association of States Units on Aging, Washington, D.C., September 8.

—The Council of Elders Conference, Boston, Massachusetts, September 9.

—Keynote speaker at the 5th Annual Missouri Silver Haired Legislative Session Banquet, Jefferson City, Missouri, September 9.

—The Black Caucus Workshop, Washington, D.C., September 23.

—Keynote speaker at the 8th Annual Meeting of Seniors of Ohio, Cleveland, Ohio, September 30.

—The Annual Seminar of the Retirees Association of the International Brotherhood of Electrical Workers, Long Island, New York, October 4.

—The Affiliated Committees on Aging of Los Angeles County, Los Angeles, California, October 6.

- The National Voluntary Organizations for Independent Living for the Aging, Washington, D.C., October 18.
- The Urban Elderly Coalition, Baltimore Hilton, Baltimore, Maryland, October 20.
- The Physical Fitness for the Elderly Conference, Charleston, West Virginia, October 22.
- Keynote speaker at the 1977 Governor's Conference on Aging, Indianapolis, Indiana, October 23.
- The National Center on Black Aged, Washington, D.C., November 8.
- The Centennial Conference of All Saints' Hospital, Philadelphia, Pennsylvania, November 9.
- The Southeastern Association of Area Agencies on Aging, Myrtle Beach, S.C., November 16.
- The American Jewish Committee, New York, December 9.
- The 25th Anniversary of the Mary Manning Walsh Home, New York, December 10.

Mr. Cruikshank also testified in behalf of the Council at an oversight hearing on Title XX of the Social Security Act before the Subcommittee on Federal, State and Community Services of the House Select Committee on Aging on October 27.

#### ACTIVITIES OF FCA MEMBERS

- John B. Martin, Chairman of the FCA Senior Services Committee, testified, before Secretary Califano at the DHEW hearing on welfare reform, March 10, 1977.  
John B. Martin testified at hearings on proposals to amend Title VII Nutrition Programs of the Older Americans Act which would expand the "Meals-on-Wheels" program, before the Subcommittee on Federal, State and Community Services, House Select Committee on Aging, April 27, 1977 and before the Subcommittee on Aging, Senate Committee on Human Resources, May 13, 1977.
- Hobart C. Jackson spoke on the *Federal Council on the Aging—from the Ethnic Minority Perspective* at the third Institute on Minority Aging, sponsored by the Center on Aging, San Diego State University, San Diego, California, April 29, 1977.
- Monsignor Charles J. Fahey testified before the Senate Special Committee on Aging on alternatives to institutional care, May 17, 1977.
- Mrs. Dorothy L. Devereux served as an observer for FCA at the White House Conference on Handicapped Individuals, May 23–27, 1977 and reported on the conference at the September Council Meeting.
- Bernard E. Nash, as Chairman of the Aging Research and Manpower Committee attended meetings of the National Advisory Council on Aging in an ex officio capacity representing FCA.
- Dr. Sharon M. Fujii participated in a poster session on the special problems of minority elderly at the 30th Annual Scientific Meeting of the Gerontological Society, November 19, 1977 in San Francisco, California.
- Monsignor Charles J. Fahey spoke on the Council's proposals for the frail elderly at the Annual Scientific Meeting of the Gerontological Society, November 22, 1977 in San Francisco, California.

#### STAFF SUPPORT

According to provisions of the Older Americans Act, the Secretary of the Department of Health, Education, and Welfare and the Commissioner on Aging are to make available to the Council such staff, information, and other assistance as it may require to carry out its activities. This is done in a variety of ways.

The Secretariat for the Federal Council on the Aging is located in the Administration on Aging. Staff is composed of five professional persons—one of whom is a reemployed Federal annuitant, a staff assistant, an administrative assistant and a secretary. FCA staff participate in a wide range of meetings in various parts of the country both to learn about developments in the field as well as to disseminate information about the Council.

The placement of the Secretariat in AOA and the Office of Human Development Services provides informal as well as formal utilization of their staffs and supportive services. The Committee Management Office in the Office of the Secretary aids in carrying out the provisions of the Federal Advisory Committee Act. Various units within departments other than HEW have given ready response to FCA requests for resource speakers and materials.

Short-term employees and contractors have been utilized to assist with certain FCA projects such as the assets study, national policy for services to the frail elderly, health manpower needs, and policy issues concerning minority elderly. The FCA budget for fiscal year 1977 of \$550,652 was provided within the AOA appropriation. The Administration's fiscal year 1978 budget sets a funding level of \$450,000.

#### DISTRIBUTION OF FEDERAL COUNCIL ON THE AGING PUBLICATIONS

Distribution of Federal Council on the Aging publications continued throughout 1977. The publications have been requested in quantity by the Gerontological Society, the National Council of Senior Citizens, the National Council on the Aging for their regional meetings, the American Association of Retired Persons/National Retired Teachers Association, the American Association of Homes for the Aging, Maine Committee on Aging, the U.S. Commission National Women's Conference, the National Institute on Aging, and the Asociacion Nacional Pro Persona Mayores and many other groups.

This distribution also included 20,000 copies of the Bicentennial Charter for Older Americans in Spanish.

Publications were sent also on Administration on Aging and Federal Council on the Aging mailing keys to the Administration on Aging network of area and state agencies, Senators and Congressmen on appropriate aging-related committees, Federal staff and national organizations in the field of aging and hundreds of individual requesters.

During 1977, the Council initiated publication of a "status report" summarizing major actions taken by the Council at its meetings. There were three issues this year along with the following publications:

- 1976 Annual Report to the President
- Bicentennial Charter for Older Americans (Spanish edition)
- The Treatment of Assets and Income from Assets in Income-Conditioned Government Benefit Programs.

In addition, over one hundred copies of draft versions of papers on the frail elderly have been distributed to leading gerontologists for their comments.

Appendix 2  
REPORTS FROM FEDERAL DEPARTMENTS  
AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

JANUARY 26, 1978.

DEAR SENATOR CHURCH: 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.]

RURAL DEVELOPMENT SERVICE

The mission of the Rural Development Service (RDS) is to improve the quality of life for people in the rural regions of the Nation. Agency objectives to carry out this mission are:

(1) To insure that rural communities receive an equitable share of the available development resources.

(2) To assist rural communities to gain better access to the available developmental resources.

(3) To assist people in rural communities to become more effective in implementing the developmental process in their communities.

Some of the RDS initiatives related to the problems of the rural elderly include:

(1) Creation of a staff position to advocate for increased services to the rural elderly with key policymakers in other executive branch agencies.

(2) Grant award to develop a "State of the Art" report on the rural elderly, identifying major problems and alternative solutions.

(3) Participation with the Senate Special Committee on Aging in responding to issues surfaced at hearings conducted by the committee on the rural elderly.

(4) Exploration of the feasibility of establishing a National Center on Rural Aging to serve as the central focus in raising the problems of the rural aged to priority status, developing a coordinated network of supporters, and in providing technical assistance and consultation in the development and expansion of services to meet priority needs.

(5) Participation in the rural health coalition convened by Senator Dick Clark during the development of the Rural Health Clinic Services Bill which extended coverage of health services under medicare and medicaid and greatly assists in meeting the health needs of the elderly in rural areas.

For the upcoming year RDS has identified health, transportation, housing and income as priority areas. RDS will be involved with appropriate agencies of the executive branch and concerned organizations in the development of joint initiatives and interagency agreements to implement better means of service delivery to the rural elderly. For example, RDS has served to initiate the planning of a project, jointly funded by the Administration on Aging and the Department of Labor, to train older workers as homemaker home health aides to serve the elderly in rural communities.

In addition to working with agencies outside USDA, RDS is exploring the feasibility of establishing and coordinating an intraagency Committee on Aging to serve as a vehicle for joint action and information sharing on the problems of rural older Americans. Also, RDS will administer the area development assistance program which will provide funding to assist State and local planners in developing rural strategies to improve the living conditions of persons in rural communities. It is expected that the regulations for this program will be published in the Federal Register in the near future. RDS has made the Administration on Aging and other agencies and organizations aware of this program and encourages the submission of applications that include components to address concerns related to the rural elderly.

## FARMERS HOME ADMINISTRATION

One of the most beneficial programs for rural elderly is the section 515 rural rental program. This highly successful program has grown since its inception in 1963 from 24 units costing \$117,000 to an impressive 32,000 units in fiscal year 1977 for \$545 million in loan obligations. We have budgeted \$690 million for this program in fiscal year 1978. The importance of this program to the elderly is illustrated in the statistics. From 1963 through fiscal year 1976, our agency financed 88,000 rental units. Of these, about 30,000 were for elderly families—about one-third of the total. Indications are that of the 32,000 units financed in fiscal year 1977, over 25 percent and probably one-third of them were for the elderly.

Of particular interest to the elderly will be the rental assistance program which Secretary Bergland has implemented. Under this program, the Farmers Home Administration will be able to assist in providing rental housing for families with lower incomes than have been helped in the past. Under this program, low income families will be required to pay up to 25 percent of their income for rent, including utilities. If their payment is not enough to pay the market rent, the Farmers Home Administration will provide a subsidy to make up the difference. This should help many elderly families with low incomes who are facing financial problems under present inflationary times.

The implementation of our rental assistance program, together with the section 8 program, will be especially important for senior citizens with fixed incomes by limiting the amount they must pay for rent to a specified proportion of that income. These programs will remove much of the economic impact faced by these rural residents in times of ever increasing utility and maintenance costs associated with the single family detached dwelling.

Basically, the Farmers Home Administration offers two rural housing programs which are available to the rural elderly in repairing or replacing their homes. These are Farmers Home Administration's section 502 and 504 programs. Section 504 provides both low interest loans and grants for the elderly up to \$5,000 to deal with basic repairs to make the property safe and habitable. Section 504 was not funded during the fiscal years 1965 through 1976. The Congress, however, authorized \$5 million for grants in fiscal year 1977, which are authorized only for the elderly, that is persons 62 years of age or older. The 1978 fiscal year budget includes \$5 million for this program and the Department has requested a supplemental appropriation of \$4 million. This additional \$4 million is contained in H. R. 9375, the supplemental appropriations bill to be taken up by the House of Representatives tomorrow.

Loans under section 504 rural housing loans are made at an interest rate of 1 percent and may be amortized over a period of up to 20 years, depending on the amount of the loan. A section 504 rural housing grant is combined with a loan to the degree an applicant can afford repayment. Since 1970, \$16 million—about 42 percent—of the section 504 funds obligated have been for the elderly. This financial assistance has made it possible for about 11,000 elderly families to repair their homes. In fiscal year 1977, the section 504 grant program was funded for the first time in several years, providing financial assistance to an additional 1,500 senior citizens.

Under section 502 programs we assist the elderly in repairing their homes, and if the homes are beyond repair, we offer financial assistance to buy different homes which are safe, sanitary and decent. The interest rate on section 502 loans is currently 8 percent. However, since many elderly citizens are on fixed, or limited incomes, such families may obtain interest credit subsidies that enable them to obtain the decent housing they otherwise could not afford. We can reduce the effective interest rate charged low-income families to as low as 1 percent, depending on family income, family size, and the amount of annual loan installment, real estate taxes, and property insurance. Loans may be amortized over a 33-year period. Since 1970, about \$260 million—2 percent—of the section 502 funds obligated have been for loans to the elderly, enabling over 20,000 senior citizens to buy a home or repair the home they already owned.

Repair loans under both section 502 and 504 programs are made for such things as improving or providing water and waste disposal systems for the home, making structural repairs, repairing the roof, adding insulation and storm windows, and installing screens. These loans and grants are available in rural areas in all States, Puerto Rico, the Virgin Islands, and the Pacific Trust Territories. The largest number of loans and grants for repair are made in the southeastern United States, principally Mississippi, Virginia, Arkansas, Tennessee and Texas.

The number of loans to senior citizens to buy or build dwellings has declined in recent years, while the number of loans for repair purposes has increased. We believe this trend is due to erosion of family income due to inflation and the corresponding increase in construction costs. Many elderly families are simply unable, or unwilling, to request home ownership loans. Another factor may be the availability of more rental units in rural areas which are providing attractive and comfortable housing at rental rates that low and moderate income elderly families can afford to pay.

The recently enacted Housing Act will permit us to provide congregate housing for the elderly and handicapped. We will be developing regulations for this program as rapidly as possible, and anticipate a significant speed up and improvement in our ability to meet rural housing needs of the elderly.

1978 REPORT OF COOPERATIVE EXTENSION SERVICE PROGRAM EFFORTS STIMULATED BY THE NATIONAL EXTENSION WORKSHOP ON AGING SEPTEMBER 1976

Forty-five participants from 36 states and the District of Columbia responded to a followup survey of action resulting from the National Extension Service Workshop on Programing For and With the Aging. At the close of the national workshop ninety-three percent (93%) of all participants stated that they left the workshop with plans to initiate new and/or additional action in regard to programing with the elderly in their respective states. Action ideas for implementation both within Extension and outside Extension were generated by the participants at the workshop.

The data presented below are indicative of the Extension program planned action and action that has already been initiated since the workshop for and with the aging. This action stemmed from the inspiration and ideas gained by participants at the national workshop held in Dallas, Texas.

A number of ideas for action have been planned and many have already been implemented in each of the 36 states and the District of Columbia from which responses were received in this survey. Significant planning and initiation of action to enhance programs for and with the aging have taken place particularly in the northeast and southern Extension regions.

Action within Cooperative Extension that has been initiated by more than one-third of the States since the national workshop includes: stepped-up planning at the State level, updating of teaching materials, negotiating for interagency cooperation on programs for the aging, sharing of ideas from other States, training county Extension staffs on understanding and working effectively with the aging, and youth, and senior citizens working together. These and other action ideas that are in the planning stage and/or have been initiated are presented in table I below.

TABLE 1.—ACTION WITHIN COOPERATIVE EXTENSION BY STATE STAFFS

Action ideas	Planned		Initiated	
	Number	Percent	Number	Percent
Stepped-up planning at State level.....	20	44	22	49
Updating of teaching materials.....	16	36	22	49
Negotiation for interagency cooperation.....	7	16	20	44
Sharing of ideas from other States.....	10	22	17	38
Training for county extension staff.....	20	44	17	38
Youth and senior citizens working together.....	10	22	16	36
Preretirement training.....	14	31	11	24
Seminars for State extension staff.....	4	9	11	24
Seeking of special funding outside extension.....	10	22	10	22
Sharing of ideas with other States.....	4	9	9	20
Sharing of ideas with ES-USDA.....	8	18	8	18
Reestablish priorities regarding aging.....	14	31	7	16
Training for title VII personnel.....	3	7	7	16
Senior citizen sitter program.....	5	11	3	7

Important action for Extension outside the Extension organization has also been taken by the State Extension staffs. This planned and initiated action includes planning and initiating action with State offices on Aging and/or areas agencies on aging; work with the gerontology staffs at universities; exploring and initiating cooperative action with other relevant agencies and groups; involving Extension homemaker volunteer leaders in the development of programs for and

with the aging; and developing cooperative action with senior citizens centers. These and other action ideas that are in the planning stage and/or have been initiated outside Extension since the national workshop are presented in table II below.

TABLE II.—ACTION OUTSIDE EXTENSION FOR STATE EXTENSION STAFFS

Action ideas	Planned		Initiated	
	Number	Percent	Number	Percent
Work with State office on aging and/or area agencies on aging.....	13	29	31	69
Work with gerontology staff at university.....	11	24	26	58
Explore possible cooperative action with other agencies and groups.....	17	38	21	47
Involve Extension Homemakers in developing aging programs.....	16	36	18	40
Senior Center Cooperative Action.....	5	11	17	38
Work with Governor's Task Force on Aging.....	2	4	12	27
Seek nonextension funds to expand program.....	7	16	9	20
Train title VII personnel.....	2	4	8	18
Create interdisciplinary center on aging.....	5	11	7	16
Implement information and referral agreement with Administration on Aging.....	5	11	6	13
RSVP.....	3	7	5	11
Implement energy agreement with Administration on Aging.....	3	7	3	7
Implement nutrition agreement with Administration on Aging.....	6	13	3	7

County Extension staffs are planning and initiating action ideas to increase local interagency cooperation. This was reported by nearly half of the respondents. The involvement of the elderly by county Extension staffs in program development and in the planning and conduct of pilot projects is being done extensively (see table III).

TABLE III.—ACTION BY COUNTY EXTENSION STAFFS

Action ideas	Planned		Initiated	
	Number	Percent	Number	Percent
Increase local interagency cooperation.....	10	22	21	47
Involve the elderly in program development.....	12	27	20	44
Plan and conduct pilot project.....	4	9	11	24

## EXAMPLES OF ACTION AND ACCOMPLISHMENT

*Home health care training for aides serving the home bound*

Extension Home Economists in the cane belt area of southern Louisiana were asked to spearhead a program for training home health aides to serve the home bound persons living in the five parish area.

The program was federally funded but aides, who were employed by the Bureau of Aging, felt that they needed specific training in serving the needs of the elderly home bound.

Extension Home Economist and the Bureau of Aging representatives met together to discuss needs. A second meeting was scheduled where representatives of service groups (Health Department, Social Services Department, Bureau of Aging, and Cooperative Extension, etc.) could join hands in planning a program where each group could give support.

State Extension staff members in the area of family life, nutrition and management met with the group to assist with planning and resource information.

After the planning sessions were completed the following five training programs were scheduled and conducted for aides in the cane belt area.

- Understanding the Elderly (Extension)
- Nutrition and the Elderly (Extension)
- What To Expect in Homes of Elderly and Home Bound (Welfare)
- Household Tasks (Health Department Nurses)
- Home Management (Extension)

Aides trained during the sessions felt that they could be of greater service to the aging as a result of the training. This will be an ongoing type program where Extension will cooperate in helping people to help themselves. Approximately 200 families have been reached as a result of the program.

### *Senior citizens nutrition program in California*

In Tulare County there are approximately 35,000 citizens who are over the age of 60. Many of these elderly are on their own, on fixed incomes and on special diets. They have many questions on low cost food buying and time saving and energy saving food preparation tips. Often they do not understand why they should or should not exclude certain foods when on special diets. Many are in search of recipes for low fat, low cholesterol, and low calorie diets.

This year with the additional assistance of a nutrition aide trainee from the Tulare County training center Extension launched a 90 day program to provide seniors with nutrition knowledge through: (1) a monthly newsletter, (2) nutrition teaching on a 1-to-1 basis and (3) educational program at senior citizen feeding sites. This program has been so successful that we will continue the program with assistance from CETA funds. The plans now are to expand the program and reach Spanish speaking seniors.

### *Senior citizens study high priority problems*

The North Carolina Columbus County Council of Senior Citizens in cooperation with the Agricultural Extension Service has attacked four high priority problems through education and action. The problems selected for study were: crime prevention, retirement income, health maintenance, and meaningful use of time.

A four session crime prevention program included demonstrations on prevention of street crimes while walking or riding; security of the home; fraud-bunco and how to deal with con artists, and improving community and police working relations. Law enforcement officials and police science department of a community college and Agricultural Extension staff served as resource persons. Transportation of the elderly to meetings was furnished by Community Action.

The Boy Scouts, police and other civic groups assisted with getting homes burglar proof.

A highly successful "Lively Living" seminar series sponsored by the Columbus County Senior Citizen Council and Agricultural Extension was planned around health, income and leisure concerns. The seminar program included exercise, nutrition, meal planning, health frauds, retirement income management, wills and inheritance laws, estate planning and funeral arrangements; also, growing hanging planters, enjoying birds and travel. Resource persons involved were retired people, Agricultural and Home Economics Extension Agents and State Extension Specialists.

The Columbus County Council of Senior Citizens was organized by Elaine Blake, Home Economics Extension Agent. A retired school superintendent is the Council president.

### 4-H PROGRAMS FOR THE ELDERLY

A new publication, "Seniors and Kids Involved in Learning Life's Skills," designed to aid in the development of 4-H programs for the elderly, has been published in Texas as a part of an Extension Service—USDA Special Needs Grant. Purpose of the project was to:

- Identify needs of senior citizens that can be met through volunteer efforts in the 4-H program.
- Identify intergenerational projects and programs presently being conducted in the State that successfully meet needs of youth and older adults.
- Identify a variety of opportunities for young and old to teach and learn from one another in ways that are beneficial to both.
- Develop a format to encourage involvement of older adults as volunteers in the 4-H program.

The manual will assist county Extension agents in providing opportunities for 4-H youth and older adults to interact, gain respect for each other as individuals, grow in their understanding of the aging process and develop friendships outside their peer group. Included in the manual is an inventory of ideas for activities older adults and youth can do together. It includes civic projects, individual and group help projects, service projects, entertainment, and fund raising plus ideas for a local advisory committee. This publication is being made available for all State 4-H offices throughout the Nation.

On the national level, 4-H is cooperating with the National Council on Aging in its Project Share—an intergenerational service program designed to bring about maximum involvement of young and old people in community service to each other. During 1978-79, expertise of both NCOA and 4-H will develop and test program models for use in Project SHARE through a pilot program in 3 counties of Maryland, involving 15-25 sites. If these pilot projects are successful in demonstrating how young people and the elderly can work together, plans are to extend this pro-

gram through 4-H nationwide. A manual will also be published and made available to other youth groups for orienting young people to work with the elderly.

A few years ago, the American Association of Retired Persons invited 4-H'ers throughout the country to become involved with their members in a program of sharing ideas, community service endeavors and exploring of skills and talents. This cooperation is continuing to grow and today hundreds of 4-H'ers are active in more than 50 GAP (generation alliance program) groups nationwide. In addition to working together on specific projects, young and old have an opportunity to discuss such topics as marriage and the family, value of higher education, crime prevention, history and future of our community, and others. Examples of programs include:

- The National Collegiate 4-H Clubs have GAP as its principal service project for the second consecutive year and are developing suggested GAP meeting programs.
- 4-H'ers in Sonoma County, California, have organized eight GAP groups in their communities, working together on crafts, landscaping grounds of apartment complexes for older persons, and recreational activities.
- Seven GAP groups in Morgantown, W. Va., worked together to beautify local airport and in various craft programs.
- In Manhattan, Kansas; Fargo, N. Dak.; and Lancaster, Ohio; 4-H'ers and AARP members assisted with the meals on wheels program and worked with retarded children in gardening and pet care.

In addition to these types of activities, AARP members and 4-H'ers get together for social activities such as bowling, square dancing, tours, picnics and holiday events. Through all of these, both young and old gain a new understanding and appreciation of another generation.

In all States, 4-H'ers are involved in some type of community service project to help the elderly, as a part of their regular project program. For example, in Jeff Davis County, Georgia, 4-H'ers participate in a "telephone reassurance program." Each 4-H'er enrolled in the program has a senior citizen phone buddy whom he calls every day at approximately the same time. Purpose of the program is to give security and companionship to any senior citizen who desires this service. In addition to understanding needs of elderly persons, 4-H'ers are learning a sense of responsibility for their phone buddies. Many 4-H'ers go beyond the daily phone call, remembering their friends on special days, doing errands for them, and preparing meals or special dishes for them.

In five southwestern Utah counties, 4-H members began a community gardening project earmarked for "golden agers" who no longer could garden for themselves. The community garden projects' expressed aim was to help increase the nutritional level of older rural folks' diets. As a result of this program, 4-H'ers supplied fresh vegetables to the elderly in 400 homes in the five counties, made regular visits to the homes of the elderly, and developed friendships and understanding between them.

In California, teenage 4-H'ers planted a community garden at a nursing home. Elderly residents assisted or became companions of the youth who prepared the gardens.

Also, in Kansas City, Kansas, four local 4-H groups planted and maintain gardens in four nursing homes for senior citizens. Often residents of the home worked together with the youth in planting the gardens.

Wisconsin's "Grand Kids" program continues to grow. In Shawano County, 4-H'ers in this program helped fix up the home of an elderly person. In Jackson County, 4-H'ers went door-to-door offering to rake lawns for the elderly.

4-H programs in Illinois included a foster-grandparent program, organization of a youth corps to assist senior citizens, use of skills of senior citizens in 4-H project work, and involvement of senior citizens in historical programs.

In Colorado, community service recreation programs involving the elderly were conducted.

"Expanded Horizons" is a program being conducted in six southwest Virginia counties which last year involved 230 senior citizens and 1,931 4-H'ers. Through this project, senior citizens with folklore and mountain craft skills are located and introduced to 4-H'ers with similar interests. In Wythe County for example, elderly volunteers and 4-H'ers worked in small groups, often in the volunteer's home, on particular arts or crafts. As a result of this activity, a cooperative crafts market is being explored. In another county, the program offered quilting and woodworking field trips. In Dickinson County, a retired school teacher met with young people to discuss early educational systems, old health practices, and similar topics. She organized an oldtime "community working project" involving 55 youth and adults in replacing a decaying bridge over a creek.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM—JULY 1, 1976-JUNE 30, 1977

[Number of Participants by Racial/Ethnic Data]

Unit	White				Black				Indian				Oriental			
	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent
R-1	27	36	63	96					1	2	3	4				
R-2	65	22	87	72	3		3	2	6		6	5				
R-3	4	10	14	35												
R-4	79	41	120	90	1		1	1	6	1	7	5	1		1	1
R-5	165	87	252	89	3	3	6	2	8	5	13	4	3	1	4	1
R-6	101	31	132	99					2		2	1				
R-8	388	49	437	83	77	7	84	16	3		3	1				
R-9	323	60	383	91	21	1	22	5	12	3	15	3				
R-10																
NA	18	37	55	100												
SA																
INT																
NC																
NE																
PNW																
PEW																
RM																
SE																
SO																
INF																
INL																
F.S.																
Total	1,170	373	1,543	84	105	11	116	7	38	11	49	3	4	1	5	1

Unit	Spanish Surname				Other				Total			
	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent
R-1									28	38	66	100
R-2	25	1	26	21					99	23	122	100
R-3	23	3	26	65					27	13	40	100
R-4	3	1	4	3					90	43	133	100
R-5	6	2	8	3		1	1	1	185	99	284	100
R-6									103	31	134	100
R-8									468	56	524	100
R-9	1		1	1					357	64	421	100
R-10												
NA									18	37	55	100
SA												
INT												
NC												
NE												
PNW												
PSW												
RM												
SE												
SO												
ITF												
FPL												
Total	58	7	65	4		1	1	1	1,375	404	1,779	100

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM—JULY 1, 1976–JUNE 30, 1977

[Number of participants by age group]

Unit	Under 20				20-54				55 and above				Total			
	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent
R-1.....					1	4	5	8	27	34	61	92	28	38	66	100
R-2.....					6		6	5	93	23	116	95	99	23	122	100
R-3.....									27	13	40	100	27	13	40	100
R-4.....					1	1	2	2	89	42	131	98	90	43	133	100
R-5.....					2	2	4	1	183	97	280	99	185	99	284	100
R-6.....									103	31	134	100	103	31	134	100
R-8.....					1	1	2	1	467	55	522	99	468	56	524	100
R-9.....					2	4	6	1	355	60	415	99	357	64	421	100
R-10.....																
NA.....									18	37	55	100	18	37	55	100
SA.....																
INT.....																
NC.....																
NE.....																
PNW.....																
PSW.....																
RM.....																
SE.....																
SO.....																
ITF.....																
FPL.....																
Total.....					13	12	25	1	1,362	392	1,754	99	1,375	404	1,779	100

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM—JULY 1, 1976—JUNE 30, 1977

[Man-years of participation and appraised value of work accomplished]

Unit	Timber		Recreation		Wildlife		Fire management		Range		Soil, water, and air	
	Man-years	Value	Man-years	Value	Man-years	Value	Man-years	Value	Man-years	Value	Man-years	Value
R-1			8	\$41,425					1	\$6,240		
R-2	6	\$39,444	14	91,246	1	\$674	1	\$4,053	2	11,892		
R-3	1	787	12	21,872			1	8,558	1	6,416	1	\$4,860
R-4	7	76,488	11	159,042	2	22,044	2	14,294	7	98,794	1	9,530
R-5	3	11,752	52	421,810			4	28,129			3	17,612
R-6	3	18,900	8	86,793	1	3,450	5	35,383	1	12,374	1	13,400
R-8	41	284,926	140	825,524	20	54,876	11	65,142	2	13,206	9	58,835
R-9	23	179,223	88	609,310	5	21,361	5	35,411	5	39,451	1	7,490
R-10			8	47,500			1	4,200				
NA												
SA												
INT												
NC												
NE												
PNW												
PSW												
RM												
SE												
SO												
ITF												
EPL												
Total	84	611,520	341	2,304,522	29	102,405	30	195,170	19	188,373	16	111,727

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM—JULY 1, 1976—JUNE 30, 1977—Continued

[Man-years of participation and appraised value of work accomplished]

Unit	Engineering		Research		Lands		Administration		Other		Total	
	Man-years	Value	Man-years	Value	Man-years	Value	Man-years	Value	Man-years	Value	Man-years	Value
R-1.....	1	\$8,416					10	\$78,294	16	\$74,021	36	\$208,396
R-2.....	3	24,061					3	18,406	9	56,931	39	246,707
R-3.....	2	7,720					3	14,902	2	16,641	23	81,756
R-4.....	4	55,556			1	\$1,590	5	60,376	21	287,376	61	785,090
R-5.....	12	86,131			1	4,510	41	332,156	21	136,238	137	1,038,338
R-6.....	8	78,259					10	66,203	21	132,208	58	446,970
R-8.....	35	242,402			6	48,888	5	25,502	33	153,949	302	1,773,250
R-9.....	9	64,030	1	\$2,748	1	735	27	161,986	31	190,519	196	1,312,264
R-10.....												
NA.....												
SA.....									9	59,634	18	111,334
INT.....												
NC.....												
NE.....												
PNW.....												
PSW.....												
KM.....												
SE.....												
SO.....												
ITF.....												
SPL.....												
Total.....	74	566,575	1	2,748	9	55,723	104	757,825	163	1,107,517	870	6,004,105

## AGING RESEARCH—CSRS—JANUARY 1978

A review of all active social science research relating to aging and gerontology by the Cooperative State Research Service in January 1978 reveals 51 projects having as partial or total focus the characteristics and/or problems of the elderly in American society. A more detailed analysis of the subject matter content of this ongoing research reveals that the foci are in such areas as:

	<i>Studies</i>
Food Habits and Nutrition Studies of the Elderly-----	15
Economic Characteristics and Needs of the Elderly-----	6
Health Care Among the Elderly-----	2
Community Services and the Aged-----	7
Attitudes Toward Purchasing Goods and Services-----	2
Housing and the Elderly-----	6
Demographic Profiles of the Elderly-----	7
Personal Adjustment Among the Elderly-----	1
Family Participation and Maintenance Among the Aged-----	1
Recreation Among the Elderly-----	1
Clothing Selection Among the Elderly-----	1
Retirement Preparation by the Elderly-----	2

Several examples of the types of research underway would best depict the variety of and extent to which various States are pursuing research on the aged. The State of Vermont has a project underway which is looking into the effectiveness of title VII hot meals programs on home dietary intake of the recipients. A study in Tennessee is looking into the variations between what retired persons expected in retirement status and what they actually have found in that status. A study of alternatives means of property transfer between retired parent and offspring is being conducted in Oklahoma. Both States of Maine and New York are looking into architectural and landscape design as it affects the elderly. In addition, a study in New York is analyzing the alternatives of property tax concessions versus housing annuities for the low-income elderly. A number of studies are looking into the barriers to the coordination of human services for the elderly. A study in Maine is focused on the analysis of alternatives to the present systems of service delivery. Among the demographic studies underway, work in Illinois has revealed the increasing proportion of elderly found in nonmetropolitan areas due to selective out-migration of the youth. Studies in Illinois revealed that 30 percent of the population in the 64 nonmetropolitan counties consisted of low-income elderly.

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## ITEM 2. DEPARTMENT OF COMMERCE

JANUARY 18, 1978.

DEAR MR. CHAIRMAN: The enclosed report on major Department of Commerce activities affecting the aging is submitted as requested. The report's focus is on 1977, but activities to be continued or undertaken in 1978 are also briefly mentioned.

Sincerely,

JUANITA M. KREPS.

[Enclosure.]

### PROGRAMS FOR THE AGING—1977

#### STATISTICAL RESEARCH, DATA, AND PUBLICATIONS

The following reports were issued during 1977 by the Census Bureau in its *Current Population Reports* series. These reports contain statistical data on the demographic, economic, and social characteristics of older Americans. Many of the reports are issued annually and will be updated in 1978.

*Series P-20*

<i>No.</i>	<i>Title</i>
305-----	Geographical Mobility: March 1975 to March 1976.
306-----	Marital Status and Living Arrangements: March 1976.
307-----	Population Profile of the United States: 1976.
310-----	Persons of Spanish Origin in the United States: March 1976.
311-----	Household and Family Characteristics: March 1976.
312-----	Marriage, Divorce, Widowhood, and Remarriage by Family Characteristics: June 1975.
313-----	Households and Families by Type: March 1977.
317-----	Persons of Spanish Origin in the United States: March 1977 (Advance Report).

*Series P-25*

<i>No.</i>	<i>Title</i>
646-----	Estimates of the Population of States, by Age: July 1, 1975 and 1976 (Advance Report).
701-----	Gross Migration by County: 1965 to 1970.
704-----	Projections of the Population of the United States: 1977 to 2050.

*Series P-28*

<i>No.</i>	<i>Title</i>
1548-----	Special Census of Elgin, Ill.: August 11, 1976.
1549-----	Special Census of Sterling Heights, Mich.: September 12, 1976.
1550-----	Special Census of Greenville, S.C.: September 13, 1976.
1551-----	Special Census of Travis County, Tex.: April 20, 1976.
1553-----	Special Census of Fort Smith, Ark.: March 17, 1977.
1554-----	Special Census of Mesa County, Colo.: March 21, 1977.

*Series P-60*

<i>No.</i>	<i>Title</i>
104-----	Household Money Income in 1975 and Selected Social and Economic Characteristics of Households.
105-----	Money Income in 1975 of Families and Persons in the United States.
106-----	Characteristics of the Population Below Poverty Level: 1975.
107-----	Money Income and Poverty Status of Families and Persons in the United States: 1976.
108-----	Household Money Income in 1975 by Housing Tenure and Residence, for the United States, Regions, Divisions, and States (Spring 1976 Survey of Income and Education).

In May 1977 a report entitled "A Comparative Study of the Selected Minority Elderly Populations in Austin and Pittsburgh" was delivered to the Administration on Aging. The report completed requirements for an interagency agreement between the Bureau of the Census and the Administration on Aging. The report discussed the analysis of differences among various minority elderly populations in the Austin and Pittsburgh SMSA's. Using selected data from the 1970 Census of Population and Housing and developing social areas (from tract-level data) comparisons were made at the tract, area, and SMSA levels. Implications of the research in Austin and Pittsburgh for further research with census data on the elderly were discussed. One of the major features of the report was an appendix on census data available for minority elderly populations. That appendix is scheduled for publication by the Center for Census Use Studies sometime in the early Spring of 1978.

During 1977 the demand for the report "Demographic Aspects of Aging and the Older Population in the United States," series P-23, No. 58 (published in 1976) exhausted the supply. The report is being revised and will be reprinted.

Dr. Paul Glick, Mr. Jacob Siegel, and Mr. Harold Wallach of the Census Bureau participated in the meeting of the Gerontological Society in San Francisco in November 1977. Dr. Glick presented a paper titled "Perspectives on Living Arrangements of the Elderly." Mr. Siegel was the invited discussant at the symposium on the mortality of the elderly, and Mr. Wallach discussed "The Planning Process and Social Statistics for the Elderly" in another session.

In September Mr. Siegel had addressed a seminar in social gerontology held at the Human Development and Family Relationship Center of the University of Connecticut. His topic was "The Demography of Aging."

The Department's National Technical Information Services (NTIS) sells two technical reports which treat the aging:

1. "The Elderly," NTIS-PS-77/0673/2P&B, contains selected abstracts of research reports submitted to NTIS by both Federal agencies and private organizations or by individuals with Federal grants and contracts. The report primarily treats topics on social services, health, housing, and transportation problems.

2. "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 from both Federal and non-Federal organizations.

#### SAFETY

The Center for Fire Research of the National Bureau of Standards continued two research programs which should benefit the aging. One is to develop life safety systems for the type of buildings frequently used by the aging, 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.

The second program is to develop new flammability standards for general wearing apparel and upholstered furniture. The center is developing the technical base and test method for these standards. Garments worn by the elderly and furniture purchased by them will be covered by these new standards, which will be promulgated by the Consumer Product Safety Commission (CPSC).

The National Fire Prevention and Control Administration (NFPCA) continued several research and public education programs. One involves research on fire prevention methods and standards for nursing homes and hospitals. The program, which began in 1976, will continue through 1978.

In a continuing public education project, NFPCA used written materials and radio/TV spots and programs directed toward fire prevention among the elderly. The public education office maintains a brochure for senior citizens advising them of fire prevention methods and escape procedures should a fire actually occur.

NFPCA began pilot testing a program to include senior citizens in fire prevention home inspection programs with local fire departments. If the pilot program is successful, NFPCA expects to expand it throughout the country. This program will continue through 1978.

#### HEALTH-RELATED RESEARCH

The National Bureau of Standards (NBS) continued a number of studies which have direct bearing on the health and well-being of older persons. One deals with metallic biological implants (e.g., heart pacemakers and skeletal replacements), whose use has increased dramatically in recent years to the present number of 2,000,000 metal implants per year in the U.S. alone. NBS, with its advanced materials capability and expertise, has made a major contribution to this success by providing the standards, characterization, testing and material properties which could be combined with the medical input. Skeletal and reconstructive surgical implants require strong, inert, biocompatible material, and although presently used materials are good, many deficiencies still exist. Research is continuing at NBS in this area with an overall goal to provide improved data leading to metal implants which will not fail unexpectedly in service or produce adverse reaction.

The measurement of small amounts of heat by calorimetry (microcalorimetry) has become very important to health care of the elderly since this care involves diagnostic clinical tests in which temperature measurement and control are crucial. The NBS biochemical thermodynamics program is continually researching methods to lessen and/or solve problems in health care facilities frequented more by the elderly. Some of these problems focus on procedures for clinical laboratory assay and analysis for glucose and uric acid; and nondestructive evaluation of cardiac pacemaker units and electrochemical power cells for these units. NBS efforts in this program can substantially improve the microcalorimetric measurement capabilities and accuracy in the Nation's health care program.

Also ongoing are programs concerning neutron techniques, which have impacted strongly in areas of medicine, health and safety. The use of these techniques has helped solve many trace element measurement problems in foods and body fluids

that have proven essential to physicians in diagnosing various types of illnesses in the elderly. A major research effort is continuing with the National Institutes of Arthritis and Metabolic Diseases to better understand the metabolic mechanisms and disorders which trigger disease and enzyme activity in the digestive process. Information obtained in this program will allow physicians to better diagnose and treat the elderly who are most often plagued with digestive disorders and related diseases.

The third in a continuing series of annual workshops on reliability technology for cardiac pacemakers was held in October 1977. The workshop was attended primarily by technical representatives of pacemaker manufacturers, pacemaker battery manufacturers, and suppliers of materials, components, and services to the pacemaker community. Also among the attendees, which totaled 157 (about 70 percent increase in attendance over the previous meeting) were representatives of the Food and Drug Administration and other industrial and governmental organizations concerned with reliability.

The NBS-sponsored workshop addressed the following areas of concern: battery evaluation, characterization, and quality control; moisture measurement and control problems; procurement and assurance of high reliability components and systems; and materials and assembly processes.

The TV captioning system to aid the deaf and hard-of-hearing (which particularly impacts the aged) now has the support of President Carter. He recently urged the major networks to consider the matter, and all three have expressed a willingness to discuss the possibility.

The closed captioning system was first developed and demonstrated by NBS in 1971. "Closed" captioning means the captions are "hidden" in the TV signal and the viewer would have to add a special attachment to the TV set to make the captions appear on the screen. This eliminates annoyance to viewers with normal hearing who do not want to see the captions.

The FCC approved the use of closed captions in December 1976, and the Public Broadcasting Service (PBS) network now broadcasts some of its major programs with closed captions. For this to become a valuable aid for the hearing-impaired, all of the networks will have to implement use of the system.

NBS furnishes, on a continuing (reimbursable) basis, technical data and test results on hearing aids to the Veterans Administration for their use in selecting hearing aids for their clients, of which a substantial percentage are assumed to be elderly. The VA makes the test results available through the Government Printing Office so that other Federal and state agencies may make use of the data in selecting hearing aids.

In 1971 NBS published a 32-page consumer's guide, "Facts about Hearing and Hearing Aids," which is of use to the elderly and their families. A revised and updated publication on hearing aid devices will be issued in 1978 and will include a discussion of the new regulations on hearing aids issued by the Food and Drug Administration. The regulations appeared in the February 15, 1977, issue of the Federal Register. The publication will be part of the NBS Consumer Information Series.

The National Weather Service of the National Oceanic and Atmospheric Administration provides daily weather forecasts which are useful to all citizens but may be critical for older persons. The forecasts of severe storms, extreme heat, the pollution index, floods, tornados, and hurricanes provide advance information which helps less mobile older citizens plan and act on ways to avoid predicted weather which could force a crisis. For long range planning before retirement, NOAA's Environmental Data Service (EDS) makes information available on weather trends in various regions of the country.

#### BUSINESS ASSISTANCE

District Offices of the Industry and Trade Administration (formerly the Domestic and International Business Administration) continued a cooperative venture with the service corps of retired executives (SCORE). Members of SCORE have assisted in seminars on international trade promotion and business planning. Because of limited resources of their own, the district offices could not sponsor such seminars without assistance from SCORE.

The district offices also maintained contacts with the various State departments of labor and industry to provide business information and assist individuals establish new small businesses. Special attention is given to older persons.

## PATENTS

The Patent and Trademark Office continued the practice of allowing patent applications from persons aged 65 or older to be "made special." That designation provides for examination of the patent application earlier than its filing date would normally permit. The practice is allowed by section 708.02 of the Manual of Patent Examining Procedures.

The following patents which directly affect the aging were granted during the year:

- Patent No. 4007266\_\_A composition containing vitamin B-12 used as a method for treatment of disorders due to aging of the skin.
- Patent No. 4010296\_\_A composition and method for treating viruses in humans. Infections such as influenza are especially severe in older patients.
- Patent No. 4025645\_\_A method of treating inflammatory conditions such as acute hemorrhoids and skin-graft donor site edemas, which affect aged individuals.
- Patent No. 4034083\_\_A composition and method for treating and/or preventing hypercholesterolemia.
- Patent No. 4034113\_\_A method of treating senile geriatric humans to restore performance (mental alertness).
- Patent No. 4058591\_\_A method of treating patients with multiple sclerosis, a disease which affects many aged people.

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ITEM 3. DEPARTMENT OF DEFENSE

JANUARY 12, 1978.

DEAR MR. CHAIRMAN: This is in reply to your letter of December 14, 1977, 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 primarily to assist employees in their adjustment to retirement and to assist management in planning for replacement manpower needs. It encompasses extensive preretirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance; and includes 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 1978.

The military departments and defense agencies, in cooperation with community health officials, have continued to provide multiphasic occupational health programs and service 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 extent possible during 1978.

Within the department active and continuing efforts are conducted to eliminate discrimination based upon age. These actions include the revision of internal regulations to assure that age is not used as a selection criterion or screening factor in any type of personnel action, and the continual examination of personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age. These are continuing efforts.

In summary, the Department of Defense has operated a comprehensive retirement planning program for civilian employees, provided extensive health care services to employees and carried out an ongoing, affirmative action program to preclude discrimination based on age. These program efforts will be continued in 1978.

We appreciate the efforts of the Senate Special Committee on Aging and the opportunity to comment on the department's efforts in this area.

Sincerely,

(Signed) WILLIAM C. VALDES,  
Acting Deputy Assistant Secretary of Defense  
(Civilian Personnel Policy).

#### ITEM 4. DEPARTMENT OF ENERGY

FEBRUARY 1, 1978.

DEAR MR. CHAIRMAN: In response to your request of December 14, 1977, to Secretary Schlesinger, I am pleased to provide a summary of the Department of Energy's (DOE) major activities affecting the aging during the past year and anticipated in 1978. These activities include those directed specifically at resolving the energy-related problems of the elderly, as well as activities affecting low-income persons, a large proportion of whom are the elderly.

*Weatherization program.*—President Carter, in his National Energy Plan, requested increased funds to provide grants to States for the Low-Income Weatherization program. This program, authorized under the Energy Conservation and Production Act, provides for the purchase of materials to weatherize homes occupied by low-income persons, particularly the elderly. The President requested that \$130 million be provided in fiscal year 1978, and an additional \$200 million in each of fiscal years 1979 and 1980 for this program. In 1977, DOE began implementation of the weatherization program by disbursing \$27 million to 49 States, the District of Columbia, and to various Indian tribes. We anticipate these grants will result in weatherization of some 115,000 homes, with 80 to 85 percent of these homes being occupied by elderly persons. If the full \$130 million requested for fiscal year 1978 is approved, approximately 442,000 additional homes would be weatherized.

*Energy emergency planning guide.*—An energy emergency planning guide for winter has been prepared in recognition of the need to be adequately prepared for situations like those that occurred during last winter's energy shortages.

The guide:

- Identifies and evaluates actions and programs to deal with energy emergencies this winter. Included in the guide are assistance programs such as special energy assistance for the elderly to help pay fuel bills as well as the use of emergency food stamps to supplement the needs of low-income people during an energy emergency.
- Provides an advance indication to the public of those actions considered most likely to be taken by the Federal Government.
- Provides State and local governments with recommended actions they can take to deal with energy emergencies.

The guide was developed by the Winter Energy Emergency Plans Task Force, an interagency task force established by Secretary Schlesinger in July, 1977. The task force was assisted by numerous State and local government organizations and from the private sector.

*Energy emergency center.*—In addition, DOE has established an energy emergency center (EEC) to serve as a focal point this winter for coordination of energy emergency efforts and for communications between Federal, State and local governments. The EEC is manned on a 24-hour basis. It is headquartered in Washington, D.C., and has EEC representatives in each of the DOE regional offices.

In addition to the above activities, DOE has assisted in efforts by the Department of Health, Education, and Welfare to provide emergency assistance for low-income persons most severely affected by rising fuel costs. This has included work with the Community Services Administration during the 1976-77 winter heating season to develop allocation criteria for the energy crisis relief program.

*Energy prices and consumption of the elderly.*—The Federal Energy Administration (FEA), now a part of DOE, prepared a report entitled "Energy Prices and Energy Consumption by Older Americans: 1973, 1976 and an Estimate for 1985." This report estimates home fuel and gasoline expenditures for those households headed by persons aged 60 and over and compares these expenditures with households headed by persons under 60 years old. The data is further classified by income size and regions.

*Human resources data system.*—FEA designed and implemented a "Comprehensive Human Resources Data System" which provides a tool for evaluating the impact on energy consumption over time of proposed energy policies and pro-

grams on a variety of population subgroups including the elderly. These subgroups have been cross-classified by a variety of demographic and economic characteristics, at national, regional, and State levels. A report, based on this system, was issued showing the distributional impacts of energy price increases on households, including the elderly.

*Impact of 1976-77 winter on low-income households.*—FEA, in conjunction with the National Association of Regulatory Utility Commissioners and the Edison Electric Institute, collected data for residential gas and oil users to determine the financial burden placed on low-income households by the abnormal cold weather experienced during the winter of 1976-77.

*Citizen town hall meetings on national energy policy.*—FEA held a series of 10 citizen town hall meetings on national energy policy in its regional cities between March 15 and 21, 1977. The meetings were designed to obtain citizen ideas and opinions to be considered by the administration in developing the President's energy policy message to the American people. The meetings were attended by approximately 2,700 persons, and a special effort was made to obtain comments from the elderly and groups and organizations representing aging persons.

*Task Force on Aging statistics.*—DOE is a member of the Administration on Aging's Task Force on Aging Statistics. That task force has completed a directory of aging statistics existing within the Federal government.

*Regional office activities.*—DOE regional offices continue to work with regional Administration on Aging counterparts concerning policies and programs affecting the elderly. Some of the specific activities conducted by DOE (then FEA) regional offices in 1977 are presented in attachment 1.

*Research related to biological aging.*—The Energy Research and Development Administration, now part of DOE, conducted a substantial amount of research related to the health effects of emissions from energy technologies on the aging. Attachment 2 presents this in detail. Similar research of this kind will continue in 1978.

I hope you find this information useful and that it proves to be the same for the many people who look forward to receiving the Special Committee's annual report.

Sincerely,

ALVIN L. ALM,  
Assistant Secretary for  
Policy and Evaluation.

[Enclosures.]

Attachment 1

## REGIONAL OFFICE ACTIVITIES RELATING TO THE AGED

### *Region I*

A report entitled "The Energy Crisis and New England's Elderly" was prepared through the Federal Regional Council and the Federal Executive Board. The report outlines accomplishments, problems, and future directions of existing energy related programs affecting the elderly.

### *Region III*

Through the Federal Regional Council a plan was developed to enable elderly persons in West Virginia to obtain home heating coal. In West Virginia some elderly persons have been unable to obtain coal for home heating because small mines have gone out of business and dealers are unable to accommodate residential end-users.

### *Region V*

An information and referral system on energy information for the aged was developed taping radio and television programs with local networks to inform citizens about local aging programs.

### *Region VI*

Participated in four 2-day public forums on energy and the elderly, cosponsored by the southwest regional council and various State agencies. Forums were held in Arkansas, Louisiana, Oklahoma, and New Mexico.

*Region VII*

In conjunction with the Federal Executive Board's Committee on Community Services, sponsored an energy conservation seminar for the elderly in the Kansas City area.

*Region VIII*

A slide presentation was developed to acquaint elderly citizens and others with utility rate structures and the regulatory process.

## Attachment 2

DEPARTMENT OF ENERGY  
RESEARCH RELATED TO BIOLOGICAL AGING

A major category of biological research administered by the division of biomedical and environmental research seeks to define the kinds and severity of health effects that are induced by long-term exposures to physical or chemical agents associated with the energy technologies. Research of this type includes lifetime studies of biological responses in human and animal populations exposed to measured or estimated doses of toxic agents, alone or (less frequently) in combination. Lifetime studies yield data on life span, morbidity, mortality, and causes of death in exposed and control (unexposed) populations. Analysis of such data provides essential information on life shortening and diseases responsible for diminished life span in exposed animals. In order to develop predictive capabilities, the magnitude of life shortening and of the increase in incidence of life-shortening diseases must be quantitatively correlated with the magnitude of the total dose and the dose rate. The manner in which these critical biological responses may be affected by different modes of exposure to toxic agents, by biological factors, or other variables must also be defined, as must pathophysiological and mechanistic aspects of response parameters.

For more than 2 decades, the department (and its predecessors) has sponsored a large-scale program of lifetime studies concerned with late (delayed), life shortening effects of ionizing radiation. Not only have these studies stimulated interest in life span, mortality patterns, and life shortening, they have also raised questions regarding radiation effects on the aging process and about age as a variable affecting radiosensitivity. Such interests have estimated research on the aging process and on age-related phenomena. While research of the latter type has been pursued on a limited scale, overall, sustained efforts have developed, particularly at the Argonne National Laboratory and the Oak Ridge National Laboratory.

Lifetime studies of human and animal populations constitute the predominant element in the ongoing program of research related to biological aging. Supporting research necessary for an understanding of life-shortening health effects is conducted at the organ, tissue, cellular, and molecular levels. Animal studies emphasize interspecies comparisons and include research with both short-lived and long-lived species. The goal of the lifetime studies and supporting research is to develop realistic predictive models that may be used to estimate human health effects under various conditions of exposure. Since lifetime studies related to the nonnuclear technologies are just now getting underway, the preponderance of ongoing work deals with populations exposed to ionizing radiation.

It is worthy of note that several of the major Department of Energy laboratories are contributing data to a 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 for control (unexposed) animals, both short-lived and long-lived. These data are being processed for computer storage, retrieval, and analysis along with data from other sources.

Research more directly related to the aging process itself is also currently in progress, but on a much smaller scale. Continuing interest and research persist at the Argonne National Laboratory and the Oak Ridge National Laboratory. Mr. George A. Sacher, leader of the Argonne aging research group, is currently serving as president-elect of the Gerontological Society and was the recipient of the society's 1976 Kleemeier award in recognition of his distinguished research on aging. The Oak Ridge research program is conducted jointly with the University of Tennessee Graduate School of Biomedical Sciences and is supported in part by a training grant from the National Institute on Aging. Other research on aging is either conducted on a small scale or on a short-term or periodic basis.

Ongoing research on or related to aging is summarized below:

## LONG-TERM STUDIES OF HUMAN POPULATIONS

Although these studies are not concerned with the aging process *per se*, they do produce valuable data on the extent and causes of life shortening in human populations exposed to identifiable energy-related stresses. Additional information of interest on life span, mortality patterns, and causes of death in unexposed human populations is also collected. Since long-term human studies are costly, time consuming, and inherently complex, they are initiated on a highly selective basis.

The Radiation Effects Research Foundation (formerly the Atomic Bomb Casualty Commission), which is sponsored jointly by the governments of the United States and Japan, is conducting a large-scale lifetime followup of survivors of atomic bombings that occurred at 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 obtain data on the diseased states that have contributed to elevated morbidity and life shortening among the survivors. Valuable quantitative data on dose-response relationships are being collected as well. From time to time, information on age-related phenomena are also reported.

A group of some 200 inhabitants of the Marshall Islands, who were accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, has been followed clinically, along with unexposed controls, by medical investigators at the Brookhaven National Laboratory. The clinical followup is continuing on a semiannual basis. Thyroid pathology has been prevalent in individuals heavily exposed to radioactive iodine.

Nearly 2,000 persons exposed to radium occupationally or for medical reasons have been studied at the Center for Human Radiobiology of the Argonne National Laboratory. Many individuals in the study receive medical and radiologic (dosimetric) examinations at the center. Autopsy data are obtained whenever 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. Included in the output are quantitative dose-response data. 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 Social Security Administration records to evaluate health effects of internally deposited thorium. Dosimetric measurements have been made on some 46 workers. Both a mortality study and a morbidity study are being developed. The center is also conducting a followup study in a small number 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, in six major Department of Energy facilities is in progress. This effort involves a lifetime surveillance of health and causes of death. An estimated 15,000-20,000 workers will be followed in a study of mortality data, and at least one-third of these will also be studied on the basis of detailed morbidity and personal history data collected periodically via questionnaires. Data on internal dosimetry will be routinely obtained in order to study dose-response relationships. Autopsy data will be acquired 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 (known as the health and mortality study) designed to evaluate 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 at the Mound Laboratory (Miamisburg, Ohio) are the subjects of the study, which has been directed by staff at the University of Pittsburgh Graduate School of Public Health with assistance in data collection and processing from the three facilities possessing workers' records. Overall responsibility for the health and mortality study is currently being transferred to the Oak Ridge associated universities. 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. Most radiation exposures in the worker populations have been at a low level.

The U.S. Transuranium Registry, which operates through the Hanford Environmental Health Foundation, collects occupational data of great value in the evaluation of mortality patterns and causes of death in worker populations occu-

nationally exposed to plutonium or other transuranium radioelements. In particular, detailed autopsy data are obtained on workers registered with the Foundation at the time of their death. At the present time, some 4,264 workers from 10 facilities are registered, and 65 autopsies have been performed. The autopsy data are used in epidemiological studies, including the health and mortality study and the Los Alamos study of plutonium workers.

Lifetime studies of human populations exposed to hazardous agents associated with nonnuclear technologies is still limited. However, one such effort is now getting underway at the University of Rochester where plans are being developed for an epidemiologic study of humans exposed occupationally or accidentally to mercury. Other nonnuclear studies are expected to be initiated in the future on a selective basis.

#### LIFETIME STUDIES OF LONG-LIVED MAMMALS

Although data from exposed human populations are indispensable in the assessment of health effects of any toxic agent, limitations inherent in human studies make it mandatory to acquire a substantial body of quantitative data from carefully controlled lifetime studies of animals. For purposes of comparison and a better understanding of variables affecting response patterns, data from both long-lived and short-lived species are needed. 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. Data from beagle studies 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 at Davis, the Battelle Pacific Northwest Laboratories, and the Inhalation Toxicology Research Institute (Lovelace Foundation), 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, 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 observation in lifetime studies of late-appearing radiation effects.

No energy-related agent other than ionizing radiation has yet been studied in beagle populations. It is anticipated that such studies will be performed in the future on a highly selective basis depending upon the outcome of preliminary toxicological screening and evaluation in simpler test systems, currently in progress.

#### LONG-TERM STUDIES WITH OTHER SPECIES

Small rodents with life spans of 2-3 years (mice, rats, hamsters) have been used extensively in large-scale studies of late somatic and genetic effects induced by low doses of ionizing radiation. 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 diseased states that contribute to life-span reduction under different exposure regimes. These studies, in which gamma and neutron irradiation have been used, have yielded valuable information on the importance of dose rate and radiation quality as factors affecting the nature of the mammalian response to radiation stress. In addition, unexposed (control) populations have been characterized in terms of life span, morbidity patterns, and causes of death. Extensive lifetime studies of tumorigenesis and other late somatic effects of ionizing radiation in rodent populations have also been carried out at the Brookhaven National Laboratory, the Battelle Pacific Northwest Laboratories, and the Lovelace Foundation's Inhalation Toxicology Research Institute. Some 30,000 rodents are currently under observation in ongoing lifetime studies at the above-mentioned laboratories.

In the toxicological evaluation of agents associated with the nonnuclear technologies, present emphasis centers on screening in simple cellular test systems and the use of short-term *in vivo* methods. As potentially hazardous substances are identified in the preliminary testing effort, followup animal studies are initiated as appropriate. At the present time, only a small number of lifetime studies of nonnuclear agents has been completed or initiated. Results from preliminary animal studies of trace metals, polynuclear aromatic hydrocarbons, and asbestos, all of which are of interest in the energy context, have been reported.

Study of the inhalation toxicology of manmade insulating fibers is getting underway in the Inhalation Toxicology Research Institute. At the Battelle Pacific Northwest Laboratories, rodents exposed by inhalation to coal dust and diesel exhaust, alone and in combination, are under lifetime observation in a study addressing the health hazards of coal mining. Long-term inhalation studies of fossil-fuel combustion products (particularly respirable particles, sulfur dioxide, and acid sulfate aerosols) have been initiated at several laboratories (Battelle Pacific Northwest Laboratories, Inhalation Toxicology Research Institute, and University of California, Davis). Additional studies of these sorts can be expected in the future. Increasing attention is also being given to long-term studies of interactive effects in animal populations exposed to more than one toxic agent.

#### RESEARCH MORE DIRECTLY CONCERNED WITH AGING

Although the Department of Energy does not attempt to sponsor a program of aging research, focuses of interest within the laboratory structure sustain a low level of research directly related to biological aging.

Research at the Argonne National Laboratory addresses theoretical, genetic, and physiologic aspects of the aging process. In this work, extensive use is made of small laboratory and wild rodents with life spans ranging from 2 to 6 years in order to gain a better understanding of genetic and physiologic aspects of aging. Genetic research seeks to identify heritable factors that govern differences in longevity within and between rodent species. In addition to classical mammalian genetics, this study includes work on genetically determined DNA excision repair, the rate of which has been found to correlate with maximum life span among a substantial number of animal species tested. Physiologic studies at the Argonne National Laboratory have emphasized homeostatic control, localized in the brain, as a regulator of aging and determinant of lifespan. Current work in this area is concerned with defining what kind of role circadian or other biological rhythms (which, in higher animals, appear to be regulated by the brain) may play in the aging process.

Genetic and physiologic aspects of aging are also under study at the Oak Ridge National Laboratory. Over the years, Oak Ridge investigators have completed a number of studies that have helped define and interrelate aging and radiation effects on the immune system. Particular emphasis in this work has centered on the immune surveillance mechanism that detects and destroys abnormal (including cancer) cells in body tissues. Results of recent experiments suggest that radiation induced immunosuppression may play a relatively minor role in radiation carcinogenesis in the mouse. Ongoing work includes the study of T-cell suppressor activity and tumorigenesis in aged mice. In another study area, work has begun on an effort to explore further the direct relationship that appears to exist between DNA repair efficiency and life span in higher animals. Since DNA repair is conveniently studied in cultured cells, ORNL investigators have been developing cell lines from a number of short-lived and long-lived animals preparatory to repair measurements. Another study in the molecular genetics area has detected the existence of a slight age-related increase in the isoleucine content of human hemoglobin. Since human hemoglobin normally contains no coded isoleucine, its presence is presumed to result from an error in protein synthesis.

Several problems related to aging have recently been addressed at the Brookhaven National Laboratory. A recently completed lifetime study has confirmed and extended the previous finding at Brookhaven that L-dopa, an amino acid synthesized in the brain, can substantially prolong mean life span in the mouse. Another study has identified the occurrence of an age-related decrease in the rate of collagen synthesis in skin and periodontal ligament of rats. Plans have also been developed for a study to determine if hematopoietic stem cell pools become depleted in patients with chronic inflammatory diseases as predicted by the Hayflick theory of cellular aging.

Small scale and/or short-term studies of aging constitute a part of several other laboratory programs including those at the Lawrence Berkeley Laboratory and the Lawrence Livermore Laboratory. Most of these studies are conducted at the molecular and cellular levels.

#### TRENDS AND PROSPECTS

Given the importance of lifetime studies of exposed populations in characterizing health effects of toxic agents, such studies will continue to play a key role in the department's risk assessment effort. An increasing proportion of ongoing lifetime

studies will evaluate agents related to the nonnuclear technologies as preliminary screening of such agents in simple test systems is completed and as advanced nonnuclear technologies approach commercialization. Within the context of these program projections, the continuation of a modest program of research on the aging process seems likely.

#### SUMMARY OF RESEARCH SUPPORT

Table I provides a summary of the department's support of research related to aging. All budgetary data in figure 1 are for fiscal year 1977.

TABLE 1.—RESEARCH RELATED TO AGING SPONSORED BY THE DEPARTMENT OF ENERGY IN FISCAL YEAR 1977

	Projects	Fiscal year 1977 funding (thousands) <sup>1</sup>
Research directly related to aging:		
(a) Cellular and molecular .....	4	182
(b) Organs and tissues .....	1	45
(c) Organisms .....	1	286
Research indirectly related to aging:		
(a) Lifetime studies of short-lived animals (nuclear) .....	16	4,620
(b) Lifetime studies of short-lived animals (nonnuclear) .....	6	624
(c) Lifetime studies of long-lived animals (nuclear) .....	11	6,042
(d) Lifetime studies of human populations (nuclear) .....	12	4,367
(e) Lifetime studies of human populations (nonnuclear) .....	1	74
Total .....	52	16,240

<sup>1</sup> Total operating dollars.

### ITEM 5. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE<sup>1</sup>

#### OFFICE OF THE SECRETARY

FEBRUARY 14, 1978.

DEAR FRANK: Thank you for the opportunity to include statements from this Department in your forthcoming report, "Developments in Aging."

I am enclosing summaries of major actions on aging during 1977 and planned activities for 1978 from the following HEW agencies: Architectural and Transportation Barriers Compliance Board; Food and Drug Administration; Health Care Financing Administration, National Institutes of Health, National Institute of Mental Health, Office of Education, and Office of the Inspector General.

I understand that Don Reilly of the Administration on Aging (AoA) has spoken with William Oriol of your staff and will be getting AoA's material to you at the earliest possible date.

I look forward to seeing "Developments in Aging" in print and to working with you and your committee on behalf of older Americans.

Sincerely,

JOSEPH A. CALIFANO, Jr.

#### ADMINISTRATION ON AGING

APRIL 19, 1978.

DEAR MR. CHAIRMAN: In compliance with your recent request, this is to transmit a report on the activities of the Administration on Aging during 1977, for publication in your committee's annual report, "Developments in Aging."

We hope the enclosure will be helpful to the committee and to those who read its annual report. Please let us know if we can be of any further assistance.

Sincerely yours,

ROBERT BENEDICT,  
Commissioner on Aging.

Enclosure.

#### INTRODUCTION

The Older Americans Act of 1965 mandated the establishment of the Administration on Aging, now located within the Office of Human Development Services, Department of Health, Education, and Welfare. The Administration on Aging was created to serve as the Federal focal point and advocate for the concerns of the Nation's older persons and to foster coordination and increased com-

<sup>1</sup> See appendix 5, page 281 for report of the Administration for Public Service.

mitment of Federal resources to the field of aging. We are in a transitional period in as much as we are changing from a young society to an older society. At the turn of the century only 4 percent of our population was over 65, while today it is 10 percent. By the year 2030 it will be between 17 percent and 20 percent and even higher in some communities. An increasing proportion of the elderly will be over 75. In 1977, 38 percent of the elderly population was over 75 years of age. By the year 2000 this number is expected to increase to 43 percent. Current data indicates that between 4 and 4.5 million older persons may need assistance in order to continue to live independently in their own communities. At least 18 percent of older persons are limited in their mobility because of chronic conditions. Recent estimates show that half of the elderly living alone had incomes under \$3,000, while one-third of older families had incomes less than \$6,000. Among elderly whites, one of every seven was poor, while over one-third of elderly blacks were below the poverty level. To serve these needs, the Administration on Aging focuses special concern on the poor, disabled, minority, and socially isolated elderly.

Title I of the Older Americans Act declares the following 10 national objectives for Older Americans.

- (1) Adequate income,
- (2) Best possible physical and mental health,
- (3) Suitable housing,
- (4) Full restorative services,
- (5) Employment opportunity,
- (6) Right to retirement,
- (7) Involvement in society,
- (8) Community services,
- (9) Research benefits, and
- (10) Freedom and independence.

In February of 1977, the Administration on Aging formulated four new long-range goals which guide the agency in seeking to meet these objectives for older Americans. These goals are:

- (1) To increase the number of older persons who receive needed services, with particular attention paid to low-income and minority older persons.
- (2) To increase Federal resources used to serve the needs of older persons.
- (3) To modify public and private policies to promote achievement of the objectives for older persons identified in title I of the Older Americans Act.
- (4) To promote increased involvement of Americans of all ages to solve the problems of older persons.

The need to provide for assistance to the growing number of older persons is a national priority. AoA serves to meet this need in two ways. First, through advocacy, AoA encourages others to assume a share of this responsibility. Second, AoA provides assistance where others cannot. In order to accomplish this, AoA has supported the development of a network of State and area agencies on aging. This network is encouraging communities to design and implement comprehensive and coordinated service systems to serve the needs of older persons.

#### ORGANIZATION OF THE ADMINISTRATION ON AGING

To carry out its mandates, the Administration on Aging has been organized in the following manner: (1) the Office of the Commissioner on Aging; (2) the Office of Planning and Evaluation; (3) the Office of State and Community Programs; (4) the Office of Research, Demonstrations, and Manpower Resources; (5) the National Clearinghouse on Aging; (6) the field liaison staff; and (7) 10 regional offices on aging.<sup>1</sup>

The Office of Planning and Evaluation (OPE) serves as the focal point in the Administration on Aging for forward 5-year planning, policy analysis, legislation, budget formulation, and evaluation. It conducts policy analyses of program issues affecting AoA and programs for the aging, formulates the budget, develops and updates AoA's 5-year forward plan, prepares AoA's annual reports to the President and Congress, develops and carries out program evaluation for AoA, develops legislative proposals, and identifies and reports on policy issues regarding propose legislation and regulations which will affect the elderly.

The Office of State and Community Programs (OSCP) has major responsibility for development and assessment of the State and community programs on aging (title III), the multipurpose senior centers program (title V), and the Nutrition

<sup>1</sup> A reorganization is in process.

Program for the Elderly (title VII). In addition, OSCP develops regulations, policies, and guidelines for use by State and area agencies on aging, nutrition project agencies and, where appropriate, Senior Centers; develops optional models and disseminates "best practice" suggestions for use by the regional offices, State agencies on aging, area agencies on aging, and nutrition project agencies; develops and monitors, in cooperation with other AoA units, management information and reporting systems which provide information to facilitate planning and program adjustment for management efficiency at all organizational levels; and carries out other related functions.

AoA's Office of Research, Demonstrations, and Manpower Resources has lead responsibility as a focal point for coordination of research on aging by Federal agencies; provides the chairman and secretariat services to the Interagency Task Force on Aging Research; develops policy, supports projects and monitors progress of research, demonstration, and manpower resources programs under title IV of the Older Americans Act and the model projects program authorized by section 308 of the act; and carries out other functions supportive of AoA's mandate to provide national leadership and expertise in encouraging new knowledge and upgrading competencies in the field of aging.

AoA's National Clearinghouse on the Aging serves as the focal point within the Federal Government for the collection, analysis, and dissemination of information related to the needs and problems of older persons and, wherever possible, develops and coordinates programs with other offices and agencies to fill gaps in information in the field of aging; develops policy for information and referral services; provides technical assistance for State agencies on aging in the development of information and referral services; provides the chairman of, and secretariat services for the Interagency Task Force on Information and Referral, and to the Federal Task Force on Statistics; produces a variety of professional and lay publications and audiovisual material on aging; publishes *Aging* magazine; develops special information campaigns; responds to letters and telephone inquiries; and performs other related functions in the area of public information.

AoA's field liaison staff assists regional offices in keeping informed of continuing developments relative to the objectives and programs of the Administration on Aging; identifies difficulties being encountered by regional offices in carrying out their duties and responsibilities; ascertains the degree of further assistance required from AoA headquarters to insure that regional offices achieve national and operational planning objectives; and provides other related assistance to regional office staff.

Regional offices on aging are located in the 10 HEW regional offices. Each is headed by a Director, whose function is to represent and act for the Commissioner in serving as a regional office focal point on programs and problems concerning older persons and in providing leadership and advocacy to carry out the responsibilities of the Administration on Aging as set forth in the Older Americans Act. In performing its functions, the regional office of aging works directly with the State agency on aging, and through the State agency, with the Governor's immediate staff in each State in the region in developing the State's programs on aging.

#### BUILDING COMPREHENSIVE AND COORDINATED SERVICE DELIVERY SYSTEMS THROUGH THE NETWORK OF STATE AND AREA AGENCIES ON AGING

A National Network on Aging has been put in place during fiscal years 1974, 1975, and 1976 to respond to the Older Americans Act Comprehensive Services Amendments of 1973. In addition to the preexisting 56 State agencies on aging,<sup>1</sup> there were, at the end of fiscal year 1977, 556 area agencies on aging located in 612 planning and service areas<sup>2</sup> which cover 92 percent of the Nation's older persons. In addition, 1,047 nutrition project agencies were operating 9,166 sites serving meals 5 days a week and providing support services.

For the past 2 fiscal years the Administration on Aging's operational plans have focussed on providing policy and process tools. The purpose has been to build the capacity of the National Network on Aging to foster the development of a comprehensive, coordinated system of quality services for older persons in each planning and service area in the Nation; and to have each State and area agency on aging function as a focal point on aging for its jurisdiction.

<sup>1</sup> 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.

<sup>2</sup> An additional 14 new area agencies are proposed by the end of fiscal year 1978.

The network agencies have established connecting links with many of the wide range of other agencies and organizations whose efforts and resources are, or should be, directed to helping meet the needs of older persons. The linkages are beginning to pay off in the expansion of services to older persons and the coordination of these services so that they are more accessible and effective.

During 1977 AoA determined that it was then appropriate to shift concern from building the network to achievement of expansions and improvements in service delivery systems through this network.

#### TITLE III: COORDINATED, COMPREHENSIVE SERVICE SYSTEM FOR THE ELDERLY STATE AGENCIES

Under title III, \$17 million in Federal funds were available in fiscal year 1977 for State agency administrative activities through formula grants to each State with an approved annual State plan on aging. Title III grants pay up to 75 percent of the cost of staffing and operating the State agency on aging to:

- Identify the needs and problems of older people,
- Establish priorities for State and area planning,
- Mobilize resources to carry out program plans,
- Negotiate interagency cooperative agreements to expand and coordinate services,
- Provide leadership and technical assistance to area agencies on aging,
- Fund, monitor, and provide training and technical assistance to area agencies and other directly funded grantees.

#### AREA AGENCIES ON AGING

States awarded \$122 million in title III grants to pay part of the cost of the operations of area agencies on aging and for the funding of social services by such agencies or by the State agency where no area agency exists. Area agencies on aging are responsible for developing an annual plan which seeks to foster a comprehensive and coordinated system of services for older persons, with special emphasis on the needs of the low-income, minorities and impaired elder y. Area agencies on aging are public or private nonprofit agencies, designated by the State agencies on aging to:

- Serve as the focal point and advocate on aging for a State-designated planning and service area, identifying the needs and problems of older people in the area, establishing goals and priorities, mobilizing resources from other public and private agencies to meet needs, and negotiating interagency cooperative agreements to expand and coordinate services.
  - Provide leadership, technical assistance, and the funding of priority services to foster the development of a comprehensive and coordinated service system, involving all available public and private agencies and funds, to meet the needs of older persons in the area.
  - Monitor performance of grantees and contractors.
- Area planning and social services funds are available at different matching ratios for three types of use:
- Maximum of 15 percent available for the administration of the area agencies, at a Federal matching rate of up to 75 percent.
  - Up to 75 percent Federal matching share for services which are not provided as part of an area plan approved by the State agency. A maximum of 20 percent of the State allotment is available for nonarea plan services.
  - The remainder is available for the purchase of services needed by older persons at a Federal matching rate of up to 90 percent for services which are part of an area agency annual plan.

*Pooling resources to increase services:* At the end of fiscal year 1977, State and area agencies had increased the amount of total dollars pooled from other public and private sources:<sup>1</sup>

Fiscal year 1975.....	\$122, 541, 000
Fiscal year 1976.....	215, 190, 000
Fiscal year 1977.....	440, 403, 806

This increase of \$225,213,806 results in additional resources to expand the level of services provided to increasing numbers of older persons.

<sup>1</sup> Other than title III and title VII resources.

Sources of pooled funds	Amount	Percent
Local government.....	\$86,563,441	20
State appropriated.....	43,234,764	10
Other Federal.....	310,605,601	70

*Title III services:* Title III of the Older Americans Act places emphasis on the purchase of priority services (listed below). The proportion of service funding from \$77,292,737 during fiscal year 1977 was as follows:

TITLE III SERVICES	
Type of service:	
Transportation.....	20
In-home services.....	23
Information and referral.....	11
Legal and other counseling.....	5
Home repair.....	6
Escort.....	2
Outreach.....	7
All other services.....	26
<b>Total.....</b>	<b>100</b>

In 1977, an estimated 11,217,067 person units of service were provided to elderly persons<sup>1</sup> under area plans approved by State agencies. Of these, 23 percent were minority and 48 percent low income.<sup>2</sup> They received the following services:

PERSONS UNITS OF SERVICE PROVIDED BY TITLE III<sup>3</sup>

Type of service:	
Transportation.....	2,451,610
Home services.....	486,529
Legal and other counseling.....	198,369
Repair and renovation.....	777,892
Information and referral.....	3,171,946
Escort.....	289,754
Outreach.....	1,430,966
All other services.....	3,110,001
<b>Total.....</b>	<b>11,217,067</b>

*Involving the elderly:* Area agencies on aging are committed to involving older persons in programs that serve the elderly. Area agencies have fulfilled this responsibility through the significant employment and meaningful use of older volunteers in area agency activities.

OLDER PERSONS AND AREA AGENCIES ON AGING

Paid staff: 60 years or older.....	1,507
Volunteer staff: 60 years or older.....	25,571

TITLE VII—NUTRITION PROGRAM

The nutrition program authorized by title VII of the Older Americans Act, as amended, began operations in fiscal year 1973. Under this program \$225 million<sup>4</sup> in Federal funds were available for formula grants to State agencies on aging to establish and maintain community based nutrition program projects. These

<sup>1</sup> Duplicated count, total served with all funds—represents an increase of 5,140,067 from fiscal year 1976.

<sup>2</sup> Low income definition is based on Department of Commerce, Bureau of the Census—poverty threshold 1976 estimates and established by each State.

<sup>3</sup> Number served under title III funds. Some older persons received more than one person unit of service each.

<sup>4</sup> Actual appropriation was \$203,525,000; \$21,475,000 from prior year had not yet been committed to projects by the States. Therefore, a total of \$225,000,000 was available. Beginning in fiscal year 1977, States were required to commit all funds during the year for which they are appropriated.

projects manage nutrition sites which provide low-cost, hot, nutritious meals, primarily in congregate settings, and provide support services as needed to persons 60 years of age and over and their spouses. Many projects also furnish home-delivered meals to the homebound.

Each project must provide at least one hot meal per day, five or more days per week, all year long. The projects provide those supportive services needed to facilitate participation in the program. Such services include outreach, transportation, and escort services. In addition, projects are encouraged to offer other supportive services such as health and welfare, education and counseling, information and referral services, shopping assistance, and recreational services.

The U.S. Department of Agriculture also provides commodity and product support to the nutrition program, for which section 707 of the Older Americans Act provided a minimum level of 25 cents per meal for fiscal year 1977. The actual contribution was 27¼ cents per meal.

The purpose of the nutrition program is to encourage and assist communities in significantly supplementing the nutritional and social needs of older persons who do not eat adequately for one or more of the following reasons:

- They cannot afford an adequate diet,
- They lack the skills to select and prepare well-balanced meals,
- Their capacity to cook and shop independently is impaired,
- They suffer from the depressive effects of isolation and lack incentive to prepare and eat a meal alone.

During fiscal year 1977, the number of nutrition projects increased from 845 to 1,047. The number of meal sites increased from 6,672 to 9,166.

#### SUMMARY: TITLE VII—NUTRITION PROGRAM

	Fiscal year 1976	Fiscal year 1977	Change
Total meals served.....	64, 273, 000	101, 091, 000	+36, 818, 000
Average number of meals served daily.....	247, 000	388, 000	+141, 000
Estimated number of different persons served.....	1, 723, 000	2, 845, 755	+1, 131, 755
Average cost of meal (food and preparation).....	\$1. 63	\$1. 73	+\$0. 10
Average total program cost of meal.....	\$2. 25	\$2. 46	+\$0. 21
Percent home delivered meals.....	14	15	+1
Percent expended on supporting social services.....	11	14	+3
Percent minority.....	21	22	+1
Percent low-income.....	62	67	+5
USDA commodities.....	\$10, 500, 000	\$14, 615, 853	+\$4, 115, 853

The title VII program complements title III which focuses on the development of comprehensive, coordinated service delivery systems designed to meet the needs of older persons. Nutrition services and related support services are vital components of such systems.

#### TITLE V: MULTIPURPOSE SENIOR CENTERS

A multipurpose senior center ideally means a community facility for the organization and provision of a broad range of health, social, educational, and other services for older persons. Title V sections 501-505 authorize the Commissioner to make grants or contracts to units of general purpose local government or other public or private nonprofit agencies or organizations for the purpose of acquiring, altering, or renovating existing facilities to serve as multipurpose senior centers. In order to assure that title V supported multipurpose senior center facilities are integrated with the comprehensive and coordinated service systems being developed under title III of the Older Americans Act, priority is being given to applications from State agencies on aging in awarding of funds.

The program was funded for the first time during the 1976 transition quarter. A total of 549 grant awards were made from the \$5 million appropriated to initiate the program. A total of 49 statewide grants and 22 individual grants were awarded in fiscal year 1977 from an appropriation of \$20 million. These grants were awarded at the close of the fiscal year. States are in the process of awarding subgrants or contracts within each State.

#### THE NURSING HOME OMBUDSMAN PROGRAM

The purpose of the nursing home ombudsman program is to enable State agencies to develop a process at the local or area level which is responsive to

complaints made by or on behalf of the elderly in nursing homes and to work in a variety of ways to improve the quality of care and quality of life of nursing home patients.

In October 1977, nursing home ombudsman grants totaling \$1,000,126 were awarded to State agencies on aging in 46 States, Puerto Rico, and the District of Columbia. The only two States not participating in the ombudsman program are Oklahoma and Wyoming, neither of which applied for funding.

During the second year of funding (1976-77), many significant accomplishments were made by the State programs. State legislation mandating nursing home ombudsman services was passed and became effective in Connecticut, South Carolina, New Jersey, and Nevada. The Connecticut law establishes the ombudsman office in the State office on aging and provides for five regional offices throughout the State.

In addition to working for the passage of ombudsman legislation, ombudsman developmental specialists have been involved in shaping legislation and new regulations covering a variety of long-term care issues. These include provisions which would strengthen existing nursing home standards, bring boarding homes under State regulation, guarantee patients' rights, assure an adequate number of beds for medicaid patients, provide protective services for older people along with the establishment of criminal penalties for adult abuse, protect patients' personal funds, mandate unannounced inspections of care facilities, and provide more services to enable older persons to delay or prevent institutionalization.

#### LEGAL SERVICES PROGRAM

In fiscal year 1977, the legal services program provided \$1,125,000 in model project funds on a formula grant basis to support the establishment of a legal services development project in each State agency on aging. The program provides support for a legal services development specialist in each State. The objectives of the program include:

- (1) Working with area agencies on aging in order to help them design legal services programs for older persons;
- (2) Assisting, working through area agencies on aging, legal services corporation offices, and/or legal aid programs to expand services and outreach efforts to eligible elderly clients;
- (3) Assisting area agencies on aging in involving the private bar in increasing legal representation to older people;
- (4) Stimulating law schools and other educational institutions to provide research, law related training, and/or direct client services to the elderly;
- (5) Designing and coordinating through State and area agencies on aging legal and aging training programs for State and area agency staff and grantees, paralegals, lawyers, and older persons.

The legal services development specialists are also working closely with the State bar associations to encourage the inclusion of the legal problems of the elderly in State conferences. On the national level, legal research and services for the elderly, an AoA grantee, is working with the American Bar Association in the development of an elderly law section of the bar. The Administration on Aging sponsored a 3-day conference in the summer of 1977 for legal services development specialists from States throughout the country. These development specialists were thoroughly exposed to workshops and materials relating to the legal concerns and problems of the elderly.

#### SUPPORTING ACHIEVEMENT OF THE NATIONAL OBJECTIVES AND AoA GOALS

##### TITLE IV, PART A: MANPOWER AND TRAINING

This part of the Older Americans Act authorizes the Commissioner to award grants to public or nonprofit agencies, organizations, or institutions, including State agencies on aging, and to enter into contracts for training projects. The purpose of this program is to increase the number of adequately trained personnel in the field of aging so as to improve the quality of services to older people.

##### *Career Training*

The Administration on Aging supports training programs at 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 at baccalaureate, masters, and doctorate levels 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.

During the 1976-77 academic year \$6.3 million supported 77 grant awards at 68 colleges and universities in 36 States. Approximately 15,000 students were enrolled in courses and programs in aging; 801 students (240 minority) received financial assistance as part of fiscal year 1976 career training awards through universities. In addition over 400 students were supported in the summer institute program sponsored by the University of Southern California.

#### *University Multidisciplinary Development*

At the close of fiscal year 1977, \$6.5 million was awarded on a national competitive basis to educational institutions to support activities relative to carrier training in aging. This included: Fifty-eight awards (\$6 million) were made for "development support for carrier training in aging" with the program emphasis on multidisciplinary efforts of the grantee institutions; and 20 awards (\$500,000) for "planning grants for institutions of higher education" to assist in the organization and development of institutionwide faculty capability in the gerontology field.

#### *In-Service Training*

The Administration on Aging 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. Although the awards were made during fiscal year 1976, they were used during fiscal year 1977. A total of \$6 million supported in-service 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 were trained as a result of these programs. At the close of fiscal year 1977, \$6 million was awarded in new grants to State agencies on aging to support in-service training activities during fiscal year 1978.

#### *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 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 agency on aging manpower needs;
- Study of the aging content of ongoing surveys;
- Update on manpower needs in the nursing home industry.

Documents referring to these studies will be made available through the National Clearinghouse on Aging during the early part of fiscal year 1978.

#### *Other Manpower and Training Activities*

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

- (1) Continued support of clearinghouse on available in-service and other training materials (Duke University, Durham, N.C.).
- (2) Design of model program for training senior center personnel (National Council on Aging, Washington, D.C.).
- (3) Curriculum and materials development of videotape cassettes and instructional materials which could be used in training State, area and other Network personnel (University of Maryland, College Park, Md.).

(4) Project to train trainers to develop self-help groups for older persons in areas of health care, safety, and consumer affairs (City University of New York, N.Y.).

(5) 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.

#### TITLE IV, PART B: RESEARCH AND DEMONSTRATIONS

The research and demonstrations program (\$8,500,000) supports projects which expand knowledge in a wide variety of subject areas that are critical to the network's development and improvement of programs to promote a comprehensive system of services and benefits for older persons. Research program initiatives are designed to increase the Federal sector capacity to realize the national objectives stated in title I of the Older Americans Act, as amended. (See introduction.)

##### *Research to Improve Service Delivery Systems*

Sixty-two title IV-B awards (\$5,703,951) support new and continuing projects in response to growing service needs of increasing numbers of older persons. In fiscal year 1977 a major effort was undertaken to develop a research strategy involving the information needs of Federal, State, and sub-State administrators, planners, and local service providers in dealing with barriers to development of comprehensive service delivery systems. Research projects were solicited in response to the following five strategy areas:

- The needs of older persons which may cause them to require services,
- Alternative ways of meeting the needs of older persons other than public provision of services,
- Social, political, and economic conditions which influence how the needs of older persons are met,
- How services are now being provided for older persons,
- The role of State and Area Agencies on Aging in providing services to older persons.

##### *Policy Research in Support of Achievement of Title I Objectives*

During fiscal year 1977, seven new and continuing awards were made to support projects on research which contribute to the Federal capacity to realize the national objectives of the Older Americans Act (\$942,067). Five projects were awarded to identify issues in the policy areas of income, housing, employment, community services and health. This first phase in developing a policy research agenda related to achieving national objectives was completed in spring 1977.

The second phase has now been initiated to develop a policy research agenda based on the findings of the initial issue studies. This phase will continue through fiscal year 1978 and is expected to form the basis for a large segment of the fiscal year 1978 and fiscal year 1979 IV-B research program.

##### *Dissertation Research*

Twenty awards of \$5,000 each were made during fiscal year 1977 to support dissertation research in the field of aging.

##### *New Initiatives*

The Administration on Aging launched a major initiative in 1977 to increase the Federal resources allocated for research on minority elderly and to encourage the conduct of such research by minority researchers. AOA organized two workshop conferences during the winter of 1977 where minority researchers and Federal officials who fund research on aging came together to discuss ways to increase the amount of such research. As its part in this effort, AOA committed itself to set aside at least 15 percent of new start funds for minority research projects and did meet this goal in fiscal year 1977 IV-B funding.

#### TITLE IV, PART C: MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

Funds are made available through project grants to public and private non-profit agencies, organizations, and institutions for the purpose of establishing or

supporting multidisciplinary centers of gerontology to fulfill the following functions:

- Recruit and train personnel at the professional and subprofessional levels;
- 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;
- Provide consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for them;
- Serve as repositories of information and knowledge with respect to the areas for which it conducts basic and applied research;
- Stimulate the incorporation of information on aging into the teaching of biological, behavioral, and social sciences in colleges or universities;
- 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
- Create opportunities for innovative, multidisciplinary efforts in training, research, and demonstration projects.

Under the title IV-C multidisciplinary center of gerontology program, grants are made 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 activities consistent with the provisions of title IV-C.

In fiscal year 1977, the \$3,800,000 appropriated for the title IV-C program was used by the Administration to fund second-year continuation costs of those center projects initiated in fiscal year 1976 and the transition quarter, and to make 23 new grants. Of the new awards, there were 8 operational grants to well established centers and 15 developmental grants to establish center programs. With the exception of one operational grant to a free standing geriatric center, all fiscal year 1977 new awards were made to institutions of higher learning. As with the awards made in the previous fiscal year, new grants covered a two year project period.

#### TITLE III: MODEL PROJECTS

Model projects are designed to increase the effectiveness of the National Network on Aging in improving and expanding services for older persons by testing and initiating new services and innovative approaches.

During fiscal year 1977 model projects initiatives were funded at \$14,700,000 in 12 priority areas.

#### MODEL PROJECTS

Priority areas	Number of projects	Amount
Housing.....	9	\$758, 433
Continuing education.....	2	119, 635
Retirement and preretirement.....	9	794, 806
Special services to mentally and physically handicapped.....	7	744, 912
Ombudsman services.....	49	381, 582
Improved services to underserved populations.....	8	722, 884
Senior ambulatory care day centers.....	2	324, 238
Legal services.....	61	2, 540, 880
Communications media.....	2	2, 311, 860
Organization development.....	9	1, 800, 659
Elderly disaster victims.....	5	148, 834

#### Examples of Projects by Priority Area

(1) *Housing and living arrangements.*—The city of New Haven, Conn., is developing and testing ways of involving the elderly in neighborhood preservation and revitalization.

A project in Roxbury, Mass., is developing a model in the involvement of older persons in the development and design of a major housing complex.

(2) *Continuing education.*—Washington Center for the Study of Services developed a unique approach to consumer education by providing evaluative information on service providers of home maintenance, health services, financial services, etc.

(3) *Retirement preparation/employment.*—AoA and the Environmental Protection Agency are engaging in a joint effort to improve the environment and increase employment opportunities for older persons. The senior environmental employment program is designed to demonstrate ways older Americans may be employed in jobs which improve and protect the environment and which provide alternatives to forced retirement.

(4) *Special services for the physically and mentally impaired.*—New York City Department of Aging, the Community Service Society and Bellevue Hospital Geriatric unit established a friendship center designed to serve the community's mentally impaired or at risk elderly, many of whom are non or limited English speaking. The demonstration provides a basis for planning programs to enable these older persons to continue functioning within the community.

(5) *Improved services to underserved populations* (low-income, minorities, Indian, limited English speaking and rural elderly).—Several grants have been made to Indian tribes and organizations to develop service delivery systems for elderly Indians previously underserved. A major effort by the National Indian Council on Aging, supported by a model projects grant, is developing policies and initiatives, nationwide, to improve access for elderly Indians to the whole spectrum of Federal, State, and local resources.

(6) *Disaster assistance for older Americans.*—A set-aside of \$250,000 in model projects funds was authorized for Presidentially declared disasters. Older victims of disasters have fewer resources to start over again and are often less aggressive in seeking help. Model project funds are encouraging increased involvement of the aging network in generating emergency food and shelter, and in assisting older persons to get loans and in restoring older victims' life styles when disasters occur. Two such projects have been jointly funded by the Administration on Aging and the Federal Disaster Assistance Administration.

(7) *Senior ambulatory day care centers.*—Demonstration projects are defining the role of the adult day care center and determining the place of this emerging level of care on the long term care service delivery continuum. The On Lok Senior Health Services in San Francisco is providing the Nation a unique model of the multi-cultural social/health services day care center for the frail elderly. A demonstration of two different models of day care programs under single management is being conducted by the Lockport Senior Citizens Centre, Inc., Lockport, N. Y.

In addition, model projects awards supported the following demonstrations of national importance:

- Six statewide models of comprehensive home services involving multiple State agencies are being tested for adoption in other States under the auspices of the National Council of Homemaker Home-Health Aide Services, Inc. These models accommodate the need for both occasional and sustained health, social and other services in the home.
- Crime prevention projects were started in six cities funded jointly with the Department of Housing and Urban Development, Community Services Administration, and the Law Enforcement Assistance Administration.
- Organizational development support was provided national organizations in the field of aging to increase their capacity, e.g., National Association of State Units on Aging; National Association of Area Agencies on Aging; National Center on the Black Aged; Asociacion Nacional Pro Personas Mayores; National Indian Council on Aging.
- Over Easy.*—"Over Easy" is America's first daily television series for older persons. The series is being broadcast in prime time hours Monday through Friday by most local PBS stations. Goals of the "Over Easy" series include fostering positive attitudes about aging in the society as a whole, but especially among those growing older. The producers want to dispel myths and stereotypes about older persons and the aging process. They also intend to bring millions of older persons into contact with information and services that are designed to improve their living conditions. Hugh Downs, formerly of the "Today Show," is the program host. Each half hour program uses a magazine variety format to report on subjects such as housing, transportation, nutrition, health and medicine, money management, consumerism, legal rights and other concerns of older people.

#### TITLE II: NATIONAL CLEARINGHOUSE FOR THE AGING

The National Clearinghouse for the Aging is charged with the collection, analysis and dissemination of information about older people and their needs. During fiscal year 1977, the clearinghouse continued to expand its activities

in the areas of public information, statistical analysis, public inquiries, publications distribution, and information referral policy.

*Service Center for Aging Information.*—The National Clearinghouse for the Aging major initiative in fiscal year 1977 was the development of the Service Center for Aging Information (SCAN). The purpose of SCAN is to expand access to the knowledge base related to the aging field, and to make that information readily available. SCAN is an automated bibliographic information system designed to facilitate utilization of the growing body of gerontological literature and research findings. The implementation of the SCAN system, which is to be completed in phases, is scheduled for fiscal year 1978 and fiscal year 1979. The National Clearinghouse for the Aging will manage and administer the information system by establishing policies and guidelines that will be carried out under contract.

This system is modeled after the Educational Resources Information Center (ERIC) established by the National Institute of Education. The SCAN system will consist of three decentralized resource centers which will be responsible for collecting, indexing and abstracting reports of journal literature within their respective topic areas. Organization of the centers will be along disciplinary lines to cover three major areas: biomedical, behavioral-social science, and social practice.

*Public Information.*—Public information activities concentrated on providing support for the network of public and private agencies working for and with older persons and on increasing public awareness of the circumstances, needs and contributions of the older population.

*Aging* magazine entered its 27th year of publication publishing news of innovative developments in the field of gerontology, proposed programs, legislation and reports of studies in the field.

#### Publications

The National Clearinghouse for the Aging issued several publications produced by staff or other AoA offices, grantees, and contractors. Some of the most significant are as follows:

- A National Directory of Education Programs in Gerontology:* Information on gerontological activities of 1,275 colleges and universities in the United States.
- Evaluative Research on Social Programs for the Elderly:* Report of a seminar on evaluative research sponsored by the Committee on Research and Development Gerontological Society.
- Facts About Older Americans, 1977:* A statistical profile of older Americans and their geographic distribution.
- The second of a series of AoA occasional papers in gerontology covering *Manpower Needs in the Field of Aging: Homemaker-Home Health Aides Services.*
- Older Americans Act of 1965, as Amended:* A new compilation incorporating the 1975 amendments.
- Ombudsman for Nursing Homes-Structure and Process, Second Edition:* A manual for the practitioner.
- National Clearinghouse on Aging Thesaurus—Second Edition:* A basic structure and guide to the acquisition, indexing, and retrieval of material related to the field of aging.
- Congregate Housing for Older People—An Urgent Need, A Growing Demand:* Selected papers from the first national conference on congregate housing for older people conducted by the International Center for Social Gerontology.
- Comprehensive Inventory and Analysis of Federally Supported Research on Aging, 1966-75* (microfiche edition).
- Fact Sheets* describing Federal resources in areas of transportation, nutrition, employment and voluntary services.

#### Statistical Publications

Statistical Reports on Older Americans—Report No. 3: Social Economic and Health Data for the American Indian Population.

American Indian Population 55 years of Age and Older: Geographic Distribution, 1970.

Facts About Older Americans: 1977.

Income and Poverty Among the Elderly, 1974.

Statistical Memo No. 34 "BLS Retired Couples Budgets": Autumn 1975.

Asian and Pacific Island Americans 60+, 1970.

Social and Economic Characteristics of Elderly Asian and Pacific Island Americans.

Estimates of the U.S. population 60 and 65+ by State, counties, and planning and service areas.

#### *Increasing Public Awareness*

Continued distribution of "Don't Stop the Music," an AoA supported film which discusses problems of aging and ways in which communities can help. The film was seen by approximately 67,169 people in fiscal year 1977.

Development and distribution to State and area agencies on aging of an Information Kit to promote "Over Easy," a new public television program funded in part by AoA.

*Statistical Analysis:* During fiscal year 1977 a number of publications were completed and statistical information for professionals in the field of aging was prepared. The statistical analysis staff also responded to 400 written requests and a similar number of phone requests for demographic, socioeconomic and health and other statistical information about the older population.

*Information and Referral Policy:* During fiscal year 1977 the Administration on Aging reaffirmed its commitment to "information and referral services" as a top priority for the National Network on Aging.

Two I & R documents were published: "Information and Referral; How To Do It"; and "Information and Referral Services: Research Findings." These two documents are reports of AoA supported research and demonstration projects designed to increase the knowledge base regarding information and referral service delivery.

#### *Technical Assistance*

Capacity strengthening initiatives during the past year addressed a wide range of areas. The Administration on Aging developed and issued in June a technical assistance handbook for use by the network. This handbook is to be used to improve equal employment practices, to increase the capabilities of State and local agencies in awarding grants and contracts to minority agencies or organizations, and to increase services to low income and minority persons.

The Administration on Aging also contracted for the development of 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 services for the elderly.
- Nursing home ombudsman.
- Homemaker and home health.
- Multipurpose senior centers.
- Employment.
- Residential repair and renovation.

These handbooks, which will be available to State and area agencies in early calendar 1978, 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 have already been disseminated to the aging network.

During fiscal year 1977 a number of technical assistance memoranda were also disseminated to the network, covering such subjects as:

- Establishing and financing adult day care services.
- Senior center organization and management.
- Insurance coverage issues affecting volunteers and older employees who provide transportation for older persons.
- Providing services to older persons with no fixed addresses.
- Program information for nutrition project management.

#### *Evaluation*

During fiscal year 1977, AoA continued work on two major evaluation studies of the title III area planning and social services program and the title VII nutrition program for the elderly. Preliminary findings from both studies are outlined below.

During fiscal year 1977 evaluation projects were also completed on information and referral and the first year of the implementation of title XX. A description of their major findings is included. Finally, two new evaluations were begun. These are an evaluation of title IV—A career training and the use and effectiveness of interagency agreements at the Federal, State, and local levels.

*Preliminary findings of the Longitudinal Evaluation of the Nutrition Program*

Highlights of the recent findings of the longitudinal evaluation of the nutrition program include the following:

- Proportionally, the nutrition program is drawing significantly more low income and minority elderly than is found in the general elderly population and nonparticipant comparison group.
- Twenty-seven percent of elderly participants in the program are minority compared with 8 percent in the general elderly populations (based on Census data), and 7 percent in the nonparticipant comparison group.
- Sixty-eight percent of participants report an income below \$4,000 a year compared with 22 percent for the general elderly population and 47 percent for the nonparticipant comparison group.
- More than 50 percent of all program participants live alone while only about one-fourth of all elderly in the United States live alone.

*Preliminary Findings From Phase I of the Evaluation Study of Area Agencies on Aging*

At least two-thirds of the respondents assessed the area agency as being either highly effective or moderately effective in bringing about improved services for the elderly in the area.

Two-thirds of the influential individuals in the community when asked to rate their area agency's impact on the local service delivery system, said that it had had "a considerable impact." One-third of the service providers concurred with this assessment.

The service providers receiving title III funds in the sample were also asked to evaluate the training and technical assistance received from area agencies: 61 percent of those who had received training from area agencies assessed it as "very useful."

There has been an overall improvement in the characteristics of services delivery to the elderly during the period studied. This improvement is found in all three of the goal areas: comprehensiveness, coordination, and concern for the elderly.

Over 90 percent of the service providers improved on at least one of 17 characteristics of service delivery. They averaged improvement in 7 out of 17 areas studied while only 32 percent of service providers showed a decrease and they averaged a decrease in only 1 out of 17 areas studied.

The study found that area agencies contributed to about one-fifth of all of the improvements in the 17 possible areas of change in services for older persons.

In the 2-year evaluation period, about two-thirds of all service providers reported an increase in their volume of services for the elderly and that they had increased their expenditures for the elderly.

The number of types of service available to the elderly rose by 23 percent. Twenty-six percent of the services offered in 1974 by service providers currently serving the elderly have been modified to include the elderly or increase the number of elderly served.

Taking into account that the area agencies did not attempt to influence the services of all their service providers, our analysis showed that the area agencies were credited with contributing to an average of 31 percent of the improvements made by those service providers they attempted to influence.

The study found that on the average, area agencies succeeded in about 60 percent of their attempts to improve services to older persons.

*Summary of Evaluation of I&R Services for Older Persons*

Overall, the I & R's designated by State and area agencies on aging visited were meeting AoA minimum requirements for I & R and were also meeting a number of the long-range goals. In general, I & R's were making an effort to provide the best quality I & R services they could within the limits of their resources. There were some exceptions, but generally the findings were positive. Highlights of the findings are:

Services provided:

- Most I & R's connected older persons with service providers who could meet their needs.
- Most I & R's were already providing followup, escort, and transportation services.
- The majority of I & R's were meeting publicity requirements and providing outreach services.

Quality of services:

- Resource files were generally comprehensive in their listing of available resources for older persons.
- A high level of planning and coordination activity was reported by a majority of I & R's.
- The majority of I & R's were meeting the confidentiality requirement to keep personal information on users in locked files.

Cost and quantity of services:

- The average cost per inquiry was \$4.60, with a range of less than \$1 to more than \$20.
- On the average, one inquiry was received by the I & R annually for every nine older persons in the area served.

*First-Year Evaluation of the Implementation of Title XX*

Administration for Public Services Regional Offices and Title XX State agency staff perceptions of the role of State and Area Agencies on Aging in the first year of Title XX were as follows:

- Specifically, the majority of State Agencies on Aging have been more active or influential in the making of social services decisions than they were prior to Title XX.
- Overall, the Area Agencies were seen as having been less active or influential than State Agencies. However, Area Agencies in 18 States were seen as more active during the first year of Title XX than they had been before. Among the most frequent actions in this regard were:
  - (1) Development of cooperative agreements,
  - (2) Participation in title XX advisory councils,
  - (3) Exchange of plans and needs assessment material,
  - (4) Review and comment on comprehensive annual service plans:
    - (a) Attendance at public hearings,
    - (b) Negotiating of purchase of service agreements.
- Generally, where State and area agencies were perceived as being active in the title XX process, the aging were seen as benefiting from title XX. Some example of results of State and area agency on aging involvement:
  - (1) Raising eligibility levels for aging persons and/or services to the aging,
  - (2) Adjustment in States' fee policies,
  - (3) Elimination of barriers to aging services,
  - (4) Expansion of services to the aging.

Findings in relation to the amount of title XX services going to older persons:

- In most States, the percent of title XX services to aged SSI recipients is below the percent of aged in the population. In some States, it is half or lower. However, 7.2 percent of all title XX social services go to aged SSI recipients.
- Of the 14 top ranked services in terms of expenditures under title XX, only five show major expenditures going to older persons as SSI recipients. These are homemaker, chore, health related, home management, and transportation services.
- I & R and protective services show a low percent of expenditures to SSI aged recipients. However, both are available to the general population without regard to income.
- Day care and foster care also show a low percent of expenditure to SSI aged recipients.
- In only 8 States, the percent of title XX services to SSI aged recipients is equal to or slightly higher than the percentage of aged in the State's population.

Even where States are "at ceiling," there is substantial opportunity for State and area agencies to increase the amount of title XX services going to older persons by such activities as:

- Getting involved in the State budget process, since governors and legislatures have the power to reallocate social services funds.
- Encouraging substate planning.
- Lending staff to the title XX agency to participate in title XX advisory committees, planning groups, and to conduct needs assessments.

*Evaluation of the Title IV—A Career Training Program in Aging*

In fiscal year 1977 an evaluation project, to be completed in July 1978, was undertaken to meet the following objectives:

(1) To determine whether students who have received support under the career training program are, in fact, able to obtain jobs in the field of aging.

(2) To determine how universities decide on the level, type, and recipients of student support and the factors involved in the decisionmaking process.

(3) To determine characteristics of students enrolled in AoA supported programs and whether the characteristics of students receiving AoA support differ from those not receiving AoA support.

(4) To determine the extent of faculty and institutional involvement in the field of aging at those universities receiving AoA support and, to the degree possible, the relationship of this involvement to the existence of AoA support.

(5) To determine the relationship between the AoA supported training programs and the National Aging Network at all levels.

*Evaluation of the Use and Effectiveness of Interagency Agreements at the State Level*

An evaluation contract was awarded to evaluate the use of interagency agreements at the State level as tools to increase coordination among State agencies and to measure the outcomes of specific interagency agreements.

The evaluation is being expanded to include an analysis of Federal and area agreements. Area agencies will be involved. The formal interagency agreements within all the States will be analyzed, looking at such factors as parties involved, objectives, and steps to be taken to accomplish these objectives. This analysis will be presented in an independent report.

ADVOCACY AND COORDINATION

FEDERAL COUNCIL ON THE AGING

*History*

The Federal Council on the Aging was created by Congress under 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. The Secretariat for the Federal Council on the Aging is housed in the Administration on Aging for administrative purposes.

The Council is composed of 15 citizen members appointed by the President for 3-year terms and is chaired by a member designated by the President. The present Chairman of the Council, has also been designated by President Carter as his Counsellor on Aging. The Secretary of the Department of Health, Education, and Welfare and the Commissioner on Aging are ex-officio members. Ten members of the Council are themselves older persons. They and the other members are drawn from older Americans, national organizations with an interest in aging, business, labor, and the general public, as called for in the law.

*Advocacy*

In fulfillment of its mission of advocacy for the elderly, the Council has made a number of recommendations to the executive and legislative branches of Government. Aside from specific projects on health manpower, minority elderly, assets, and the frail elderly, the Council is concerned with and monitors major legislative and administrative initiatives in such areas as social security financing, welfare reform, mandatory retirement, national health care, long-term care, Older Americans Act, and title XX.

A recent Council study on "The Interrelationships of Benefit Programs" examined the negative effect that one or more programs may have on an older person's eligibility for benefits from other programs. As a result of the findings of this study, the FCA commissioned a study on the treatment of assets and asset income in determining eligibility for income-conditioned benefit programs. This study is being conducted by the Institute for Research on Poverty at the Uni-

versity of Wisconsin. Technical papers were published in late 1977, presenting a range of policy options to the Council as the basis for recommendations to the President and the Congress on a national policy for treatment of assets.

The FCA continued to develop recommendations for services to the frail elderly. These oldest of older Americans are seen as a subgroup within the aging population who should have an entitlement to case assessment and case management for them to cope with daily living. This social support would be complementary to income maintenance, shelter, and health benefits.

To assure that the special needs of the elderly are fully considered as the Nation debates the role of the Federal Government in providing better health care for its people, the Council has adopted "Principles for National Health Care and the Elderly." The FCA advocates inclusion of the elderly in any Federal initiative to improve health care and urges the development of a national health policy emphasizing the maintenance of health, treatment of illness, and care of the sick, rather than merely focusing on a method of financing.

The Older Americans Act mandates the Council to inform the public about the problems and needs of the aging. The Council carries this out through broad distribution of its reports and publications. In early 1977 a periodic status report was initiated to provide the field of aging with a summary of major actions of the Council taken in connection with its quarterly meetings.

#### INTERAGENCY AGREEMENTS

In its role as the Federal focal point for action to benefit older Americans AoA works to mobilize and coordinate existing Federal resources to meet the service needs of older persons. In this capacity AoA has negotiated and signed 23 working agreements with Federal Agencies. During fiscal year 1977, AoA negotiated six new intra- and inter-departmental agreements, concerned with health services, nutrition services, crime prevention, legal services, disaster assistance, and educational opportunities. Other agreements previously negotiated include information and referral services, title XX services, medicaid, housing, rehabilitation services, transportation, energy, and public health services. There are 320 State level interagency agreements currently in effect.

These agreements serve to focus the attention of the Federal agencies involved on the service needs and concerns of the elderly. The agreements call for specific actions which commit the Federal agency to using its leadership and technical assistance capacity to focus the attention on meeting the needs of older persons. Interagency agreements contribute to and support the goals of the National Network on Aging in its effort to establish comprehensive coordinated service systems on the community level to realize the objectives of the Older Americans Act.

#### OTHER FEDERAL COORDINATION ACTIVITIES

Besides the negotiation and implementation of interagency agreements, the Administration on Aging was engaged in other Federal coordination activities during fiscal year 1977.

*Federal regional councils.*—The Federal Regional Councils (FRC's) have established committees on aging which include representation from departments and agencies with programs that impact on the elderly. These committees serve to identify and ameliorate program coordination problems and to assist State and local officials to improve programs which affect older persons. Some of the committees also include voluntary organizations such as the American Red Cross, the American Association of Retired Persons, and others. Examples of FRC activities include the following:

- Providing technical assistance to area agencies on aging in developing effective program coordination and in developing interdepartmental agreements;
- Conducting joint meetings with Federal program personnel and State government counterparts;
- Publishing regional newsletters with information about programs for the elderly;
- Developing and distributing directories of Federal services for the elderly;
- Working with Indian tribes on problems of program coordination involving Federal and State resources.

*Federal executive boards.*—The Federal executive boards are organized in 26 major metropolitan areas. Membership consists of the highest ranking Federal officials in each city. Under AoA assistance the FEB's have been involved in

helping area agencies on aging establish adequate information and referral sources for the elderly. In addition, program efforts have been directed toward making the Federal agencies themselves more responsive to calls from the elderly. Some FEB's are giving Federal employees orientation in the characteristics of the elderly in order to promote better communication. Programs address fuel and energy, crime prevention, and other problems of older persons. Directories of local services for the elderly have been updated and distributed. Efforts have been made to unify and publicize information and referral numbers. The FEB's also focused on problems on residents in nursing homes.

#### *Federal Inter-Agency Task Force for Research on Aging*

As in past years, AoA exercised its leadership role in the Federal Inter-Agency Task Force for Research on Aging. The task force serves as a coordinating body for Federal agencies which fund research related to the aging. In a previous project under the sponsorship of the task force, AoA funded the development of a nine-volume inventory of federally sponsored research on aging, 1965-75. During fiscal year 1977, AoA funded a contract for dissemination of the inventory to the State and area agencies and major research centers.

#### *The Interdepartmental Task Force on Information and Referral*

The Interdepartmental Task Force on Information and Referral has continued to meet and is currently concentrating on two major objectives of the I & R agreement: (1) To extend and coordinate efforts of participating departments and agencies in information and referral; and (2) to encourage their counterparts in States and communities to cooperate in making information and referral services immediately available to older people. In fiscal year 1977, the Interdepartmental I & R Task Force developed and published a brochure entitled "I & R Guide" which identifies and describes the five building blocks which are essential to the delivery of effective information and referral services. Another publication, soon to be printed, is the first annual report of I & R activities of the agencies which comprise the interdepartmental task force.

#### *The Interdepartmental Task Force on Statistics: Working Group on Aging*

The Interdepartmental Task Force on Statistics sponsored by AoA has prepared a draft copy of the "Inventory of Statistical Programs on the Elderly." This document will contain descriptions of all Federal statistical programs in which age is collected as a data item, the purpose of the survey, limitations of the data, the level of geography at which the data are collected and tabulated, the publications in which the results of the tabulation can be found, and so forth. The final document can then serve as a data resource to coordinate and improve the collection of data on the elderly and to develop and produce special tabulations.

#### SPECIAL PROJECTS

##### *AoA Role in Disaster Planning*

Continuing to build on previous experiences in the area of disaster planning and followup, the Administration on Aging was able to make additional progress toward enhancing the capacity of the National Network on Aging to respond to needs of elderly disaster victims.

The booklet "Planning for the Elderly in Natural Disaster," produced under a grant from the Administration on Aging as an outgrowth of the first National Conference on Disasters and the Elderly held in Omaha, Nebr., in 1976, was distributed to the National Network on Aging along with a technical assistance memorandum in March 1977. The memorandum was a sequel to the planning document and the Administration on Aging's memorandum of understanding issued the previous September. In addition to spelling out the responsibilities of the various components of the National Network on Aging, the memorandum included a sample regional office/State agency on aging agreement on disasters, a sample State agency on aging instruction to all of the State and sub-State agencies involved in disasters, and a sample section of an area agency on aging plan covering disaster activities. Based on this material several regions have held training sessions for State agency on aging staffs, and a number of States have held training sessions for aging personnel in their States. The Federal Disaster Assistance Administration has assisted in the training.

The Administration on Aging has continued to work with State and area agencies in individual disasters. AoA field liaison staff and regional office staffs provided substantial assistance to a number of States during the severe winter. For example, in the Presidentially declared disaster in the Buffalo, N.Y., area, AoA gave extensive help, including a \$119,655 model project grant designed to develop information on severe weather assistance to older persons and establish a county-by-county statewide disaster assistance program for the elderly as a model for the network on aging. As a followup to this winter effort, older persons were encouraged to respond to the invitation of the Energy Policy and Planning Office to comment on hardships and economic problems caused by the severe weather. A subsequent report on the public's response noted the substantial number of comments received from older persons.

The Administration on Aging provided considerable disaster assistance throughout the year. The following examples are only a few of the many network efforts. The Administration on Aging was likewise involved with staffs in regions III and IV in the April flooding in Appalachia. In region VII, staff worked with the State agency and affected area agencies to meet the needs of elderly victims when a series of tornadoes hit Missouri.

The State of Hawaii's County of Hawaii Office of Aging evacuated older persons from the town of Kalapana, when they were endangered by the lava flow from a potentially destructive volcanic eruption on the island of Hawaii. The threat lasted for 6 days and the elderly and their possessions were removed from the area and assisted by the aging program.

When older persons in large numbers suffered losses as the result of the July 20 flood in Johnstown, Pa., the Federal coordinating officer for the Federal Disaster Assistance Administration called on the aging network at all levels to work closely with his office.

The House Select Committee on Aging held the first hearing on the issue of "Weather Disasters and the Elderly" on June 29, 1977, concentrating their interest on the 1975 Omaha tornado, the 1976-77 Buffalo blizzard, and the 1977 spring Appalachian States floods and the cooperative efforts of the Administration on Aging and the Federal Disaster Assistance Administration. The Commissioner was one of the principal witnesses.

#### *Physical Fitness for the Elderly*

As the result of successful demonstration programs in physical fitness for older persons conducted in 1976, the National Association for Human Development was funded by the Administration on Aging for a nationwide program. In most instances headquarters and regional office staff worked with the National Association for Human Development and the President's Council on Physical Fitness and Sports to bring together the network on aging and the practitioners in health, physical education, and recreation to develop cooperative programs at the community level. Nearly all State agencies on aging, including Hawaii, were involved in the training programs aimed at involving older persons in physical fitness programs in title VII nutrition projects, senior centers, public housing, homes for the elderly, and other congregate settings.

#### *Direct Deposit Program*

The Department of the Treasury requested technical assistance from the Administration on Aging in intensifying its efforts to encourage recipients of Federal checks to have them deposited directly in their personal bank accounts, because of the large number of older persons receiving checks from social security as beneficiaries and through the supplemental security income program, railroad retirement, Civil Service Commission annuities, and Veterans Administration AoA headquarters and regional office staffs worked with Treasury staff on the development of training materials, on the testing of the training, and then on training all regional office staffs, who in turn trained State agency on aging staffs. The State staffs then trained area agency and title VII project staffs in the direct deposit program so they could present the information to older persons. AoA also worked with Treasury in the involvement of other departments and agencies with access to groups of older persons in the regional training programs. It is expected that the direct deposit program will provide some degree of protection to older persons who are preyed upon at the time when Federal checks are delivered by mail.

*Experience Exchange*

At the Commissioner's request the field liaison staff investigated the possibilities of developing a program for exchanging experiences and expertise within the National Network on Aging. The area agencies on aging had requested in-depth information on innovative programs which had been developed to the point where they might be replicated without trial and error. The program developed as the result of the study consisting of monthly informational sheets called "Experience Exchange." Each issue was devoted to a single subject, reported on one or more innovative experiences, and provided information on available literature and the availability of a person or persons with expertise. Subjects covered were: health fairs, employment, aging and blindness, mental health care and aging, fire safety for the elderly, cardiopulmonary resuscitation/Heimlich maneuver, elderly deaf, and burglar proofing of residences. Response from the network was positive with numerous requests for materials and for sharing of expertise. Based on the response, decision was made by the Commissioner to include the "Experience Exchange" in *Aging* magazine.

*White House Conference on Handicapped Individuals*

The White House Conference on Handicapped Individuals took place May 23-27, 1977. The Conference brought together 3,700 people from every State and territory. These delegates were designated to represent the concerns of more than 35 million Americans with mental or physical disabilities. The Conference provided the first opportunity for persons with handicaps to speak up in their own interest and vote for recommendations which present approaches to the problems that directly affect their lives.

Prior to the Conference, members of the Administration on Aging staff, who had been members of the staff of the White House Conference on Aging in 1971, provided considerable assistance to the Office of Human Development in preliminary plans for the White House Conference on Handicapped Individuals. AoA provided State agencies on aging with background information so they could work with State conference directors in the involvement of older persons in sections relevant to the needs of the handicapped aged.

The important findings of the Conference have been documented in the form of recommendations, resolutions and a summary of the proceedings. The mission of the Conference was:

- To stimulate a national assessment of problems faced by individuals with mental or physical handicaps,
- To generate a national awareness of those problems,
- To develop recommendations for legislative and administrative actions which help handicapped individuals live independently, with dignity and integrated into community life.

In April 1977, just prior to the White House Conference, final DHEW regulations were signed implementing section 504 of the Rehabilitation Act of 1973. Section 504 prohibits discrimination against handicapped persons in programs and activities which receive Federal funds. As a result of the White House Conference and section 504, the Administration on Aging reaffirmed and strengthened its longstanding commitment to serve disabled older persons. State planning guidance issued in June required action plans for the implementation of section 504 throughout the aging network.

AUTHORIZED FUNDING LEVELS FOR FY 1977 FOR TITLE III  
OF THE  
OLDER AMERICANS ACT OF 1965, AS AMENDED  
(11.633)

(Available for Obligation through September 30, 1977)

STATES	POPULATION 60+ JULY 1, 1975		Title III	
	Unrounded Population	Percent Distribution	Area Planning and Social Services	State Administration
Total 56 States	31,953,950	100.00000	\$ 120,780,000	\$ 17,000,000
Alabama	534,897	1.67396	1,939,191	228,521
Alaska	15,784	.04940	603,900	200,000
Arizona	317,967	.99508	1,152,746	200,000
Arkansas	373,967	1.17033	1,355,763	200,000
California	2,930,960	9.17245	10,625,833	1,252,183
Colorado	302,076	0.94535	1,095,136	200,000
Connecticut	462,346	1.44691	1,676,166	200,000
Delaware	72,043	.22547	603,900	200,000
District of Columbia	101,987	.31917	603,900	200,000
Florida	1,781,967	5.57667	6,460,267	761,299
Georgia	618,320	1.93503	2,241,626	264,181
Hawaii	87,766	0.27467	603,900	200,000
Idaho	115,304	0.36084	603,900	200,000
Illinois	1,643,327	5.14248	5,957,282	702,026
Indiana	746,877	2.33735	2,707,692	319,083
Iowa	493,705	1.54505	1,789,856	210,923
Kansas	385,756	1.20722	1,398,498	200,000
Kentucky	515,411	1.61298	1,868,549	220,196
Louisiana	492,108	1.54005	1,784,064	210,240
Maine	172,919	.54115	625,893	200,000
Maryland	500,390	1.56597	1,814,091	213,778
Massachusetts	937,247	2.93121	3,397,859	400,415
Michigan	1,172,400	3.66903	4,250,370	500,878
Minnesota	599,802	1.87708	2,174,494	256,250
Mississippi	349,993	1.09530	1,268,845	200,200
Missouri	617,299	2.55774	2,963,002	349,170
Montana	109,043	.34125	603,900	200,000
Nebraska	261,678	.81892	948,674	200,000
Nevada	69,089	.21621	603,900	200,000
New Hampshire	121,665	.38075	603,900	200,000
New Jersey	1,111,025	3.47696	4,027,868	474,657
New Mexico	132,179	.41365	603,900	200,000
New York	2,894,291	9.05769	10,492,838	1,236,511
North Carolina	716,226	2.24143	2,596,574	305,989
North Dakota	103,079	.32259	603,900	200,000
Ohio	1,512,980	4.73488	5,485,099	646,382
Oklahoma	458,882	1.43607	1,663,608	200,000
Oregon	366,503	1.14697	1,328,702	200,000
Pennsylvania	1,971,035	6.16836	7,145,707	842,074
Rhode Island	158,677	.49658	603,910	200,000
South Carolina	336,823	1.05409	1,221,106	200,000
South Dakota	116,704	.36523	603,900	200,000
Tennessee	623,588	1.95152	2,260,729	266,412
Texas	1,639,773	5.13168	5,944,770	700,551
Utah	130,718	.40908	603,900	200,000
Vermont	70,543	.22076	603,900	200,000
Virginia	620,156	1.94078	2,248,287	264,946
Washington	511,741	1.60150	1,855,250	218,629
West Virginia	301,514	.94359	1,093,097	200,000
Wisconsin	713,269	2.23218	2,585,858	304,726
Wyoming	49,747	.15568	603,900	200,000
American Samoa	1,100	.00344	301,950	* 62,500
Guam	3,100	.00970	301,950	62,500
Puerto Rico	294,400	.92133	1,067,310	200,000
Trust Territory	6,400	.02003	301,950	62,500
Virgin Islands	5,500	.01721	301,950	62,500

The FY 1977 amount for Title III is \$151,000,000 distributed as follows: Area Planning and Social Services projects \$122,000,000. State Agency Activities \$17,000,000 and Model Projects \$12 million. Area Planning and Social Services funds have been reduced by one percent for Federal program evaluation of Title III.

\* Revised to correct typing error  
S.I. from \$630,300 to \$603,900  
Samoa from \$62,000 to \$62,500

Administration on Aging  
Office of Human Development  
Department of Health, Education & Welfare  
October, 1976

FY 1977 STATE ALLOTMENT AMOUNTS UNDER TITLE VII OF THE OLDER  
AMERICANS ACT OF 1965, AS AMENDED  
(Available for obligation through September 30, 1977)

STATES	POPULATION 50+ July 1, 1975		TITLE VII Nutrition $\frac{1}{2}$
	Unrounded Population	Percent Distribution	
Total 56 "States".....	31,953,950.....	100.0000 .....	\$ 201,489,750
Alabama.....	534,397.....	1.6740 .....	3,234,752
Alaska.....	15,784.....	.0494 .....	1,007,448
Arizona.....	317,967.....	.9951 .....	1,922,388
Arkansas.....	373,967.....	1.1703 .....	2,251,540
California.....	2,930,360.....	9.1724 .....	17,724,403
Colorado.....	302,076.....	.9453 .....	1,325,790
Connecticut.....	462,346.....	1.4469 .....	2,796,202
Delaware.....	72,045.....	.2235 .....	1,007,448
District of Columbia.....	101,987.....	.3192 .....	1,007,448
Florida.....	1,781,967.....	5.5767 .....	10,775,331
Georgia.....	618,320.....	1.9350 .....	3,739,243
Hawaii.....	87,768.....	.2747 .....	1,007,448
Idaho.....	115,304.....	.3608 .....	1,007,448
Illinois.....	1,643,227.....	5.1425 .....	9,937,304
Indiana.....	746,877.....	2.3373 .....	4,518,584
Iowa.....	493,705.....	1.5450 .....	2,985,547
Kansas.....	385,756.....	1.2072 .....	2,132,326
Kentucky.....	515,411.....	1.6130 .....	3,116,915
Louisiana.....	492,108.....	1.5400 .....	2,975,985
Maine.....	172,919.....	.5411 .....	1,045,715
Maryland.....	300,190.....	1.5660 .....	3,026,073
Massachusetts.....	937,247.....	2.9331 .....	5,567,947
Michigan.....	1,172,400.....	3.6690 .....	7,090,016
Minnesota.....	599,802.....	1.8771 .....	3,627,251
Mississippi.....	349,993.....	1.0953 .....	2,116,553
Missouri.....	817,299.....	2.5577 .....	4,942,565
Montana.....	109,043.....	.3412 .....	1,007,448
Nebraska.....	251,678.....	.7839 .....	1,582,477
Nevada.....	59,089.....	.1862 .....	1,007,448
New Hampshire.....	121,565.....	.3807 .....	1,007,448
New Jersey.....	1,111,025.....	3.4770 .....	5,718,361
New Mexico.....	132,179.....	.4136 .....	1,007,448
New York.....	2,894,291.....	9.0577 .....	17,503,038
North Carolina.....	715,225.....	2.2414 .....	4,331,329
North Dakota.....	103,079.....	.3228 .....	1,007,448
Ohio.....	1,312,980.....	4.0949 .....	9,149,680
Oklahoma.....	458,882.....	1.4361 .....	2,775,053
Oregon.....	366,593.....	1.1470 .....	2,216,399
Pennsylvania.....	1,971,035.....	6.1684 .....	11,919,710
Rhode Island.....	158,677.....	.4966 .....	1,007,448
South Carolina.....	336,823.....	1.0541 .....	2,036,919
South Dakota.....	116,704.....	.3632 .....	1,007,448
Tennessee.....	623,588.....	1.9515 .....	3,771,108
Texas.....	1,639,773.....	5.1317 .....	9,916,435
Utah.....	158,718.....	.4991 .....	1,007,448
Vermont.....	70,543.....	.2208 .....	1,007,448
Virginia.....	520,156.....	1.6409 .....	3,750,354
Washington.....	511,741.....	1.6020 .....	3,594,731
West Virginia.....	301,514.....	.9416 .....	1,823,389
Wisconsin.....	713,259.....	2.2322 .....	4,313,434
Wyoming.....	49,747.....	.1537 .....	1,007,448
American Samoa.....	1,100.....	.0034 .....	507,724
Guam.....	3,100.....	.0097 .....	507,724
Puerto Rico.....	294,400.....	.9213 .....	1,750,374
Trust Territory.....	5,400.....	.0168 .....	507,724
Virgin Islands.....	5,500.....	.0172 .....	507,724

The FY 1977 amount for Title VII is \$203,525,000; distributed as follows:  
Nutrition projects \$201,489,750; Federal program evaluation \$2,035,250.  
(13.535)

Administration on Aging  
Office of Human Development  
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
October, 1976

OFFICE OF HUMAN DEVELOPMENT  
 ADMINISTRATION ON AGING  
 PROPOSED FUND RESERVATION LEVEL FOR FY 1977  
 UNDER TITLE V OF THE OLDER AMERICANS  
 ACT OF 1965, AS AMENDED

## Appendix C

STATE	TITLE V <sup>1/</sup>
Total 56 "States"	\$20,000,000
Alabama.....	321,111
Alaska.....	100,000
Arizona.....	190,584
Arkansas.....	224,501
California.....	1,759,527
Colorado.....	181,344
Connecticut.....	277,557
Delaware.....	100,000
District of Columbia.....	100,000
Florida.....	1,069,758
Georgia.....	371,192
Hawaii.....	100,000
Idaho.....	100,000
Illinois.....	985,449
Indiana.....	448,368
Iowa.....	296,383
Kansas.....	231,578
Kentucky.....	309,414
Louisiana.....	295,424
Maine.....	103,807
Maryland.....	300,396
Massachusetts.....	562,633
Michigan.....	703,821
Minnesota.....	360,073
Mississippi.....	210,109
Missouri.....	490,645
Montana.....	100,000
Nebraska.....	157,091
Nevada.....	100,000
New Hampshire.....	100,000
New Jersey.....	666,976
New Mexico.....	100,000
New York.....	1,737,513
North Carolina.....	429,968
North Dakota.....	100,000
Ohio.....	908,280
Oklahoma.....	273,478
Oregon.....	220,020
Pennsylvania.....	1,183,261
Rhode Island.....	100,000
South Carolina.....	201,203
South Dakota.....	100,000
Tennessee.....	374,335
Texas.....	984,397
Utah.....	100,000
Vermont.....	100,000
Virginia.....	372,295
Washington.....	307,212
West Virginia.....	181,006
Wisconsin.....	428,193
Wyoming.....	100,000
American Samoa.....	50,000
Guam.....	50,000
Puerto Rico.....	176,736
Trust Territory.....	50,000
Virgin Islands.....	50,000

The FY 1977 amount appropriated for Title V is \$20,000,000. Proposed fund reservation based on: a) minimum of \$100,000 per State and \$50,000 per territory; and b) Title III formula basis, by population of persons aged 60+, using July 1, 1975 Census data.

June 1977

	Ombudsman Grants - FY '77	Funds *	Appendix D
<b>TOTALS</b>			
1. Alabama			
2. Alaska	4,500		
3. Arizona	18,000		
4. Arkansas			
5. California	41,031		
6. Colorado	3,000		
7. Connecticut			
8. Delaware	9,000		
9. District of Columbia	4,500		
10. Florida			
11. Georgia	9,000		
12. Hawaii	12,000		
13. Idaho	4,500		
14. Illinois	21,664		
15. Indiana	7,500		
16. Iowa	4,500		
17. Kansas	10,855	(\$4,145 de-obligated from original \$15,000 '77 grant)	
18. Kentucky	13,500		
19. Louisiana	3,797		
20. Maine	4,500		
21. Maryland	4,500		
22. Massachusetts	4,596		
23. Michigan	3,784		
24. Minnesota			
25. Mississippi			
26. Missouri			
27. Montana			
28. Nebraska			
29. Nevada	4,500		
30. New Hampshire			
31. New Jersey			
32. New Mexico	4,500		
33. New York	57,931		
34. North Carolina			
35. North Dakota	13,500		
36. Ohio	29,574		
37. Oklahoma			
38. Oregon			
39. Pennsylvania			
40. Rhode Island			
41. South Carolina	13,500		
42. South Dakota			
43. Tennessee			
44. Texas	10,270		
45. Utah	13,500		
46. Vermont	13,500		
47. Virginia	13,500		
48. Washington			
49. West Virginia	3,000		
50. Wisconsin	15,000		
51. Wyoming		('77 grant of \$13,500 de-obligated-no progress in Wyoming)	
52. American Samoa			
53. Guam			
54. Puerto Rico	4,500		
55. Trust Territory		*	
56. Virgin Islands	TOTAL 381,582		17 States were funded in transition quarter in FY '76

FYSCAL YEAR 1977 - 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 90-A-1143(01)	Interdisciplinary Program in Gerontology	\$ 25,000	Planning
	University of Alabama 90-A-1124(01)	A Multidisciplinary Career Training Program in Gerontology	81,932	Career
	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 90-A-890-(02)	Retirement Housing Administration - Long Term Care	77,965	Career
	Bureau of Aging	State Title IV-A Training	57,265	
Arkansas	Office of Aging and Adult Services	State Title IV-A Training	67,350	
California	C. D. Drew Postgraduate Medical School 90-A-1170-(01)	Gerontology Training Center	25,000	Planning
	Department of Aging 90-A-1179(01)	Community Based Law Training for California Elderly	90,000	Quality Improvement
	Los Angeles Harbor College 90-A-1106(01)	Los Angeles Harbor College Gerontology Services Worker Training Program	58,392	Career
	Los Angeles Valley College 90-A-1132(01)	Los Angeles Valley College Gerontology Program	24,975	Planning
	San Diego State University 90-A-1093(01)	Education in Aging with Emphasis on Minority Groups	144,430	Career

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
California	Senior Adults Legal Assistance 90-A-974(02)	Senior Adult Legal Assistance	\$ 20,000	Quality Improvement
	University of California - San Francisco 90-A-1111(01)	Training Program in Multidisciplinary Applied Gerontology	149,100	Career
	University of Southern California, Los Angeles 94-P-45252(05)	Dual Degree Program in Social Gerontology, Leonard Davis School	137,345	Career
	University of Southern California 94-P-76004(06)	Comprehensive Summer Institute: Study in Gerontology	40,000	Career
Colorado	Office of Aging	State Title IV-A	527,861	
	Adams State College 90-A-234(06)	Undergraduate Gerontology and Social Work Education Project	23,400	Career
	University of Denver 90-A-1101(01)	Multidisciplinary Career Training in Gerontology	110,632	Career
Connecticut	Division of Services for the Aging	State Title IV-A Training	54,403	
	Department on Aging	State Title IV-A Training	83,267	
Delaware	Division on Aging	State Title IV-A Training	30,000	
District of Columbia	American Alliance for Health, Physical Education & Recreation 90-A-1177(01)	Model Education and Service Approaches in Health, Fitness and Leisure for the Older Americans	85,557	Quality Improvement
	American Personnel and Guidance Association 90-A-1178(01)	Development of a Training Syllabus and Support Materials on Counseling the Aging	85,712	Quality Improvement

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
District of Columbia	Antioch School of Law 90-A-949 (01)	A Proposal to Develop a Competency-based Modular Course in Law - Elderly Citizens	\$ 89,940	Quality Improvement
	George Washington University School of Medicine & Health 90-A-1097 (01)	Multidisciplinary and Interprofessional Career Training Program in Gerontology	118,386	Career
	George Washington University - National Law Center 90-A-1094 (01)	Development and Export of Multidisciplinary Training Program for Older Americans	145,278	Career
	Gerontological Society 90-A-1127 (01)	Design Education Resource Development in Environment and Aging	110,183	Quality Improvement
	National Center on Black Aged, Inc. 90-A-1152 (01)	Quality Improvements for Minorities; Students Faculty, and Institutions	107,902	Quality Improvement
	National Council on the Aging, Inc. 90-A-1170 (01)	Senior Center Training Development Project	74,767	Quality Improvement
	National Para-legal Institute 90-A-1128 (01)	Community Service Training and Demonstrations	184,920	Quality Improvement
	University of D. C. (Mt. Vernon Square) 90-A-1118 (01)	Institute of Gerontology	147,554	Career
	Division on Aging	State Title IV-A Training	30,000	
Florida	University of Florida 90-A-834 (01)	A Multidisciplinary Program of Career Training in Gerontology	101,378	Career
	University of South Florida 90-A-878 (02)	A Center for Applied Gerontology: Masters Level Career Training	67,009	Career
	Division on Aging	State Title IV-A Training	320,927	

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Georgia	Albany State College 90-A-815(02)	Career Training - A Student Training Program in Gerontology	\$ 18,996	Career
	Georgia State University 90-A-1105(01)	Graduate Training Program in Sociology of	90,197	Career
	North Georgia College 90-A-1108(01)	Career Training in Aging	39,647	Career
	Office of Aging	State Title IV-A Training	111,358	
Guam	Office of Aging	State Title IV-A Training	15,000	
Hawaii	University of Hawaii at Manoa 90-A-1130(01)	Gerontology Training Program	158,021	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 90-A-1095(01)	Multidisciplinary Career Training in Aging	193,279	Career
	Department on Aging	State Title IV-A Training	259,941	
Indiana	Commission on Aging and Aged	State Title IV-A Training	134,510	
Iowa	Commission on Aging	State Title IV-A Training	88,915	
Kansas	Kansas State University 90-A-1148(01)	Gerontological Training Program	24,969	Career
	Wichita State University 90-A-1112(01)	Multidisciplinary and Multi-Level Education and Training Program in Gerontology	85,306	Career
	Division of Social Services	State Title IV-A Training	69,473	
Kentucky	Aging Program Unit	State Title IV-A Training	92,824	

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Louisiana	Louisiana Center for Public Interest 90-A-961(02)	Social Advocacy and Training Model	\$ 50,000	Quality Improvement
	Northeast Louisiana University 90-A-1145 (01)	Gerontology Planning Grant	23,868	Planning
	Southern University in New Orleans 90-A-811(02)	Career Training - Multidisciplinary Approach in Gerontology	74,198	Career
	Bureau of Aging	State Title IV-A training	88,627	
Maine	University of Maine at Portland-Corham 90-A-235(06)	Undergraduate Preparation of Human Service Generalist with Special Emphasis in Gerontology	38,889	Career
	Office of Maine's Elderly	State Title IV-A Training	31,142	
Maryland	Antioch College/Columbia 90-A-1098 (01)	Career Training in Adult Development and Aging - Two Interdisciplinary Programs	82,775	Quality Improvement
	University of Maryland 90-A-1117 (01)	Career Training - Grant to Expand Gerontology Program, Develop Program in Dentistry and Pharmacy and Expand Campus and Intra-campus Aging Related Programs	127,234	Career
	University of Maryland 90-A-1175 (01)	The Older Woman - A Curriculum Project in Aging	39,031	Quality Improvement
	Office on Aging	State Title IV-A Training	90,119	
Massachusetts	Boston University 90-A-1116 (01)	Consortium Gerontology Training Programs	197,069	Career
	Department of Elderly Affairs	State Title IV-A Training	168,796	

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Michigan	Eastern Michigan University 90-A-1136 (01)	Planning Program for the Implementation of the Gerontology Minor	\$ 25,000	Planning
	Madonna College 90-A-1122	Career Training in Aging: A Multidisciplinary Approach	55,417	Career
	The University of Michigan 90-A-1092 (01)	Gerontology Career Training Grant	184,607	Career
	Wayne State University 90-A-1119 (01)	Career Training Program in Aging	190,600	Career
	Western Michigan University 90-A-821 (02)	Career Training Support Program in Gerontology	56,856	Career
	Office of Services to the Aging	State Title IV-A Training	211,146	
Minnesota	University of Minnesota 94-P-25000 (12)	Training in Aging and Public Policy - Career Training	130,081	Career
	Governor's Citizens Council on Aging	State Title IV-A Training	108,023	
Mississippi	Council on Aging	State Title IV-A Training	63,033	
Missouri	St. Louis University 94-P-35153 (05)	Career Training Program in Aging	96,525	Career
	Curators of the University of Missouri 90-A-830- (02)	Career Training in Gerontology	95,556	Career
	Office of Aging	State Title IV-A Training	147,193	
Montana	Aging Services Bureau	State Title IV-A Training	30,000	

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Nebraska	The University of Nebraska at Omaha 94-P-35-108/7 (06)	Gerontology Career Training Program	\$ 128,389	Career
	Commission on Aging	State Title IV-A Training	47,127	
Nevada	University of Nevada 90-A-1150(01)	Multidisciplinary Gerontology Program	24,987	Planning
	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 90-A-882(02)	Intra-University Program in Gerontology	144,964	Career
	Seaton Hall University 90-A-1142(01)	Multidisciplinary Studies in Gerontology	24,985	Planning
	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 90-A-1180(01)	Develop Knowledge about Needs of Aging Members of Ethnic Minority Groups of Color	79,853	Quality Improvement
	Fordham University 90-A-1141(01)	Planning Grant - Develop Gerontology Capability and Organization	23,414	Planning
	Graduate School and University Center CUNY 90-A-1174(01)	Self-Help Mutual Aid	107,105	Quality Improvement
	Hunter College 90-A-1099(01)	Career Training in Aging	168,881	Career
	Jewish Institute for Geriatric Care 90-A-1172(01)	A Training Program for Medical Students in Clinical Care for the Elderly	132,546	Quality Improvement

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
New York	Marist College 90-A-1147(01)	Development of Gerontological Capability	\$ 24,948	Planning
	State University of New York at Buffalo 90-A-1126(01)	Career Training	141,594	Career
	Syracuse University 90-A-1120	Multifaceted Training in Gerontology	199,980	Career
	Syracuse University 90-A-1174(01)	Integrated Mid-Career Training for Practitioners in Selected Programs for the Elderly	50,010	Quality Improvement
	Yeshiva University 90-A-1144(01)	Multidisciplinary Training Program in Gerontology	25,000	Planning
	Office for the Aging	State Title IV-A Training	521,254	
North Carolina	Duke University Medical Center 94-P-20384(05)	KWIC Training Resources in Aging Project	91,051	Quality Improvement
	Livingstone College 90-A-1103(01)	All College Gerontology Concentration	59,354	Career
	Wayne Community College 90-A-1129(01)	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	
Ohio	Capital University 90-A-1137(01)	A Gerontology Training Program for Central Ohio	24,998	Planning
	Case Western Reserve University 90-A-1115(01)	Specialization in Aging	138,892	Career
	Kent State University 90-A-1160(01)	Central Planning and Coordination Center	24,922	Planning

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
Ohio	Northeastern Ohio Universities 90-A-1173(01)	Development of an Undergraduate Medical Curriculum in Gerontology and Geriatric Medicine	\$ 25,000	Planning
	Scripps Foundation Gerontology Center 90-A-1100(01)	Career Education and Training at Miami University	61,617	Career
	The University of Akron 90-A-1121(01)	Career Training in Adult Development and Aging	52,134	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 90-A-1123(01)	"Serving the Nation's Elderly: Multidisciplinary Training in the Field of Aging	165,904	Career
	University of Oregon 90-A-1125(01)	A Multidisciplinary Center for Gerontology	139,118	Career
	Program on Aging	State Title IV-A Training	66,006	
Pennsylvania	Kings College 90-A-1140(01)	Multidisciplinary Program in Gerontology	24,778	Planning
	The Pennsylvania State University 94-P-15331(05)	Career Training Program in Aging	154,105	Career
	Temple University 90-A-1135	Planning for Career Training in Applied	24,980	Planning
	Office of Aging	State Title IV-A Training	354,978	
Puerto Rico	Gericulture Commission	State Title IV-A Training	53,021	
Rhode Island	University of Rhode Island 90-A-1109(01)	Human Science and Service Training in Aging	67,014	Career
	Division on Aging	State Title IV-A Training	30,000	

<u>State</u>	<u>Grantee</u>	<u>Project Title</u>	<u>Amount</u>	<u>Category</u>
South Carolina	Commission on Aging	State Title IV-A Training	\$60,661	
South Dakota	Huron College 90-A-1134 (01)	Kinship of the Ages through Reconciling Education (IARE)	24,830	Planning
	Office on Aging	State Title IV-A Training	30,000	
Tennessee	Fisk University 90-A-1114 (01)	Graduate Masters of Art Program in Gerontology	78,467	Career
	Middle Tennessee State University 90-A-1107 (01)	Multidisciplinary Gerontology Program	37,947	Career
	Commission on Aging	State Title IV-A Training	112,307	
Texas	Bishop College 90-A-1102 (01)	Training Grant for Undergraduate Education in Gerontology	23,212	Career
	North Texas State University 90-A-810 (01)	Multidisciplinary Career Training in Aging	131,784	Career
	Our Lady of the Lake University of San Antonio 90-A-237	Chicano Aging Program	74,990	Career
	Prarie View A&M University 90-A-1104 (01)	Multidisciplinary Undergraduate Career Training Program Specializing in Rural Gerontology	71,927	Career
	The University of Texas at Austin 90-A-1131 (01)	The Development of Intra-disciplinary Curricular Activities in Gerontology	25,000	Planning
	Governor's Committee on Aging	State Title IV-A Training	295,319	
Trust Territory	Office of Aging	State Title IV-A Training	15,000	
Utah	University of Utah 94-P-40138 (06)	Rocky Mountain Gerontology/Training Program - Career Training	217,919	Career
	Division of Aging	State Title IV-A Training	30,000	

<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 90-A-1096(01)	Under Graduate Interdisciplinary Career Training in Gerontology	35,507	Career
	Norfolk State College 90-A-1113(01)	Interdisciplinary Expansion of Gerontology Training Program	45,015	Career
	Office on Aging	State Title IV-A Training	111,688	
Virgin Islands	Commission on Aging	State Title IV-A Training	15,000	
Washington	Belleview Community College 90-A-1139(01)	Consortium on Aging	25,000	Planning
	Office on Aging	State Title IV-A Training	92,163	
West Virginia	State of West Virginia by the West Virginia Board of Regents on behalf of West Virginia university 90-A-1133	Intra-University Gerontology Planning Grant	17,704	Planning
	West Virginia University 90-A-240(04)	Social Work Career Training Program in Aging	64,108	Career
	Commission on Aging	State Title IV-A Training	54,302	
Wisconsin	University of Wisconsin 90-A-880(02)	Career Training - Expansion of Interdisciplinary Components of Training in Gerontology	184,114	Career
	Division on Aging	State Title IV-A Training	128,458	
Wyoming	University of Wyoming 90-A-239(01)	Social Work Education - Aging	22,749	Career
	Aging Services	State Title IV-A Training	30,000	

FY 1977  
PROJECT AWARDS  
RESEARCH AND DEVELOPMENT  
(Title IV, Part B, Older Americans Act of 1965, as Amended)

## I. NEW AWARDS

## A. The Needs of the Older Person

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
California	University of Southern California	A Comparative Applied Study of Health, Retirement and Housing Issues Affecting Mexican-American, Black and White Elderly	\$131,775
	Asociacion Nacional Pro Personas Mayores	A National Study to Assess the Service Needs of the Hispanic Elderly	\$160,000
District of Columbia	The Urban Institute	Forecasting the Changes in the Characteristics of Older Persons Between Now and 1990	\$66,859
	Georgetown University	Cohort Composition and Changes in the Elderly Population 1975 - 1990	\$85,109
Florida	University of Miami	The Economic, Social and Psychological Impacts on the Elderly Resulting From Criminal Victimization	\$82,244
Pennsylvania	Philadelphia Geriatric Center	The Elderly and Their Housing 1973 - 1977	\$53,589

B. Ways of Meeting Needs Other Than Through the Provision of Services

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
California	San Diego State University	The Servidor System	\$27,915
District of Columbia	American Institutes for Research	"With a Little Help From My Friends"	\$122,419
	National Center for Black Aged	Informal Social Networks in Support of Elderly Blacks in the Black Belt of the U.S.	\$146,000
Illinois	University of Illinois at Chicago Circle	Aging, Social Isolation, and Kinship Ties Among Japanese-Americans	\$80,000
Massachusetts	Massachusetts Institute of Technology	New Community: A Documented History of a Congregate Residence	\$31,360
	Hebrew Rehabilitation Center for Aged	A Study of the Informal Support Network of the Needy Elderly	\$105,710
New York	Hunter College, City University of New York	The Impact of the Entry of the Formal Organizations on Existing Networks of Older Americans	\$120,852

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C. Conditions Which Influence the Need for Services

Michigan	Regents of the University of Michigan	American Values and the Elderly	\$92,403
Pennsylvania	Trustees of the University of Pennsylvania	Aging With Television	\$87,035

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	Philadelphia Geriatric Center	The Dependent Elderly and Women's Changing Role	\$114,042
D. Providing Services for the Older Person			
California	University of Southern California	Alternative Designs for Comprehensive Service Delivery to the Elderly Through Case Service Coordination/Advocacy	\$159,696
	Foundation of California State University, Sacramento	Techniques of Social Service Provision to the Minority Aged	\$54,000
	County of Los Angeles Area Agency on Aging	Community Analysis Techniques	\$95,506
Florida	University of Miami	Reaching Out to the Hispanic Elderly	\$53,662
Michigan	Wayne State University	An Investigation of the Feasibility of a Computerized Model of the Provision of Services to the Elderly	\$95,864
	Regents of the University of Michigan	Home Health Care Among Black Elderly	\$47,912
Washington	State of Washington Department of Social and Health Services	Models of Case Coordination for Provision of Services to the Elderly	\$63,076

E. The Role of State Units on Aging and Area Agencies on Aging in the Provision of Services to the Older Person

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
District of Columbia	The Urban Institute	Cost Analysis of Services to the Aged	\$111,109
	The Institute of Public Administration	Information Dissemination Models on Transportation Services for Older Americans	\$159,476
Maryland	Institute for Economic and Social Measurements, Inc.	Analysis of the Continuation of Services Funded Under Title III	\$70,535

F. Policy on Health and the Elderly

District of Columbia	The Urban Institute	The Development of an AoA Strategy for Policy Research in Aging: Health and the Elderly	\$159,107
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G. Cross Cutting Projects

Michigan	Regents of the University of Michigan	Data Archives, Training and Consultation Services in the Field of Aging	\$113,826
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II. Continuation Awards

A. The Needs of the Older Person (and Descriptions of the Aging Population)

California	University of Southern California	Aged and Pre-Aged Women: Analysis of Needs (Successful Work Options of Aging Women)	\$95,312
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<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	American Institutes for Research	Identifying Opportunities for Improving the Quality of Life of Older Age Groups	\$71,268
Florida	University of Florida	Organization of Cognitive Abilities	\$33,230
Georgia	University of Georgia	Socialization to Old Age in an Urban Setting	\$127,882
Illinois	University of Chicago	Crisis and Adaptation in Middle and Late Years	\$2,814 (Supplemental)
	University of Chicago	Decision-Making and the Elderly	\$3,627 (Supplemental)
Maryland	University of Maryland	Aging Competency	\$100,715
Missouri	University of Missouri- Columbia	Local Socio-Environmental Contexts and Personal Moorings Related to Decision-Making and the Elderly	\$127,794
North Carolina	Duke University	Changing Household Patterns Among the Elderly	\$120,606
	Duke University	Group Behavior and Socialization Experiences	\$60,438
Pennsylvania	Philadelphia Geriatric Center	The Elderly and Their Housing	\$82,897
	University of Pittsburgh	Consumerism and the Aging: The Elderly as Victims of Fraud	\$123,567

Washington	Battelle Human Affairs Research Center	Consumerism and the Aging The Elderly as Victims of Fraud	\$141,799
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B. Ways of Meeting Needs Other Than Through the Provision of Services

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
District of Columbia	Catholic University of America	Informal Social Networks and Assistance Among the Elderly	\$130,045
	The Conservation Foundation	Impact of Neighborhood Conservation on Older Americans	\$18,578 (Supplementa
North Carolina	Bowman Gray School of Medicine, Wake Forest University	Incentives and Family Environments for the Elderly	\$88,829 (Competing Extension;
Virginia	The Mitre Corporation	Technology in the Services of the Aged Through the Retirement Cooperative Concept	\$267,805

C. Providing Services to the Older Person

California	Special Services for Groups, Inc.	Service Delivery Models for Pacific Asian Elderly	\$98,343
District of Columbia	The Urban Institute	Client Oriented Community Assessment of Long Term Care Facilities	\$190,803
Kansas	University of Kansas	Attitudes Towards Older Persons on the Part of Service Delivery Professionals	\$84,313

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
New Jersey	Division of Youth and Family Services, Department of Institutions and Agencies, State of New Jersey	The Utilization of the Elderly in Child Welfare Services	\$2,192 (Supplemental)
Oregon	Portland State University	Attitudes Towards Older Persons on the Part of Service Delivery Professionals	\$112,572
	"	Analysis of Coordination and Organization Change	\$179,282
	"	Testing a Community Intervention Model	\$4,122 (Supplemental)
Virginia	Human Resources Research Organization	Analysis of Employment Services for Older Job Seekers	\$43,421
Wisconsin	Curative Workshop of Milwaukee, Wisconsin	Avocational Counseling for the Elderly	\$20,179 (Supplemental)

D. The Role of State Units on Aging and Area Agencies on Aging in Providing Services to the Older Person

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
California	Regents of the University of California (San Francisco)	Funding Practices, Policies, and Performance of State and Area Agencies on Aging	\$278,333
	Scientific Analysis Corporation	An Analysis of the Implications of Title XX Service Plans for the Nationwide Development of Local Comprehensive Service Delivery Systems for the Aged	\$127,508
	University of Southern California	Study of Funding Regulations, Program Agreements, and Monitoring Procedures Affecting Implementation of Title III of the Older Americans Act	\$ 69,042 (Supplement)
Illinois	Northern Illinois University	Development and Adoption of Policies for the Elderly: The State Legislative Process	\$156,015
Maryland	Center for Public Management	Strengthening Decision-making for Alternative Approaches to Conducting In-service Training	\$ 27,391 (Supplement)

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
New York	Community Research Applications, Inc.	Technical Assistance to the National Network on Aging: Handbooks on Priority Services for Older Persons	\$5,900 (Contract Modification)
Pennsylvania	Pennsylvania State University	Simulating Demand and Costs for Statewide Services to the Aging	\$127,261
E. Policy on Employment and Retirement			
District of Columbia	American Institutes for Research	Impact of Unemployment Climate on Older Workers in Two Labor Markets With Contrasting Unemployment Rates	\$192,599
Virginia	University of Virginia	Implications of Prospective Population Change for Older American Workers	\$31,000
Wisconsin	Regents of the University of Wisconsin	Development of an AoA Strategy for Policy Research in Aging: Employment, Retirement, and the Elderly	\$ 8,268 (Supplemental)
F. Policy on Health and the Elderly			
Massachusetts	Brandeis University	Approaches to Determining the Cost of a Home Care Alternative to Nursing Home Care: The Diversion Strategy	\$99,540

<u>STATE</u>	<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>
Minnesota	Governor's Citizens Council on Aging	Comparison of In-Home and Nursing Home Care for Older Persons in Minnesota	\$289,865
New York	Research Foundation for Mental Hygiene	A Cross National Comparison of the Institutional Elderly; Including Costs, Quality, and Outcome of Their Long Term Care	\$156,262
Pennsylvania	Public Interest Law Center of Philadelphia	Planned Crises/Disasters: Nursing Home Closings	\$5,426 (Supplemental)
Utah	University of Utah	The Impact of Inter-Institutional Relocation on Geriatric Patients	\$13,176 (Competing Extension)
G. Crosscutting Projects			
California	Documentation Associates	Inventory of Federally Sponsored Research on Aging: 1965-1975	\$42,989 (Contract Modification)
	University of Southern California	Integration of Information on Aging: Handbook Project	\$6,105 (Supplemental)

## MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

FISCAL YEAR 1977

## I CONTINUATION AWARDS

## a) Developmental Grants

	<u>GRANTEE ORGANIZATION</u>	<u>PROGRAM DIRECTOR</u>	<u>AWARD</u>
(1)	Florida State University Tallahassee, Florida 32306	William G. Bell	\$63,613
(2)	North Country Community College Saranac Lake, New York 12983	James T. Posillico	\$60,534
(3)	Davis Institute for the Care and study of the Aging Denver, Colorado 80204	Edward Dreyfus	\$86,959
(4)	University of Pennsylvania Philadelphia, Pennsylvania 19174	Patrick B. Storey	\$82,879
(5)	University of Illinois at Chicago Circle Chicago, Illinois 60680	Thomas O. Byerts	\$60,435
(6)	University of Iowa Iowa City, Iowa 52240	Thomas H. Walz	\$76,942
(7)	University of Hawaii Manoa Campus Honolulu, Hawaii 96822	Anthony Lenzer	\$77,379
(8)	University of Connecticut Storr, Connecticut 06268	Howard A. Rosencranz	\$52,465
(9)	University of Alabama in Birmingham Center for Aging Birmingham, Alabama 35294	Harold W. Schmaper	\$60,570
(10)	City University of New York New York, New York 10036	Neil G. McCluskey	\$73,470
(11)	The University of Alabama University, Alabama 35486	Lorin A. Baumhover	\$65,145
(12)	University of Miami Coral Gables, Florida 33124	Priscilla R. Perry	\$70,000
(13)	University of Kentucky Lexington, Kentucky 40306	David R. Wekstein	\$60,000

## b. Operational Grants

	<u>GRANTEE ORGANIZATION</u>	<u>PROGRAM DIRECTOR</u>	<u>AWARD</u>
(1)	Syracuse University New York, New York 13210	Walter Beattie, Jr.	\$164,189
(2)	University of Southern Calif. Los Angeles, California 90007	James E. Birren	\$191,586
(3)	Pennsylvania State University University Park, Penna. 16802	Joseph Britton	\$178,160
(4)	Duke University Durham, North Carolina	George L. Maddox	\$179,930
(5)	North Texas State University Denton, Texas 76203	H. J. Friedsam	\$136,017
(6)	Miami University Oxford, Ohio 45056	Robert C. Atchley	\$ 98,615
(7)	Boston University Boston, Massachusetts 02215	Jeanette Haas e Paul M. Gertman	\$174,061

## II NEW AWARDS

## a) Developmental Grants

GRANTEE ORGANIZATION	PROGRAM DIRECTOR	AWARD
(1) University of Louisville Louisville, Kentucky 40208	Barbara R. Bradshaw	\$65,137
(2) Temple University Philadelphia, Penna. 19122	William H. Chapman	\$53,978
(3) San Diego State University San Diego, California 92182	E. Percil Stanford	\$57,901
(4) University of Pittsburgh Pittsburgh, Penna. 15261	Samuel Doctors Barbara K. Shore Edmund Ricci	\$54,460
(5) University of Oregon Eugene, Oregon 97403	Frances Gillespie Scott	\$53,753
(6) University of Minnesota Minneapolis, Minnesota	Donald McFavish	\$66,007
(7) State University of New York at Albany Albany, New York 12201	Susan R. Sherman	\$57,985
(8) The University of Akron Akron, Ohio 44325	Harvey L. Stearns	\$56,876
(9) University of Nebraska at Omaha Omaha, Nebraska 68101	David A. Peterson	\$57,469
(10) Hampton Institute Hampton, Virginia 23668	Juanita F. Strawn	\$51,770
(11) Wichita State University Wichita, Kansas 67208	William C. Hays	\$64,512
(12) Va. Commonwealth University Richmond, Virginia 23220	John N. McGrath	\$57,492
(13) University of Puerto Rico San Juan, Puerto Rico 00936	Graciela Navarro Porrata Reinaldo R. Deliz Borges	\$56,455
(14) University of Kansas Lawrence, Kansas 66045	Walter H. Creckett	\$57,716
(15) West Virginia University Martinsburg, West Virginia		---

## b. Operational Grants

	<u>GRANTEE ORGANIZATION</u>	<u>PROGRAM DIRECTOR</u>	<u>AWARD</u>
(1)	University of Missouri Columbia, Missouri 65201	Donald I. Cowgill	\$131,927
(2)	Hunter College New York, New York 10021	Rose Dobrof	\$132,809
(3)	University of Wisconsin Madison, Wisconsin 53706	Martin B. Loeb	\$130,871
(4)	Philadelphia Geriatric Center Philadelphia, Pennsylvania 19141	Powell Lawton	\$149,798
(5)	University of Michigan Ann Arbor, Michigan 48109	Harold R. Johnson	\$127,978
(6)	University of Washington Seattle, Washington 98195	Carl Eisdorfer	\$148,849
(7)	Portland State University Portland, Oregon	John E. O'Brien	\$132,000
(8)	Wayne State University Detroit, Michigan 48202	Charles J. Parrish	\$132,117

FY 1977  
GRANT AWARDS  
MODEL PROJECTS ON AGING  
TITLE III, SECTION 308, OLDER AMERICANS ACT OF 1965, AS AMENDED

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
Alaska	Nome Community Center	Senior Citizens Program	\$ 5,000
	DNA - People's Legal Service, Inc.	Older American Unit	100,000
Arkansas	Department of Pollution and Control	Senior Environmental Employment	100,000
	Central Baptist Hospital	Establishment of a Multi-Service Senior Center	100,000
California	Community Services Economic System	Community Brokerage	122,170
	Department of Environmental Protection	Senior Environmental Employment	100,000
	Food Advisory Service South San Francisco	Mobil Mini-Markets, I (#849)	52,291
	Food Advisory Service	Mobile Mini-Market Home Delivery Unit	39,657
	University of California	Information Dissemination Model of Innovations in Aging	222,180
	KQED-TV	Over Easy	2,300,000
	Asociacion Nacional Pro Personas Mayores	Personas Mayores	352,866

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
District of Columbia	The National Center on Black Aged	A Model Anti-Victimization Program	102,402
	National Paralegal Institute	Senior Citizens and the Law	190,000
	National Council of Senior Citizens	Legal Research and Services for the Elderly	367,133
	National Retired Teachers Association/ American Association of Retired Persons	Legal Counsel for the Elderly/ Technical Assistance for Legal Services	135,452
	International Center for Social Gerontology	Technical Assistance: Elderly Housing and Related Services	250,000
	National Council on the Aging	Senior Centers Standards Project	241,436
	American Association of Homes for the Aging	Financing Plans - Facilities for the Aging	12,087
	The Gerontological Society	Using the Media in Planning and Service Delivery in Aging R & D Strategy	81,860
	The National Center on the Black Aged	The National Center on the Black Aged	300,000
	The National Center for Housing Management	Model Management System for Non- profit Sponsors of Housing for the Elderly	122,452
	National Association of Counties Research Foundation	The Aging National Program for County Resources Development	167,515
	Washington Center for the Study of Services	Evaluative I & R Project on Service Providers for the Low-income Elderly	49,853

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
California	Chinatown - North Beach Health Care Planning and Development Corp.	ON LOC Senior Health Services	127,598
	California State Office on Aging	Counseling and Paralegal Training and Job Development	148,880
	National Senior Citizens Law Center	Training and Technical Assistance to State and Area Agencies on Aging to Expand Legal Services	279,918
	Senior Adults Legal Assistance	Senior Adults Legal Assistance	47,322
	City of Los Angeles Office for the Aging	Elderly Victimization Prevention and Assistance Program	250,000
	Western Gerontological Society	Organizational Development Program	91,768
	Sacramento Concilio, Inc.	Demonstrate Bilingual Response to the Needs of Migrant Elderly	215,341
	Concerns Enterprises, Inc.	Cooperative Housing Rehabilitation, Assistance with Housing Assistance Payments	35,960
Connecticut	Department of Environmental Protection	Senior Environmental Employment	100,000
	City of New Haven Human Resources Administration	Elderly and Neighborhood Preservation	109,651
	Department on Aging	Development of A Statewide Management Information System	122,876
District of Columbia	National Association of Area Agencies on Aging	Coordination and Advocacy	138,997
	National Council of Senior Citizens	Nursing Home Reform	100,188

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
District of Columbia	Urban Elderly Coalition	Urban Elderly Coalition Liaison Activities	115,675
	National Council on the Aging	Pre-Retirement Preparation Program	148,802
	National Council on the Aging	To Increase Capability of the National Voluntary Org. to develop and provide services to the Vulnerable Older People and more effectively impact upon the 1981 White House Conference on Aging	72,241
	Foundation for Applied Research (FAR)	The Impact of Job Opportunities for the Older Worker	76,158
	NASUA	NASUA Liaison Activities	126,360
	Greater Southeast Community Hospital	Greater Southeast Community Center for the Aging	50,000
Florida	University of Miami	A Model Project for Enhancing the Life for Hispanic Elderly Persons	99,500
Georgia	Northeast Georgia Area Planning and Development Commission	Demonstration of Improved Services for Senior Center Participants in Rural Georgia	48,776
Idaho	Latin American Association, Inc.	Model Program for Hispanic Elderly	60,230
	Idaho Migrant Council	Anciano Model Project	120,589
Illinois	Board of Trustees of Southern Illinois University	Mental Help Program for Community Elderly	97,000

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
Illinois	Mayor's Office for Senior Citizens and Handicapped	Senior Citizens Safety Program	250,000
	Environmental Protection Agency	Senior Environmental Employment	100,000
	Municipal Finance Officers Assoc.	Research, Demonstration and Dissemination of Performance Auditing of Pennsylvania	155,217
Kansas	State Department of Health and Environment	Senior Environmental Employment	100,000
Kentucky	University of Kentucky Reserach Foun.	Development of a Model Program for the Provision of Leisure	62,558
	Department of Natural Resources	Senior Environmental Employment	100,000
	Department of Human Resources	Disaster Assistance	40,000
Maryland	Jewish Council for the Aging of Greater Washington, Inc.	Evaluation of the Jewish Council for the Aging Group Home Program	15,994
Massachusetts	Geriatric Authority of Holyoke Dev. Office	Comprehensive Geriatric Services Development Project	75,525
	Roxbury Action Program, Inc.	Housing Service for the Elderly in Highland Park	77,042
Michigan	Madonna College	A Model Competency Based Program Providing Volunteer Personnel to the Aged in Public or Private Centers	29,495
	University of Michigan	DHEW, Region V, Pre-retirement Education Leadership Training Program	62,500
	Oakland University	Peer Group Counseling for Older People	78,584

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
New York	Lockport Senior Citizens Center, Inc.	Elderly Day Care for the Moderately Impaired with a School of Nursing for the Severely Impaired in a Multipurpose Senior Center	196,638
	Prebyterian Senior Services	Legal Services for the Elderly Poor	80,000
	New York Foundation for Senior Citizens in Association with the NYC Department for the Aging	Combating Crime Against an Urban Elderly Population	250,052
	NYC Foundation for the Aging in association with NYC Department for the Aging	Victim Assistance and Crime Prevention for the Elderly	250,000
	NYC Foundation for Senior Citizens, Inc.	Reentering the Labor Force in the Older Years	102,707
	National Council for Homemaker-Home Health Aide Services, Inc.	Development of Consultation and Technical Assistance for the Establishment of In-Home Services of Good Quality	150,678
	Citizens Committee for New York City	Neighborhood Self-help Center for the Aging	208,295
	Albany College of Pharmacy	A Model Drug Education Program for Persons Working with the Elderly	8,107
	Crown Heights Jewish Community Council	Relocation of Aging Population from Areas in Decline	95,375
	Edna McConnel Clark Foundation	Volunteers Intervening for Equity	130,000
Vera Institute of Justice	Transportation for Elderly	99,995	

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
New York	NYC Department for the Aging	Mentally Frail Elderly	54,670
	NYC Department of the Aging	Early Alert	66,408
	NY State Association of Area Agencies	Disaster Assistance	119,655
	Community Service Society of New York	Expanding Services for the Elderly: The Jamaica Model	123,198
Ohio	Tri-County Action Agency	Appalachian Ohio Regional Home Repair	64,241
	The Ohio State University	Consortium to Expand Use of Retired Technicians as Volunteers to Project Assert	90,140
Oklahoma	Cherokee Nation of Oklahoma	Cherokee Nation Elderly Dev. Program	84,000
	Chicasaw Nation Tribal Health Services	Elderly Home Repair	83,000
Oregon	Mid-Willamette Valley Community Action Agency, Inc.	Grand Ronde Indian Elderly Outreach Demonstration Program	15,936
	City of Portland, Oregon Human Resources, Public Safety	Special Transportation Services for the Elderly	80,000
Pennsylvania	Penn. State University	Elderly Day Care Services	119,611
	Department of Community Affairs	Senior Environmental Employment	100,000
	Public Interest Law Cetner of PA	Law, Aging and Long Term Care	167,175
	Philadelphia Corporation for Aging	Service Management and In-Home Services for the Frail Elderly	174,860

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
Michigan	Department of Social Services	Human Services Network	200,000
	Michigan Office of Service to the Aging	Equipping Professional and Lay Religious Leadership for More Effective Involvement with Michigan's Aging Population	28,761
Minnesota	College of St. Thomas	Minnesota Educational Consortium Service in Retirement Planning	10,000
Missouri	Department of Social Services	Disaster Assistance	40,000
	West Central Missouri Rural Corp.	Solar Heating Demonstration Project	70,000
	Southwest Missouri Area Agency on Aging	Mobile Information and Referral Unit	75,764
New Jersey	Department of Environmental Protection	Senior Environmental Employment	100,000
	Urban Health Institute	Experimental Area Agencies on Aging and Health Service Agency Integration Project	99,849
	National Indian Council on Aging	National Indian Task Force Operation	299,940
New York	National Urban League, Inc.	Minority Aged Services Training Institute	173,659
	Hospital Audiences, Inc.	Evaluation and Provision of Cultural Services to Physically and Mentally Impaired Aged in Long Term Care Facilities	100,000

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
South Dakota	Department of Environmental Protection	Senior Environmental Employment	100,000
	South Dakota State Economic Opportunity Office	Home Repair Model Aging Project	71,147
Texas	Texas Technical University	Rural Homemaker Aide	150,000
	North Texas State University	Community Pre-retirement Education Training Institute	25,157
	Amigos Del Valle, Inc.	Resocialization of Elderly Participants	159,629
Washington	Office of Aging	Senior Environmental Employment	100,000
West Virginia	W. Virginia Commission on Aging	Disaster Assistance	40,000

LIST OF WORKING AGREEMENTS NEGOTIATED  
BY THE ADMINISTRATION ON AGING

- 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)
- Education (Office of Education)
- Energy Conservation/Home Winterization (Federal Energy Administration, Community Services Administration -- OEO, Department of Agriculture, Department of Labor, Department of Housing and Urban Development, ACTION, Public Services Administration)
- Health Services (Public Health Services)
- Health Planning and Resources Development (Bureau of Health Planning and Resources Development)
- Information and Referral (a. Social Security Administration and the Social and Rehabilitation Service)
- b. Federal Interagency Task Force on Information and Referral)
- Legal Services (Legal Services Corporation)
- Medicaid (Medical Services Administration)
- Native Americans (Office of Native American Programs, Indian Health Service, Office of Indian Education, Public Services Administration, Department of Transportation)
- Nutrition Sites in Public Housing (Department of Housing and Urban Development)
- Rehabilitation Services (Rehabilitation Services Administration)
- Research (Federal Interagency Task Force on Research)
- Social Lunch/Community Education (Office of Education)
- Social Services -- Title XX (Public Services Administration)
- Social Services in Public Housing (Department of Housing and Development)
- Transportation (Department of Transportation)
- Use of school buses (Department of Transportation and Office of Education)
- Volunteer programs (ACTION)

AGREEMENTS CONCERNED WITH HEALTH AND DELIVERY OF

HEALTH SERVICES

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on Aging with like Agreements
Medical Services (Medicaid)	AoA; Medical Services Administration	a) provide a framework within which to structure joint efforts of sharing information, planning and funding strategies, planning and implementation of service delivery programs and recommendations between AoA program's and Title XIX of the Social Security Act	August 1976 (revised)	13
Public Health Service	AoA; Public Health Service	a) coordination of long-term care and home health programs with other human resources at State and local levels  b) encourage provision of comprehensive and programs with other human resources at State and local levels  c) improve manpower effectiveness and promote staff development  d) encourage provision of comprehensive and coordinated health and health related social services to improve quality of life of institutionalized elderly	July 1976 (revised)	28

AGREEMENTS CONCERNED WITH HEALTH AND DELIVERY OF HEALTH SERVICES

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on Agin with like Agreem
Health Planning and Resources Development	AoA; Bureau of Health Planning and Resources Development	<ul style="list-style-type: none"> <li>a) encourage coordination of health planning activities with thoes planning activities which foster the development of comprehensive and coordinated social services for the elderly</li> <li>b) joint data sharing</li> <li>c) coordinate planning activities</li> <li>d) joint assessment of health services and facilities</li> <li>e) cooperate in in-service training</li> <li>f) joint technical assistance</li> </ul>	May 1977	0

AGREEMENTS CONCERNED WITH EDUCATION/NUTRITION SERVICES/HOUSING

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on Agri with like Agree
School Lunch	AoA; Office of Education	<ul style="list-style-type: none"> <li>a) encourage utilization of public school facilities in meeting nutritional needs of elderly</li> <li>b) create through public school resources greater opportunities for older persons to participate in educational, recreational, cultural, and other community services and to utilize their talents in the educational system</li> <li>c) help youth understand process of aging</li> <li>d) promote extension of public school facilities in providing variety of programs and services to aged</li> </ul>	February 1975	29
Education	AoA; Office of Education	<ul style="list-style-type: none"> <li>a) promote more effective and efficient use of resources available to OE and AoA in order to maximize the educational opportunities for older persons</li> </ul>	December 1976	6
Extension Service	AoA; Extension Service of USDA	<ul style="list-style-type: none"> <li>a) augment current cooperative efforts to improve the quantity and quality of nutrition, health, and other supportive services</li> </ul>	May 1977	1

AGREEMENTS CONCERNED WITH EDUCATION/NUTRITION SERVICES/HOUSING

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on Agreement like Agree
Nutrition Sites in Public Housing	AoA; HUD	a) HUD housing developments for elderly offer facilities in their community spaces to serve as sites for the AoA Nutrition Program for residents of the development and elderly residents of the community	August 1975	6
Social Services and Housing	AoA; HUD	<ul style="list-style-type: none"> <li>a) promote programs designed to bring about coordination of planning and programming activities</li> <li>b) encourage development of services for the elderly through Titles III and VII of the Older Americans Act and HUD assisted housing</li> <li>c) focus on inclusion of services for elderly and handicapped residents in new and rehabilitated housing</li> <li>d) encourage elderly to be involved in planning process of Sec. 202 housing</li> <li>e) promote coordination between AoA network staff and HUD regional and area staff</li> <li>f) provide joint training or t.a.</li> </ul>	August 1976	3

AGREEMENTS CONCERNED WITH VARIOUS SOCIAL SERVICES

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on Agreement with like Agreements
Information and Referral	AoA; Social Security Administration; SRS	a) Improve I&R activities within the department in order to maximize departmental efforts  b) Improve activities of departmental agencies designed to facilitate actions that impact directly on improvement and coordination of I&R services at the State, area, and community levels, e.g.	May 1975	24
Information and Referral	ACTION, Dept. of Agriculture, Civil Service Commission, Federal Energy Admin., General Services Admin., Dept. of Health, Education, and Welfare, Dept. of Housing and Urban Development, Dept. of Labor, Office of Economic Opportunity, Dept. of Transportation, Veterans Administration	a) improve I&R activities of Federal departments  b) improve activities of Federal departments and agencies  c) monitor and evaluate progress of Federal agencies' responsiveness to I&R needs of older persons	May 1975 (revised)	(See at
Transportation: Use of School Buses for	AoA, DOT, OE	a) explore methods for increasing the mobility of older persons through the use of school buses, with special attention devoted to those older	May 1975	1

AGREEMENTS CONCERNED WITH VARIOUS SOCIAL SERVICES

Subject of Agreement	Parties to Agreement	Purpose	Number of State Agencies on Aging with like Agreements
Transportation Services	AoA; Department of Transportation	<ul style="list-style-type: none"> <li>a) increase mobility of elderly by improving access to public and specialized transportation systems in urban and rural areas</li> <li>b) work toward coordination of public mass transit services and facilities with special transportation services for elderly and handicapped</li> <li>c) pool program resources to pay for transportation costs</li> </ul>	31
Law Enforcement	AoA; Law Enforcement	<ul style="list-style-type: none"> <li>a) analyze, expand and disseminate base of knowledge about crime against elderly</li> <li>b) increase public awareness and encourage citizen involvement in efforts to reduce crime against elderly</li> <li>c) involve other Federal agencies and private organizations representing elderly to create consortium to formulate strategy for crime prevention against elderly</li> <li>d) increase level and accessibility of legal services to elderly</li> <li>e) expand level of commitment at Federal, State and local levels applied to address problems of crime and the elderly.</li> </ul>	8

AGREEMENTS CONCERNED WITH VARIOUS SOCIAL SERVICES

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of Agencies with like
Legal Services	AOA; Legal Services Corporation	<ul style="list-style-type: none"> <li>a) sensitize legal services providers to needs of older persons</li> <li>b) increase number of legal personnel trained specifically to serve elderly</li> <li>c) provide educational programs for older persons to apprise them of their legal rights</li> <li>d) improve access of older persons to existing legal services</li> </ul>	January 1977	3
Social Service	AOA; Community Services Administration (now PSA)	<ul style="list-style-type: none"> <li>a) maximize coordination of planning activities at Federal level</li> <li>b) encourage development of comprehensive coordinated services and integrated provision of services under Title III and VII of Older Americans Act and Title XX of Social Security Act</li> <li>c) improve manpower effectiveness and promote staff development at State and local levels</li> </ul>	July 1975	53
	AOA; Rehabilitation Services Administration	<ul style="list-style-type: none"> <li>a) provide framework within which to structure joint efforts on consultation, sharing of expertise, planning and implementation</li> </ul>	March 1975	31

AGREEMENTS CONCERNED WITH DIASTER RELIEF AND ENERGY

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on with like Ag
Disaster Assistance	AoA; Federal Disaster Assistance Administration	<ul style="list-style-type: none"> <li>a) provides set of guidelines by which the National Network on Aging can carry out its responsibilities for meeting special needs of older persons in cooperation with the Federal Disaster Assistance Administration</li> <li>b) provide guidelines for coordinated efforts in the exercise of respective responsibilities in disasters</li> </ul>	January 1977	
Energy Conservation	AoA, HUD, FEA, DOL, ACTION, Community Services Administration, Extension Service USDA, Farmer's Home Administration USDA	<ul style="list-style-type: none"> <li>a) share information</li> <li>b) provide training on winterization of homes of elderly</li> <li>c) provide orientation on fuel allocations and energy policies</li> </ul>	January 1975	.13

AGREEMENTS CONCERNED WITH PARTICULAR AGENCIES OR CONSTITUENTS

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of State Agencies on Agreement with like Agencies
HUD Community Development Block Grant Program	HUD: AoA	a) encourage greater cooperation and coordination between AoA and HUD counterparts at State and local levels in application and use of CDEG funds for activities for the elderly	March 1976	6
Volunteer Activities (ACTION)	AoA, OCD, ACTION	a) encourage collaborative efforts of older persons serving as volunteers in Head Start programs	December 1974	47
Community Service, (OEO)	AoA; CSA	a) exchange of information b) joint planning and coordination c) share responsibility providing efficient nutrition service delivery d) coordinated delivery of social services e) coordinate research and demonstration efforts	December 1975	21

AGREEMENTS CONCERNED WITH PARTICULAR AGENCIES OR CONSTITUENTS

Subject of Agreement	Parties to Agreement	Purpose	Date Signed or Revised	Number of States or Agencies on Attachment like Agreement
Services to Elderly American Indians	AoA, ONAP, DOT, PSA, PHA, OE	<ul style="list-style-type: none"> <li>a) expand base of knowledge about living conditions and needs of elderly American Indians</li> <li>b) expand public awareness of problems of older American Indians</li> <li>c) increase direct involvement of Indian tribes and organizations in development of policy, planning and programming of services</li> <li>d) expand level of commitment of resources</li> </ul>	May 1976	1

CONFERENCES				
<u>FISCAL YEAR 1977</u>				
<u>GRANTEE</u>	<u>TITLE</u>	<u>AMOUNT</u>	<u>SOURCE</u>	<u>PROJECT REC'D</u>
1. U.S. Conference of Mayors	"Mayoral and Municipal Gov't Responses to the Urban Elderly"	292,679*	IV-A	3/1/75-12/31/77
2. Council of State Gov'ts	"Studies in State Policies in Aging"	182,790*	IV-A	2/1/75-9/30/78
3. Nat'l Interfaith Coalition on Aging (Supplement)	"Planning Conference on Education in Gerontology in the Religious Section"	10,671	IV-A	9/15/76-7/15/77
4. Council on Minority Planning and Strategy	"Seminar on Blacks in Retirement"	56,601	IV-A	1/1/77-1/1/78
5. American Protestant Hospital Association Collegel of the Chaplains	"Nat'l. Seminars to Educate Clergy to Service in Aging"	150,000	IV-A	5/1/77-4/30/78
6. Natl. Rehabilitation Association	"Mary Switzer Seminar on the Older Blind"	4,750	IV-A	4/1/77-10/1/77
7. Nat'l Indian Council on Aging	"National Indian Conference on Health and Aging"	93,342	Sec. 308	9/30/77-9/29/78
8. Asociasion Nacional Pro Personas Mayores	"National Conference on the Hispanic Elderly"	34,162	Sec. 308	9/1/77-11/30/77
9. Brothers of Mercy Health Facilities	"Conference on Medical and Social Aspects of the Aged Person as an Individual"	4,820	Sec. 308	9/1/77-8/31/78
10. The Gray Panthers	"1977 Gray Panther Convention"	16,612	Sec. 308	9/1/77-11/30/77
11. Natl Paralegal Inst.	"Nursing Home Advocacy Training"	99,450	Sec. 308	9/30/77-9/29/78

\*Includes completion of funding on FY 1976 grant.

FY 1977  
CONTRACT AWARDS

## EVALUATION

## TITLE II, SECTION 207, OLDER AMERICANS ACT, AS AMENDED

<u>STATE</u>	<u>CONTRACTOR</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
District of Columbia	National Institute of Advanced Studies	Evaluation of Interagency Agreements (Modification)	110,405
Maryland	Westat, Inc.	Evaluation of the Area Planning and Social Services Program (Title III), Phase II	798,469
	Ecomometrics, Inc.	Evaluation of the Area Planning and Social Services Program (Title III), Phase II	Subcontractor
Minnesota	Robert Walker Associates	Evaluation of the Area Planning and Social Services Program, Phase II	Subcontractor
New Jersey	Opinion Research Corporation	Longitudinal Evaluation of the Nutrition Program for the Elderly, Phase II	Joint Contractor
New Mexico	Kirschner Associates, Corporation	Longitudinal Evaluation of the Nutrition Program for the Elderly, Phase II	801,604

## LEGAL SERVICES DEVELOPMENT PROGRAM-MODEL PROJECTS

Appendix L

		Amounts Allocated to Each State on 1-1-77:				
TOTALS						
1	Alabama	20,000				
2	Alaska	20,000				
3	Arizona	20,000				
4	Arkansas	20,000				
5	California	37,502				
6	Colorado	20,000				
7	Connecticut	20,000				
8	Delaware	20,000				
9	District of Columbia	20,000				
10	Florida	22,861				
11	Georgia	20,000				
12	Hawaii	20,000				
13	Idaho	20,000				
14	Illinois	21,081				
15	Indiana	20,000				
16	Iowa	20,000				
17	Kansas	20,000				
18	Kentucky	20,000				
19	Louisiana	20,000				
20	Maine	20,000				
21	Maryland	20,000				
22	Massachusetts	20,000				
23	Michigan	20,000				
24	Minnesota	20,000				
25	Mississippi	20,000				
26	Missouri	20,000				
27	Montana	20,000				
28	Nebraska	20,000				
29	Nevada	20,000				
30	New Hampshire	20,000				
31	New Jersey	20,000				
32	New Mexico	20,000				
33	New York	37,132				
34	North Carolina	20,000				
35	North Dakota	20,000				
36	Ohio	20,000				
37	Oklahoma	20,000				
38	Oregon	20,000				
39	Pennsylvania	25,287				
40	Rhode Island	20,000				
41	South Carolina	20,000				
42	South Dakota	20,000				
43	Tennessee	20,000				
44	Texas	21,037				
45	Utah	20,000				
46	Vermont	20,000				
47	Virginia	20,000				
48	Washington	20,000				
49	West Virginia	20,000				
50	Wisconsin	20,000				
51	Wyoming	20,000				
52	American Samoa	10,000				
53	Guam	10,000				
54	Puerto Rico	21,000				
55	Trust Territory	10,000				
56	Virgin Islands	10,000				

PHS-20-3 (Formerly HSM-705-3)

STATISTICAL WORK SHEET

8-73R TOTAL AMOUNT: \$1,175,000.

## LEGAL SERVICES —

<u>STATE</u>	<u>GRANTEE</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
California	California Office on Aging Sacramento	Paralegal and Senior Advocate Training	\$148,880
	Senior Adults Legal Assistance, Palo Alto	Senior Adults Legal Assistance	47,322
	National Senior Citizens Law Center	National Senior Citizens Law Center	279,918
Connecticut	Tolland-Windham Legal		
District of Columbia	National Council for Senior Citizens	Legal Research and Services for the Elderly	367,133
	National Paralegal Institute	Senior Citizens and the Law: Technical Assistance and Training for Law Students	190,000
	National Retired Teachers Association/American Association for Retired Persons	Legal Counsel for the Elderly Project	135,452
New York	Presbyterian Senior Legal Services for the Elderly New York	Legal Services for the Elderly Poor	80,000
Pennsylvania	Public Interest Law Center	Law, Aging and Long Term Care	167,175

## ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

The Federal Architectural and Transportation Barriers Compliance Board was created by Congress in 1973 primarily to ensure compliance with standards prescribed under Federal laws which require that all buildings and facilities owned, occupied, or financed by the U.S. Government be accessible to and usable by physically handicapped persons.

Though the A & TBCB is charged by Congress with responsibility for enforcing the law requiring access for *handicapped persons*, needs of the aging are included. The advance of age brings with it physical limitations similar to those resulting from disease, accidents, and congenital problems. Thus architectural and transportation barriers impede many older people too.

Section 502 of the Rehabilitation Act of 1973 (Public Law 93-112) established the A & TBCB as a quasi-independent agency whose primary purpose is to ensure compliance with the Architectural Barriers Act of 1968 (Public Law 90-480). This law applies to buildings and facilities designed, constructed, altered, or leased by the Federal Government since August 12, 1968, and to those financed wholly or in part with Federal grants or loans.

In carrying out its regulatory responsibilities, the A & TBCB is empowered through the Rehabilitation Act Amendments of 1974 (Public Law 93-516) to issue a final and binding order of compliance which may include the suspension or withholding of Federal funds with respect to any building of any department, agency, or instrumentality of the United States subject to the Architectural Barriers Act.

The A & TBCB is also responsible for initiating investigatory approaches into the nature of architectural, transportation and attitudinal barriers confronting handicapped individuals, particularly with respect to public buildings, monuments, parks and parklands, residential, and institutional housing.

The A & TBCB is composed of cabinet-level representatives of nine Federal departments and agencies including Health, Education, and Welfare; Transportation; Housing and Urban Development; Labor; Interior; Defense; General Services Administration; U.S. Postal Service; and Veterans Administration.

The Board originally functioned with technical, administrative, and other assistance provided by the members, departments, and agencies. In 1974, the law was amended to add the Department of Defense to the original eight-member Board and to direct the agency to appoint a separate staff headed by an executive director who was named in 1975. The Board staff includes units for compliance, public information, general counsel, and policy, planning, and program development.

The Board meets bimonthly and the full-time staff carries on its work in continuous contact with the Board members and their designated liaison personnel.

Other responsibilities of the Board are to: (1) Determine what measures are being taken to eliminate barriers from public transportation systems, to prevent the incorporation in new or expanded transportation systems and to make housing available and accessible for handicapped individuals; (2) recommend to the President and Congress such legislation and administrative action "as it deems necessary or desirable to eliminate barriers."

The Board has a National Advisory Committee, the majority of the members of which are handicapped, to provide guidance, advice, and recommendations. Membership of the Committee includes persons with a variety of disabilities and also several aged persons.

The Board's objectives and emphases are summarized in these statements:

1. To provide accessible and usable transportation for handicapped people in transportation systems.

2. To encourage the production in adequate amounts of a variety of residential accommodations in the community for the severely disabled, and to provide housing alternatives with the objective of producing satisfactory noninstitutional living arrangements.

3. To promote generally the utilization of a barrier-free criteria in planning and design of all elements of our man-made environment, and to require these criteria with respect to that which is federally assisted.

4. Through a national awareness campaign, to promote the elimination of attitudinal barriers and greater public understanding of environmental problems faced by disabled people.

5. To implement measures which will ensure that all Federal buildings and community facilities such as hospitals, schools, parks, airports, etc., are accessible to and usable by physically handicapped persons.
6. To provide access for handicapped people to national parks and monuments and to encourage States and localities to take similar action with respect to comparable State and local facilities.
7. To promote a barrier-free environment within business and industry, allowing for the employment of the disabled.
8. To promote and develop guidelines for the use of the International Accessibility Symbol on public facilities which comply with the standards under Public Law 90-480.
9. To identify any conflicts between Federal, State, and local barriers, legislation and programs and to coordinate future planning.
10. To establish a system of assembling information on barrier removal and to make data available to States and localities.
11. To assure maximum utilization of revised ANSI standards and their evaluation and revision on a systematic and continuing basis.

#### PROGRAM ACHIEVEMENTS IN 1977

The A & TBCB published in the Federal Register its enforcement rules to be used to ensure that federally financed buildings are accessible to people with disabilities. A pamphlet, "Access America: The Architectural Barriers Act and You," was published and has been widely distributed. It explains the enforcement rules and spells out the complaint process by which anyone may file a complaint with the A & TBCB about any federally funded buildings that are inaccessible.

The A & TBCB issued its first four citations—the initiations of legal action against Federal agencies or departments responsible for buildings that aren't accessible—based on complaints from consumers. The citations were issued to:

- (1) The Departments of Interior and Transportation for failure to provide access for handicapped persons to lower level train platforms at Union Station in Washington, D.C., and failure to provide accessibility and usability to visually physically handicapped persons.
- (2) The Department of Health, Education, and Welfare, the Social Security Administration, and the General Services Administration, for failure to provide adequate access for physically handicapped persons at the Social Security Administration's Southeastern Program Center in Birmingham, Ala.
- (3) The Department of Transportation for failure to provide on a pedestrian overpass in Omaha, Nebr., safe and convenient access to physically handicapped persons including those who are semiambulatory or have disabilities relating to sight, coordination, or aging.
- (4) The Department of Housing and Urban Development for failure to provide access to physically handicapped persons to the Susie Venson Residence for Women and the Wesley Lueksing Residence for Men at Oral Roberts University in Tulsa, Okla. The two dormitories were constructed in 1972 with loans and grants given to the university by HUD.

As required by the legislation which established the A & TBCB, a National Advisory Committee on an Accessible Environment was appointed to provide guidance, advice, and recommendations to the A & TBCB. During its first year the committee's thrust was sponsorship of public awareness conferences throughout the Nation. These conferences are designed to create awareness of environmental barriers and to exchange information with the public about enforcement of Federal laws requiring access to buildings and transportation.

A guide to the state-of-the-art knowledge and literature on architectural barriers and barrier-free design was published. The guide is intended for professionals working to create barrier-free environments and for the interested public. Some subjects covered include architects, transportation, recreation, standards, legislation, legal matters, statistics, human factors research, attitudes, types of disabilities, aides and devices, etc. The guide was distributed nationwide to all universities, schools of design, departments of architecture, and vocational rehabilitation centers. The Department of Health, Education, and Welfare's Office of Civil Rights also distributed the guide to aid recipients of HEW funds in dealing with barrier-free design.

In cooperation with the Department of Health, Education, and Welfare, the A & TBCB began constructing a pilot accessibility compliance system to ensure that accessibility is dealt with in all new construction and that involving renovations, contracts, grants, etc.

A contract was awarded for the purpose of developing, implementing and distributing materials in support of a national public awareness project. The goals of the project are:

(1) Increased realization among both disabled and non-disabled populations that legislation guarantees right of access to and use of buildings with Federal funding involvement (since 1968) to all persons, and provides a formal complaint process to be used by persons denied such access. Further, that information of filing complaints may be obtained from the A & TBCB.

(2) Creation within the general public of an awareness of the problems caused by the presence of barriers in the environment, and of the fact that a handicap is more a function of a hostile environment than of a disability.

(3) Enlightenment of the public to appreciation of the benefits of barrier-free design to all persons—elderly, temporarily incapacitated, families of disabled, etc.

A national hearing on recreation needs of handicapped persons was conducted by the A & TBCB in Boston, Mass. Twenty-two witnesses from around the nation were invited by the A & TBCB to present their views on the recreation needs of handicapped persons and how these needs may be met. Many others were invited to submit written statements. "Access to Recreation," a report on the hearing, was published.

#### PROJECTED ACHIEVEMENTS FOR 1978

Completion of a comprehensive compliance system that will enable the assembling and processing of data concerning construction projects being undertaken. This system will allow the A & TBCB to monitor federally funded construction and deal with barrier problems in beginning stages. An internal compliance system is being developed through a pilot project with HEW. The elements can then be transferred to other departments. The A & TBCB's process for handling complaints will be further strengthened.

Materials for the media-oriented public awareness campaign "Access America" will be completed and the campaign begun. The project will include posters and television and radio public service announcements creating awareness of barriers.

To follow the media-oriented public awareness campaign, an educational program will be developed to enable the A & TBCB to coordinate and support State and local efforts working for a barrier-free environment.

Conferences on architectural barriers will be held in five regional cities in the nation. Participants will be architects, builders, lending agents, and Federal, State, and local officials with responsibilities for administering building codes and architectural barriers laws.

The A & TBCB's legal staff will further develop the agency's enforcement program. The General Counsel's office will play a significant role in developing administrative and legislative recommendations for the A & TBCB to make to the President and Congress. This office will also prepare comments on pending legislation and regulations proposed by other Federal agencies which affect the handicapped population.

#### OFFICE OF CONSUMER AFFAIRS

JANUARY 30, 1978.

DEAR MR. CHAIRMAN: In response to your request, enclosed is a summary of the Office of Consumer Affairs (OCA) activities during the past calendar year relating to the elderly.

OCA is pleased to have the opportunity to have input in the committee's annual report on aging. We are keenly aware of the needs of the elderly and we anticipate that during the coming year our activities will be expanded to enable us to provide even greater assistance to older Americans.

Sincerely,

LEE RICHARDSON,  
*Director-Designate.*

[Enclosure.]

The Office of Consumer Affairs (OCA) assures that the consumer's interest is reflected in Federal policies and programs, cooperates with State agencies and voluntary organizations in advancing the interests of consumers, promotes improved consumer education, recommends legislation of benefit to consumers, encourages productive dialog and interaction between industry, government, and the consumer, and provides continuing policy guidance to the Consumer Product Information Coordinating Center.

Its major activities, however, fall primarily within these categories: (1) Consumer advocacy, (2) consumer education and information, and (3) 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 OCA programs.

Highlighted below are major activities in each of these categories with special emphasis on those having the greatest impact on older Americans.

## 1. CONSUMER ADVOCACY

### INTERAGENCY COMMITTEES

OCA is represented on the following HEW interagency committees which have special impact on the elderly.

Planning committee of the 1979 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.

Secretary's Task Force on the Age Discrimination Act of 1975. The Task Force is 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 is developing Department strategy on deinstitutionalization of community care and treatment.

Congressional Black Caucus "Brain Trust" on the Elderly. Among other things, the Brain Trust assists the Caucus in developing legislation to benefit minority and poor elderly citizens.

University of Pittsburgh's National Consumer Advisory Council. The council advises the university in carrying out its Administration on Aging grant to research the fraud problems of the elderly.

### LEGISLATIVE/REGULATORY COMMENTS AND CONGRESSIONAL SUPPORT

OCA has acted on behalf of the elderly primarily through its comment on various legislative and regulatory proposals that would have significant impact on older Americans.

OCA encouraged the Federal Trade Commission to make in its proposed rule on mobile home sales and services specific modifications that would strengthen consumer protection provisions without necessitating an unreasonable increase in the purchase price. Such efforts would retain mobile homes as a realistic housing alternative for the elderly and other low-income consumers.

The Office has become increasingly involved in air transportation regulations, especially those concerning air charters. Since a substantial portion of the charter market consists of retirees, every government action affecting the operation of charter tours also affects the pocketbooks of older consumers, as well as the enjoyment of their vacations. Two issues in which OCA actively participated were: advertising of charter tours and liberalization of charter regulations.

During the course of analyzing a wide variety of subjects for consumer impact, several topics were of special interest to the elderly. Those included: food labeling regarding designation of fats and oils, condominiums, energy efficiency ratings, warranties, consumer product safety rules, funeral industry practices, over-the-counter drugs, and imitation foods.

### STATE AND LOCAL CONSUMER PROGRAMS

OCA through day-to-day liason continued to encourage and assist State and local governments in their responsiveness to consumer problems, including those of the elderly. Currently, there are 141 State consumer offices, 150 county offices and 67 city consumer offices. A growing number of these offices now have or are considering, special information and education programs for the aging and for concentrated enforcement efforts against frauds and deceptive practices which are directed toward the elderly.

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 1977 directory also includes a listing of Federal Information Centers, Federal Consumer Information Centers and State public utilities com-

missions. These will insure that the directory is of special assistance to the homebound and/or handicapped consumers. The directory is available to the general public through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

OCA's "Guide to Federal Consumer Services" has a listing for Older Americans which is free from the Consumer Information Center, Pueblo, Colo. 81009.

#### VOLUNTARY CONSUMERS DIRECTORY

The Office of Consumer Affairs published a "Directory of Consumer Organizations." More than 400 international, national, State, and local nongovernment consumer organizations are identified. These are groups which derive funding support from voluntary membership and include many low income, elderly and minority organizations. The directory was compiled in order to encourage more interaction among these groups. OCA sees the directory as being of special assistance to the homebound and/or handicapped consumer.

#### TELEPHONE/HEARING AIDS

OCA is working with telephone industry officials and representatives of the hearing-impaired to help ensure that the latter have an opportunity to have input into policy decisions of phone companies affecting them.

#### AIR CHARTERS

The Civil Aeronautics Board (CAB) has relaxed its regulation governing air charters, thus providing low-cost air charters to larger numbers of consumers. OCA developed a multiphased study to determine consumer perception of the adequacy of air charter advertising. OCA wanted to know if consumers, including the elderly, were getting sufficient information to pick the best bargains.

### 2. CONSUMER EDUCATION AND INFORMATION

#### PUBLICATION OF "CONSUMER NEWS" BY OCA

In addition to carrying articles in every issue of general interest to consumers—"Consumer News" focuses on specific news of Federal activities of special concern to the elderly. A few examples: Federally funded nutrition and transportation programs, as well as other federally funded programs especially designed for older Americans, high costs of medical care, tips on energy conservation, widowers' benefits, and memorial societies.

In addition, "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" AND "HELP"

"Dear Consumer" columns, which are provided as a public service to more than 7,000 weekly newspapers, occasionally deal with topics that primarily concern older Americans. OCA's 4-minute Public Service Radio program "HELP," which is sent 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.

#### CONFERENCES AND TECHNICAL ASSISTANCE

Besides providing information on an individual basis, OCA has participated in national, regional, and State conferences and workshops designed to address issues affecting low income, minority and elderly consumers. In addition to providing materials and information regarding possible funding sources and technical assistance, OCA has continued to alert these groups to proposed legislation, regulations and policies that may impact on them.

OCA has contributed to national senior citizen organizations to plan and convene consumer education and protection seminars and workshops.

OCA invited representatives of senior citizen and other public interest organizations, business, and the academic sector to participate in the November 3-4

National Warranty Update Conference. The purpose of the conference was to review the results to date of the Magnuson-Moss Warranty/Federal Trade Commission (FTC) Improvement Act of 1975. Most participants emphasized the need for FTC to move toward issuing final rules and regulations that would clarify needed enforcement provisions of the act. The economic impact of the regulations on low-income groups and those on fixed incomes was highlighted throughout the 2-day discussions.

Plans are underway for OCA to hold a conference on life insurance in late spring 1978. The conference will bring together consumers, government, industry, and academic representatives to discuss and develop approaches to meet consumer needs in the area of life insurance, a subject of importance to the elderly.

OCA also is planning a conference on household moving public interest groups, including the elderly, and interstate moving companies will discuss, among other things, the need for simplification of terminology used in household moving forms, a source of considerable confusion and economic impact for some older consumers.

OCA will hold a Consumer Education Catch-Up Conference March 2-3, 1978. Representatives from senior citizens organizations have been invited to participate. One of the workshops planned is on "extending consumer education to the elderly and handicapped." Other conference issues will also impact on the elderly consumer.

OCA also served on the planning committee and developed a 2-day consumer workshop for the fifth annual Conference on the Black Elderly. Additionally, the Office addressed and answered questions from 80 congressional senior citizen interns during a "Consumer Problems of the Elderly" workshop at the Rayburn House Office Building.

#### NUTRITION EDUCATION

A new series of print advertisements in the Advertising Council's food, nutrition and health campaign sponsored by OCA—for HEW—and the Grocery Manufacturers of America includes an advertisement specifically for the elderly. Headlined "if you're over 55, you shouldn't eat like you're still 25." The ad copy explains that people between 55 and 75 need 150 to 200 fewer calories daily than they did when they were younger. The ad copy also encourages the elderly to write for a free booklet which tells them more about their specific nutritional needs. Created in 1977, the ads will run through 1978.

### 3. PLANNING AND ANALYSIS

#### CONSUMER COMPLAINTS

Many of the approximately 20,000 complaints received by OCA during 1977 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.

OCA has funded a four-phase study to improve the handling of consumer complaints in the public and private sectors. The final report is scheduled for completion in April 1978. It is expected that this study will serve as the catalyst for substantive changes in complaint handling procedures and will enhance the impact complaint data has on management directives and formulation of policy.

#### 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 1977, there were many events and actions which illustrate the significance of FDA's protection of the elderly.

#### 1977 ACCOMPLISHMENTS

##### PNEUMOCOCCAL PNEUMONIA VACCINE LICENSED

In November, FDA licensed the first vaccine against pneumococcal pneumonia, a common form of pneumonia. Despite the wide use of antibiotics, pneumonia

today is the fifth leading cause of death in the United States, killing an estimated 25,000 Americans annually. The type of pneumonia against which the vaccine protects accounts for a major portion of these deaths. The vaccine is effective in at least 80 percent of the people who receive it.

#### BLOOD LABELING REGULATIONS PROPOSED

In February, FDA proposed regulations to require the labeling of blood for transfusion to specify whether it came from a paid or volunteer donor.

The regulations are designed to reduce the risk of transmitting hepatitis, a serious liver infection, through blood transfusions. Blood from paid donors and commercial blood banks has been shown to be three to ten times more likely to cause hepatitis than blood from volunteer donors.

#### SAFEGUARDS SET FOR INTRAOCCULAR LENSES

In May 1977, FDA established new safeguards for the use of intraocular lenses. Intraocular lenses are plastic lenses surgically implanted in the eye following removal of the natural lens, most frequently because of cataracts. These safeguards were needed because there have been reports of more than 100 serious injuries, including five eye losses, after intraocular lens implantation. The injuries appear related to inadequate quality control and manufacturing practices. Under the new regulation, manufacturers have 90 days to submit proposed plans for manufacturing, sterilizing, and testing of their products.

The new requirements also limit intraocular lenses, including those now on the market, to investigational use only. Patients must also be informed in writing about the risks and benefits of intraocular lenses before implantation.

#### HEARING AID RULES TAKE EFFECT

Important safeguards for the prospective hearing aid customer were established in August when new rules on how hearing aids must be labeled and sold went into effect.

These rules give consumers the information they need to protect themselves from buying hearing aids that will not help them; to assure that consumers who can be helped have complete, accurate, and understandable information before they buy; and to make sure that those people who need medical attention for their hearing loss will not be sold a hearing aid instead.

#### FDA TACKLES DIAGNOSTIC X-RAY NONCOMPLIANCE PROBLEM

Over the past 3 years, FDA has been field testing medical and dental diagnostic X-ray equipment for compliance with the Federal radiation safety performance standard. The results have shown a high rate of noncompliance, particularly for the medical X-ray industry.

During 1977, the Agency notified manufacturers of the problem and the need for positive remedial action. FDA emphasized that the Agency considers the industry's present rate of noncompliance to be unacceptable and that manufacturers are responsible for correcting any items of noncompliance. FDA also advised manufacturers that the Agency will continue to analyze the compliance field test data and initiate enforcement actions, as appropriate.

#### WARNING LABELS PROPOSED FOR PROTEIN SUPPLEMENTS

In December, FDA proposed to require a warning label for all protein supplements. In addition to proposing the mandatory label, FDA asked for public and legal comment on the possible need for a banning action and the most appropriate statutory basis for such action, if required.

FDA's actions on the protein diets were based on growing evidence of serious medical problems, including death, associated with their use. On the basis of CDC findings, there was reason to believe that the liquid protein diet was a contributing factor or cause of the death.

#### BIOAVAILABILITY-BIOEQUIVALENCE REGULATIONS PUBLISHED

In January, FDA published the final order establishing bioavailability/bioequivalence regulations. These regulations play an important role in assuring the quality of generic drugs. The regulations are particularly important to States with

legislation allowing for generic drug substitution, as well as States and other organizations presently attempting to establish purchasing programs.

#### FDA ACTS TO REQUIRE ESTROGEN AND PROGESTIN PATIENT LABELING

FDA has ordered manufacturers of estrogen drugs to provide a lay-language brochure to women who have had the female hormone prescribed for relief of menopausal symptoms and after menopause.

The action, which was effective in October, is a continuation of the Agency's effort to provide information on certain prescription drugs directly to patients, and help them participate more fully in decisions with their physicians. The estrogen brochure will warn women that the higher the dosage and the longer the treatment, the greater the risk of cancer in the uterus.

In a related action, FDA also proposed the same kind of brochure for women using progestins, another type of female hormone. Progestins have been used to prevent miscarriages and for menstrual disturbances. Use of the drugs has been shown to increase the risks of birth defects and, in female offspring, of vaginal or cervical cancer. FDA urged manufacturers to begin providing such a brochure while final regulations are being completed.

#### PROJECTED 1978 ACCOMPLISHMENTS

Over the past several years, legislation has been proposed by the Department of Health, Education, and Welfare, as well as by individual members of Congress, that would alter the current provisions of the Federal Food, Drug, and Cosmetic Act regarding the regulation of drugs for human use. In the Congress, for example, major changes have been suggested by Senator Edward Kennedy (S.1831), Senator Harrison Williams and Jacob Javits (S. 2040), Senator Gaylord Nelson (S. 628 through S. 643), and Representative Paul Rogers (H.R. 8891). A number of other bills have been introduced that address single specific sections of the act dealing with drugs for human use.

After reviewing the key issues, FDA believes that, at a minimum, any new drug should have the following features:

- a system that sets a consistent standard governing the marketing of all drugs;
- a system that will allow the Agency to put promising drugs on the market faster, without compromising safety, and that will encourage competition, not stifle it;
- a system for careful surveillance of all drugs on the market and prompt removal of drugs when problems appear;
- a system that will make public all relevant scientific and testing data while still providing needed proprietary protection to encourage the development of new drugs; and
- a system that will provide maximum information and education to the healthy consumer to foster careful and informed use of drugs.

With these features in mind, FDA spent much of 1977 developing a legislative proposal that could be introduced to Congress early in 1978.

#### HEALTH CARE FINANCING ADMINISTRATION

On March 8, 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 are consolidated into one organization, the Health Care Financing Administration (HCFA).

The consolidation of previously separate medicare, medicaid, and quality assurance activities should greatly assist coordination and resolution of major issues relating to the Department's long-term care policies. Another purpose of the reorganization is 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 ensuring 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. HCFA spent approximately \$7.2 billion in Federal and State funds for long-term care services in fiscal year 1977. The medicaid program financed the greatest part of these expenditures,

with Federal and State payments of \$3 million for skilled nursing facility services, \$3.2 billion for intermediate care facility services, and \$150 million for home health care services. The medicare program spent approximately \$360 million for skilled nursing facility services and \$460 million for home health services in fiscal year 1977.

## LONG-TERM CARE STUDIES AND DEMONSTRATIONS

### I. ANALYTICAL STUDIES

#### A. General Summary

HCFA studies started or completed during fiscal year 1977 concentrated on the development of prototype prospective reimbursement (PR) systems for nursing homes and the analysis of costs in settings serving as alternatives to institutional long-term care. Research on PR systems for nursing homes involves a three-part strategy. Abt Associates is developing a formula PR system which addresses the industry's operating costs; Battelle Northwest is studying issues surrounding reimbursement for capital costs; while Urban Institute is assessing the successes and failures of ongoing State Medicaid PR systems for nursing homes.

On the alternative side, Stanford Research Institute has reviewed the literature on alternatives to long-term care, reviewed the legislative and regulatory barriers at the State, local, and Federal levels to implementation of alternatives, identified and described a number of long-term care alternatives that were operating without large amounts of continuing Federal support nationwide, and assessed their long-term viability. In another study, Abt Associates developed and field tested a methodology for determining, classifying, and comparing costs for comparable services in 11 different long-term care settings that serve as alternatives to institutional long-term care.

#### B. Individual Project Summaries

##### 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 result of this study will be a list of policy choices with their implications for public budgets, cost containment, availability of care to public patients, 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' experiences 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 services 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 costs, 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 studies.

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.

## II. DEMONSTRATION PROJECTS

### *A. General Summary*

Nineteen research demonstrations nationwide are in various stages of progress. Five are demonstrating the feasibility and cost-effectiveness of community wide coordinating systems for social and health care services designed to prevent premature or inappropriate long-term institutionalization and (in some areas) to return people to the community who no longer need the nursing home level of care. These five projects are located in Wisconsin, Washington State, Georgia, New York, and Colorado.

Four projects are demonstrating the cost-effectiveness of day health care as an alternative to long-term institutional care. They are located in California (two projects), Kentucky, and Maine.

One project in New York is exploring the cost-effectiveness of a day hospital. A Vermont project is exploring the cost-effectiveness of review of long-term care by a PSRO; and a Utah study is attempting to develop a long-term care payments system that is related to reasonable costs of care. A study in Texas is exploring the feasibility of congregate housing for the permanently and severely disabled.

Four projects involve the concept of "swing-beds" in rural low occupancy hospitals. These are being conducted in Texas, Utah, and South Dakota. Two projects in Oregon and Massachusetts will determine the effects of waiving the 3-day prior hospitalization requirement for coverage in skilled nursing facilities.

## *B. Individual Project Summaries*

### 1. The Community-Wide 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 their 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 providers 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 project became operational at two sites in October 1976, Benton-Franklin 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, e.g., 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 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 SSHB 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 the demonstration prove 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's 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 through 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. Day Health Care Systems

### a. California

(1) On-Lok.—The long-term general objectives are (a) to test day health services as a new health care delivery system designed to meet the special needs of the elderly by maintaining them in the community as long as it is medically, socially and economically feasible; (b) to prevent premature or inappropriate institutionalization; and (c) to develop/test the licensing and program regulations for a funded adult day health services program that is both cost-effective and cost-beneficial when compared to traditional health services delivery.

The State of California initiated this demonstration effort in the Chinatown area of San Francisco. The administrative office and the medical facility, referred to as the "On Lok Senior Health Center," are operative and services are being provided to program participants. These services include medical care and nursing supervision; health-related social services; physical, occupational, speech and recreational therapy; nutrition, including diets and counseling; podiatry; psychiatry; activities of daily living, such as grooming and bathing; transportation; portable meals and in-home services.

Emphasis during the present year will be on (a) the development of appropriate health care packages at different costs and eligibility criteria; (b) obtaining management information (MIO) beneficiary profiles for all persons involved in the second-year program, with followup to determine present status; (c) a longitudinal retroactive analysis, utilizing program participants from December 1974 as a baseline; and (d) revision of reports to obtain service and fiscal information for testing various levels of day health services.

(2) Sacramento, San Diego.—This application is to support adult day health services in San Diego and Sacramento. Although the overall purpose of the adult day health services demonstration models is to test the cost, effectiveness, and satisfaction (California requirement) afforded by these services, expand the data base for supporting (or rejecting) the service as a Medi-Cal benefit, and determine reimbursement experiences and rate setting procedures to support prospective legislation, each of the projects incorporates additional variations which may be used to compare models.

The Sacramento Senior Health Day Care Center established as a California Office on Aging model project, will expand services from physical therapy and nursing to include medical/nursing, physical therapy, occupational and speech therapy, and social casework as primary services and ADL, meals, transportation, health education, reality therapy and recreational/socialization as supportive services. Podiatry, hearing and vision screening will be provided on an as needed basis. Unlike the AoA model, there will be no over 60 age restriction, a congregate feeding center will be combined with the day health program, and a nurse practitioner will be introduced as an onsite intake and assessment team member. (This does not eliminate the personal physician but replaces the staff physician on the assessment team). Variation from On Lok include the nurse practitioner, combination with elderly nutrition project, and in-home services provided by existing services. Feasibility and relative cost will be evaluated.

The San Diego County adult day care program, operating since 1973, is testing the provision of these services on a countywide basis: a central administrative unit combined with five autonomous centers. Four centers are currently in operation, a fifth is to be opened. The core staff consists of social services specialists at each site with the health care professionals (physical therapists, occupational therapists, public health nurse and psychiatrist) traveling from site to site. Medical assessment will be done by the participant's physician and not a part of the team.

Primary services include nursing, physical therapy, occupational therapy, speech therapy, psychiatry, and social casework. Supportive services include group therapies (art, music, reality, exercises), socialization, health education, group counseling, meals, transportation, recreation, ADL.

#### b. *Kentucky*

##### Objectives:

(a) To compare the offering of day care service and homemaker services as alternatives to the traditional nursing home services. By offering these services, optimum rehabilitation can occur and at least delay or prevent the need for institutionalization.

(b) Determine the unit costs of these alternative services so that a comparison can be drawn between these costs and the costs of nursing home care.

This project is designed to test the null hypothesis that there is no significant differences between the service appropriateness of homemaker services, day care services, home health services, and skilled nursing facility care services for persons who require posthospital or long-term care. The hypothesis is made that the service clusters of each alternative provide equally effective service outcome.

Further consideration will be given to the hypothesis that there is a significant difference between the cost of the services provided in the experimental group (adult day care and homemaker) and the control group (home health and skilled nursing facility).

#### c. *Maine*

The objective is to determine the effectiveness of adult day health care in an urban-rural setting in preventing premature institutionalization and improving the functional capabilities of those adults who are incapable of full-time independent living because of mental and/or physical impairments. In order to make such a determination, the State will explore the concept from several points of view; absolute and relative efficiency of service delivery mode, monetary and social costs and benefits, individual and system utilization patterns, optimal mix of social and medical program models and potential for system impact.

The State of Maine proposes to initiate this demonstration effort in the city of Waterville and six surrounding towns of the Kennebec Valley area. This area was selected because of its urban-rural mix; because it contains 5.8 percent of the State's population and 5.6 percent of the elderly; and because three quarters of the area's elderly citizens are low income. The growing population of people over 65 and the high rate of low-income elderly suggest that in the near future the need for institutional care, or alternative services, will severely strain available resources. Within Waterville's city limits there are two hospitals, with a total of 349 acute care beds, and several nursing and boarding homes. Existing services in support of independent living for the elderly include: homemaker services, home health care, transportation services, meals-on-wheels, a mental health center and a day hospital. The adult day health center will be housed in a wing of Lakewood Manor.

### 3. Day Hospital—New York

The objective of the demonstration is to deliver intensive rehabilitation services to severely disabled persons over the age of 15 in a day hospital setting. These services are now available only in an inpatient hospital setting. The goals are to (1) deliver intensive rehabilitative services in a day hospital setting without harm to the patient, (2) insure and provide quality of care at least equal to the quality of conventional inpatient rehabilitation treatment, and (3) establish that the cost of day hospital service can be significantly less than the cost of inpatient hospitalization.

The control group of 30 medicaid and medicare inpatients randomly selected by a psychiatrist would be admitted to the rehabilitation unit in the hospital, where they would reside until they are no longer in need of, or able to benefit

from intensive therapy. Both the experimental and control group would receive the same rehabilitative services prescribed by a physiatrist as defined in NCHSR contract HRA 230-7C-0115(6).

The dependent variables to be studied are: (1) total cost of providing intensive rehabilitation services (from admission to discharge), (2) per diem cost of the services per patient (3) length of treatment, (4) change in level of dependence, and (5) degree of recovery. Measurement of cost of services will be based on daily records setting forth the type and amount of professional services, tests, etc., provided. A 12-month followup will be maintained after discharge. Measurement of treatment effectiveness will be based on five types of data (1) medical and demographic identifiers, (2) functioning of self-care and mobility activity, (3) mental status, (4) functioning in role-related activities and instrumental activities of daily living, and (5) participation in group and individual leisure activities.

#### 4. 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.

#### 5. Texas—Congregate Living

The project will attempt to provide services to permanently and severely physically disabled adults, aged 21 to 64, who are eligible for SSI as well as titles XIX and XX benefits. The intent is to enable these individuals to live in apartment clusters and thereby avoid inappropriate institutionalization. Housing will be adapted to provide barrier-free living. Alternative care services will either be provided as needed or the needy disabled will be referred to and helped to obtain services already available in the community.

Fifty persons will be selected, on a volunteer basis, to participate in the demonstration. Some of those are already living in two apartment complexes in Houston which now constitute a less developed prototype of the proposed project. Specific services to be provided include homemaker/chore services, home health care, architectural modifications, limited meal service, transportation and general social services, and counseling.

#### 6. "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 December 31, 1978. 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 will be published early in 1978. The evaluation focuses on financing, utilization and patterns of care, organization, 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 supports these conclusions: (1) The diagnostic casemix 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 send 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 the 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 December 31, 1978.

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 is expected to begin 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 RACC 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 December 31, 1978.

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 in 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.

### 7. 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 are effective from September 30, 1977, to September 30, 1980. Both contracts provide for a developmental phase, a 24-month experimental phase, and a 6-month final phase. Blue Cross of Massachusetts will initiate the experimental phase in 30 SNF's on February 1, 1977, and Blue Cross of Oregon will initiate its experimental phase on April 1, 1977, in 28 SNF's.

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.

### 1978 PROJECTED ACHIEVEMENTS

A major home health study conforming essentially to the provision for a full study of home health services outlined in the Medicare and Medicaid Fraud and Abuse Act will be implemented. Major areas to be studied include availability, administration, provision, standards reimbursement, and cost of home health and other in-home services under titles XVIII, XIX, and XX. Interprogram coordination issues, utilization control, and prevention of fraud and abuse are other issues that will be included in a report to Congress.

HCFA's demonstration activities in 1978 will focus on five areas. Major effort will be given to an expansion of the community care organization concept to include coordination of services outside the health area. These would include housing, income security, and transportation. These projects will go beyond the "demonstration effect" (proving that such a system can be implemented) of these programs and investigate the cost implications, organization and delivery of care, and the national applicability of this type of program.

Research on prospectively reimbursing nursing homes will continue with the implementation of PR demonstrations in several States. A Request for Proposals will be issued soliciting proposals to implement a formula reimbursement system for the operating costs of nursing homes. Further study will be undertaken to integrate a method for reimbursing capital costs into the demonstration experiments. Research will also begin on the development of a quality of care measure to be used in the reimbursement of nursing homes.

Demonstration projects on coverage of home health services provided by hospices will be implemented. Hospices are a new category of providers, currently not recognized by medicare or medicaid, which provide specialized services to the terminally ill. A request for proposals will be issued inviting hospices which are currently certified as medicare home health agencies to participate. During the demonstrations, waivers will be granted removing the "homebound" requirement and permitting the reimbursement of palliative drugs.

## NATIONAL INSTITUTES OF HEALTH

### NATIONAL INSTITUTE ON AGING

#### DEVELOPMENTS IN AGING

This decade is one in which aging has become a topic of great interest. Media giants such as Time and Newsweek have paid public tribute to the impact of this "gray revolution" with cover stories on the revolt of the old and the graying of America, respectively. Aging is in vogue—depleted oil wells are now described as "senile" and the slumping stock market is referred to as a "little old lady"—both acknowledging the force of gray America and revealing the deep-seated, and perhaps unconscious, prejudice against the old that pervades our culture, our economic and social systems, and the provision of medical care. Improvements in health care, especially the abolition of many childhood diseases, have given Americans a greater opportunity to live longer. This longevity is now being matched by increasing attention to the quality of life.

#### GERIATRIC MEDICINE

Each of us in America ought to be able to expect good health care for the whole of a lifetime—however many years that may be. But the Nation has few physicians trained in the special skills of caring for the elderly, and our reasonable expectations may not be met as we grow older.

At the National Institute on Aging, we are confronted daily by the need for expanded education in geriatrics. We serve a constituency of overmedicated and undertreated older people who must seek help from physicians who are not yet fully equipped to care for them. Despite the growing number of elderly, many physicians have had to chart their own learning programs for care of the old because training is not regularly available. Their efforts, combined with scientific advances in our understanding of the aging process, have led to the development of a special body of knowledge about the aged and aging. We believe that the time is right for this information to be incorporated into the medical school curriculum. Abetted by an Institute-sponsored conference on geriatric medicine and the private endowment of our country's first chair in geriatrics at the Cornell New York Medical Center, there has been a marked increase in interest in geriatric medicine throughout the country. However, a great deal remains to be done before geriatric medicine extends beyond a relative handful of people working in isolation and becomes a fundamental part of primary and speciality care training.

#### DEMOGRAPHY

Predictions of the growth of the older population are not guesswork. Those people who will be old in 2030, when the segment of our population over 65 will be more than double what it is today, are now alive. They are the children of the World War II "baby boom," the youth who "greened" America and will go on to "gray" America.

The vast increase in the absolute number and relative proportion of older people is the most startling demographic characteristic of the twentieth century. Individuals over 65 comprised 4 percent of the population in 1900, nearly 10 percent by 1972, and will comprise a projected 17 percent to 23 percent of the population in 2030. In only 45 years, it is possible that one out of every five Americans will be over 65.

#### HEALTH CARE COSTS

The older population is increasing rapidly, but the cost of health care is rising at an even faster rate. Fifty-six cents out of every Federal health dollar—a total of \$20 billion in 1976—was spent through medicare and medicaid on health care for the elderly. A substantial portion of this was connected with nursing homes.

In 1976, the nursing home industry cost \$10 billion of private, State, and Federal money. One million older Americans are in our 23,000 nursing homes—more than in our short-term hospitals. Because medicaid is a State/Federal matching plan, there is variation in costs from State to State, but overall the expenses are extremely high. Last year, for example, a nursing home bed in New York State cost \$15,000 per year; in Nebraska, the cost was about \$11,000.

It is only through the judicious application of new knowledge acquired through research that existing services and health care can improve. Without new knowledge, we will continue to do the same things in the same ways while our health care costs continue to soar. Research is the ultimate service and the ultimate cost-container. Imaginative thinking about new ways to prevent disease and disability, support the family, and develop better systems of self-help and self-care may help us contain the spiraling costs of health care.

In addition to considering cost-containment, attention can also be directed towards a more humanistic attitude toward care, particularly the care of the dying. Consideration should be given to the hospice concept and to reexamining the way we administer narcotic drugs for relief of pain. Within the health care community, we must continually coordinate our efforts to translate new laboratory findings into appropriate medical applications in a timely but cautious fashion.

#### SENILE DEMENTIA

A key example of the potential contributions of research is in the area of senile dementia and other chronic brain diseases. People fear few things more than losing their minds and being "put away" in a nursing home. We now know that some of the conditions that have been mislabeled as "senility" simply because the patient is old are reversible if diagnosed and treated in time. It is extraordinarily important to recognize these dementias as diseases or symptoms of other diseases, for since they are not an inevitable outcome of aging they can be studied, treated, and ultimately prevented. In 1977, the NINCDS, NIA, and NIMH co-sponsored an international workshop/conference on Senile Dementia/Alzheimer's Disease and Related Disorders to summarize the state of knowledge in this area and stimulate further research.

That meeting was followed by another, smaller workshop at which groups of experts began the process of forming a consensus as to how to approach the problem of the reversible organic brain syndromes through research, treatment, and prevention.

#### PROGRAM DEVELOPMENT

##### *Epidemiology*

In recognition of the importance of epidemiology, the study of diseases and conditions in various populations, the NIA appointed its first Associate Director for Epidemiology, Biometry, and Demography. Beginning with this appointment, the Institute hopes to initiate a broad program that might consider a range of areas, including the following: race, gender, and ethnic factors influencing disease; and collaborative studies of hypertension and nutrition and their relation to disease in the elderly. Toward this end, the Institute has designated nutrition/prevention as a special initiative for the year 1978. Our new Associate Director has already established channels of communication with the National Center for Health Statistics, the U.S. Department of Agriculture, the Center for Disease Control, and other NIH Institutes which are involved in data collection in the area of nutrition.

In the fall of 1977, NIA convened a special group of physicians, research scientists, ethicists and lawyers to discuss special considerations in protecting elderly research subjects. This area and that of the translation of new technologies into prosthetic devices for the elderly are among the duties of the NIA's newly appointed Special Projects Officer.

During a unique planning exercise in the fall of 1977, the NIA identified special priority areas. This was done by applying the following criteria:

- The burden of illness and disability—whether or not a significant portion of the population is affected.
- The potential for reducing family anguish.
- The potential for containing health care costs.
- Ripeness for research and likelihood of research advances.
- Availability of scientific manpower.

- The degree to which major clinical problems are addressed.
- The degree to which research in each area utilizes available resources such as cell lines or animal models.

Brief descriptions of some of these priority areas are listed below:

#### *Nutrition and Aging*

It is clear that because nutrition influences all of life's processes, it is a subject of primary importance in any program on prevention. NIA research on nutrition will be broadly aimed at establishing the interrelationship between dietary intake, disease prevention, and optimal health maintenance in the aged. Although the present research base on nutrition in aging is modest, primarily limited to a few studies on nutrition and health status and on the influence of dietary intake on physiologic and pathophysiologic response, the NIA is planning the development and programing the expansion of its research base on nutrition and aging. This program is already under way. A request outlining the important areas of research on nutrition and aging has been developed and circulated to the scientific community to catalyze research investigations.

#### *Pharmacology and Aging*

It is quite clear that the process of aging is characterized by changes and deterioration of many of the body's functions. Physiologic impairment of the heart, blood vessels, kidneys, digestive tract, and nervous system can alter the body's ability to metabolize and respond to drugs. This presents serious medical and social problems. At the present time, medical treatment of the diseases and disabilities of old age is based primarily on experience gained in the use of drugs in people with similar diseases but who by and large are young and middle-aged adults. The goal of the NIA's pharmacology program is to illuminate the differences between the geriatric patient and the rest of the population in response to drugs, thereby improving the effectiveness with which drugs are administered to the old. Clinical observation of older patients has revealed many adverse or paradoxical reactions to drugs that have no unusual effects on younger people. For example, some mild tranquilizers can cause confusion and behavioral disturbances in the elderly that are often mistaken for chronic brain disease. Phenothiazines, drugs given for sedation and to treat nausea and anxiety, can increase vulnerability to accidental hypothermia, a progressive loss of deep body temperature leading to death if not diagnosed in time and treated properly.

In the spring of 1977, the NIA expanded its efforts in this area and formally notified the scientific community of its interest in receiving more grant applications in pharmacology. An innovative cooperative inter-Institute arrangement with the National Institute of General Medical Sciences provided the "personpower" for the interactions with investigators who responded, as well as for the planning and organization of a pharmacology/aging research workshop held in the fall. In an effort to maximize the use of available resources, NIA contracted with the Boston collaborative drug surveillance program (BCDSP) to study the age-related effects of drugs. The BCDSP has been engaged, since 1966, in the collection and analysis of adverse drug reactions, drug efficacy data, and the acute and long-term effects of drugs on patients of all age groups. As a result of the contract, the BCDSP will now survey their massive files for information and observations relating to special drug problems of the elderly.

#### *Immunology and Aging*

Immune function over the lifespan of the individual increases rapidly in the early years of life, reaches a peak in adolescence, and then declines progressively. Since immunologically incompetent individuals are highly susceptible to infections, a weakened immune system is probably one of the major sources of the health problems of the elderly. There is good evidence that decline in immune function is involved in the development of a variety of age-related diseases, such as cardiovascular disease, kidney disease, and rheumatoid arthritis.

Most research on aging immune function has been in the mouse; research in man has been limited to a few investigations on antibody levels and health status. An effort is now underway to study the importance of the relationship between aging and genetics with regard to immune function. Preliminary results indicate that a decrease in immune function in women beyond the age of 70 is associated with a failure in one specific gene.

### *Retirement*

With the fall 1977 passage by both houses of Congress of legislation changing mandatory retirement laws, the Institute has initiated a special "think tank" within the NIH to examine the social, behavioral, and medical ramifications of revised retirement policies. This task force is comprised of representatives from NIA; the National Heart, Lung, and Blood Institute; the National Institute of Neurological and Communicative Disorders and Stroke; the National Institute of Arthritis, Metabolism, and Digestive Diseases; and the National Institute of Mental Health. Until now, chronological age has been the sole criterion in assessment of ability to continue working or in determining time of retirement. Attention is now turning to the possibility of using functional ability as a basis for determining competency.

### *Behavioral and Social Sciences and Aging*

The NIA's congressional mandate clearly includes support of behavioral and social research on aging. A major portion of the research supported in the behavioral area is concerned with the identification and description of the intellectual and cognitive changes that occur with aging. When we have obtained accurate information about these changes and the related physiological and biological changes which may underlie them, we may be able to modify or at least develop means of coping with them. Recent research findings have cast doubt on the earlier reported findings that there is a general decline in intellectual abilities with age. At least, results based on longitudinal rather than cross-sectional studies indicate that such decline may not appear until the latter years of old age.

While in the early part of the century the notion of a three-generation family was not very prevalent, today it is a reality. Many families face enormous emotional and financial struggles to maintain older relatives at home as long as possible. If through research we can determine which types of personal relationships and living arrangements are most beneficial for our old people and their families, we can consider changes in our social policies to enhance these optimal situations.

### *Hormones and Aging*

The effects of aging on the endocrine system are varied, being marked in some glands and slight or undetectable in others. Of the glands of the endocrine system, the most dramatic changes that occur with increasing age are those related to the sex glands leading to the menopause in women and a decrease in the secretion of testosterone in men. It is apparent in other glands such as the thyroid and adrenal that there is a gradual decrease in function with age. The influence these decreases have may be related to some of the deteriorative changes in mental function and in strength that occur with age.

The National Institute on Aging has begun to establish an integrated program of human and animal model studies on endocrine and neuroendocrine changes that occur with age. This program is aimed at characterizing and quantifying many of the changes in endocrine function that occur with age. These studies may provide the basis for understanding the causes and consequences of age related decline in endocrine function. Thus, such studies may provide the means to modify or moderate some of the degeneration or disease changes of endocrine decline or dysfunction that occur with age.

Of more immediate concern is whether substitution therapy with replacement hormones or nonhormonal agent moderate the effects of age changes in endocrine function, or increase the risk of adverse side effects in other tissues or organ systems. The previous controversy over safety of use of oral hypoglycemic drugs to treat diabetics and more recently estrogen replacement therapy in the menopause illustrate the complex and poorly understood interrelationships between functional endocrine decline and the effects of substitution or replacement therapy on target tissues or organs as well as other body systems.

### *Intermediary Metabolism*

From investigations in the intermediary metabolism program of the NIA, the Institute hopes to find the key to understanding some fundamental mechanisms responsible for overall decline in the capability of an organ, tissue or cell to function properly and to devise means for successful intervention to modify or reverse these changes. One area of interest is the impaired communication between tissues when sugar molecules are absorbed into the blood stream. The presence of sugar

is recognized by the pancreas which responds by presenting insulin, which in turn signals other tissues, such as muscle, fat, and liver. Recent experimental results indicate that in old rats, there may be a lesion or defect in the process which determines the effectiveness of individual molecules of insulin. Further work is underway to determine if the defect is in insulin production or function. Information is also being obtained on age-related changes in collagen, the major structural protein of connective tissue.

#### BALTIMORE LONGITUDINAL STUDY OF AGING

Longitudinal studies, which follow groups of individuals as they age, can help reveal those aspects of aging that are truly a result of the body's maturing process. The study of the same people over a period of years enables scientists to identify characteristics of individuals and environmental factors which may be used to predict the success with which a person ages. Over 650 male volunteers, ranging in age from 20 to 96 years, have participated for nearly twenty years in the Baltimore Study conducted at the Gerontology Research Center, NIA's intramural research facility. The study has provided valuable scientific information.

For example, even in elderly people, functional lung damage, caused by heavy cigarette smoking, can be almost completely reversed when they stop smoking.

Moreover, it has been demonstrated that the more complex functions of a system in the body decline more rapidly with age than do simpler functions. For example, the muscle strength of the arms and shoulders shows less decline with a simple task, such as pulling or pushing a stationary object, than does the overall ability to use muscle in coordinated movement, such as turning a crank.

Another discovery is that diabetes may not be as prevalent in the elderly as was previously thought. The glucose (sugar) tolerance test which is used to diagnose diabetes was administered to the longitudinal study volunteers, and revealed that with age the body's ability to handle glucose decreases. Fifty percent of the longitudinal study subjects over 60 showed "abnormal" glucose tolerance and would therefore be considered diabetic. Nevertheless, many of them never had any diabetic symptoms—excessive loss of weight, general weakness, coma—or complications such as increased coronary disease and atherosclerosis (hardening of the arteries). Since, in the past, the standard for normality was arrived at by recording the responses of younger people, such as medical students or hospital employees, a great deal of diagnostic error may occur in determining if an older person is diabetic. A more realistic standard for glucose tolerance would have to be age-adjusted.

The addition of women to the Baltimore Longitudinal Study is an appropriate way to mark its 20th anniversary, and will enable us to examine sex-linked differences in life expectancy and risk of disease.

#### CONFERENCES AND WORKSHOPS

Conferences and workshops offer an emerging Institute the opportunity to identify areas of special interest or need, while at the same time stimulating new and established investigators to view their areas of expertise from the perspective of aging. These meetings also provide an excellent means to disseminate information across disciplines. Alone and in collaboration with the other Institutes, the NIA has conducted or partially supported workshops/conferences in a variety of areas, including:

- Animal (vertebrate) models relevant to processes of aging.
- Economics of aging.
- Immunology and aging.
- Geriatric medicine.
- Cell tissue and organ cultures in neurobiology (international workshop).
- Epidemiology of aging.
- Physical fitness and aging.
- Research on health problems of the Black aged; minority aging.
- Alzheimer's disease/senile dementia.
- Protection of elderly human research subjects.
- Aged mammal organ, tissue, and fluids bank; new approaches to aging research via cell culture.
- Pharmacology of aging.
- Autopsies and the pathology of aging.

In addition, the NIA, the Fogarty International Center and the World Health Organization had the privilege of cohosting a meeting on the "Graying of Nations" with the directors of other nations' programs in aging research.

#### RESEARCH ADVANCES

##### *Studying Aging in the Laboratory*

Normal human cells are known to age in a laboratory culture medium. Institute grantees have noticed that cell cultures from individuals suffering from certain life-shortening conditions "age" very rapidly in a test tube by losing various abilities, including the capacity to proliferate. In 1974, the NIA established a cell bank for aging research at the Institute for Medical Research in Camden, N.J. Thus far, more than 161 distinct lines of cultured cells have been acquired from normal donors of both sexes and all ages. Some of these cell cultures are derived from patients with accelerated aging or growth disorders, probably of genetic origin, or from patients with tumors both before and after radiation and chemotherapy. To meet worldwide research needs for standard cell lines, the Institute has established two special lines of cells: IMR 90, derived from female lung tissue; and IMR 91, from the lungs of a male. These cells lines have been banked in large quantities to assure that they remain available for many decades to researchers studying the biochemical and molecular mechanisms of aging. In addition, over 200 individual human cell lines have been established by NIA laboratories using skin samples taken from Baltimore Longitudinal Study volunteers.

At GRC, scientists have effectively demonstrated that the ability of cells to reproduce is impaired with aging. This decline in cell proliferation also appears to contribute to the reduced rate of wound healing sometimes observed in older people. Another example of the decline in cell proliferation with aging is in the immune system.

##### *Certain—Though Not All—Functions Do Decline With Age*

Research indicates that certain brain diseases and a general intellectual decline are not inevitable with aging. However, other studies suggest that certain functions *do* decline late in life. For example, one grantee reports that the elderly are about 50 percent slower than the young in their ability to shift attention among many objects in a field of vision. This finding may have important implications for the elderly in such areas as driving or reading. For example, driving ability could be impaired by the older person's slowness in shifting attention from one item to another: from stoplight to pedestrian, to an approaching car, or perhaps to the policeman in the rear view mirror.

Another study by the same grantee shows that the old are as capable as the young of deriving and retaining ideas from meaningful information. But when the amount of information increases and older subjects try to recall it on their own, they are noticeably less able to recall meaningful information than young adults.

Other research by scientists at the Gerontology Research Center indicates that learning, memory, and problem-solving ability declines very late in life, even among educated, relatively healthy people. However, for some individuals—even the oldest—there was no decline in learning, memory, and problem-solving performance, raising the still unanswered question of why some individuals decline with age and others do not.

##### *Mnemonic Devices for Older Learners*

One way to improve the quality of old age is to provide the elderly with new ways to minimize difficulties in learning and remembering. Researchers at the Gerontology Research Center have devised an effective aid for learning items on a list. The older person can learn a list of words, for example, by mentally picturing his or her residence and visualizing an item from the list at each predetermined, natural sequence of stopping places. These stopping places are effective cues for remembering the words on the list. Older people can readily learn this simple memory scheme because it is based upon well-established habits. It also prevents an overload of information that many older learners might not be able to handle. Future research will hopefully produce a mnemonic device for recalling names that go with familiar faces, a common memory difficulty of the aged.

### *Estrogens and the Postmenopausal Woman*

The known dangers of estrogen use in young women—including increased risk of stroke and myocardial infarction—suggested that the effects of estrogens on older women be studied as well. NIA contractors have shown that (1) postmenopausal women use oral estrogens with surprising frequency; (2) they continue to do so intermittently until well beyond age 80; and (3) in one sampling, 15 percent of 15,500 postmenopausal women were found to use oral estrogens. This figure exceeds earlier estimates of oral estrogen use among 45- to 64-year old women by about two percent.

Investigators studying some of these adverse affects on a retirement community population of postmenopausal women aged 57 to 98 found no association between estrogen use and myocardial infarction. However, the low dosages involved and the short duration of estrogen use, plus an already high coronary risk in this age group, may account for this result.

There is some evidence that estrogen may prevent or lessen the development of osteoporosis, a softening of bone that leads to hip fractures and other debilitating injuries in many elderly women. Institute grantees are now comparing the risk of hip fracture in older women who do and do not use estrogen to learn whether such a protective effect exists.

Other research is exploring the relationship between breast cancer and estrogen use in older women. Studies of this relationship in younger women taking oral contraceptives have revealed *no* increased risk of breast cancer.

The same contractors have shown that while estrogen use did not increase the risk of stroke in 15,500 post menopausal women, there was a statistical association with hypertension at all dose levels in women aged 58 to 98. This is one of the first reports that estrogens predispose older women to hypertension. The finding uncovers a major public health problem since estrogen use among postmenopausal women is so widespread. In the same study, estrogen use was found to be associated with stroke in a subgroup of women aged 70 to 79. But this association does not seem to exist in the absence of hypertension.

Another serious consequence of estrogen therapy was suggested by studies of women from the same retirement community who contracted cancer of the uterine lining. They had taken high dosages of a common form of estrogens made from the urine of pregnant mares. The risk decreased when subjects took smaller dosages of estrogens or stopped taking the drugs for intervals of four days or longer.

This finding is significant because of the rising number of new prescriptions for this estrogen preparation (from 1.6 million in 1958 to 5 million in 1974), because of estrogen's known ability to cause endometrial cancer, and because of the increase between 1969 and 1973 in endometrial cancer among American women. Given this newly reported relationship between estrogen use and endometrial cancer, increasing numbers of American women may be expected to contract endometrial cancer in the near future.

### *Reduced Hormone Response in Aging Man*

Certain cells in animals, including man, have specialized parts called hormone receptors. These receptors control the cells' ability to respond to specific hormones and other body chemicals. The receptors may be located on the cell's surface or in its interior. At the GRC, members of the longitudinal study have contributed to furthering our information about the body's ability to respond to hormones with age. It was shown for the first time in man that concentrations of a specific cell membrane receptor for a common type of hormones (B-adrenergic agents) decline progressively with age. Eighty-year old subjects have only half as many of these receptors as do twenty-year old subjects. Earlier studies showed similar receptor losses in aging animal tissues. Other results suggest that many animal tissues also lose their ability to respond to various hormones during aging. Thus it appears that loss of hormone receptors is a common part of aging and these losses may be responsible for decreased ability of the body to respond to hormones during aging.

### *Obesity and Long Life*

A vast medical literature associates obesity in middle and late life with atherosclerosis, hypertension, diabetes, gout, osteoarthritis and gallbladder disease, to name but a few life-threatening conditions. Yet other major studies, including the Baltimore Longitudinal Study, have been unable to show that *mild* and *moderate* obesity, both in middle-aged and older age groups, shortens life span. Further

research is needed to elaborate on this surprising result, and determine whether obesity enhances survival in some way that counteracts the recognized hazards of being-overweight.

Studies of the same subjects reveal that while their cholesterol levels rose markedly between 1963 and 1971, during the past 6 years the trend has reversed sharply and cholesterol levels dropped. These men also lowered their intake of fat and especially of saturated fatty acids, and increased their intake of polyunsaturated fat, a shift that may explain the altered cholesterol levels.

### *Biofeedback Applied to Some Problems of Aging*

The technique of biofeedback—an operant conditioning procedure in which subjects learn to control such physiological processes as heart rate or bowel function—is being investigated in Institute laboratories and applied to some special problems of the elderly.

Researchers are using biofeedback to teach patients with angina pectoris to slow their heart rate upon signal. The patient watches a panel of lights while reclining on a hospital bed. A red light means he should lower heart rate, and a yellow light signals when he has done so.

Once he begins to show ability to lower heart rate, he is taught to respond without the light panel feedback. While learning heart rate control he is evaluated to see whether he can transfer this skill to mild activity. Finally, after laboratory training is completed, he is tested to see whether he can modulate his heart rate during exercise testing on a treadmill.

Urinary incontinence is another special problem correlated with age. Patients with chronic urinary incontinence often have catheters implanted in their bladders, and this increases the risk of infection of the urinary tract. In addition, urinary incontinence is socially disruptive and places many otherwise functional people in extended care facilities because their families cannot provide for their care. A project is now underway to investigate whether patients can learn to control some forms of urinary incontinence using biofeedback techniques.

A third project is aimed at improving the rehabilitation of patients who suffered myocardial infarctions. The impatience and overactivity of many of these individuals interfered with their recovery and placed them at some risk for aggravating their cardiac condition.

In this study the patients were told about the nature of their illness, asked to develop concrete goals for their own rehabilitation, and encouraged to gradually increase habitual activities. They were also taught to take their pulse to monitor their heart rate as an index of their heart's ability to deal with physical stress. All patients were seen regularly to review their data, and to discuss their clinical progress. Eight patients participated in the study and all were rehabilitated within the limits imposed by their cardiac condition.

### *Exercise in the Elderly*

Among the greatest costs of aging is declining ability to perform daily activities which contribute not only to personal well-being but to society at large.

A variety of studies show how aging undermines physical strength and psychomotor performance. Other studies show exercise can counteract some of the harmful effects of aging.

In one project investigators at the Gerontology Research Center measured the blood pressure, heart rate, oxygen uptake and carbon dioxide elimination of 200 healthy men before, during and after exercise. One finding revealed that the main reason for reduced work capacity in the subjects was loss of muscle tissue.

Another finding, according to preliminary data, showed that during heavy exercise such as brisk walking on an inclined treadmill, the secretion of growth hormone is stimulated more in young people than in people over 50 years of age. Growth hormone has been shown to stimulate protein replication (which equates to muscle growth) in the diaphragm of the rat. Researchers hope that this process might someday be demonstrated in humans.

Other measurements of light to moderate exercise showed that men in their 60's were as efficient as men in their 20's, although the older men used a higher percentage of their total capacities to perform work or exercise. Hopefully, identification of the factors that affect physical strength and performance may eventually reveal ways to stop these total capacities from declining with age.

Exercise may, on the other hand, be the most effective anti-aging "pill" ever discovered. A three-day conference on the role of exercise in preventing physical

decline, jointly sponsored by the Institute and the President's Council on Physical Fitness and Sports, re-emphasized that:

- Exercise benefits pulmonary and circulatory function, helps preserve bones, maintains body weight, relieves depression and anxiety, and enhances self-esteem.
- people of all ages, including the sedentary and the physically handicapped, can benefit from exercise.
- one unique study showed marathon runners, who can cover 42 kilometers or 26.2 miles on foot, appear immune to atherosclerosis. The study suggested that factors in the marathon man's lifestyle and diet may contribute to this result.

#### *Strenuous Exercise Fends Off Heart Attacks*

One study of 16,936 men, aged 35 to 74, reveals that those who participated in strenuous sports had fewer heart attacks than those who were more sedentary.

The study followed male alumni of Harvard University for 6 to 10 years. Through questionnaires, the subjects described sports participation. Followup questionnaires and death certificates revealed 257 fatal and 315 nonfatal heart attacks.

Sports requiring greater total energy output and bursts of output—running, swimming, basketball, handball, and squash—were the most beneficial. More casual sports like golf, bowling, baseball, softball, and volleyball offered the least protection against heart attack. Tennis depended upon how the game was played: a vigorous, competitive game had a high exercise value, while a slow, lazy game ranked low.

The researchers then measured the total energy each subject expended in sports plus other activities like stair climbing and walking, and calculated the total calories burned each week.

Men who burned fewer than 2,000 kilocalories weekly showed a higher heart attack rate (57.9 per 10,000 person-years of observation) than men who burned 2,000 or more calories weekly (35.3 heart attacks per 10,000 person-years of observation). Thus, the heart attack rate was 64 percent higher for the less active group.

These rates applied regardless of other risk factors such as smoking, high blood pressure, obesity, family history of heart attack, and previous participation in athletics. However, no one should undertake a program of strenuous exercise without supervision.

Another study compared the energy output/heart attack risk experience of the Harvard alumni with 3,686 San Francisco longshoremen who were followed for a period of 22 years. Although energy levels were higher for longshoremen, the same trends applied. Longshoremen who spent fewer than 8,500 kilocalories per week had an 80 percent higher risk of fatal heart attack than the men of the same age who expended more energy.

#### *Sexual Activity in Later Years*

Sexual functioning in older males is known to be influenced by degree of sexual vigor throughout the lifespan. For example, sexually active subjects in a study of men participating in the Baltimore Longitudinal Study of Aging reported a higher frequency of coitus during early marriage and throughout the intervening years than did the least sexually active group.

The study of 188 males aged 60 to 79 has identified some previously unrecognized factors which appear to influence sexual functioning. Much sexual inactivity of the older male, for example, stems from apathy or indifference to stimuli which previously caused erotic reactions, and not from negative attitudes about sex. Sexually inactive subjects stated that they felt no pressure to perform, and the vast majority had never sought help for their condition. This lack of anxiety made their importance far less disturbing than this condition is commonly assumed to be.

Subjects were divided into three groups of least active, moderately active and most active sexually, according to the number of sexual events reported during the preceding year. The least active group averaged 3.8, the moderately active group 20.0, and the most active group 62.3 sexual events for the year.

The most active group tended to be strongly committed to religious values, had lived on a farm before age 20, had received post-graduate training, and held professional and technical jobs, attributes whose significance for sexual functioning remains obscure.

On the other hand, age at marriage, number of years married before age 60, age at first coitus, and number of coital partners before age 40 proved independent of sexual functioning. Most subjects considered regular sexual activity important for good health, and most rated their current marital situation as highly successful. However, these factors were also not significantly related to current levels of sexual activity.

## NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM AND DIGESTIVE DISEASES

### SUMMARY OF ACTIVITIES RELATED TO AGING—1977

The National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) is responsible for the conduct and support of research in a wide array of chronic and disabling diseases as well as in some which are associated with a high degree of mortality such as diabetes and kidney disease. Several diseases under the purview of this Institute occur commonly in aged persons and are of considerable concern because of the degree to which they limit activity or may become outright crippling; they increase dependence on others and often require extended hospitalization. Diseases such as osteoarthritis (degenerative, arthritis), osteoporosis, benign prostatic hyperplasia and maturity-onset diabetes afflict many aged persons; they constitute health problems of great magnitude not only through the degree of human suffering which they cause, but also through their social and economic impact.

#### *Osteoarthritis*

Nearly one-half of the population over 55 years of age is affected to some degree by degenerative joint disease or osteoarthritis. Survey data from the National Center for Health Statistics indicate that 28 million Americans have some manifestation of osteoarthritis. The severity of osteoarthritis spans a spectrum from mild symptoms to complete disability depending on the disease and the individual. The NIAMDD's major research efforts in osteoarthritis involve conduct and support of research to increase our fundamental understanding of the chemical, functional, and structural alterations which occur in joints with advancing age and to develop medical and surgical methods of intervention to prevent or ameliorate this process, to prevent progression of functional or anatomic joint damage maximally, to ease the attendant pain and to preserve motion for the afflicted individual to the greatest extent possible. Eventually if an osteoarthritic joint has lost its function and has been damaged beyond repair so that the individual is crippled, the implantation of artificial joints can restore function in many cases and can give the individual a new lease on active life for many years.

Considerable research supported by this Institute is devoted to these latter aspects which lie in the province of orthopedic surgery. Here the research of previous years has made possible the implantation and use of artificial hip joints, a means of prosthetic intervention which has become increasingly successful in recent years. Other research efforts involve the development of artificial joints for knees, elbows, shoulders and fingers, all of which are showing increasing progress. Specific facets of this research involve mechanical, physical, and chemical properties of the materials used in these prostheses, their compatibility with human tissues, their durability and wear and tear properties, and their optimal size and configuration. Of equal importance is the method of fixation of these artificial joints in the patient's bone ends, and the cement used for this purpose. Other research involves the surgical implantation of these devices, the clinical results of total joint replacement, and—an important aspect as the longevity of patients with osteoarthritis increases—the functional durability of these prostheses with the passage of time.

New initiatives concerning arthritis are underway within the Institute following passage of the National Arthritis Act (Public Law 93-640) and the recommendations of the National Arthritis Commission in 1976. During 1977 NIAMDD has awarded grants in support of 15 new multipurpose arthritis centers. These resources will consist of the facilities of a single institution or a consortium of cooperating institutions through which cooperating health personnel can demonstrate and foster prompt and effective application of available knowledge and develop urgently needed new knowledge. In addition to ongoing research in arthritis, each center will have or will develop a balanced program in education, research and community related activities. These centers will have or will develop special

competence in one or more areas; osteoarthritis will be one of these areas receiving special emphasis.

In 1978 the Institute, within the limitations of available resources, will further expand its research activities related to osteoarthritis and orthopedic surgery and will further increase the number of multipurpose arthritis centers. Also, in collaboration with the American Academy of Orthopedic Surgery, the Institute is organizing a workshop which will take place in May 1978 which will be devoted to the various aspects of mechanical failure in total joint replacement. Part of this workshop will be devoted to a discussion of the directions of future studies and research needs in this area.

#### *Osteoporosis*

This bone-weakening condition occurs characteristically and frequently in elderly postmenopausal women, and to a lesser extent in men in the sixth decade and beyond. This disorder is the underlying cause for most fractures of spinal vertebrae seen among the aged and leads to the many fractures of the hip which disable elderly women in particular and in many cases initiate the downhill course of their health in advanced age. The Institute's research activities are aimed primarily at the production of new knowledge about bone formation, structure and metabolism which can form the rational basis for devising new means of therapy and, hopefully, prevention of osteoporosis. Three major factors appear to play a role in the causation of this demineralizing disorder of the skeleton: a decline of the tissue-building sex hormones with advancing age, a lack of available calcium for constant remineralization of bone, and progressive skeletal atrophy which comes with reduced physical exercise among the aged. Ongoing research is aimed at defining precisely the contributions of these and other factors to emergence of the disorder and to its progression. The possibility that bone formation might be stimulated in the thinned bones of patients by fluoride salts is also being examined (in conjunction with increases in calcium and phosphorus in the diet) in a clinical study supported by the Institute.

In 1978 the Institute will continue at an accelerated pace its research activities related to osteoporosis. To stimulate new ideas and to discuss specific approaches to overcome current impediments to more rapid progress, in February 1978 the Institute will convene a "Strategy Workshop for Osteoporosis Research" in Bethesda which will be cosponsored by the National Institute of Dental Research and the National Institute on Aging. The organizers of this workshop, Dr. G. Donald Whedon of NIAMDD, and Dr. R. P. Heaney of Creighton University, Omaha, Nebr., another well-known research worker in the field of osteoporosis, have structured this strategy workshop specifically for the purpose of discussing any possible new research approach which can rationally and productively be brought to bear on a disorder of utmost importance to our aged population in which more rapid progress is called for.

#### *Benign Prostatic Hyperplasia (BPH)*

This disorder involves a benign enlargement of the prostate gland of men which encroaches upon the urethra and produces bladder outlet obstruction with advancing age. Recent studies have suggested that more than 80 percent of men over the age of 40 have some degree of bladder outlet obstruction secondary to BPH, and it is estimated that more than 10 percent of these men will eventually require a major surgical procedure for its correction. Secondary infection may result from bladder outlet obstruction which in turn can lead to infection of the bladder and upper urinary tract and accompanying urinary incontinence of varying degrees. Complications of the condition include infection with damage to the kidneys and a predisposition to urinary stone formation.

Because in the past this area has not received optimal research attention by the qualified scientific community, in 1975 the Institute organized an international workshop to review and evaluate ongoing research efforts and to identify and stimulate new directions in BPH research. Consequently, new interest has been engendered. The Institute is presently supporting fundamental and integrated clinical research involving both animals and man and new interdisciplinary studies have been stimulated. These research efforts have strengthened the belief that the development of BPH in the aging individual is the result of aberrant hormonal balance. One direction of research pursues a better understanding of the action of androgens (male hormones) and their antagonists in the prostate. Evidence is accumulating that male and female hormones can (and do) exert competing effects on prostatic tissue. Research in another direction has shown that BPH can be

produced in dogs by administration of steroid compounds, a promising advance since heretofore an experimental animal model was not available to help provide insight into the pathogenesis of this disorder.

#### *Urolithiasis*

Stone formation in the urinary tract affects many ages but especially men in the older age group and persons with indwelling catheters such as patients who have had strokes or who have sluggish urine flow. In 1977, this area received new emphasis through funding of five specialized centers of research in urolithiasis. The research conducted in these centers covers many aspects of urinary stone formation from physical chemistry through epidemiology and formulation of rational therapy. In 1978 the Institute will continue its research activities in urolithiasis.

#### *Maturity Onset Diabetes*

Today's clinician distinguishes between two disease entities when he thinks of diabetes: (1) juvenile diabetes, a serious and acute disease which is life-threatening when untreated, and even when treated reduces the life span of the patient considerably and leads to progressively grave clinical complications with the passage of time, and (2) maturity onset diabetes, a considerably less acute disorder which emerges in middle age or old age in genetically predisposed individuals. The latter disorder, maturity onset diabetes, is mentioned here briefly primarily because its long-term complications related to the blood vessels, peripheral nervous system, and kidneys, particularly afflict the aged. Some authorities believe that the impact of this disorder on the aged individual may depend to a large extent on the degree of success in controlling and managing the diabetes. The majority of patients with this disorder can be maintained in a symptom-free state by adequate exercise and a reduction of their body weight to the lean side of normal, and only a minority requires diet or insulin therapy.

In 1977 research related to diabetes was expanded significantly by the Institute consonant with the recommendations of the National Diabetes Act and the National Diabetes Plan proposed by the National Diabetes Commission. Research grant support was greatly expanded and a new type of diabetes research and training center was initiated. In 1978 research in diabetes will see further expansion through the provision of additional diabetes research and training centers.

The NIAMDD is acutely aware of the tremendous public health problems most of the above diseases represent and of the considerable social and economic burden they place on our aged citizens. There will continue to be considerable commitment on the Institute's part to sustaining the long-term efforts required to make significant improvements in the outlook for these diseases of such importance to the aged.

### NATIONAL INSTITUTE OF MENTAL HEALTH

#### PROGRAM ACTIVITIES DURING 1977 RELATED TO MENTAL HEALTH AND AGING

The incidence of psychopathology, in general, and depression, in particular, rises with age; a conservative estimate is that 10 to 25 percent of the over-65 population suffers from significant mental impairment. Those over 65 comprise 28 percent of the resident patients in State or county mental hospitals, and approximately 80 percent of those over 65 in nursing or personal care homes have some degree of mental impairment. Death rates by suicide are the highest in the 55-plus age group, 19.9 per 100,000, as compared with 12.7 per 100,000 for all ages.

In order to focus attention to this area, the Center for Studies of the Mental Health of the Aging (CSMHA) was established in 1975. The major role of CSMHA is to stimulate, coordinate, and support research, training, and technical assistance efforts relating to aging and mental health. CSMHA was involved in an intensive planning effort which included national conferences in research, training, and services. The supplemental appropriation of 1977 provided \$2 million to be administered by CSMHA for the support of research grants and contracts. The projects begun in 1977 will be continued in 1978, and new research as well as training projects will be initiated. The formal establishment of CSMHA as an operating unit of the National Institute of Mental Health (NIMH) will take place in early 1978.

Including projects supported under the \$2 million supplemental appropriation, support of all aging projects in the Institute for 1977 was:

Research:	
Primary <sup>1</sup> -----	\$4, 436, 561
Secondary <sup>2</sup> -----	3, 229, 723
Tertiary <sup>3</sup> -----	1, 269, 292
Training:	
Primary <sup>1</sup> -----	629, 857
Partial focus on aging population (includes other population groups)-----	1, 280, 099

<sup>1</sup> Primary projects are those in which aging is the main focus of the research and training. In addition, the progress of other projects is monitored by staff of the Center for Studies of the Mental Health of the Aging for their potential contribution to aging. The intent of the investigator may not include a contribution to the field of aging, but staff judgment is that the project contains a significant aging component.

<sup>2</sup> Aging is not main focus, but is important accompanying focus.

<sup>3</sup> Although aging is not explicit focus of research, findings of research could be applicable to aging and mental health.

The Center for Studies of the Mental Health of The Aging is the NIMH focal point for aging. It has program responsibility in the following areas:

### I. Research

CSMHA supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. It supports a wide ranging, multidisciplinary set of studies which have both theoretical as well as policy or applied implications. These include:

#### A. Mental Health of the Aging and Etiology, Diagnosis, Course, and Prevention of Mental Disorders in Later Life

(1) Studies of the psychological, social, and biomedical factors (and their interplay) that affect mental health and mental illness in later life.

(2) Clinical and diagnostic studies of the nature and types of mental disorders in later life.

(3) Studies to assess and measure the extent of cognitive, affective, and social function impairment in later life.

(4) Studies of the onset, course, and natural history of mental illness in later life; and

(5) Studies of developmental life crises, stress, adaptation, and morale in later life with special attention to the prevention of mental disorders.

#### B. Treatment and Delivery of Mental Health Services

(1) Treatment of mental disorders in later life.

(2) Coordination of mental health and other aging services in the broader health and community services systems.

(3) Services provision to special populations.

(4) Structuring of services; and

(5) Research into new types and more effective services.

#### C. Program Development, Social Policy, and Social Problems Research in Mental Health and Aging

(1) Institutional program development and alternatives to institutionalization.

(2) Formal and informal community support systems.

(3) Financing/reimbursement mechanisms.

(4) Policy and legal or administrative dimensions in technical assistance and program design.

(5) Models for research utilization, and

(6) Models of technical assistance for research development.

### II. Training

The Center for Studies of the Mental Health of the Aging works closely with the NIMH Division of Manpower and Training Programs, with a specific focus of filling gaps in training for the delivery of clinical services to aged persons and in

developing research scientists to study specifically mental health and illness in the aging. In the clinical area the grants are focused on providing support for the development, implementation, and evaluation of innovative training models and curricula which will concentrate on clinical services to aged persons with mental health problems. CSMHA is particularly interested in funding clinical training models which will be of national significance.

The following types of training projects are of special interest to CSMHA.

#### A. Training for Service Delivery to Aging Persons with Mental Health Problems

(1) *Geriatric Career Development Models*.—Projects which will assist in the preparation of mental health professionals, particularly, but not exclusively, psychiatrists and psychologists, who desire further specialization for roles in the delivery of services to the elderly.

(2) *Continuing Education Models*.—(a) Projects providing training for qualified mental health professionals who wish to develop their capabilities in dealing with the mental health problems of older persons, with particular consideration given to in-service training projects for all levels of Community Mental Health Centers' staff who want to acquire these capabilities; (b) continuing education, in-service training or special training projects providing short-term training for community-based professional health care providers who deal with aging persons with mental health problems, e.g., physicians, nurses, etc.; and (c) continuing education for community persons (within the formal as well as informal support systems) who may need special training to understand and refer older persons for assistance with their mental health problems.

(3) *Model Training Curricula and Special Personnel Development Projects*.—Model curriculum development, conferences and studies focusing on problems and issues in training and personnel development, and deployment in dealing with mental health problems of the aging.

#### B. Research Training

National research service awards, including individual fellowships and institutional awards at the predoctoral or postdoctoral levels, to provide support for the training of research scientists in the areas of mental health and aging.

#### C. Technical Assistance

The Center for Studies of the Mental Health of the Aging provides technical assistance for the development of research, training, and services for the purpose of enhancing the mental health of aging persons. Technical assistance through consultation is available for the stimulation and development of research and training proposals focused on the mental health of the aging. Major technical assistance efforts, however, are focused on 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, the CSMHA specialist has worked with regional offices and with individual community mental health centers. This has been especially important due to Public Law 94-63 which mandates services to the aged by community mental health centers.

Technical assistance is carried out through consultation, active participation at national, regional, and local meetings and conferences, the development of publications or other written materials, and the dissemination of these publications and other information. As a focal point for the activities on mental health of the aging at the Institute, the CSMHA specialists on the mental health of aging handled inquiries from professionals and public alike, and much time and effort are spent in responding to such inquiries.

In 1977, the Institute, through CSMHA, issued the following publications: Blank, Marie L. "Research on the Mental Health of the Aging, 1960-1976." DHEW Publication No. (ADM) 77-379. (An overview and summaries of NIMH extramural research projects in aging.) Dobrof, Rose, and Litwak, Eugene, "Maintenance of Family Ties of Long-term Care Patients: Theory and Guide to Practice." DHEW Publication No. (ADM) 77-400. Steury, Steven, and Blank-Marie L., eds., "Readings in Psychotherapy with Older People." DHEW Publication No. (ADM) 77-409.

For 1978, the following publications are planned by the Institute:

- (a) Proceedings of CSMHA's conferences on goals for research, training, and services.

(b) A monograph on the mental health aspects of institutional living by a consumer who lives in a long-term care facility.

(c) Reports on a sampler of NIMH extramural research and service projects on mental health and aging.

(d) "Rape and Older Women: A Guide to Prevention and Protection."

Also in 1977, CSMHA responded to many requests from community mental health centers for program descriptions which they could adapt for their own use in developing programs mandated under Public Law 94-63. For this reason, during 1977 and 1978, descriptions of eight community mental health center programs serving the aging will be prepared and disseminated. Center programs selected represent different approaches of models to mental health care of the aged. As these descriptions are completed, they will be made available starting in spring of 1978 as a continuous effort of the technical assistance program.

#### D. Collaborative Activities with National Institute on Aging, Administration on Aging, and Other Agencies

1. *Staff of the Center for Studies of the Mental Health of the Aging serves on inter- and intra-agency committees on.*—Policy, home health services, education/training in long-term care, Native Americans, community support systems, retirement, mental health services, training, research, and rural mental health. A variety of co-funding mechanisms has been used between NIMH and other institutes or agencies for the joint support of research projects, training projects, and conferences.

2. *Administration on Aging/NIMH Interagency Agreement.*—In 1977 an inter-agency agreement between the Administration on Aging and NIMH was signed. It commits the agencies to a mutual program of collaboration in the following areas: deinstitutionalization of aged mental hospital patients, consultation and education services, disaster assistance, joint planning by area agencies on aging and community mental health centers, in-service training in mental health and aging, technical assistance, research and demonstration, and followup to the Committee on Mental Health and Illness of the Elderly.

3. *National Institute on Aging.*—A considerable array of formal and informal relationships exists between the NIMH Center for Studies of the Mental Health of the Aging and the National Institute on Aging. The two organizations have worked out an arrangement by which research applications of interest to both organizations are dually assigned. Following each assignment, responsibility is given to the Institute having the greater interest in the project.

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 disease/senile dementia. The proceedings of this conference will soon be published. NIMH, through CSMHA, is taking lead responsibility for 1978 followup, international conference on treatment psychosocial and policy aspects of Alzheimer's disease/senile dementia. This pioneering effort should succeed in heightening scientific concern with all aspects of the problems in this very important but largely neglected area.

4. *Secretary's Committee on Mental Health and Illness of the Elderly.*—This committee, established under Public Law 94-63, completed its deliberations in 1977. Committee management activities were provided by the Center for Studies of the Mental Health of the Aging, and financial support for the Committee's activities was provided by NIMH, the National Institute on Aging, and the Administration on Aging. The committee reviewed the state-of-the-art and made recommendations in the following areas: prevention, services, research, training, and minorities. The report has been reviewed in the Department of Health, Education, and Welfare, and will be transmitted to Congress in 1978.

### OFFICE OF EDUCATION

#### 1977 ACTIVITIES AFFECTING THE AGING

The Commissioner of Education and the Commissioner on Aging signed a joint working agreement on December 22-23, 1976, the purpose of which is "to promote the more effective and efficient use of the resources available to the Office of Education and the Administration on Aging in order to maximize the educational opportunities for older persons." The agreement defines 19 goals and objectives

which are being implemented through a series of strategies delineated in the agreement. The strategies which call for action by both agencies include:

- Establish an interagency committee to continue providing leadership and coordination in carrying out the agreement.
- Support and participate with the National Institute of Education in establishing and operating an Interagency Panel on Research and Development in Adulthood.
- Promote the appointment of representatives of the elderly on education councils and of educators on councils for the aging.
- Promote the development of policies and programs designed to eradicate age-ism, stereotyping, and discrimination.
- Encourage and support the use of volunteers of all ages in education activities for older persons.
- Encourage the development of agreements between agencies at regional, State, area and local levels; and
- Support joint research and demonstration projects and the development of technical assistance materials.

Copies of the agreement were distributed by the Commissioners to the State and local networks of each agency and program managers were encouraged to take similar steps at those levels. Information from States and local activities indicate that agreements are being made and/or strengthened.

An interagency committee was established in July 1977 and on September 7, 1977, the Commissioner of Education and the Commissioner on Aging met with the committee to discuss implementation procedures and priorities. In carrying out its responsibility, the interagency committee meets regularly and is making plans for the preparation of the first annual report to the commissioners.

Other working agreements have been made between particular programs in the Office of Education and the Administration on Aging. These include: Community education, vocational home economics, right-to-read, and ACTION.

Office of Education major program activities for the older American are concentrated in four areas: Adult education, community services and continuing education, public library services, captioned films and television. Additionally, the Bureau of Occupational and Adult Education is developing strategies for BOAE administered programs in order to implement a policy to increase educational services for older persons.

#### 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) an opportunity 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 grant 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 of Education. 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 1976 and 1977, 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, it is recommended that special consideration be 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, or to evaluating the effectiveness and impact of programs for the elderly. Established community facilities and programs should be utilized 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, home-maker-health aid, and other home-based services.

Reports from the States indicated the following age distribution of participants in the adult education program during 1976. The number of participants is expected to increase in 1977.

Age group:	Estimate	Percentage
16 to 24.....	687, 654	42
25 to 34.....	451, 029	27
35 to 44.....	259, 889	16
45 to 54.....	139, 782	8
55 to 64.....	67, 277	4
65 and over.....	50, 463	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.

#### COMMUNITY SERVICE AND CONTINUING EDUCATION

Title I of the "Higher Education Act of 1965" (Public Law 89-329, as amended) authorizes grants to the 50 States, the District of Columbia, Guam, American Samoa, the Commonwealth of Puerto Rico, and the Virgin Islands. The intent of these grants is to strengthen the community service programs of colleges and universities for the purpose of assisting in the solution of community problems through the continuing education of adults. 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 program priorities and approves and funds institutional proposals. Funds are provided on a 66% Federal and 33% non-Federal basis. A community services project under this act means an educational program, activity or service, including research programs and university extension or continuing education offerings.

The State grant program has supported a number of projects designed to assist the older American. During 1977, more than 165,000 individual participants were involved in 69 projects (including multiproblem areas) in 36 States at a cost of approximately \$1,121,378 in Federal funds. Activities supported by these funds included special programs to meet educational needs of the aging, legal aid and housing assistance, professional and paraprofessional gerontological human relations training for those 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 special 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 1977, two projects for the aging received final renewals at a total cost of \$58,851. A renewal award of \$45,487 was made to the Maricopa County Community College District in Arizona for their project, "Six Dimensions for People Over Sixty." This statewide project involving six community colleges has targeted services to senior adults. Each college has developed and will operate separate programs focusing on a different part of the senior adult population and its continuing education needs. Individual projects have used the mass media and direct instructional approaches.

In addition, \$13,364 was awarded as a final renewal to the University of Tennessee (Nashville) for "Development of an Institutional Model for Community Service and Continuing Education for the Elderly." Ways and means have now been searched out to increase higher education access for the elderly. During this year, several processes will be further developed and then all will be tested. A consortium of four colleges and universities in Tennessee (Dyersburg State Community College, East Tennessee State University, Tennessee Technical University, and the University of Tennessee) are conducting this project. A new 1977 funding was awarded the Institute on Aging at Portland State University in Portland, Oreg. A first year funding of \$71,000 will initiate 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 1977 were \$14,125,000. Of this sum, \$1,300,000 was reserved by the Commissioner for special projects, with the remainder, \$12,825,000 being distributed to the States and territories.

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#### PUBLIC LIBRARY SERVICES

Library and information services for the aging are supported by the Office of Education through projects funded under the "Library Services and Construction Act" (LSCA). In fiscal year 1977, numerous public library projects made educational, informational, and recreational materials and activities widely available to senior citizens living both independently and 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, libraries are actively and creatively serving this vital and often neglected segment of the population.

Librarians are responding to the social, economic, and physiological problems of the aging in many ways. By providing information and education on aging to professionals and laymen working with senior citizens, and by fostering cooperation among agencies concerned with the elderly's needs, the libraries contribute substantially to the achievement of a positive attitude towards the aged. Library-sponsored preretirement counseling and information has eased the transition from full-time work to productive and satisfying leisure for many older adults.

Involvement of the elderly in the planning process, employment of senior citizens in programs specifically designed to serve this age group, volunteer work, and participation on library boards and advisory councils are all means by which libraries utilize the time and talents of the elderly for mutual benefit.

In recognition of the growing number of older Americans in our population, library interest in service to this group is also increasing and a greater awareness of the types of services and materials desired by older persons is needed in the library field. OE had addressed itself to this need through publication of a dissemination 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 aforementioned joint agreement, some State library agencies and local public libraries have established cooperative activities among existing State and community agencies for the benefit of older persons.

Working with and through other Federal programs operating at the local level, libraries expand and enhance the total array of services being offered. At local nutrition sites, supported by Federal funds from the Administration on Aging, libraries have provided education and entertainment through books, audio-visual presentations, discussions, etc., and information through consumer pamphlets, tax forms, applications for various government benefits, etc. Libraries have also provided the forum for National Endowment for the Humanities' programs that delve into social issues of special concern to elderly citizens.

Cooperating with national, State, and local community groups has also proven effective in providing library services to older people. Through organizations such

as the American Association of Retired Persons and senior citizens groups, libraries experience the benefits of working with active senior citizens and can thereby keep abreast of the special needs and desires of the elderly.

Providing the special information older people need 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, etc.) that provide for their well-being and indeed their survival. 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 innovative 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 staffed with personnel knowledgeable about community agencies, specially those concerning the elderly's welfare, and equipped with communications devices which provide contact with the main library for additional resources.

The resource collections of some libraries have also been expanded to include specialized "Life Skills and Coping" collections. These materials are made readily accessible in neighborhood branch libraries and offer adults of all ages survival and crisis information and education in easily understandable formats.

Since the educational background of senior citizens is 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, and 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. These programs include discussions, films, arts and craft demonstrations, programs on health concerns, exhibits of senior citizens' hobbies, forums on consumer issues, etc. One LSCA program in Louisiana brings classical music—opera, symphony, and chamber music—performances to senior citizens in isolated rural areas. Many 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. An LSCA project in the Woodville State Hospital in Pennsylvania addresses the need for effective communication skills in long-term aged residents of psychiatric hospitals. Operating under the theme "There's a World Out There," project librarians developed special library services and programs to reawaken skills in reading, writing, observation, listening, and oral communication. All types of media are utilized in this effort to convey a sense of reality to the institution's 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, etc., 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 multiethnic population, but the bilingual books, magazines, films, etc. 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 locales 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 oral history projects, some of which are also bilingual. An important feature in the gathering of oral history tapes and memorabilia collections is the unifying effect such an activity has on persons separated by many generations. Sharing past and present experiences can be meaningful to both young and old as demonstrated by an oral history project in Vermont which used an intergenerational approach. Entitled "Young People Save Yesterday," the project employed high school students, trained by the library in techniques of interviewing and preservation, to conduct extensive interviews with the oldest members of the community. By promoting interaction among different generations, the project had positive impact: the elderly felt pride in the contribution only they could make to this effort and the students gained in self-awareness and ability to relate to older people.

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. An LSCA grant in Ohio provided for a custom-designed bookmobile which facilitated service to elderly readers in Cleveland's senior day-care centers, nutrition centers, and other locations. A hydraulic lift that raises patrons into the bookmobile makes the "Senior Bookshelf" accessible even to readers confined to wheelchairs.

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, etc. 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 material 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 client.

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 continue to be provided from funding available from title I, "Library Services" of the "Library Services and Construction Act."

#### 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 provides a free loan service of captioned theatrical 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.

#### OTHER PROGRAMS

##### *Right-to-Read*

The national reading improvement program is authorized under title VII of Public Law 93-380 as amended by Public Law 94-194. 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 1977, 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.

##### *Consumers' Education*

The Consumers' Education Program, authorized by title IV, section 407 of the "Education Amendments 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 1977 was the second funding year for this program and the Office of Education has continued its support for projects addressing the consumer needs of the elderly. Thirteen of the 57 programs funded included the elderly among the target groups to be served. However, only two of the thirteen programs dealt extensively with the elderly. Some of the activities were directed towards creating more effective linkages among older Americans and senior centers to carry out consumers' education workshops directed toward older people and strengthening the peer-advising system by developing bilingual miniprograms on a variety of consumer topics related to the elderly.

##### *Community Schools*

The community schools program, authorized by title IV, section 405, Public Law 93-380, provides grants to State and local educational agencies for programs to stimulate further community education through awards for educational, cultural, recreational and other related community services. Additional awards are made to institutions of higher education to encourage the training of persons to plan and operate community education programs.

In order for any community to receive Federal funding under this program, its project must meet eight minimum elements, including the potential to serve all age groups in the community including the elderly. Forty-eight local education agency projects were funded in fiscal year 1976 and 48 projects were funded in fiscal year 1977. All of the projects may include academic, educational, social and recreational programs for the elderly.

Two agreements of understanding have been signed by the U.S. Commissioner of Education and the U.S. Commissioner on Aging pledging close cooperative arrangements between the Administration on Aging and the U.S. Office of Education/Community Education Program. These agreements encourage greater utilization of schools for services to the elderly as well as greater volunteer opportunities for senior citizens. A steering committee on community education and aging comprised of national leaders in both areas has been established and is exploring further cooperative efforts.

#### *Women's Educational Equity*

The women's educational equity program, authorized by 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, etc., which will further educational equity for women.

Fiscal year 1977 was the second 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 IV, section 403 of Public Law 93-380, 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 decisions 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.

#### *Indian Education*

The Office of Indian Education is cooperating with the Office of Human Development, the Office of Native American Programs, Indian Health Service, Public Service Administration 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.

During 1977-78, 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.

### OFFICE OF THE INSPECTOR GENERAL

#### DEVELOPMENTS RELATED TO AGING

The functions of the Office of the Inspector General have an effect upon the quality, scope, and cost of services to the aging in numerous ways. Described below are major activities of the Office in 1977 which had an impact directly or indirectly on services for the aging, along with some discussion of planned activities in 1978.

#### GENERAL

The mission of the Inspector General is to prevent and detect fraud and abuses in HEW programs and to promote economy and efficiency in the Department's operations. He also is charged with reporting to the Secretary and to the Congress

on deficiencies and problems related to HEW programs and on the necessity for and progress of corrective actions.

The Inspector General's Office is the first statutory position of its kind ever established in the Federal civil government. It is the result of Public Law 94-505, enacted on October 15, 1976. The law itself is the result of congressional initiative, inspired at least in part by disclosures of fraud, abuse, or waste in Federal/State medical and welfare programs. The legislation balances the functions prescribed for the Inspector General between preventing or ferreting out wrongdoing and recommendations for program improvements anywhere in HEW.

Thomas D. Morris is the first Inspector General, taking office on April 1, 1977. He is a former Assistant Comptroller General of the United States.

#### ORGANIZATION

The Inspector General's Office has three main elements prescribed by statute:

*The Assistant Inspector General for Auditing* heads the HEW Audit Agency a long-standing professional staff of auditors that comprise a sizable and, highly proficient resource for the department. This staff prepares or reviews more than 7,000 audits of HEW and its contractors and grantees annually. Its responsibilities include auditing of some 50,000 universities, schools, and nonprofit activities. It also serves as the auditor for other Federal agencies for their grants or contracts awarded to universities and colleges.

One of the agency's most valuable resources is its computer analysis expertise that is being adapted to new initiatives of the Office of Inspector General.

*The Assistant Inspector General for Investigations* heads a staff that investigates HEW-related activity of a potentially criminal nature. Until 2 years ago, HEW had no investigations staff of its own and relied on the FBI and State investigators, as appropriate. At the time the Inspector General's Office was formed, the Office of Investigations had developed a staff of about 50. It is now authorized a staff of 114, and is rapidly approaching that strength.

Its backlog of cases has grown rapidly since it became a part of the Inspector General's Office. In addition, it has a high-priority role of overseeing the investigation of more than 2,400 cases by Federal or State teams under project integrity. The Office of Investigations also has a new role of assisting in certification and monitoring of the State medicaid fraud control units authorized under H.R. 3 legislation.

*The Assistant Inspector General for Health Care and Systems Review* heads a new small staff of senior experts with specialized experience across the range of HEW activities. Now numbering about 20 people, it is expected to grow to about double this strength. This office heads the program delivery assessment staff, and the review of the fraud, waste, and abuse activities of the major units of HEW. It also plans new initiatives to combat fraud, abuse, and waste, some of which are discussed further on in this report.

#### ASSISTANCE FROM OTHER ORGANIZATIONS

A basic philosophy of the Office of Inspector General is to seek use of existing departmental resources in a cooperative way to accomplish its mission. Close working relationships have been built with the Health Care Financing Administration, the Social Security Administration, and other major elements of the Department in order to maximize resources devoted to common problems. The Inspector General also maintains close liaison with the Justice Department, the Treasury Department, and the Postal Service, and has obtained significant help from them, especially in investigations.

#### MAJOR PROJECTS IN 1977

##### *Program Delivery Assessments*

One of the most broad-scale tasks that the Secretary has asked the Inspector General to undertake is evaluating how well HEW programs work at the recipient level. He has asked the Inspector General to design, test, and monitor the implementation of nationwide series of "program delivery assessments" which seek to determine the cost and effectiveness of services being delivered to bene-

ficiaries. The measurement of the effect of the Department's services on its clients is an area in which data generally is too weak or nonexistent. In this effort, the Inspector General is being assisted by other elements of HEW, including a small assessment staff in the newly reorganized regional offices. These staffs need to work closely with State and local agencies, and the Inspector General has received many assurances of State support in this effort.

One of the first evaluations in this service delivery assessment is the effectiveness of home health care agencies—a matter of special concern to older Americans.

The initial studies are being done in Florida, in cooperation with the State, which was already planning such a review.

We have also begun an evaluation of Head Start and will be measuring effectiveness of other social programs to determine their worth versus alternatives in the coming year.

#### *Departmental Program Reviews*

Another major long-term task given the Inspector General by the Secretary in 1977 is the systematic review of how effectively each HEW program is organized and staffed to combat fraud, abuse, and waste. In reviewing management of programs, particular attention will be given to management information systems, quality control systems, program integrity, and technical assistance to States. The Secretary asked the Inspector General to give first priority to such a review of the aid to families with dependent children program. This effort is underway, with a small but highly qualified team working with the Social Security Administration.

#### *Project Integrity*

One of the first initiatives begun by the Office of the Inspector General immediately upon formation of the Office is aimed directly at fraud and abuse in medical services supported by the Department. Project integrity seeks to use computer technology to find the initial indications of wrongdoing, thereby eliminating laborious manual screening of records. In its first phase, project integrity is concentrating on physicians and pharmacists in the medicaid program.

For analysis purposes, reasonable limits were established by experts for 22 services or procedures by physicians, and for 26 procedures by pharmacists. Services in excess of those limits were turned up by the computer as aberrant or abnormal. For example, more than 25 prescriptions for Valium for the same patient in a year were considered abnormal. Examination of some 250 million billings across the country rendered in 1976 produced some 47,000 cases of physicians and pharmacists that appeared to exceed reasonable limits in some way. The Inspector General then selected approximately 2,500 of those that appeared most flagrant, choosing about 25 physicians and 25 pharmacists from each State for field investigation.

The States are cooperating in this effort and have committed more than 350 personnel to the effort. Some 170 Federal officers are participating.

Most of the cases turned up by the computer, including cases selected for early investigation, will not be fraudulent. But those in which fraud is indicated will be referred to U.S. Attorneys for prosecutorial decision.

The technique will be extended to examining records of other health care professionals and institutions in the future, and it is also applicable to medicare. For nursing homes, special studies are being conducted in three States in an effort to learn the best techniques for computer analysis of nursing home records in order to apply these on a nationwide basis. For hospitals, a special study is being conducted in New York State that may lead to development of computer analysis of hospital records to disclose abnormal costs or procedures.

#### *Project Match*

Under this project, begun by the Inspector General in mid-1977, computer comparison is made between Federal pay records and welfare rolls (aid to families with dependent children) to screen for Federal employees improperly receiving welfare benefits. This project was undertaken after reviewing results of efforts by U.S. Attorneys in Detroit and Chicago, who worked with State welfare authorities to indict a surprising number of Federal employees for welfare fraud.

The Inspector General is conducting this effort in cooperation with the Family Assistance Administration, the Department of Justice, and the States. In the initial effort, comparisons were made of welfare rolls and Federal payrolls in 21 major jurisdictions or States. Raw matches amounted to about 26,000 persons,

about half of whom are currently employed by the U.S. Government, the others having been employed in the recent past on either a full-time, part-time, or temporary basis.

By the end of 1977, some 13,358 cases had been turned over to the appropriate Federal agencies for verification of employment and salary. This information will then be furnished to the State welfare agencies for redetermination of eligibility. Undoubtedly, a sizable portion of the Federal employees on the rolls will be found to be drawing benefits properly, due to low income or large family, or both. But others will be found totally ineligible or overpaid or underpaid in benefits. Cases which appear seriously fraudulent will be turned over to U.S. Attorneys for possible prosecution, and other cases involving improper benefits will be dealt with administratively.

The Civil Service Commission, Justice Department, and HEW have agreed on procedures to insure protection of privacy for the 2.8 million Federal employees whose records are being screened. No data on individuals will be disclosed publicly unless this becomes necessary during prosecution of that person.

#### ACTIVITIES IN 1978

##### *Program Delivery Assessments*

We plan to expand considerably our evaluation of HEW social and health programs at the recipient level during 1978 and a number of these studies are expected to relate directly or indirectly to services for the aging. At this writing, most of these assessment efforts have not been selected. However, the Inspector General and regional assessment staffs will complete their evaluation of home health care, and have already decided on four new assessments in 1978. These include:

- (a) Disability insurance benefit determination, in which the client's experiences in the Social Security Administration's disability determination process will be evaluated.
- (b) Education for the handicapped, to ascertain the extent to which handicapped children benefit from educational services.
- (c) Foster care services.
- (d) Family planning for teenagers.

##### *Departmental Program Reviews*

As part of his major assignment to review the efficiency of the Department's programs in combatting fraud, abuse, and waste, the Inspector General expects to review the medicaid program in 1978. This is one of the Department's most rapidly growing programs in terms of costs, and it is one that many aged people depend on for their medical care.

##### *Project Integrity*

The first phase of this project should be completed, with administrative or criminal action taken against a few hundred physicians and pharmacists in 1978. The results should also lead the Department to correction of management or systems weaknesses.

New categories of health-care providers whose medicaid billings will be analyzed in 1978 are expected to include dentists, certain other non-physician practitioners, and some institutional providers, including outpatient services.

##### *Project Match*

In 1978 the Inspector General expects to complete action concerning Federal employees drawing improper welfare benefits. For such employees, one or more of the following actions, as appropriate, will be taken: remove from the rolls, adjust benefit, seek restitution, and refer for prosecution.

A new statute, Public Law 95-216, mandates that social security wage records be made available for comparison with welfare rolls (aid to families with dependent children) in those States that do not have unemployment compensation wage reports for checking to determine welfare recipients' incomes. After October 1, 1979, the law requires that the States check their welfare rolls against either of these wage reports.

The Inspector General will work with the Social Security Administration and the States to determine the most effective means for carrying out this extension of project match in 1978.

## HEALTH RESOURCES ADMINISTRATION

### PROGRAM RESPONSIBILITIES IN THE AREA OF AGING

#### 1. NURSING

Special emphasis is given in the Nurse Training Act of 1975 to the problems and health care of the aging. Grants and contracts are 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 emphasize the special problems of geriatric patients and include 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 are authorized to educate nurses in the provision of primary health care to the elderly.

Six contracts totaling \$2,030,876 were awarded in fiscal year 1975 for geriatric nurse practitioner training programs. The University of Colorado Medical Center received a \$134,988 grant in fiscal year 1976 to prepare nurses to become geriatric nurse practitioners in long-term care (LTC) facilities within the six-State area of region VIII. Westbrook College (Portland, Maine) was given a grant (\$70,900) to provide basic instruction in the skills of caring for the geriatric patient in LTC facilities and to enhance a deeper concern and awareness for elderly patients. The agency has nine active training programs (\$1,266,926 to date) to prepare registered nurses (RN's) as geriatric nurse practitioners. Nurse practitioner programs preparing RN's to deliver primary health care have also had an impact on the training needs of home health agencies. A contract will be awarded in fiscal year 1978 to focus on a model inservice training program for nurses aides and orderlies who care for patients in nursing homes. Active advanced nurse training grants are held by the (1) University of Rochester for graduate concentration in gerontological nursing (\$298,210 to date), (2) San Jose State University to establish a gerontological nurse specialist program (\$258,763 to date), and (3) University of Kansas for the training of gerontological clinical nurse specialists (\$352,589 to date). A notice of proposed rulemaking for such grants was published on January 24, 1978, with geriatric nursing proposed as an area for funding priority.

Two nursing research grants focusing on the care of elderly patients have also been awarded. Wayne State University Institute of Gerontology received a grant in 1977 (\$54,992 to date) for the measurement of a job performance (RN's and nursing aides) in nursing homes. The Medical Care and Research Foundation (Denver, Colo.) was awarded a grant (\$147,927) to study ways to improve the health care of elderly and chronically ill by altering the typical roles of nurses and physicians to provide additional means of entry into the health care system and to ensure care that relates to more than the disease process.

Future special projects, nurse practitioner grants, and research grants will continue to provide special emphasis on meeting the training needs of nurses to provide better health care to the elderly. Awards will focus on improving curricula by incorporating new concepts that have been developed under the research grant program. An understanding of the daily living problems and illnesses of particular concern to the elderly and their required therapeutic techniques, is largely dependent on the instruction and followup care provided by nurses. This is very important with the greater reliance on out-of-hospital care for the elderly. Much more could be done in health care settings where the patients' primary needs are for nursing care as opposed to cure. For example, nurses are the principal providers of care for patients in rehabilitation centers, nursing homes, and home health agencies. Such settings could be developed into model nursing centers, offering unique opportunities to test nursing theories in practice, to promptly apply findings from promising research, and to develop new modes of nursing service.

#### 2. ASSOCIATED HEALTH

Allied health professions special project grants have been awarded to (1) University of Alabama for student-paced instruction in gerontology for 2 years ending June 30, 1977 (total \$85,577), (2) University of Northern Colorado for training in geriatric aural rehabilitation (\$193,734 for 2 of 5 years), and (3) Quinnipiac College (Hamden, Conn.) for coordination, education and licensure in LTC administration (\$122,980). Other awards have been made through allied health professions special improvement grants to SUNY at Stony Brook for

gerontology curriculum development (\$75,496 for 2 of 5 years) and to the University of Texas for gerontology services administration (\$40,171 for 1 of 5 years). The University of Puerto Rico has a current public health project grant (\$182,430) for the development of curricula for chronic diseases and aging.

Public health short-term traineeship grants were awarded in fiscal year 1975 to the University of Pennsylvania School of Nursing for nursing home administration (\$12,710/100 trainees) and to the South Carolina Department of Health and Environmental Control for the development of interdisciplinary team approach in home health service (\$10,000/100 trainees). In fiscal year 1976, Yale University received a traineeship grant for an infection control training program in LTC (\$9,368/70 trainees). Two such grants were awarded in fiscal year 1977 to (1) Columbia University School of Public Health for administration and management of home health service (\$9,100/26 trainees) and (2) Donnelly College (Kansas City) for improving nursing home administration and services (\$19,000).

A \$457,835 contract was awarded to the University of Pittsburgh for work toward a baccalaureate external degree in health services administration—LTC administration major. A completed contract with the American Podiatry Association to assess foot health problems and related health manpower utilization and requirements also impact on the health of the aged. Late fiscal year 1978 contracts will be awarded to look into alternative methods of increasing the geriatric aspects of the pharmacy curriculum (estimated cost \$65,000), and for planning the development of educational programs in rehabilitative optometry (\$125,000). The Agency has also provided LTC funds for training support as follows: Fiscal year 1976—\$1,319,453 and fiscal year 1977—\$335,081. Other past, present, and future contract/grant activities involving such areas as curricula, delineation and verification of functional roles, and data collection have some (although less direct) impact on the aged. Additional future efforts are limited by available funds and legislative authorization.

### 3. DENTISTRY

A methodology is currently being developed under contract (\$9,970) for a study of the effect of community water supply fluoridation on demand for dental care among older adults. While the beneficial effects of fluoridation in younger age groups are unambiguous, the implications for older groups are less clear. Their need and demand for dental resources could be increased if the retention of more natural teeth implies a greater risk of dental caries and periodontal disease. Another effort that is underway will develop, implement and assess a model program for the training of dental and dental-auxiliary students in the delivery of primary preventive services in a community setting. Among the sites involved, two relate specifically to the aged. First, a group of four dental teams implemented a screening, in-service, education, denture-cleaning, scaling-and-polishing, and referral program for institutionalized elderly persons in a nursing home. The second site involved noninstitutionalized elderly (90 percent) and handicapped adults (10 percent) in an apartment building. Four dental teams, under the supervision of a faculty dentist, planned an oral cancer screening, a dental health education program, and a referral program for the residents. This includes scalings and polishings as well as instruction on the proper care and maintenance for prosthetic appliances possessed by the residents. It is proposed in fiscal year 1978 that a pilot training program be developed and implemented for the dental auxiliary in denture care (estimated cost \$227,750). This will lead to more services being available (including the elderly) and the containment, if not reduction of costs.

### 4. MEDICINE

Public Law 94-484, section 788(d), authorizes training in the diagnosis, treatment and prevention of the diseases and related medical and behavioral problems of the aged. The agency has promoted geriatric training as a part of its overall support for activities in primary care. Also, support for training in the social, psychological and medical problems of the aged has been possible as a component of other programs for some time, but without separate funding. Under section 783 of the PHS Act, the University of Nebraska has received a 3-year grant for \$390,000 which emphasizes education in physician's assistant training. Grantees can request graduate training program support which incorporates geriatric training for family medicine residencies under section 786 and primary care-oriented residencies in internal medicine-pediatrics under section 783 of the

PHS Act. Funding constraints preclude the award of a proposed fiscal year 1978 contract to develop a model geriatric curriculum. The agency is continuing to develop a knowledge bank on geriatric activity, both national and international, and one of its staff is taking a graduate-level gerontology course.

Future research is needed to determine the weaknesses in health care education pertaining to the needs of the elderly, as well as curriculum, content development to assure that each type of health professional is fully prepared to deal appropriately with their needs. There should be a greater integration of geriatrics into existing undergraduate medical education (less than 45 percent of schools offer such an elective) and its increased emphasis as a critical component within primary care residency training. Continuing education in geriatrics and long-term care is an important need. Geriatric training in internal medicine and family medicine residencies (one-third of internal medicine physician patients are over 65) needs increased emphasis. Training in providing service to patients at home and in nursing home settings is an important element in approved family medicine residencies. Conferences, workshops, or institutes are needed for chairmen of family medicine, internal medicine and psychiatry departments to encourage communication, education and research development on aging and geriatrics. Demonstration projects in medical schools could integrate clinical care in geriatrics, teaching and research while interdisciplinary centers bring together experienced professionals to deal with the many interrelated problems of the elderly.

There should be encouragement to use nursing homes, extended care facilities, day care and home care programs as training sites (less than 100 nursing homes out of over 20,000 in the United States have any formal or informal training arrangements with medical schools). Joint geriatric/gerontology projects could be conducted with other governmental agencies (e.g., AoA, NIA, SS, and HUD). Geriatric focal points could be established in each medical school via contract (individuals will need orientation to promote attitudinal changes about the elderly among medical school staff, faculty and students).

An effective transfer mechanism from geriatric research to medical education is needed (e.g., the effects of specific drugs react differently on the elderly than on those of middle age). Various health professionals have been underutilized in elderly care, partly because of the difficulty to expand and improve multidisciplinary health service approaches.

#### 5. OTHER ACTIVITIES

During the past eight months, representatives of the agency have attended several interagency meetings involving the Administration on Aging and the National Academy of Science for the purpose of developing an inventory of the present state of gerontology/geriatric understanding and educational activity. During the same period, Agency staff has been involved in the planning of a 1-day conference on aging to be held later this year in Washington, D.C., for 10 institutional vice presidents for health affairs. Although it will be funded by the Administration on Aging, the agency will join the National Institute on Aging in providing staff support.

### HEALTH SERVICES ADMINISTRATION

JANUARY 16, 1978.

DEAR MR. CHAIRMAN: Thank you for your letter of December 14, 1977, requesting a summary of the Health Services Administration's major actions on aging during 1977 and some mention of our planned activities for 1978.

The Health Services Administration's (HSA) 1978 budget is approximately \$1.8 billion. The services funded by this money are provided as either direct health care services or in the form project and formula grants to support such services. HSA has three operational bureaus: the Bureau of Community Health Services, the Bureau of Medical Services, and the Indian Health Services. Our summary, three copies of which are enclosed as you requested, is organized in accordance with this structure.

I hope this material will be a useful addition to your committee's annual report. We appreciate the opportunity to be included.

Sincerely yours,

GEORGE I. LYTHCOTT, M.D.,  
Assistant Surgeon General Administrator.

[Enclosures.]

## BUREAU OF COMMUNITY HEALTH SERVICES

The Bureau of Community Health Services (BCHS) provides health services to the underserved or disadvantaged through the development and maintenance of primary health care delivery capacity in medically underserved urban and rural 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. Bureau 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.

During fiscal year 1977 an estimated total of 3,424,000 people received a range of preventive, curative and rehabilitative services in 455 community health centers. It is estimated that approximately 15 percent of these people were age 65 or older. In 1978, we expect to have about 574 of these centers serving approximately 4,565,000 people.

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, language and cultural differences. In addition, the elderly migrant is further handicapped by the multiplicity of problems which accompany aging. In 1977 services were provided at 363 sites to an estimated 499,000 migrants and seasonal farmworkers and their families. Approximately 2 percent of those served were 65 years of age or older. The projected total number to be served in 1978 is 537,000.

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. While age specific data are not available, a total of 670,000 people were served by 861 providers at 398 sites in 1977. Special emphasis in 1978 will be given to the use of corps' recruitment and placement resources in helping to provide medical staff for community health centers, migrant health, and like programs.

The Bureau has recently expanded its focus on specific health problems which affect a significant proportion of the aging population. These include efforts directed to the screening, detection, diagnosis, prevention and referral for 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; regional personnel have been identified as focal points for assistance to the States; and as a means of enhancing the knowledge of State and Federal personnel involved in hypertension control programs, a conference was cosponsored by the Bureau and the National Heart, Lung and Blood Institute. Regional, State, and territorial health and Federal representatives exchanged information on planning and operating high blood pressure control programs and States discussed undertaking regionally operated hypertension control programs.

Another recent area of Bureau expansion, the home health program, is specifically directed toward meeting the needs of the aged. Home health agencies are designed to offer medically desirable and often cost-saving alternatives to institutionalized care in hospitals and nursing homes by attempting to maintain elderly people in familiar surroundings. In awarding project grants, funding priority is given to areas in which a sizeable proportion of the population to be served is elderly, medically indigent or both. In 1977, 56 service projects were funded, 14 for the development of new home health agencies and 42 for expansion of services not previously provided in existing home health agencies. These agencies served

approximately 15,000 people. Plans for 1978 call for the funding of 70 service projects, 40 new and 30 expansion. In addition, 20 training projects will provide training for professional and paraprofessional personnel providing home health services.

Finally, the Bureau of Community Health Services has initiated discussions with the Administration on Aging (AoA) with a view toward furthering interrelationships between community health centers and projects supported by AoA and the various State agencies on aging. As these activities develop and evolve, additional support will be given to improving approaches to health care of the aged in BCHS projects.

#### INDIAN HEALTH SERVICE

Through its Committee on Aging, organized in 1976 to give impetus to the development of special programs to serve elderly Indians and Alaska Natives, Indian Health Service reports the following accomplishments for 1977:

(1) Distribution of the first health profile of the aging and aged service population—prepared initially for inclusion in the final proceedings of the 1976 National Conference on Elderly Indians.

(2) Development of data for more detailed studies of the health and health needs of the elderly on a service unit-by-service unit basis in some IHS areas, with one comprehensive report for the Alaska area being finalized and distributed and special data collections completed in the Billings and Aberdeen areas; and resource inventories, for example, in the Navajo and Portland areas.

(3) Beginning of a model geriatrics program within one area, Phoenix, in which the services of a physician, nurse and social worker are utilized as a team.

(4) Participation in a number of special tribally sponsored projects which have resulted in:

(a) Plans for a multipurpose center for the aging in the Laguana Pueblo, with additional funding secured to extend the study of needs to eight other Pueblos (Albuquerque area).

(b) Development of food service programs servicewide.

(c) Exploration of the potential for establishing home health services, nursing home and custodial care facilities, and special housing for the elderly servicewide.

(d) Training programs for tribal members working with the elderly, particularly in the Oklahoma City area through conferences sponsored by the new Indian councils on aging and through a Governor's conference in the Aberdeen area.

The IHS Office of Research and Development, Tucson, developed a training program for tribal community health representatives working with the elderly.

In addition to these activities, Indian Health Service has implemented title IV, Public Law 94-437, providing Indian and Alaska Native medicare and medicaid eligibles an opportunity to use their entitlements in IHS facilities. This became operational during 1977, to some extent, in all areas except Alaska and Portland. The Bemidji program office received the first medicaid reimbursement from the State of Minnesota; and the Oklahoma City area office, the first from medicare

#### 1978 Plans

(1) IHS will give full support to preparation for the 1978 Indian conference on health of the elderly being convened by the National Indian Council on Aging. Each IHS area, through its representative on the IHS Committee on Aging, will prepare a booklet describing at least one successful tribal health program for the elderly that might be adapted elsewhere.

(2) IHS will fund the development of four background papers for use during the national conference. Two will cover the physical and mental health status of elderly Indians and Alaska Natives, with descriptions of selected leading causes of death and disability as these occur among this population. The other two papers will deal with long-term care and community support services required.

(3) IHS will fund the development of a paper describing accidents among elderly Indians and Alaska Natives, together with recommendations for reducing these. A kit of educational and safety promotional materials is to be included.

(4) IHS will seek to provide a survey instrument to assist tribes in determining needs of various types of care facilities.

(5) IHS will assist tribes in developing tribal specific health plans that address the needs of the aging and aged as part of the Public Law 94-437 planning activities under way nationwide.

(6) IHS will work on the development of models for determining its future role in providing long-term care services.

(7) IHS will continue seeking means to overcome the barriers to full implementation of title IV, Public Law 94-437, medicare and medicaid coverage for services rendered in IHS facilities.

#### BUREAU OF MEDICAL SERVICES

The Department of Health, Education, and Welfare has a legislative mandate to provide direct health care services to specified beneficiaries under provisions of the Public Health Service Act and the Dependents' Medical Care Act. This responsibility is discharged, in part, through the Bureau of Medical Services (BMS) of the Health Services Administration and, within the Bureau, through its Division of Hospitals and Clinics and Division of Federal Employee Health. The program authorities of the Bureau's Division of Emergency Medical Services does not encompass the direct delivery of health care services.

The Division of Hospitals and Clinics provides comprehensive health care services to American seamen, active duty members of the U.S. Coast Guard, members of the National Oceanic and Atmospheric Administration, and to active duty commissioned officers of the U.S. Public Health Service. Services may also be provided to retired members of the uniformed services, to dependents of active duty and retired members of the uniformed services under the authority of the Dependents' Medical Care Act and to selected community residents.

In addition, the Public Health Service Act permits the providing of limited health services to Federal employees by the Bureau's Division of Federal Employee Health.

Health care services within the Division of Hospitals and Clinics (DHC) are provided by eight general medical-surgical hospitals, one specialized treatment center (Hansen's disease), 26 free-standing outpatient clinics, and more than 300 contract physicians and hospitals located throughout the United States. This major system constitutes a nationwide network within the Department for the delivery of comprehensive health care services, for training, and for research. In addition, the Division of Federal Employee Health operates 143 clinics in Federal installations across the country.

As compared to fiscal year 1976, total workload increased throughout the system, particularly with respect to ambulatory care visits which registered 3.3 percent increase during fiscal year 1977.

Funds for clinical research studies are distributed through the Central Investigations Committee of the Division of Hospitals and Clinics, a formally constituted body, that is also responsible for monitoring and evaluating research programs. During the year, approximately \$250,000 for fiscal year 1977 funds of the Division of Hospitals and Clinics were expended for clinical research, of which \$172,820 was allocated to research related to aging or the aging process. During fiscal year 1977, 19 clinical research projects related to aging were operational in five USPHS hospitals (in Baltimore, Boston, San Francisco, Seattle, and Staten Island). Other studies in PHS hospitals received \$279,000 from the National Institutes of Health and \$600,000 from the National Center for Health Services Research during fiscal year 1977.

Most of the PHS beneficiaries are adults and the proportion of beneficiaries who are 60 years old and older is increasing, as is true in the general population. 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 to this age group on an outpatient basis cannot be obtained at this time. During the first 6 months of fiscal year 1977, of the 16,401 discharges from USPHS hospitals in 2,719 instances, the patient was 65 years of age or over. Annualized, it is estimated that approximately 87,000 patient days were utilized by this group at an estimated cost of \$11,397,000 based on an average daily rate of \$131. 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 for those in need of long-term care constitutes one of the major difficulties in discharge planning.

Early in the calendar year 1976, the Geriatric Day Treatment Center (GDTC) located on the campus of the USPHS hospital in Baltimore became operational. This program is jointly sponsored by the Family and Children's Society of Baltimore and the USPHS Hospital in Baltimore. Through a contract, with the Maryland State Department of Health and Mental Hygiene, Office of the Chronically

Ill and Aging, the GDTC receives title XX funds. The amount of title XX funds from the State has increased each year the GDTC has been in operation. This program provides an alternative to institutionalization and services are delivered by a multidisciplinary staff. The program is structured around an organized regime of activities of daily living (ADL) and health services during the day in a protective group setting. Additional important program components include nutrition, counseling, and transportation. 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. Program objectives are:

(1) Enhance activities of daily living by providing instruction in self care, health maintenance, consumer education and/or referral to other services required to assist the aged to remain in or return to their homes or communities.

(2) Increase effectiveness of the individual through the service and consultation of experts provided by the hospital to develop health care plans to meet the needs of the individual applicants or development of general program.

(3) Improve health status by providing necessary diagnostic, remedial or treatment services and arrangements for obtaining physician or hospital services in case of emergency and by maintaining necessary liaison with other providers of health services to assure the provision of services necessary to carry out medical recommendations.

(4) Reduce isolation by providing the means for aged persons restricted in their mobility to get out of the house; and encourage regular attendance on individually scheduled days providing transportation.

(5) Promote socialization by offering companionship in a pleasant, safe and comfortable environment and stimulate interests by offering satisfying leisure time activities.

(6) Conserve family interest and support by offering respite as required during part or all of the work week and by providing individual and group counselling.

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.

This past year has been a period of increased activity and accomplishment for the GDTC. In addition to more than doubling its patient load so that they now average about 30 patients per week (75 percent of whom are in wheelchairs), other accomplishments include:

(1) Increased capacity to treat more severely impaired patients particularly those with communication disorders.

(2) More extensive collaboration with local speech pathology and hearing organizations.

(3) Weekly consultation from the psychiatry department for patient management and staff consultation.

(4) Participation in the evaluation of patients from other hospitals to consider patients for admission to the GDTC at the time or later on in the treatment process.

(5) The GDTC is now the site for field work experience for nursing students from the University of Maryland and mental health students from the Community College of Baltimore.

Other hospitals in the USPHS hospital system are developing programs in aging. Early in 1977, the USPHS hospital in San Francisco started a program of geriatric screening and referral for older people living in one of the San Francisco health districts near the hospital. This program works closely with the local city health center and is an integral part of a coordinated effort to improve the health status of older persons in San Francisco.

Potentially, the multiple facilities of the Division of Hospitals and Clinics could be used to study, develop and/cr apply in new ways, various methods and techniques leading to the improvement of the delivery of services to older persons. In this regard, the Division believes it could play a significant role in a vigorous intergovernmental effort.

## NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

Current Status of NCHSR Commitments to Research on  
Care of the Elderly

Attached are all compendium entries summarizing research in the National Center for Health Services Research regarding care of the aged. These summaries are divided into two groups according to funding commitments for FY 1978, and those prior to and including FY 1978 so that current priorities will be visible. Dollar breakdowns by category for FY 1978 are as follows:

## FY 1978 Funding

Non-institutional Care	3	\$388,000
Institutional care	2	92,000
Dental care	1	158,000

The three projects in non-institutional care include and experiment with transportation and its impact on mobility and mental health; the effects of family structure on home care; and a study of the dietary habits of the aged in order to improve nutrition in home meal delivery. Institutional care projects relate to the economic behavior of nursing homes with respect to pricing patterns under various reimbursement schemes, and with respect to state regulatory policies on investment in the nursing home industry. The dental services project is aimed at determining the needs of the elderly and costs of meeting those needs under various insurance plans.

Two projects deserve mention with respect to those funded under FY 1977 and previous commitments. The first, based on the 222 (d) demonstration projects and conducted in the NCHSR Division of Intramural Research by Dr. W. Weissert relate to adult day care for the elderly. His findings report a cost saving of 37-60% to the health care payor and therefore may prove a cost-saving candidate for Medicaid and Medicare coverage. The second, done on a contract awarded by the NCHSR, compares alternative modes of geriatric day care and identifies two models for conceptualizing these services. The first is a physical rehabilitation program and the second includes a variety of program goals such as social rehabilitation, nutrition, and recreation. Therapies in Model I were administered by professionals at a cost per day of \$43.09 while Model II relied on unlicensed, unregistered personnel at a program cost per day of \$20.56.

With regard to other research included here representing funding commitments prior to and including FY 1977, Dr. Joyce Lashoff's testimony of September 21, 1977 before the Committee on Aging provides a good overall summary of research supported by the NCHSR, as well as a statement of the 222 (d) Demonstrations to that date. A copy of the testimony is included for your convenience.

Attchd: FUNDING COMMITMENTS FY 1978  
FUNDING COMMITMENTS FY 1977 (and Prior)

FUNDING COMMITMENTS, FISCAL YEAR 1978: NONINSTITUTIONAL CARE

Project Title and Summary	Contractor/grantee	Project Dates.	Total Funding
"Experimental Transportation (HSO2693) for Elderly and Disabled"	Vera Institute of Justice	7/77 - 6/79 FY 1977 ---- FY 1978 ----	\$312,955 \$148,371 \$165,000

-Objective. To evaluate a multi-purpose transportation system for the elderly and disabled for impact on mobility, relationship with other provider agencies and cost-effectiveness.

-Scope and Approach. The grantee will compare demographic factors, patterns of tripmaking, degree of functional incapacity and mental well-being of a sample of elderly and disabled persons having access to the experimental system with a matched group. Personal interviews will be conducted, validated by examination of secondary data sources.

-Actual/expected findings and relationships to legislative or policy issues. Evaluation of the experimental system is expected to show greater mobility among the users and a movement toward positive mental health. In addition, an increase in trips to physicians and out-patient facilities is predicted with a corresponding reduction in emergency room visits, hospitalizations and lengths of hospitalization.

FUNDING COMMITMENTS, FISCAL YEAR 1978: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates.	Total Funding
"The Family and Long Term Care" (HS02627)	California State Department of Health	4/77 - 3/79 FY 1977 ----- FY 1978 -----	\$246,765 \$124,565 \$122,000

-Objective. To examine the effects of family structure on the probability of being placed in an institution which provides long term care as opposed to receiving home care.

-Scope and Approach. This project utilizes data from two efforts, an initial survey conducted in 1965 and a follow-up in 1974. From this longitudinal study one sample will be drawn to investigate the influences of placement in a long term care facility and a second sample of disabled persons living at home drawn to describe the formal and informal home care received.

-Actual/expected findings and relationships to legislative or policy issues. This study will provide important information on the factors that determine delivery of homecare from formal and informal sources and the impact of home care on informal care providers.

FUNDING COMMITMENTS, FISCAL YEAR 1978: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"An Empirical Basis for Nursing Home Meal Service" (HS 02510)	University of Kansas	6/76	
		6/79	\$283,629
		FY 1977 -----	\$ 85,707
		FY 1978 -----	\$101,000

-Objective. To study the dietary habits of residents of a nursing home in an effort to identify ways to improve the nutrition of the elderly.

-Scope and approach. The researcher will look at and experiment with various methods for improving food item choices, dining conditions and assistance with feeding which will provide the residents of a 100-bed skilled nursing facility with the recommended dietary allowance of nutrients.

-Actual/expected findings & relationships to legislative or policy issues. Sample menus will be written and recommendations will be provided on how to improve nutrition to these elderly persons. If specific methods for improving nutritional intake of the elderly prove useful, these may be implemented in other nursing homes and given to caretakers of the non-institutionalized elderly in an effort to improve the health status of the elderly possibly reducing the cost of health care through prevention of dietary deficiency diseases.

FUNDING COMMITMENTS, FISCAL YEAR 1978: INSTITUTIONAL CARE

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Regulation of Investment in Long Term Care Facilities" (HS 02620)	The Urban Institute (Washington, D.C.)	5/73 - 8/78 FY 1977 ----- FY 1978 -----	\$150,366 \$109,366 \$ 41,000

-Objectives. To analyze the impact of State regulatory policies on the growth of the nursing home industry.

-Scope and approach. An economic model based on data from nursing home regulation in 15 states will be statistically analyzed to assess the effects of alternative forms of investment control on nursing service supplier decisions concerning investment in beds, resident mix, quality of care, price of care, number of admissions, and the share of patients covered by Medicaid.

-Findings/relevance. Because there is every indication that regulation in the medical care sector and, particularly, the nursing home sector will continue to expand rapidly, it is important to understand the provider response to regulation in terms of being able to both predict and explain it.

FUNDING COMMITMENTS, FISCAL YEAR 1978: INSTITUTIONAL CARE--Continued

<u>Project Title and Summary</u>	<u>Contractor/grantee</u>	<u>Project Dates</u>	<u>Total Funding</u>
"Economics of Nursing Homes: Ownership and Financing" (HS 02675)	Duke University	5/77 - 4/79	\$99,232
		FY 1977 -----	\$48,489
		FY 1978 -----	\$51,000

-Objectives. To study the determinants of cost variation among nursing homes emphasizing two important factors: ownership and reimbursement method by government agencies.

-Scope and approach. Data from the 1973-1974 National Nursing Home Survey conducted by the National Center for Health Services Research will be used to construct statistical economic models for estimating nursing home cost functions, production functions (where the "product" is a cost weighted patient day), and functions pertaining to service intensity, wage level, and patient type.

-Findings/relevance. Understanding the economic behavior of nursing homes with respect to their pricing patterns under various reimbursement schemes and with respect to their output decisions such as the scope of offered services is a prerequisite to more effective regulation of the nursing home industry where the expectation is for more rather than less regulation in the future.

FUNDING COMMITMENTS, FISCAL YEAR 1978: SPECIAL PROJECTS

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Provider Response and Cost of Dentistry for the Elderly" (HS 02179)	University of Washington Seattle	7/77 - 6/79 FY 1977 ----	\$294,864 \$146,864
-Objectives. To determine the characteristics of elderly dental care utilization and needs and the costs of treating needs under various insurance plans.		FY 1978 ----	\$158,000
-Scope and approach. Dental histories will be taken and examinations performed on a sample group of elderly people in order to construct a typical profile of elderly dental care needs. These profiles will be presented to a sample group of dentists who will determine a treatment plan for each type of case given one of three insurance benefit constraints. Finally, a comparative cost study will be performed across the three insurance alternatives.			
-Findings/relevance. Given that the aged population is growing, becoming more politically active, and achieving greater access to care through dental insurance programs, it is important from a planning perspective to know rates of utilization and the extent of unmet need, and how differences in insurance coverage affect the cost of treating unmet needs.			

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE

<u>Project Title and Summary</u>	<u>Contractor/grantee</u>	<u>Project Dates</u>	<u>Total Funding</u>
"Triage: Coordinated Delivery of Services to the Elderly" (HS 02563)	Connecticut State Department of Aging	4/76 - 3/78 FY 1977 ----- FY 1978 -----	\$735,457 \$427,440 0

-Objective. To evaluate a model system of health and social care for the elderly.

-Scope and approach. "Triage" is a system developed by the Connecticut State Department of Aging to assure referral and follow-up for all physical, social, psychological and life support needs for clients by a single-entry process. A comparative analysis will be performed between "Triage" clients and a sample drawn from the existing care system, stratifying by sex, age, marital status, and activity in daily living scores. In addition, the grantee will compile a descriptive study of "Triage."

-Actual/expected findings and relationships to legislative or policy issues. It is expected that the analysis will show that "Triage" clients will have better functional status outcomes, lower per capita health care expenditures and fewer days of institutionalization than those in the control group. Thus the quality of care would be increased while costs are contained.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"A Model Services Delivery System for the Aging" (HS 01534)	Mon Valley Health & Welfare Council, Inc.	7/74 - 1/77	\$134,025
		FY 1977	0
		FY 1978	0

-Objective. To develop a demonstration model for the computer-coordinated delivery of comprehensive services for the aging.

-Scope and approach. In conjunction with existing experimental programs in the community the project studied the aged's use of health and welfare services, and facilitated identification of unmet needs and coordination of those services. This system was evaluated in terms quality of care, increased cost-effectiveness, and increased accessibility to care.

-Actual/expected findings and relationships to legislative or policy issues. The computerized system provides an approach to coordinating human services for the elderly. It avoids duplication and allows for informed planning of additional services based on an in-depth analysis of the utilization of existing resources.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Effects of an Emergency Alarm System for the Aged" (HS 01788)	Hebrew Rehabilitation Center for Aged	6/75 - 6/78 FY 1977----- FY 1978-----	\$699,794 \$182,889 0

-Objective. To measure the effects of an automated emergency alarm and response system on the psychological and social well-being (including the prevention of institutionalization) of physically disabled adults & elderly persons cost-effectiveness of such an intervention.

-Scope and approach. The "Life Line" system, which automatically dials for help if a disabled or high-risk patient living alone does not respond in a preset time, will be field tested. With before/after measures taken on experimental and control groups, outcomes will be studied including effects on: (1) health status; (2) quality of life indicators (morale, social isolation, etc.); (3) institutionalization; (4) time of death; and (5) costs of both informal and formal health & welfare maintenance services. A number of alternative solutions to care for the elderly and severely disabled will be considered in addition to the feasibility and acceptability of the alarm devices.

-Actual/expected findings & relationships to legislative or policy issues. If this passive monitoring device proves successful, effective, and economical, it can find application by those in many high-risk situations, such as persons with heart disease, severe asthematics, dialysis patients, etc.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Evaluating Information and Referral Services for the Homebound" (HS 01938)	County of San Diego	6/76 - 10/75 FY 1977 ----- FY 1978 -----	\$24,003 0 0

-Objective. To evaluate the effectiveness of information and referral service for the elderly, with particular emphasis on the homebound.

-Scope and approach. Two types of information and referral services were evaluated--a telephone service and a face-to-face service using non-professionals. Questionnaires were administered to individuals using these information sources and a description of the subsequent use of recommended services was obtained from those agencies to whom clients were referred.

-Actual/expected findings & relationships to legislative or policy issues. The rate of completed service referrals was 84 percent in the case of the telephone sample and nearly 100 percent in the face-to-face group. The telephone service was utilized appropriately and not excessively. Approximately 80 percent of the cases referred were accepted by the agency providing services. The average unit cost per client served by phone was \$1.30. The cost of referrals ranged from \$1.33 to 2.22 for simple cases and \$32.00 for complex. The Home Helps costs were higher because of outreach, escort, and transportation services that were also provided. A further finding was that formal referral services are far superior to informal and traditional methods of communication.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
<p>"A Study of the Effects of Medically Oriented Housing" (HS 00903)</p>	<p>Fall River Housing Authority</p>	<p>6/72 - 6/77</p>	<p>\$290,928</p>
<p>-Objective. To test medically oriented housing as an alternative to either long-term care institutionalization or abandonment of handicapped and disabled elderly persons.</p>			<p>FY 1977-----0 FY 1978-----0</p>
<p>-Scope and approach. A 208-unit apartment house for the aged and handicapped, adjacent to a hospital with various supportive services is evaluated. Persons living in the medically oriented housing are matched with a control group and measured for social integration, psychological well-being, functional health status, need for hospitalization and longevity. In addition, intensive cost analysis and a supplemental study of patients admitted from long-term care facilities is being conducted.</p>			
<p>-Actual/expected findings and relationships to legislative or policy issues. Preliminary findings show those residing in medically oriented housing have a significantly lower death rate and fewer returns to long-term care facilities. This finding reflects increased quality of care and indicates cost savings though no hard cost data is yet available.</p>			

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
<b>"Experiment in Reimbursement for Homemaker and Day Care Services"</b>			
Burke Rehabilitation Center (Day Care only, HRA 106 74 175)		6/74 - 4/77	\$302,178 - 0
St. Camillus Health and Rehabilitation Center (Day Care only, HRA 106 74 174)		6/74 - 6/77	\$201,280 - 0
Homemaker - Home Health Aid Services of Rhode Island (Homemaker only, HRA 106 74 176)		6/74 - 6/77	\$139,775 - 0
Inter-City Home Health Association (Homemaker only, HRA 106 74 177)		6/74 - 6/77	\$232,788 - 0
Lexington-Fayette County Health Dept. (Homemaker and Day Care, HRA 106 74 172)		6/74 - 6/77	\$283,632*
San Francisco Home Health Service (Homemaker and Day Care, HRA 106 74 173)		6/74 - 6/77	\$817,929 - 0
Medicus Systems Corporation (Evaluation, HRA 106 74 159)		6/74 - 9/77	\$764,000 - 0

-Objective. To evaluate the costs and benefits of two types of long-term care not presently reimbursed by Medicare, homemaker services and adult day care.

\*(Homemaker and Day Care,  
HRA 106 74 172)  
FY 1977 ----- \$ 20,000

-Scope and approach. Patients at six demonstration sites were randomly assigned to control and experimental groups. Under authority of Section 222(d) of the Social Security Amendments of 1972, Medicare payments for day care and/or homemaker services provided by the demonstration contractors were authorized for the experimental group for the year. The services of an evaluation contractor were procured for the development of a uniform experimental protocol, oversight of the data collection, and data processing. Primary analysis of differences in patient functional levels, costs, and service utilization associated with the provision and reimbursement of the experimental services will be conducted by NCHSR staff on an intramural basis.

None of the above projects have received FY 1978 funding to date.

-Actual/expected findings & relationships to legislative or policy issues. Expenditures for nursing home care account for the largest portion of catastrophic expenditures incurred by individuals and a significant, ever increasing share of public health care expenditures. Information on the cost-effectiveness and benefits of non-institutional alternatives is essential to the development of national policies on the reimbursement and delivery of long-term care.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

<u>Project Title and Summary</u>	<u>Contractor/grantee</u>	<u>Project Dates</u>	<u>Total Funding</u>
"Analysis of Data Produced by Adult Day Care/ Homemaker Experiments"	Division of Intramural	7/10/77-9/30/78	\$80,000
	Research .	FY 1977 -----	\$80,000
		FY 1978 -----	0

-Objective. To determine whether adult day care and/or homemaker services are cheaper than nursing home care, whether they are effective, and whether they are used by patients who might otherwise use nursing homes.

-Scope and approach. Data have been collected from six demonstration projects which ran for a year and served about 900 patients in day care or homemaker services. Another 900 patients were followed as a control group. Data collected includes cost, health status change, utilization, and organizational information.

-Actual/expected findings and relationships to legislative or policy issues. We need to know if those who use day care are actually substituting it for nursing homes rather than other delivery modes, and we need to know for whom day care is effective. Concerning homemaker services, we need more information on costs as well as on who uses it and how effective it is. If either or both of these new care modes prove to be effective and cheaper substitutes for other modes of care, Medicare, Medicaid or national health insurance might be made more cost effective by covering them.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"The Determinants of Functional Status Change: Evaluation of 222 Day Care and Homemaker Services Demonstration Project"	Division of Intramural Research.	77 - 78	\$5,000
		FY 1977 -----	\$5,000
		FY 1978 -----	0

-Objective. To specify the relationship between functional status change and the services provided in order to examine the impact of particular service programs on patient status.

-Scope and approach. Using changes in functional status as a measure, the value of day care and homemaker services that have been provided under controlled experimental conditions will be estimated.

-Actual/expected findings & relationships to legislative or policy issues. This is one of several studies to assess the feasibility, cost, and effectiveness of alternatives to inpatient care for chronic conditions.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Long-Term Care Alternatives of Aged Mexican Americans" (HS - 02181)	University of Colorado	5/76 - 11/77	\$51,099
		FY 1977 ----	\$ 8,363
		FY 1978 ----	0

-Objective. To identify coping strategies of those elderly Mexican Americans who have living arrangements other than long term care in institutions.

-Scope and approach. A survey of 460 Mexican American households containing an aged person (60 years and over) in both urban and rural areas, is being done. Social, economic, and health service needs of the elderly will be identified and assessed. The net cost of providing services outside of nursing homes will be calculated.

-Expected findings. Policy and regulations affecting needed services will be identified and revisions will be recommended affecting resource allocations for providing the services. In addition this study will provide knowledge of health conditions of this disadvantaged group for planning purposes.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: NONINSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Access to Care, Health Status, and Health Services Utilization of Noninstitutionalized Older Persons in Low-Income Areas"	Division of Intramural Research	1977-1978	\$5,000
		FY 1977 -----	\$5,000
		FY 1978 -----	0

-Objective. To study factors affecting the extent to which noninstitutionalized elderly persons use ambulatory physician care and short-term hospitalization.

-Scope and approach. This study examines the effect on utilization of ambulatory care and short-term hospitalization of some aspects of access to care and patient characteristics of the elderly in five low-income communities.

-Actual/expected findings and relationships to legislative or policy issues. The findings pertaining to racial disparities in utilization of health services in low-income areas can provide insights for formulating community service programs for the elderly.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: INSTITUTIONAL CARE

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Changing Patterns of Control of Nursing Homes" (HS 02694)	Temple University Philadelphia, PA	9/77 - 9/78	\$60,000
		FY 1977	-----\$48,878
		FY 1978	-----0

-Objectives. To evaluate the effectiveness of specific regulatory controls of more punitive nursing home regulations adopted in 1975-76 in New York State.

-Scope and approach. This is a descriptive study where nursing home administrators and key governmental officials will be interviewed, regulatory records abstracted, and finally summary papers written and discussed with those originally interviewed. This will provide a qualitative assessment of administrator response to the new regulations.

-Actual/expected findings & relationships to legislative or policy issues. Evaluating public regulation of the nursing home industry is important given the fact that incentives to self-regulate due to competitive market pressures have been eliminated by third party payor behavior.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: INSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Alternative Working Model for Medical Direction in Skilled Nursing Facilities" (HRA 230 75 213)	University of Pittsburgh	6/75 - 5/77	\$258,772
			FY 1977 ---\$ 29,000
			FY 1978 --- 0

-Objective. To describe first year compliance with the new federal standards concerned with medical direction in skilled nursing facilities.

-Scope and approach. The contractor will conduct a national survey of skilled nursing facilities in order to document the various arrangements by which they have complied with the new medical direction requirements. On the basis of the survey results and site visits to 25 selected facilities, a number of alternative models for procuring the services of a medical director will be identified and assessed.

-Actual/expected findings & relationships to legislative or policy issues. The project will identify a variety of working models that could be adopted by skilled nursing facilities in order to comply with the new regulations. Evaluation of these standards after the first year may also suggest the need for modifications to improve their effectiveness or efficiency.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: INSTITUTIONAL CARE--Continued

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
"Long-Term Care Case Mix compared to Direct Care Time and Costs" (HRA 230-76-285)	Battelle Memorial Institute	9/76 - 9/77	\$159,440
		FY 1977 -----	0
		FY 1978 -----	0

-Objective. To relate variations in the kinds of patients served by different nursing homes to differences in the costs they incur.

-Scope and approach. Using time spent by nursing home staff in direct contact with individual patients as a measure of cost, the contractor will attempt to identify those patient characteristics that are the best indicators of the costliness of the services that an individual requires. The intention of this study is to replicate (in a sample of nursing homes with more typical staffing patterns) an analysis of cost-related patient characteristics that was first carried out on a selected group of nursing homes identified by industry experts as outstanding in their efficiency and effectiveness.

-Actual/expected findings & relationships to legislative and policy issues. Information relating nursing home costs to patient case mix will be produced for use in establishing prospective reimbursement rates. Adjustment for case mix is an important step both in preventing overpayment and in assuring that providers are not penalized for accepting patients who require relatively more costly care.

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: SPECIAL PROJECTS

Project Title and Summary	Contractor/grantee	Project Dates	Total Funding
<p>"Long-Term Care Component - Iowa Health Data System" (HS 01132)</p>	<p>Iowa Hospital Assoc. Inc.</p>	<p>6/72 - 3/77</p>	<p>\$365,816</p>
<p>-Objective. To develop a uniform data base for long-term care to permit effective planning and management and to explore the feasibility of a national long-term care data system.</p>			<p>FY 1977-----0 FY 1978-----0</p>
<p>-Scope and approach. Using the present Iowa state Health Services data system for acute care, a data set for planning and management will be designed and collected from long-term care institutions. A system will be developed for its continuing collection, analysis and utilization. This system will be evaluated for cost and effectiveness.</p>			
<p>-Actual/expected findings &amp; relationships to legislative or policy issues. A uniform long term care data system would be an important contribution to health care planning and evaluation if linked into the proposed cooperative federal, state, and local health statistics system.</p>			

FUNDING COMMITMENTS, PRIOR TO AND INCLUDING FISCAL YEAR 1977: SPECIAL PROJECTS--Continued

<u>Project Title and Summary</u>	<u>Contractor/grantee</u>	<u>Project Dates</u>	<u>Total Funding</u>
"Diagnostic Classification for Long-Term Care" (HS 02659)	Battelle Memorial Institute Human Affairs Research Center	1/77 - 1/78	\$93,382
		FY 1977 ----	\$93,382
		FY 1978 ----	0

-Objective. To develop a diagnostic classification system for long-term care patients that will be useful in predicting a patient's general potential for improvement in functioning.

-Scope and approach. Data collected by three studies of long-term care patients and institutions will be analyzed statistically to develop a classification scheme based on multiple diagnosis and to assess its reliability. Utility of the scheme will be tested by correlating outcomes and service requirements with classification categories.

-Actual/expected findings & relationships to legislative or policy issues. Such a classification scheme could be an important tool for patient placement, for predicting utilization, and for planning and evaluating both institutional and non-institutional long-term services.

## SOCIAL SECURITY ADMINISTRATION

DEAR MR. CHAIRMAN: In response to your letter of December 14, 1977, to Commissioner Cardwell, enclosed is a summary of the Social Security Administration's activities relating to aging during 1977. As requested, we have also included a summary of SSA's planned activities for 1978-79.

If we can be of further assistance, please let us know.

Sincerely yours,

ELMER W. SMITH,

*Associate Commissioner for Program Policy and Planning.*

Enclosure.

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 pay social security contributions through an earmarked social security tax which is matched by their employers. Self-employed people 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.

SSA also administers the supplemental security income (SSI) program for the aged, blind, and disabled (title XVI of the Social Security Act). SSI provides a Federal floor of income for eligible individuals with limited income and resources and, in most cases, supplements income from other sources, including social security benefits.

SSA is also 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.

Under a reorganization of the Department of Health, Education, and Welfare in March 1977, Federal administrative responsibility for the medicare program was transferred from SSA to a new organization, the Health Care Financing Administration. Local social security offices will continue to process applications for entitlement to medicare and assist individuals in filing claims for benefits.

The reorganization also resulted in the transfer to SSA of certain administrative functions formerly administered by the Social and Rehabilitation Service. One major change is that SSA now 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 act and Federal regulations.

Also transferred to SSA in the reorganization were the Indochinese refugee and Cuban refugee programs. In addition, the Commissioner of Social Security was made 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 and social security-related legislation during 1977:

#### I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1977, 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 1977 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 1977, 33.7 million people were receiving monthly social security cash benefits (an increase from 32.7 million in September 1976). Of these beneficiaries, 17.6 million were retired workers, 3.6 million were dependents of retired workers, 166,000 were uninsured individuals receiving "Special Age-72" (Prouty) benefits, 4.8 million were disabled workers and their dependents, and 7.5 million were survivors of deceased workers.

The monthly rate of benefits for September 1977 was \$7.1 billion compared to \$6.3 billion for September 1976. Of this amount, \$4.7 billion was paid to retired workers and their dependents, \$889 million was paid to disabled workers and their dependents, \$1.5 billion was paid to survivors, and \$13 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit in September 1977 of \$241 (up from \$223 in September 1976), while disabled workers received an average benefit of \$264 (up from \$244). Retired workers receiving their first social security benefits in September 1977 averaged \$254, while disabled workers received average initial benefits of \$295.

During fiscal year 1977 (October 1976–September 1977), \$82.1 billion in social security cash benefits were paid compared to \$71.0 billion in fiscal year 1976 (July 1975–June 1976). Of that total, retired workers and their dependents received \$52.1 billion, disabled workers and their dependents received \$11.1 billion, survivors received \$18.7 billion, and special age-72 beneficiaries received \$162 million. In addition, lump-sum death payments amounted to \$321 million.

## II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

Beginning in July 1977, maximum monthly Federal (SSI) payment levels increased from \$167.80 to \$177.80 for an individual, and from \$251.80 to \$266.70 for a couple. During fiscal year 1977, slightly over \$6 billion in benefits (Federal and federally administered State supplements) consisting of \$4.7 billion Federal funds and \$1.4 billion in State supplements were paid. Of the 4.2 million beneficiaries on the rolls as of September 1977, 77,000 were blind, 2.1 million disabled, and 2.1 million aged. During September 1977, total payments of \$531.2 million were made; \$203.1 million to the aged, \$12.4 million to the blind, and \$315.7 million to the disabled. Total payments in fiscal year 1977 of slightly over \$6 billion represent an increase of about \$0.1 billion over fiscal year 1976 payments of \$5.9 billion, which included \$4.5 billion Federal payments and \$1.4 billion federally administered State supplementary payments.

## III. BLACK LUNG BENEFITS AND BENEFICIARIES

During September 1977, about 476,000 individuals received \$77.1 million in black lung benefits from general revenues which were administered by the Social Security Administration. Of these individuals, 155,259 were miners who received \$46.2 million, while 144,280 widows and 176,322 other dependents received \$30.9 million. During fiscal year 1977, SSA administered black lung payments in the amount of \$939.5 million.

Black lung benefits increased by 7.05 percent in November 1977 due to a general cost-of-living increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease increased to \$219.90 from \$205.40. The monthly benefits for a miner or widow with one dependent is \$329.80, and with two dependents is \$384.80. The maximum monthly benefit payable when there are three or more dependents is \$439.70.

## IV. OMBUDSMAN PROJECT

In October 1977 SSA completed a 12-month demonstration of an ombudsman service in four locations throughout the U.S.—Boston, Dallas-Fort Worth, and the States of Georgia and Washington.

The mission of the ombudsman was to attempt to resolve social security problems which persons felt they had been unable to resolve satisfactorily through regular channels.

Data collected during the 12-month period is being evaluated. The independent contractor selected for the evaluation of the project will provide an overall evaluation report during 1978. In addition, SSA has studied the types of problems brought to the attention of the ombudsman to try to identify areas where improvements in policies, procedures or services might be beneficial.

## V. PLANNED ACTIVITIES FOR FISCAL YEARS 1978–79

Five major SSA initiatives have been approved by DHEW for monitoring at the secretarial level, with goals targeted for achievement by March 1979:

- Initiative number one is concerned with improving the operation of the disability insurance program by achieving a 70-day mean processing time for

initial title II allowed claims and by increasing the clear decisional accuracy of initial, title II, State disability determinations to 99 percent and overall accuracy to 90 percent.

- Initiative number two is concerned with developing and beginning implementation of a comprehensive plan for improvement of AFDC administration. Included is a goal to reduce the national AFDC payment error rate to 7.3 percent.
- Initiative number three is concerned with improving the operation of the supplemental security income program through achievement of the following objectives: reduce the payment error rate below 6 percent; process 2.2 million overpayment disposition decisions; and reduce initial claims mean processing time for aged cases to 27 days, and for blind and disabled cases, to 50 days.
- Initiative number four is concerned with improvement of the administration of the child support enforcement program by (1) increasing the number of cases in which collections are made from 650,000 to 750,000 (15 percent) and by increasing the amount of collections from \$120 million to \$148 million (23 percent), and (2) completing the first round of annual audits required by law to assure that each State is operating an effective child support enforcement program; and
- Initiative number five is concerned with reducing the volume of pending hearings from the September 1977 level of 92,000 to 76,000 by March 1979, and maintaining the number of appeals pending at the current level of 6,000 throughout the period.

#### VI. SOCIAL SECURITY-RELATED LEGISLATION DURING 1977

On December 20, 1977, Public Law 95-216 (H.R. 9346), the Social Security Amendments of 1977, was signed by President Carter. This legislation will assure the financial stability of the social security OASDI program well into the next century. The legislation includes a number of important changes in the benefit structure, in addition to increasing the revenue available to the OASDI program. The enclosed Committee on Ways and Means' "Summary of the Conference Agreement" provides a brief description of the provisions of the legislation.

Other legislation affecting the social security programs include the following public laws:

- Public Law 95-30 (H.R. 3477), signed May 23, 1977, terminates special \$50 payments authorized under the 1975 Tax Reform Act; extends the earned income tax credit through 1978; changes the effective date of the provisions in the 1976 Tax Reform Act regarding exclusion from coverage of self-employment income earned abroad by U.S. citizens to taxable years beginning after December 31, 1976; amends the rules under which Federal payments, including social security benefits, can be garnished under applicable State laws and establishes specific percentages of the Federal payments and benefits to be garnished; and makes technical changes in the child support enforcement program.
- Public Law 95-59 (H.R. 1404), signed June 30, 1977, extends present law provision for food stamp eligibility for certain SSI recipients and extends for 2 years the Federal funding for child support enforcement for families not eligible for welfare.
- Public Law 95-113, Omnibus Farm bill (S. 275), signed September 29, 1977, includes amendments to the Food Stamp Act which requires the development of a system under which (1) a single interview would be conducted to determine eligibility for food stamps and AFDC when the same agency administers both programs; (2) a single application would be used to determine food stamp and AFDC eligibility when all members of the food stamp household are included in the AFDC grant; (3) information available in an open or recently closed AFDC file would be used as a basis for certifying a household's food stamp eligibility to the extent that reasonably verified information is available in such file; and (4) households composed entirely of SSI recipients could apply for food stamps at SSA offices and be certified for eligibility utilizing information in SSI files. The act also (1) authorizes (but does not require) regulations permitting social security applicants and beneficiaries to apply and be certified for food stamps in SSA offices; and (2) requires the establishment of uniform national standards of eligibility (with specific variances prescribed for Alaska, Hawaii, Guam, Puerto Rico, and the Virgin Islands) and sets certain poverty guidelines as the basic income standards of eligibility for the food stamp program.

- Public Law 95-145 (H.R. 7769), a supplemental appropriations bill, signed on October 28, 1977, contains a provision relating to the treatment of Indo-chinese refugees. As enacted, the bill (1) creates a record of admission for permanent residence in the case of certain refugees, (2) phases down the Indo-chinese refugee program over a 4-year period at 100 percent Federal funding the first year, 75 percent the second, 50 percent the third, and 25 percent the fourth, and (3) authorizes a total of \$25 million for special projects over the 4-year period.
- Public Law 95-171 (H.R. 3387), Child Program Amendments, signed on November 12, 1977, includes an SSI amendments which extends the disaster relief payments exemption to all disasters occurring after May 31, 1976, and provides that disaster relief payments and any interest on the payments would not be counted as income or assets for a period of 9 months after receipt of the funds.

## ITEM 6. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

MARCH 1, 1978.

DEAR MR. CHAIRMAN: This is in reply to your letter requesting this Department to submit a summary of our major actions on aging during 1977.

We are pleased to submit this information in order to cooperate with the efforts of your committee, as well as to provide the public with as much information as possible concerning actions of the Department of Housing and Urban Development which respond to the housing environment needs of our older citizens.

Sincerely,

GENO C. BARONI,  
*Assistant Secretary.*

[Enclosure.]

### 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 a liaison 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 all 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 1977, the Elderly Program Division actively participated in the revisions of the section 202 program and participated in the screening and evaluation of applications for direct loans under this program. Funds totaling \$630,000,000 were awarded to sponsors for the construction and rehabilitation of over 24,000 units of housing for the elderly and handicapped.

Throughout the year, the office arranged numerous meetings and discussions between HUD executives and representatives of various major organizations representing older Americans. The sessions served to bring to the attention of the Department the immediate concerns of these organizations regarding elderly/handicapped housing and to suggest ways in which the Department could respond to them. In turn, the Department was afforded an opportunity to explain its programs and policies with respect to housing the elderly and handicapped.

#### NVACP CONDOMINIUM ACTIVITIES AND THEIR EFFECT ON THE FAMILY

According to the 1970 census, one-third of condominium and cooperative owners were older than 65 years. Although the HUD Condominium/Cooperative Study indicated that elderly now represent a much smaller percentage (19 percent) of such owners, it is clear that condominium housing is a major housing form for the elderly. Thus any HUD action which improves condominium ownership will have significant positive impact on the elderly.

The proposed Condominium Consumer Protection Act developed by the real estate practices staff and OGC would benefit the elderly in several ways. The standards and disclosure provisions will provide all condominium consumers with

better protection in areas such as escrowing deposits and with better information by requiring that the purchaser receive a variety of information. The provisions on recreation leases should particularly benefit the fixed-income elderly in Florida by voiding escalator clauses and providing a means for declaring such leases unconscionable. Those tenants in conversions, a significant proportion of whom are elderly, would receive a 180 day notice to vacate under the proposed bill.

The work of the Condominium Task Force composed of FNMA, FHLMC, VA and HUD should also result in benefits to the elderly. Although the effect of the task force cannot be determined until its work product has been implemented, the task force's objective is to reduce costs through a uniform application form and facilitate resales through uniformity of documentation. The elderly, along with all condominium owners, should benefit from this effort.

#### HOUSING CONSUMER PROGRAMS DIVISION

Throughout the year, the Division of Housing Consumer Programs has maintained liaison with the Administration on Aging and with national voluntary organizations dealing with the elderly. Numerous meetings have been attended and materials and information on services to the elderly have been 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 800 local housing authorities have provided facilities for the nutrition program during the past year, with some housing agencies acting as grantees and providing additional services such as recreation, health and nutrition education, information and referral, and transportation. These services have also benefited 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 Task Force on Elderly. Through regional and field office Community Services Advisors, the Division has continued to provide technical assistance on services to the elderly.

#### 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 1977, 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. The process will result in the publication of revised proposed rules sometime in 1978.

#### 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 Housing 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, and additional projects will be undertaken during 1978. The following list demonstrates the scope of these recently completed and ongoing projects:

- A guidebook on the design of low rise housing for the elderly based on behavioral criteria has been completed. The purpose of the book is to translate the available social research on the needs of older people into performance criteria and possible design solutions in a format useful to the design professional.
- The results of a conference on congregate housing for the elderly funded by both HUD and the Administration on Aging have been published. Papers included in the book cover the following topics: the current situation of the elderly, the market for congregate housing, a design program, research utilization, management, and the financing of both the physical structure and the necessary services.
- 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 Division of Special Studies of the office of Policy Development and Research has conducted an evaluation of the section 202 program. They looked at 78 projects in 6 areas of the country and compared them to 145 projects built under sections 231, 236, and 202/236. Preliminary analysis shows the viability of the program resulted from its small size, the careful selection of sponsors, and HUD's flexibility in providing assistance to troubled projects. The new 202 program is likely to differ considerably because of its higher interest rates, its tie to Section 8 and its larger size.
- Work continued on the development of a new American National Standard for accessibility for the handicapped, ANSI A117.1. The first round of balloting resulted in numerous changes to the document, which, according to ANSI's regulations, required a second ballot. We are now awaiting the results of that ballot, and hope to submit the standard to ANSI early this Spring.
- As a follow-up to the ANSI project, a contract has been signed to construct several single-family and multi-family units according to the new standard. Detailed costs analyses will be conducted, as will marketability surveys. Once the units are occupied, follow-up visits will be made to discuss the usability of the special features of accessibility.
- A study of the implications in terms of construction, management and service costs of providing integrated housing for the disabled and able bodied has been completed. Depending upon building type, the construction cost increases are minimal, as are the needs for management services. The final report contains design and service recommendations and a detailed cost study.

- A demonstration of small group homes for the handicapped authorized under Section 815 of the Housing and Community Development Act of 1974 is being undertaken to develop a better understanding of the small group housing approach as an alternative to institutionalization. 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 be given recommendations for establishing a small group home program within the Department.
- In cooperation with the New Communities Administration, the Office of Policy Development and Research is also sponsoring a project to develop barrier free villages within two of the title VII new communities. The contractor is working with the developers of St. Charles and Harbison, providing them with technical assistance in the design of these two villages and their component parts such as residential, commercial, recreational and industrial facilities. The products resulting from the project will allow other developers to incorporate these features of accessibility in their new towns, planned unit developments, and other large scale projects.

#### FUTURE RESEARCH

During this fiscal year the Department will be starting several new projects which relate to the needs of the elderly and handicapped:

- A follow-up to our small group home demonstration which will evaluate these projects after occupancy in an effort to see how well the site, design, management and service program serve the residents.
- 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.
- Analysis of the determinants of elderly homeowners undertaking maintenance and making repairs to their units with emphasis on effects of income, health, and household structure.
- Analysis of the extent to which the provision of housekeeping and chore services affects the quality of housing occupied by elderly homeowners. This analysis will also contrast the characteristics of households receiving publicly provided services with those who are not.

#### FEDERAL DISASTER ASSISTANCE ADMINISTRATION

In response to service proposals by the affected State and Area Agencies on Aging, FDAA financed in part the cost of providing disaster services to the elderly following three major disaster declarations by the President in 1977.

In southeastern Kentucky, funds in the amount of \$20,196 were obligated; in southwestern West Virginia, \$18,934; and in the Johnstown, Pa. area, \$51,404. These amounts represent the contribution of FDAA over and above the amount provided by the Commissioner on Aging for the required services, according to the provisions of the September 10, 1978 memo of agreement between FDAA and AoA.

In order to comply with the legislative authorities in the Disaster Relief Act of 1974 (Public Law 93-288) and the Older Americans Act of 1965, the funds were made available to the respective agencies on aging for services such as outreach programs (including salaries and transportation for outreach follow-up services for elderly and other disaster victims to avail themselves of the various services offered under the Disaster Relief Act) and transportation for disaster victims.

FDAA continues to recognize the valuable services AoA can provide under its own statutory authority, 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.

In 1978, FDAA will continue to meet the identified needs of elderly disaster victims by working closely with the Administration on Aging and will continue to work under the memo of agreement, which provides for cooperation on the regional level, provision of services under the Older Americans Act, coordination between the area aging agencies and the Federal Coordinating Officer, and provision of special services under mission assignment to AoA (as described above).

The FDAA Administrator and the Commissioner on Aging signed an agreement on September 10, 1976, which sets forth common goals and procedures in disasters affecting the elderly. The agreement provides for:

- (1) Cooperation between the Regional Office on Aging and the FDAA Regional Office, in assessment of the needs of the elderly;
- (2) Provision of services under the Older Americans Act (such as meals, transportation outreach services) to elderly disaster victims;
- (3) Cooperation of the area agencies on aging with the Federal coordinating officer, whose role in the disaster area is to oversee the provision of all Federal disaster assistance.
- (4) Outreach programs conducted by the area agencies; and
- (5) Provision of special services to the elderly and others when a mission assignment is given to AoA by the FDAA Administrator under the Disaster Relief Act of 1974.

The Federal Disaster Assistance Administration recognizes that the Administration on Aging (AoA) is a valuable source of assistance to elderly disaster victims under its own statutory authority, and desires to cooperate during presidentially-declared disasters for our mutual benefit. The AoA continues to support elderly disaster victims by providing services immediately after the disaster and in conjunction with disaster assistance centers established by FDAA. In Idaho Falls, Idaho, following the collapse of the Teton Dam, AoA provided outreach services, meals, transportation services, and clean-up crews to assist elderly disaster victims. These services enabled them to resume daily activities, and to avail themselves of the other disaster assistance programs available.

In recent disasters in Colorado, southern California and Illinois, the network established by the AoA provided a link between the elderly disaster victim and the disaster centers by conducting effective outreach programs.

As a follow-up to the large and successful programs of assistance to the elderly after the Omaha, Nebr. tornadoes of 1976, AoA has produced a planning document which can be made available to area agencies on aging for use in disaster situations.

#### NEW COMMUNITIES ADMINISTRATION

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 provision 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 STUDY

In coordination with HUD's Office of Policy Development and Research, the New Communities Administration has sponsored a research study to design whole villages in new communities to be barrier-free and thereby accessible to the elderly and handicapped. The 14-month study to be completed in February 1978 used two new communities, St. Charles, Md. and Harbison, S.C. as case studies to develop a process, manuals, and design and cost materials for barrier-free planning. Using a sensitizing program, nonhandicapped members of the development staff "assumed" temporary handicaps as blindness, rheumatoid arthritis, and paraplegia, while they attempted to perform daily tasks including shopping, eating in a public cafeteria, using public transportation, sidewalks, etc. After the sensitivity program, development staff and consultant staff replanned whole villages to be completely barrier free. The changes or additions required to achieve a minimum level of barrier-free accessibility were found to be small—between 2-3 percent of total development costs. Both new communities have pledged to implement the recommendations of the study. In addition, the report will be made available to the public, as will a slide presentation which describes the sensitivity process used in the study.

#### NEW COMMUNITY PROJECTS

Two of the title VII new community projects have completed housing projects for the elderly. On Roosevelt Island, N. Y., 284 units for the elderly and handi-

capped 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, 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 the Island. 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 expected to be rented by elderly persons. St. Charles is also proceeding with what it calls the third age project. This project will consist of 100-units of 236 housing for elderly and handicapped. 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.

Harbison, S.C. was approved in 1977 for a 110 unit 202 project. It is scheduled to open 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 new section 8 housing assistance payments program will both assist the construction of elderly housing projects and provide an alternative for those who prefer to avoid living in projects housing only elderly persons.

The section 8 housing assistance payments program authorized by the U.S. Housing Act of 1937, as amended, replaces and considerably expands and improves upon the section 23 leasing program which enabled low-income families including elderly families to occupy existing standard rental units, as well as to permit a family to shop for and choose its own dwelling, rather than leaving the selection to HUD or the local housing authority.

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 housing agencies. An 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 units is inadequate to meet all housing needs, including those of the elderly.

The legislation requires the section 8 projects serve lower-income and very low-income families. Further, some projects may be developed with a mix of assisted and unassisted families.

In addition, the act recognizes that the elderly have special housing needs. The preference for projects with 20 percent or less of the units subsidized under section 8 does not apply in cases of projects for the elderly.

No family assisted under section 8 may pay more than 25 percent of its income for rent, but the rental payment may be as low as 15 percent, 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 of more such individuals living with another person who is essential to their care or well being;

FHA multifamily mortgage insurance programs will be made 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, where 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 will be 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 contributions contract authority which may be used for this purpose in any fiscal year.

#### SECTION 202—DIRECT LOANS FOR HOUSING FOR THE ELDERLY OR 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, 1978, is 7% during the construction period and 6% thereafter.

HUD has been authorized to lend \$2.35 billion through fiscal year 1978. At the end of fiscal year 1977, 492 projects totalling more than 50,000 units had been approved.

As of December 1, 1977, 42 projects with 5,500 units were under construction. Regulations are being amended to provide for a decentralized program in fiscal year 1978. Funds totalling \$750 million, for fiscal year 1978, which will provide about 24,000 units, are available. As soon as final regulations are ready, an invitation will be published in the Federal Register advising prospective sponsors how to proceed.

#### OTHER SUBSIDIZED HOUSING PROGRAMS FOR THE ELDERLY

##### *Rental Assistance—Section 236(f)(2) and Rent Supplement*

Section 236(f)(2) also was added to the National Housing Act by the Housing and Community Development Act of 1974. It is designed to assist tenants in section 236 projects who cannot afford to pay basic rents within 25 percent of their income. It provides that HUD will make rental assistance payments to project owners on behalf of such tenants. The program has been structured along lines similar to those for the rent supplement program.

Generally, rental assistance payments are not made with regard to more than 20 percent of the units in a project. However, in the case of projects for the elderly, this may be increased to 40 percent, and in some cases to even higher levels.

During calendar year 1976, 1,253 section 236 units occupied by the elderly were made eligible for rental assistance payments. In November 1975, OMB issued an instruction that no further unit allocations could be made under the rent supplement program. Since that time only dollar increases have been provided for existing unit allocations to cover increased operating expenses.

##### *Section 236 Project Applications*

Firm commitments for 21 projects consisting of 3,250 units were issued during the year ending September 30, 1977. During this same period construction started on 51 projects consisting of 7,188 units. As of September 30, 1977, 460,901 units in 4,220 projects have been insured under section 236. A significant number of these projects are partially or totally available for the elderly.

##### *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 women), 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, eliminated the minimum age requirement for persons qualifying as elderly by reason of disability. 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.

Although new applications were not accepted between January 1973 and early 1976 (there was a moratorium on the public housing program), the Department continued to process bona fide commitments during this suspension period. In addition, \$50 million was provided from the fiscal year 1976 Appropriations Act to fund public housing programs. The Department utilized these funds to allow PHA acquisition of HUD-owned, HUD-held and HUD-insured properties.

Recent authorization and appropriations acts have reinstated the program and on January 31, 1977, final regulations were published to be effective February 7, which will govern the implementation of the traditional public housing program. 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.

The 1977 appropriations act established a set-aside of \$120 million for the public housing program, and this amount (together with roughly \$50 million from prior year balances) will be used for public housing in the current year to fund new projects, amendments to previously approved projects, and to the extent needed, will also be used for the small number of remaining bona fide units. It is anticipated that after funding the outstanding pipeline, the available authority will permit the approval of roughly 15,000 units of new construction and 13,000 existing units.

#### 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, and section 8 housing assistance payments can be made available in connection with it. During the year ending November 30, 1976, firm commitments were issued for 104 projects consisting of 10,825 units, bringing the total activity under section 231 mortgage insurance to 371 projects consisting of 53,382 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 for housing low and moderate-income single persons under 62 years of age. Priority in occupancy is given to those displaced by urban renewal or other governmental action. (Because they tend to be residential occupants of old and deteriorating urban neighborhoods, a greater proportion of older persons than younger persons are affected in these areas.)

The above features are present in the section 221(d)(4) program except that this program is available to public and private profit-motivated sponsors as opposed to nonprofit sponsors under section 221(d)(3).

*Section 223(f) Mortgage Insurance for the Purchase or Refinancing of Existing Multi-family 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 1,110 facilities providing 125,289 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, to benefit from the services provided under this program.

During the year ending September 30, 1977, firm commitments for insurance covering 85 section 232 projects were issued representing 11,190 beds. Construction starts were achieved for 90 projects representing 11,468 beds.

The recent addition of subsection (i) to this program provides 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 prove useful in enabling conventionally financed nursing homes to comply with HEW and State requirements concerning fire safety.

## 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 both the community development block grant (CDBG) program and the comprehensive planning program. Neither program is specifically directed to the elderly and handicapped, but activities benefiting these persons are eligible under the 1974 act and may be carried out at the discretion of communities receiving community development funds.

### 701 COMPREHENSIVE PLANNING ASSISTANCE

The comprehensive planning assistance program provides two-thirds matching grants to all States, some 330 areawide planning agencies, several hundred cities over 50,000 and about 700 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

Chart I presents information on the programing of community development block grant funds for activities in neighborhoods where there is a low (0 to 9 percent of the population), medium (10 to 19 percent) and high (20 to 100 percent) concentration of elderly citizens. Entitlement communities are programing 50 percent of their CDBG funds for areas with a medium (10 to 19 percent) concentration of elderly.

Chart II shows the distribution of CDBG funds programed 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 50 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 rehabilitation housing and 22 percent by existing units.

Local plans for fiscal year 1977 call 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 needs 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 that 68 percent of new construction financially committed during fiscal year 1975-76 was for the benefit of the elderly and handicapped.

CHART 1.—PERCENTAGE OF TOTAL EXPENDITURE OF FUNDS BY PERCENT OF ELDERLY CONCENTRATION BY NEIGHBORHOOD LOCATION, 1976 AND 1977

Neighborhood location	Elderly concentration (percent)						Total
	Low concentration (0 to 9)		Medium concentration (10 to 19)		High concentration (20 to 100)		
	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 AND 1977

CDBG funded activity	Elderly concentration (percent)						Total
	Low concentration (0 to 9)		Medium concentration (10 to 19)		High concentration (20 to 100)		
	1976	1977	1976	1977	1976	1977	
Clearance related.....	33.2	42.5	59.1	48.4	7.2	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

## INTER-AGENCY COOPERATION

### SERVICES TO THE ELDERLY IN HUD-ASSISTED HOUSING

HUD and the Administration on Aging have identified joint objectives to promote maximum coordination between them, using HUD's section 202/8 programs and AoA's titles II 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 community services advisors and AoA's regional, State and area agencies on aging; and

(4) Provide joint training or technical assistance for HUD's 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 the elderly and handicapped.

#### INTERDEPARTMENTAL AGREEMENTS

##### *Nutrition—Title VII*

HUD recognizes that it and the Administration on Aging (AoA) share a common interest in serving residents of elderly housing through the title VII 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 were alerted by HUD field offices to make contact with the State agency on 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 participation may be brought about; and were instructed by HUD that modernization program funds can be utilized to accomplish alterations necessary in community space to accommodate meal preparation and service.

##### *Transportation—DOT*

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; rerouting of transit lines to serve housing projects for the elderly and handicapped; adjusting schedules to accommodate the special transportation needs of the elderly and handicapped; and obtaining from the 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 offices 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 Referral*

The Department is providing to the National Clearinghouse 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 services staff represents HUD and attends regular meetings of the interdepartmental task force on information and referral. The task force has produced an "I & R Guide," which will be distributed to all HUD field offices for their information and distribution to agencies and organizations in their jurisdictions.

*HUD/AoA Agreements*

Efforts have begun to review both the nutrition (title VII) and the social services (title III) agreements for updating and for combining into a single agreement. In addition, community development programs affecting the elderly will be included, together with all HUD programs affecting the elderly.

**ITEM 7. DEPARTMENT OF THE INTERIOR**

BUREAU OF INDIAN AFFAIRS

FEBRUARY 1, 1978.

DEAR MR. CHAIRMAN: This responds to your letter to Secretary Andrus with regard to a report for Developments in Aging.

Following is our submission: 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 program 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. It provided certain support services for the first National Indian Conference on Aging, in Phoenix, Arizona, June 15-17, 1976, where the National Indian Council on Aging was established. Certain support services are being continued for the council and the 1978 conference.

The Assistant Secretary for Indian Affairs is reviewing bureau programs to determine if any change in position is needed relative to services for the Indian elderly.

We appreciate the opportunity to contribute to your report.

Sincerely,

THEODORE C. KRENZKE,  
*Director, Office of Indian Services.*

HERITAGE CONSERVATION AND RECREATION SERVICE

FEBRUARY 1, 1978.

DEAR SENATOR CHURCH: I am pleased to reply to your letter of December 14 1977, to Secretary of the Interior, Cecil D. Andrus, concerning Federal actions and programs related to aging.

The Heritage Conservation and Recreation Service (HCRS) has launched a determined campaign to provide access to public recreation facilities and to enhance opportunities in the recreation field for the physically handicapped and other persons with special needs, such as the aged. The HCRS is also seeking to break down attitudinal barriers which often discourage the handicapped and the aged, even when physical access to park and recreation areas is offered. We intend to bring individuals with special needs into the mainstream of park and recreation programs.

One of our most successful programs benefiting the aged is the Federal recreation fee program. 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 a 50 percent discount on Federal "use" fees charged for facilities and services such as camping, boat launching, 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 yours,

CHRIS THERRAL DELAPORTE,  
*Director.*

## ITEM 8. DEPARTMENT OF JUSTICE (LAW ENFORCEMENT ASSISTANCE ADMINISTRATION)

### PROGRAMS FOR SENIOR CITIZENS

Crimes against the elderly are of major concern to the Law Enforcement Assistance Administration. The unhappy circumstances in which many of the elderly live out their lives are well documented. In the constellation of problems facing senior citizens, crime and fear obviously loom large.

Any discussion of "numbers" can create a misleading impression. Statistics seem cold and impersonal and a discussion of victimization rates may seem to be an expression of callous disregard for the human element. But crime victims are people, not numbers. No matter how large or small, victimization figures represent physical or mental anguish suffered by real people and the loss of property which diminishes the quality of life for individuals.

LEAA is sensitive to the fact that the ultimate value of victimization statistics is the opportunity they present to address the human needs they represent.

### STATISTICAL INDICATORS

Despite what common sense and newspaper headlines seem to indicate, statistics show that the elderly are not more likely to be victimized by crime. In fact, a substantial body of data indicates that the more than 20 million elderly throughout the country are far less likely to be criminally victimized than are young persons, whether by personal offenses or by crimes against household property.

LEAA established and funds the national crime panel, which is a program designed to develop information not otherwise available on the nature of crime and its impact on society by means of victimization surveys of the general population. The surveys are conducted for LEAA by the Bureau of the Census. Within each locality surveyed, samplings are made of households and commercial establishments representative of the area, in order to elicit information about experiences, if any, with certain crimes of violence and theft. Events that were not reported to the police are included, as well as those that were.

These victimization surveys are supplying criminal justice officials and legislative bodies with new insights into crime and its victims. Among the information being produced by the surveys is data on types of victims and information necessary to compute the relative risk of being victimized. The first results of the national crime panel programs were made available in three reports during 1974. These were followed by additional reports in 1975, 1976, and 1977.

The victimization studies show that the highest rate of victimization occurs in the young age groups, with each older group having progressively lower rates. Persons 65 and over had the lowest rates of all. This was true for each of the categories crimes of theft, crimes of violence, and household crimes. Only for the category personal larceny with contact—purse snatching and pocket-picking—did older persons record rates at parity with those for all citizens within the scope of the surveys.

A summary of the pertinent data from the victimization survey follows:

PERSONAL AND HOUSEHOLD CRIMES: VICTIMIZATION RATES FOR THE GENERAL AND ELDERLY POPULATIONS,  
UNITED STATES, 1973

Type of crime	Rate for the general population	Rate for the elderly population
	Based on 1,000 persons age 12 and over	Based on 1,000 persons age 65 and over
Personal crimes:		
Crimes of violence <sup>1</sup> .....	32	8
Robbery.....	7	5
Robbery with injury.....	2	2
Robbery without injury.....	4	3
Assault.....	25	3
Aggravated assault.....	10	1
Simple assault.....	15	2
Crimes of theft.....	91	22
Personal larceny with contact <sup>2</sup> .....	3	3
Personal larceny without contact.....	88	19
	Based on 1,000 households headed by persons age 12 and over	Based on 1,000 households headed by persons age 65 and over
Household crimes:		
Burglary.....	91	55
Household larceny.....	107	47
Motor vehicle theft.....	19	5

<sup>1</sup> Includes data on rape, not shown separately.

<sup>2</sup> Includes purse snatching and pocket picking.

Note: Detail may not add to total shown because of rounding.

The surveys show that the personal crime rates among senior citizens were six or seven times lower than those for persons age 20 to 24. However, additional survey findings on personal crimes have shown a distinct correspondence between increased age and a greater chance of victimization at the hands of strangers. In 82 percent of the surveyed crimes of violence against elderly persons, the offender was identified as a stranger, compared to 66 percent among victims in the general population.

The survey data have led to some tentative conclusions about the physical burden of crime. Although they were victimized relatively less often by personal crimes of violence during the surveyed period, about 12 percent of victimizations involving crimes against persons age 65 or over resulted in hospitalization.

With respect to crimes against household property, there is again clear evidence of an association between increasing age and diminishing victimization. Among households headed by persons aged 20 to 24, for example, burglary rates were more than two times higher than those for households headed by the elderly. For household larceny, the rate was about three times higher for the younger age group.

These lower victimization rates in no way minimize the severity of crime's effects upon older people. These statistics may cast a cold light on reality but they do not measure the misery of fear, the apprehension, and the terror, which keeps many of the elderly in our cities virtual prisoners in their homes and apartments. More than one-half of the oldest persons surveyed indicated that they had limited or changed their patterns of living in order to minimize their risk of victimization.

Add to this the diminished activity and increased infirmity that may accompany aging, and there appears a group of people who are infrequently in high-risk crime situations. In the usual sense of the word, they may not be victimized, but such fragile "safety" exacts a high price by restricting their freedom to go about normal activities and lessening their peace of mind.

There is little question about the vulnerability of senior citizens—physical, psychological, and financial. The theft of a television set to a younger person with a relatively good income is certainly a misfortune; to an elderly person on a fixed income and living alone, it can be a tragedy. Similarly, the fear of physical violence is particularly debilitating to the elderly, and the theft of a social security check may deal a devastating blow to meager financial resources. LEAA is aware that for this group of people the needs are immediate and the response must be prompt.

## THE LEAA PROGRAM

Under the LEAA block grant program, the major portion of funds is distributed to the States on a population formula basis. Each State, through a designated state planning agency, distributes these funds in accordance with a comprehensive statewide plan for improvement of law enforcement and criminal justice.

The plan reflects the State's determination of its own needs and priorities. LEAA neither approves nor disapproves grant applications for funds under the jurisdiction of the State planning agencies.

When the LEAA program was extended for 3 years in 1976, Congress took note of the special needs of senior citizens. Each State's comprehensive plan must provide for the development of programs and projects for the prevention of crime against the elderly. The 1976 amendments also established an Office of Community Anti-Crime Programs, with responsibility to disburse funds to community and citizens groups to enable their participation in crime prevention activities. Services to assist the elderly was specifically identified in the reports accompanying the legislation as one area of appropriate focus under this program.

A small portion of LEAA's appropriation for action programs is retained by the agency for use as a discretionary fund. LEAA utilizes this money to assist programs of national scope and to provide special impetus for innovative and experimental programs. LEAA is supporting research and action projects which we hope will help diminish the impact of crime and fear of crime on older people.

## ACTION PROGRAMS TO ASSIST THE ELDERLY

Particular emphasis has been given to the problems of the elderly poor in public housing. In Syracuse, N. Y. for example, LEAA block grant funds have been used for special security patrols and safety measures for elderly public housing residents.

Plainfield, N. J., is equipping its senior citizens' housing complex with closed-circuit television equipment and resident security aides. Montgomery County, Md., has initiated a project which will create a specially trained criminal justice response team consisting of a police officer and social worker to assist elderly crime victims.

In the St. Louis County, Mo., prosecuting attorney's office, an educational program is being launched to alert and advise the public, especially those in high school and the elderly, how to protect themselves from criminal consumer fraud. A senior citizen escort service and an emergency telephone response system for elderly residents of the Crown Heights section of Brooklyn, N. Y., is underway. Other programs for the elderly are underway in South Bend, Ind., Trenton, N. J., Cleveland, Ohio, and Portland, Ore.

LEAA has also joined with HEW's Administration on the Aging in supporting a \$211,000 program to aid Kansas City's elderly crime victims. Kansas City found that its elderly citizens were being particularly victimized by burglaries. This project includes public education programs on ways to reduce crime, target-hardening efforts—better locks and so forth— and involvement of social service agencies with the criminal justice system to provide better service to older citizens. This project is emphasizing citizen and community involvement to help reduce crime against the elderly. Citizens are participating in the planning of priorities and activities, as well as being part of the decisionmaking process.

The Pennsylvania Governor's Justice Commission, the State planning agency, recently awarded \$150,000 in block grant funds for a program designed to reduce crime against the elderly, as well as fear of crime, in west Philadelphia. The police department of Philadelphia and the Citizens Crime Commission are joining in the project, which will increase special police patrols, develop a media campaign to focus attention on crime prevention for the elderly, and help reduce losses from stolen Social Security checks or cash. If successful, the program will be broadened to protect the more than 230,000 persons over age 65 living in Philadelphia.

As part of a major LEAA program designed to promote better treatment for crime victims, witnesses, and jurors, the eastern Oklahoma development district, which includes 49 incorporated communities, has begun a program which will compile statistics on crimes against the elderly and their special needs. Crime prevention programs geared to the age group will be created and law enforcement officers will be trained in special techniques for responding to elderly crime victims. Problems which confront older citizens when they are called upon to be witnesses or jurors will be identified and eased.

The National Council of Senior Citizens has launched a nationally coordinated program designed to reduce crime committed against senior citizens and to assist elderly crime victims. Called the "Program on Criminal Justice and the Elderly," both LEAA and the Department of Housing and Urban Development are contributing \$200,000 to the effort. The program assists, coordinates, and evaluates seven projects in six cities: New York (two projects), Los Angeles, Chicago, New Orleans, Milwaukee, and Washington, D.C. All the projects have similar objectives, but each has a local sponsor and are planning approaches unique to the city and neighborhoods served.

Another LEAA program which has direct implications for the elderly is the National District Attorneys' Association's Economic Crime Project. The targets of this 3.5 million dollar effort are the fraudulent schemes—auto repair, home improvements, land swindles—that bilk millions of dollars from unsuspecting citizens, many of them in the older age bracket. Forty-four district attorneys' offices throughout the country are affiliated with the project, reaching approximately 29 percent of the population of the United States.

#### RESEARCH AND DEMONSTRATION

LEAA's research center, the National Institute of Law Enforcement and Criminal Justice, is moving creatively on several fronts to bring some measure of relief to the elderly. Several devices developed under institute research could mean new freedom and security for older people. The institute has developed a reliable low-cost burglar alarm for homes and apartments. Current estimates indicate that the alarm device could be marketed at a lower cost than current systems, thus putting it within reach of people on fixed incomes.

Many crimes are crimes of opportunity, encouraged by the ready accessibility of doors and windows that can be opened fairly easily. Through institute-sponsored tests, standards have now been developed for doors and windows which, if incorporated into State building codes, could make them far more resistant to illegal entry.

#### CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN

In many communities, the environment is custom-made for crime. Streets are poorly lit and deserted. Bus and subway stops offer natural lurking places for the criminal. People are afraid to venture out—especially the elderly—or they move about in fear and suspicion. Little by little, the sense of community which once existed in our cities and neighborhoods crumbles.

Several years ago, the national institute sponsored a landmark research study of public housing units in New York City by planner-architect Oscar Newman. Newman tested the effects of changes in the physical environment on crime and fear. The results were dramatic. Comparisons were made in two housing projects identical in population density and social characteristics. The only difference was physical design—one was principally high rise; the other a group of small, walkup buildings. The difference in crime rates was amazing: The high-rise building had 65 percent more crime.

High-rise buildings studied were unwatched and unwatchable. Hallways, elevators, and lobbies were accessible to everyone, watched by no one, and feared by all. In the walkup building, where a few families shared a common hallway or entry, the residents knew each other and more actively observed what was going on in and around their building.

Other housing units were redesigned, and the results were the same. Altering the physical design of the buildings encouraged residents to look out for their families and neighbors. For the elderly, this protective approach, called "Crime Prevention Through Environmental Design," can help restore confidence and peace of mind.

Environmental design projects particularly aimed at the elderly are underway in Portland, Ore., and Minneapolis, Minn. Residents are encouraged to carry a minimum of cash. Low-cost transportation, improved bus shelters, and telephones for summoning emergency aid are being utilized. Special financial services for low income elderly people are being implemented by local banks. It is hoped that the programs will reduce incentives for purse snatching and street robbery where elderly persons have been particularly victimized.

## COMPENSATION, RESTITUTION, AND OTHER AID TO VICTIMS OF CRIME

Certainly prevention of crime before it occurs must remain the first priority of law enforcement officials. However, the criminal justice system must also be responsive to the needs of persons who have been victimized. The problems of victims of crime must be regarded with at least the same concern as is given the human and civil rights of criminals and those accused of crime.

The LEAA program is designed to promote adoption of innovative operational programs. Thus, the agency does not provide funds to make direct compensation to victims of crime. The effects of direct compensation programs have been studied, however, and support is being provided to other efforts to assist victims.

The LEAA victim/witness program supports the provision of assistance to victims of and witnesses to crime so that these persons will not only be given relevant and sensitive attention, but will be motivated to cooperate more readily with personnel in the criminal justice system. If victims and witnesses receive sensitive and concerned treatment, they will respond by being less apathetic and more willing to report criminal incidents to appropriate authorities. Increased crime rates seen in recent years are due, in part, to increased reporting of crime and better information collecting methods. Many citizens have renewed faith in the fact that they can be helped by the criminal justice system.

A key feature of LEAA's program is the establishment of victim and witness centers. Victim centers are often located within police departments. There, specially trained officers concentrate on the alleged offenses and try to relate to the victims to provide the direct assistance needed. Centers are often geared to meet the needs of special classes of victims, such as rape victims or elderly persons.

Witness centers are usually established in a court. Here the witness is able to receive orientation as to what will be expected of him or her in court. The centers provide a climate supportive of the witness. Services may include transportation, child care services, scheduling notification, and any necessary protection.

A recent study by the Center for Criminal Justice and Social Policy at Marquette University examined the needs and problems of citizens in their roles as victims and witnesses, both in relation to the criminal act and citizen participation in the criminal justice system. The study found that victims frequently incur a number of financial costs not reimbursed by insurance. The average nonreimbursed medical costs for 300 victims experiencing physical injury was about \$200. The average noninsured costs for property replacement and repairs was \$373 as a result of the crime incident.

While nearly two-thirds of victims are likely to have some insurance protection, one-third, largely in the lower income population, do not. These are the persons commonly victimized by violent crime.

Another Marquette study for LEAA analyzed the different and proposed operational programs for crime victim compensation. The study indicated that victim compensation programs could be effective, particularly in reducing the impact of crime on lower income persons.

Many State victim compensation programs have an indemnification feature, where convicted offenders pay fines used for compensation payments to victims. All offenders pay into one general fund. Recently, the concept of restitution has received a great deal of attention as an alternate method of compensating victims. Where the offender contributes cash or services to a victim, the offense becomes more closely linked with the sanction.

Restitution can take the form of repayment for damages or losses directly to the victim by the offender or it can be in the form of work or services to the community. LEAA is interested in this concept and is supporting a program to help fund and evaluate projects in several States. The potential benefits of restitution programs for elderly crime victims is obvious. While restitution cannot alleviate the pain of crime, its application can surely help lessen the burden for those upon whom crime impacts most severely.

## SENIOR CITIZEN INVOLVEMENT IN ANTI-CRIME PROGRAMS

In addition to the numerous efforts supported by LEAA to directly reduce crime and fear of crime experienced by the elderly, the agency is supporting activities which seek to involve senior citizens as participants in anticrime programs. One example is the San Diego Police Department's crime analysis unit, which has been using the services of 13 senior citizens since August 1977.

Four couples and five single retirees translate raw data from crime reports into coded messages and feed them into a computer file used by police to help solve serious crimes through faster suspect identification. The "integrated criminal apprehension program" (ICAP) augments police ability to deploy patrol forces. The key is rapid access to information about crime and criminals. During one five-week period, the senior citizens coded more than 700 robbery cases.

The program frees police for police work, while providing a part-time job for the workers. These senior citizens play an important role in deciding likely suspects in violent crime. It is but one example where the services of elderly persons are being utilized to help reduce crime.

In Cottage Grove, Oreg., a small group of older people visit the homes of other elderly persons and provide tips on household security. The volunteers learned that many senior citizens had problems dealing with certain public service agencies and they now help handle such situations.

In Sun City, Ariz., retirees are active in "neighborhood watch," a self-help community crime prevention program supported by LEAA. It encourages neighbors to look out for each others' property and guard against burglary. The group also assists police with traffic control at community, civic, and athletic functions.

In Maricopa County, Ariz., retired engineers designed and built a collapsible leg restraint for use by police officers transporting prisoners. They developed the device in a laboratory they built in the department's crime resistance bureau.

Police in the 101st Precinct in Queens, N.Y., call on elderly and disabled persons to back up various positions held by civilian employees. For example, older persons monitor police radio, take messages, and handle telephone calls.

While the Nation's elderly have special needs which must be effectively addressed by the law enforcement and criminal justice community, they can also make a significant contribution. The Law Enforcement Assistance Administration plans to continue to encourage projects aimed at senior citizens.

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## ITEM 9. DEPARTMENT OF TRANSPORTATION

FEBRUARY 13, 1978.

DEAR MR. CHAIRMAN: In response to your letter of December 14, 1977, 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,  
*Secretary.*

[Enclosure.]

### SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

#### INTRODUCTION

The following is a summary of major actions taken by the U.S. Department of Transportation during 1977 to improve transportation for the elderly.<sup>1</sup> The information included in the report was furnished by the following operating elements of the department: Federal Aviation Administration (FAA), Federal Highway Administration (FHWA), National Highway Traffic Safety Administration (NHTSA), Urban Mass Transportation Administration (UMTA), and Research and Special Programs Directorate.

#### REGULATIONS

##### *Federal Aviation Administration*

During 1977, FAA issued regulations designed to ensure that as many physically handicapped persons as possible can enjoy the benefits of commercial air travel with safety and comfort. Under the new FAA regulations, each airline must

<sup>1</sup> 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.

establish procedures for carrying passengers needing assistance in an emergency that will maximize their access to air transportation in a manner consistent with safety. FAA will review each airline's procedures and may direct changes if needed in the interest of safety or in the public interest.

#### *Urban Mass Transportation Administration*

On May 19, 1977, the secretary mandated that only ramp-equipped, low floor Transbuses be purchased in all DOT-supported full size bus procurements advertised after September 30, 1979. The regulation, published on September 23, 1977, amended the April 30, 1976 UMTA regulations which included design standards or mass transportation facilities and equipment.

### MONITORING OF COMPLIANCE WITH REGULATIONS

#### *Federal Highway Administration*

FHWA continues to monitor State compliance with section 402(b)(1)(F) of 23 U.S.C., which provides for curb cuts at pedestrian crosswalks.

FHWA reports that through its financial and technical assistance programs, it continues to monitor the activities of metropolitan planning organizations to meet the "special efforts" requirement in planning public mass transportation facilities that can effectively be used by elderly and handicapped persons. This monitoring shows regional agencies and States are taking determined steps to define and locate special user markets, inventory the nature and adequacy of existing services, assess user needs, and evaluate alternative programs.

### POLICIES AND GUIDELINES

#### *Federal Aviation Administration*

FAA issued an advisory circular to identify the problems that handicapped air travelers face, and to provide guidelines to airline personnel to help alleviate these problems. The advisory circular explains how to assist blind and deaf persons, where to place dog guides, and where to seat handicapped passengers.

#### *Federal Highway Administration*

In March, 1977, the Federal Highway Administrator approved the use of the international accessibility symbol for the handicapped as a standard sign to denote parking spaces reserved for handicapped persons. This sign is included in the manual on uniform traffic control devices and is in addition to approved highway guide signs advising travelers of accessible services and facilities.

#### *Urban Mass Transportation Administration*

Every new hardware development project of UMTA's Office of Technology Development and Deployment must be accompanied by an experimental design—a structured plan by which the R&D project can be evaluated in quantitative terms. In the experimental design, the objectives for the project are laid out, the data that must be collected to learn if the objectives were met are enumerated, and the format to be used to present the results of the evaluation of the project is described. A standard part of the experimental design is an evaluation of the elderly and handicapped accommodations the new equipment or new system will offer.

Performance specifications have been developed for an advanced type of automated guideway system called advanced group rapid transit. The performance specifications require that provisions for elderly and handicapped travelers be included as an integral part of the design of these systems.

### CAPITAL ASSISTANCE

#### *National Highway Traffic Safety Administration*

Under the State and community highway safety program of NHTSA, States are encouraged to plan and execute projects to benefit the elderly. Through the use of Federal, State, and local funds, States are planning, preparing, and providing programs for the elderly in areas of driver instruction, pedestrian safety, and driver licensing. New York is representative of most States—plans are being formulated to establish a senior citizens highway safety advisory committee. This committee will provide input for the development of pedestrian and driver programs for the elderly. These types of activities are reported in the States' annual

highway safety work program plans that are to be accomplished with the assistance of Federal funds.

*Urban Mass Transportation Administration*

During fiscal year 1977, \$22 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 \$22 million that has been set aside, grants totalling nearly \$11 million have been awarded to 32 States on behalf of 527 organizations.

TECHNICAL ASSISTANCE

*National Highway Traffic Safety Administration*

NHTSA provides States with technical assistance for implementing R&D developed programs. Additionally, guidance is provided to States and communities to plan and execute their elderly safety programs as well as other safety programs which are supplemented with Federal funds.

INFORMATION DISSEMINATION

*Office of the Secretary of Transportation*

DOT's technology sharing program published a primer on rural passenger transportation issues, including the transportation problems of the rural elderly. A similar report was developed to summarize the available literature on transportation for the handicapped and elderly. Dissemination of previous state-of-the-art work on rural passenger transportation systems continued with the transportation systems center providing answers to users about queries prompted by the documents.

The Transportation Task Force of the Urban Consortium for Technology Initiatives, representing the 28 largest cities and 6 major urban counties, identified transportation for elderly and handicapped users as one of the top 10 transportation needs in large cities. A summary bulletin was prepared on all the top needs, and an outline of a manual on elderly and handicapped transportation is now under development. The task force is funded jointly by the office of the secretary's technology sharing program, FHWA, and UMTA.

*Federal Aviation Administration*

Making air travel easier and more convenient for elderly and handicapped persons is the aim of a new guidebook published by FAA. "Access Travel: Airports" lists design features, facilities, and services that meet the travel needs of the wheelchair-bound, the blind, the deaf, and the aged at 220 airport terminals in 27 countries. The guide was published as a joint venture by organizations in both the public and private sectors. It was based on a survey conducted by the airport operators council international of its member airports.

WORKSHOPS

*Urban Mass Transportation Administration*

"Accelerating Walkways and the Handicapped" was the subject of one of the workshop sessions of the accelerating walkway program safety and human factors seminar held in New York City in April 1977. Members of several organizations concerned with elderly and handicapped persons participated in the seminar. Special problems involving the accelerating walkway and elderly and handicapped persons were identified and are being addressed in the program.

RESEARCH AND DEMONSTRATIONS COMPLETED

*Office of the Secretary of Transportation*

Recently completed projects supported by the Office of University Research include: (1) Determining the future mobility needs of the elderly, development of a methodology; and (2) mass transit development for small areas, a case study—Tompkins County, NY.

*Federal Highway Administration*

An FHWA research project on the problems of elderly or handicapped pedestrians is complete and a manual on recommended countermeasures is being prepared for publication in the spring.

### *National Highway Traffic Safety Administration*

Supplemental driver manuals of the possible problems that those over 55 years of age may encounter and should anticipate to be safe drivers were tested in Virginia. Results in 1977 indicate a significant increase in older drivers' knowledge and a reduction in at-fault accidents for drivers who were given the manual.

### *Urban Mass Transportation Administration*

A study of future paratransit requirements, completed in 1977, was an attempt to define what assistance UMTA can provide to obtain meaningful improvements in paratransit services and vehicles during the period 1980 to 1995. The needs and services were based on projections of the socioeconomic environment of U.S. cities from 1980 to 1995 and the anticipated demand levels for these services. Results of the study were documented in a report under the title "Study of Future Paratransit Requirements," which establishes and quantifies the need for vehicles suitable for the elderly and handicapped.

## RESEARCH AND DEMONSTRATIONS ONGOING

### *Office of the Secretary of Transportation*

A study of mobility of the handicapped and elderly is being supported by the Office of University Research in the Research and Special Programs Directorate. Other studies relevant to the needs of the elderly are: (1) New perspectives on urban transportation; (2) evaluating rural and public transportation demonstrations; (3) travel needs and solutions of low and middle income residents, a comparative study; and (4) transportation to fulfill human needs in the rural/urban environment.

### *Federal Highway Administration*

Elderly persons (over 65) are overrepresented in the statistics on pedestrian fatalities in major urban areas. In order to improve the safety of pedestrians in general, a pedestrian demonstration program has been launched with the Commonwealth of Puerto Rico to implement and evaluate at least three safety strategies. These improvements will also benefit elderly persons.

### *National Highway Traffic Safety Administration*

A NHTSA study will identify vehicle design deficiencies that might lead to accidents by elderly and handicapped drivers. The initial contract will determine vehicle design deficiencies needing improvement through motor vehicle safety standards and the additional research needed in the area.

In another project, driver visual limitations (glare recovery, vision under nighttime lighting conditions, and ability to detect moving objects) of the elderly driving population have been identified, and the visual performance limitations will be validated. There will be an attempt to determine what can be done to reduce the problem and its highway safety consequences.

Driver licensing and improvement requirements of older drivers are being identified. This study will identify driving problems of the elderly and techniques to overcome their safety problems.

A contract has recently been awarded to determine the feasibility of developing a medical condition data collection system. This system will permit the identification of particular disease groups at risk with the driving population as a function of the natural aging process. The outcome of this system is intended to provide guidance to medical advisory boards in determining licensing requirements for individual members of these groups.

A working arrangement is being sought with the American Association of Retired Persons (AARP) to: (1) Better define the driver safety and mobility problems of the elderly; and (2) develop and evaluate an AARP driver training program for the elderly.

### *Urban Mass Transportation Administration*

In 1977, two prototype paratransit vehicles with improved accessibility for the elderly and handicapped were tested by an independent laboratory and subsequently exhibited around the country. In 1977, Congress appropriated funds for the continuation of the paratransit vehicle development program, for up to three driveable preproduction prototypes. Particular attention is to be given to productibility and maintainability. UMTA will be assisted in the evaluation of the new designs by elderly and handicapped persons and by the paratransit industry. It is hoped that these actions at the Federal level will stimulate the motor

vehicle industry to produce the paratransit vehicles of this type on its own in response to orders from the paratransit operating industry.

Another UMTA research effort in 1977 concentrated on the shared-ride taxi concept, a method of service that has potential significance for improving mobility of elderly people. Under this system of operation, riders with compatible origins and destinations would be serviced in a door-to-door manner by a taxi acting as a small "demand responsive" vehicle. The taxi would make pickups either from phone calls or by people hailing it from the street as the taxi travelled in a given direction.

The next step planned in expanding information about the use of the shared-ride-taxi system will be an operational experiment in a medium-sized city sometime during fiscal year 1978 or 1979. The main objective of the demonstration will be to ensure that the concept meets the rigors of the real world.

In September 1977, a five-man team travelled to Stockholm under UMTA sponsorship to evaluate the 36 inclined elevators in Stockholm's rail rapid transit system. Inclined elevators in Stockholm travel at the same angle as the escalator, alongside the escalator, and carry 12 people. The team was (1) to determine whether the inclined elevator would be useful for helping elderly and handicapped persons change floor levels in transit stations in the United States; and (2) to obtain factual engineering, architectural, operational, and user data about this equipment, which—if the inclined elevator is deemed worthwhile—can be used in planning and designing future transit systems in the United States. The project report is expected to be completed in the spring of 1978.

The level-change problem in existing transit stations is being addressed in a project for modifying escalators, to determine if it is within the state-of-the-art to make escalators more accessible to elderly and handicapped persons.

During 1977, UMTA continued through Boeing Vertol to address the problem of entry into the standard light rail vehicle (SLRV) at those light rail stops where steps must be used. A prototype elevator device for the SLRV is to be developed which can be used by persons in wheelchairs and by other elderly and handicapped travellers as well.

Under a capital grant controlled by UTD awarded during 1977 to the West Virginia Board of Regents for the phase II expansion of the Morgantown Personal Rapid Transit system, elevators will be installed in three existing stations as well as in the two additional stations to be built. Other aids to the elderly and handicapped are also being added.

UMTA is currently sponsoring demonstrations of downtown people movers (DPM's) in a number of U.S. cities. During 1977, design guidelines for DPM's were developed, including guidelines relating to elderly and handicapped travellers. The guidelines state that DPM's must be barrier free.

UMTA is presently involved with three planning research projects which should provide assistance to local planning agencies and transit operators. In conjunction with the U.S. Department of Health, Education, and Welfare (HEW), UMTA will make available reports providing elderly and handicapped service coordination guidance developed during the early stages of the HEW transportation-coordination demonstration projects presently underway. The utility of secondary information sources (such as social service agencies) will be documented in a second effort. This will evaluate the performance of various transportation improvements for elderly and handicapped persons and identify situations where they are likely to be most appropriate.

In the continuing program of user subsidy demonstrations for the elderly and handicapped, a project in Kinston, North Carolina, will allow eligible users to purchase transportation tickets at a reduced rate for use on trips with participating private providers. The providers may redeem the tickets for the remainder of the fare. With a large number of private providers participating, changes in demand will be examined.

The objective of a study being conducted in Brockton, Massachusetts, is to explore methods of coordinating transportation programs of local human service agencies. Centralized administration and operation, and a broker system, to coordinate existing public and private providers are being examined. A plan for an operating demonstration will also be developed.

The mass transit district of Champaign-Urbana, Illinois, has received a demonstration grant to retrofit 15 buses in its fleet with wheelchair lifts. The demonstration will be in conjunction with a capital grant to purchase lift-equipped buses to make the entire fleet accessible. The project will evaluate the benefits with lifts in a climate with severe winters.

West Palm Beach, Florida, has received a demonstration grant in conjunction with a capital grant to make its entire transit fleet fully accessible. The impacts of a lift-equipped fleet will be evaluated. This project was funded in conjunction with one in Champaign, Illinois, to examine the effectiveness of accessible buses under varying conditions of demand and climate.

## ITEM 10. DEPARTMENT OF THE TREASURY

JANUARY 23, 1978.

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 1977. You may be assured that efforts will be continued during 1978 to improve our programs to facilitate the elderly.

You will note that our submission (attached) is comprised of material furnished by several Treasury bureaus and offices. It is our understanding that your committee has had contact with the Office of Revenue Sharing on matters relating to the Committee's endeavors and that they have responded with information directly to your office. Therefore, we have not duplicated these efforts in this transmittal.

If we can provide additional assistance to the Commission, please contact us.

With kind regards,

Sincerely,

WILLIAM J. BECKHAM, Jr.,  
Assistant Secretary (Administration).

[Enclosure.]

### BUREAU OF GOVERNMENT FINANCIAL OPERATIONS

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. A nationwide marketing campaign was undertaken in 1977 and will be continued in 1978, to inform more elderly recipients about the advantages of the program.

Since October 1, 1976, when the third of the month payment date fell on a Federal holiday, Sunday or Saturday, social security payments have been dated the previous business day. Therefore, arrangements were made to have these payments delivered on that day when most financial organizations are open. It was recognized, however, that there would be certain unique situations where it would not be possible to avoid Saturday dating, such as instances when the third falls on a Monday Federal holiday, or on a Sunday when the preceding Friday is a Federal holiday. Delivery of the payments on the preceding business day in these instances would result in delivery prior to the first of the month which would have then been prohibited by the Social Security Act. Legislation was passed in December 1977 which removed the restriction against dating the payments in these situations prior to the first of the month. This action will further benefit social security recipients.

OFFICE OF THE SECRETARY, ASSISTANT SECRETARY (ADMINISTRATION);  
ACTIVITIES AFFECTING THE AGED

The Equal Employment Opportunity Affirmative Action Plan for fiscal year 1978 reaffirms Treasury policy that, there must be equal opportunity provided without regard to age.

To facilitate Treasury employees in the Washington, D.C. Metropolitan Area, who are within 3 to 5 years of eligibility for retirement, the Office of the Director of Personnel conducted its biannual retirement planning seminar. The 12-hour program included presentations and discussions on social security-medicare; estate and gift taxes; health and physical fitness in retirement and legal affairs (wills).

OFFICE OF THE COMPTROLLER OF THE CURRENCY; ACTIVITIES AFFECTING  
THE AGED

The Office of the Comptroller of the Currency (OCC) is responsible for the compliance of the Nation's 4,700 national banks with the Equal Credit Opportunity Act. Among the important parts of this act which are enforced by national bank examiners is the section which prohibits discrimination in the granting of credit on the basis of age.

The OCC is expanding its role in the area of consumer rights. The elderly and older persons are assumed to be a substantial portion of the consumer group. As such they will be benefited by the programs that the OCC is undertaking to insure that national banks comply with the requirements of consumer legislation and that the individual consumer is fully advised of his rights.

Early in 1978 the OCC will widely distribute a pamphlet which will instruct consumers in how to file complaints against national banks. The pamphlet includes an addressed and stamped form which the consumer can utilize to make a complaint.

Also scheduled for 1978 is the distribution of a "Consumer Brochure" which will provide simplified explanations for the consumer of both bank services and consumer rights under the law. The consumer rights section will provide consumer oriented information on the following topics: (1) Truth in lending; (2) fair credit reporting; (3) equal credit opportunity; (4) fair housing; (5) the holder in due course rule; (6) real estate settlement costs; (7) consumer leasing; and (8) interest on savings. A concluding section will list the enforcement agencies and discuss how consumers may request additional information or seek the assistance of the appropriate agency.

The Comptroller of the Currency serves as a member of the Board of Directors of the Urban Reinvestment Task Force. A principal program of this task 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.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

Persons age 65 and over comprise approximately 11 percent of the U.S. population, and number over 23 million at this time.

Because this represents a significant segment of the general population, 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 makes a special effort to reach older Americans because it has found that these taxpayers, 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. And, 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 1977 the information materials directed at taxpayers 65 and over emphasized the following topics:

- Those benefits common to all taxpayers 65 and over, including the extra personal exemption and the potential extra general tax credit, available for the first time on 1977 returns.
- The tax credit for the elderly available to many older Americans as a method of reducing their income tax.
- The nontaxable nature of at least some of the gain on the sale of a personal residence by older Americans. Until 1976, taxpayers 65 and over who sold their principle residence for \$20,000 or less were not taxed on the gain from the sale. A change in the law, effective for 1977 returns, has raised the nontaxable limit to \$35,000.
- Single taxpayers 65 and over can receive up to \$3,700 in income before being required to file a tax return; for singles under 65 the limit is \$2,950. The filing requirements are more liberal also for married couples when at least one of the spouses is 65 or over. Like the extra personal exemption, this is a basic tax benefit for older Americans and has been publicized widely.
- 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 saddling the retiree with a large tax bill 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 fell beneath 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.

The means of disseminating this information during 1977 included the following: One filmed television public service announcement (PSA); three recorded radio PSA's; three recorded radio interview programs (2-to-4 minutes long); several live-copy radio PSA scripts to be read on the air by local announcers; and various materials prepared for print media. These included press releases, feature articles, fact sheets, featurettes, question-and-answer columns and informational cartoons. These items were reproduced by daily and weekly newspapers, magazines and newsletters throughout the Nation. Additionally, a newspaper supplement was prepared and distributed to newspaper editors, with an article dealing with the tax considerations of older Americans prominent in it.

In addition to the above, the following activities undertaken during 1977 were directly associated with providing tax assistance for the elderly.

- Provisions have been made for qualifying taxpayers to have the service compute the tax credit for the elderly by checking the applicable boxes on schedule R or schedule RP for filing with form 1040. Under the credit for the elderly provisions, qualifying taxpayers may reduce their taxes by as much as \$375, if single, or \$562.50 if married and filing jointly.
- 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 assistant.
- All employees who performed tax assistance work during the 1977 filing period were required to complete a workshop on schedule R and other tax issues affecting the elderly.
- Emphasis on tax problems of the elderly was continued by providing special lessons geared to the tax situations of older citizens in the volunteer income tax assistance (VITA) portion of our Taxpayer Education Program. The special material 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, a workshop was again conducted for senior citizen instructors. These instructors, in turn, recruited and trained other volunteers in the tax-aid program to the elderly.
- With cooperation from the Social Security Administration, we continued distributing publications describing tax benefits for the elderly through Social Security Administration local offices.
- Emphasis on securing first floor space or, alternatively, easy access to elevators as an aid to handicapped and senior citizens was continued.
- Special notices, calling attention to the earned income credit where it appeared that eligible persons failed to claim the credit on their returns, were mailed to low income individuals including the elderly. This was particularly significant in instances where the elderly had a disabled dependent child.
- Computer preparation of form 1040A was initiated on a trial basis in three districts. This allowed the service to render a complete preparation service to older individuals less able to prepare their own returns.

- During 1977 regulations were issued to provide guidance to taxpayers relating to the deductibility of expenditures to remove architectural and transportation barriers to the elderly and handicapped. In addition, regulations relating to the tax credit for the elderly and regulations relating to the exclusion from income of certain disability payments were under preparation though these were not published in 1977.
- Emphasis was placed on the protection of retirement benefits for both rank and file employees and retirees.
- Assistance is provided by our actuaries in answering questions relating to retirement programs and tax benefits available.
- We published revenue rulings that related to organizations aiding senior citizens. Rev. Rul. 77-42, 1977-8 I.R.B. 6, held that an organization that operates a closed-circuit radio broadcasting system in a noncommercial manner aimed at the special needs of senior citizens is exempt as a charitable organization. Also, Rev. Rul. 77-246, 1977-29 I.R.B. 11, held that an organization providing low cost transportation services to senior citizens and the handicapped is exempt as a charitable organization.
- Also, Rev. Rul. 77-382, 1977-43 I.R.B. 6, holds that a taxpayer who sells a personal residence at a gain on the day he attains the age of 65 is considered to be age 65 the first moment of the preceding day and may elect to exclude the gain from gross income to the extent provided by section 121 of the code if the ownership and use requirements of that section are satisfied. Rev. Rul. 77-28, 1977-1 C.B. 27, shows how a sick pay exclusion may be allowable for 1974 and 1975 in the case of a Federal civil service employee who retired on a regular annuity though actually disabled when retired in 1974 at age 55, and who later was certified as eligible for disability retirement.
- We also have in process proposed temporary regulations defining the term "substantial gainful activity" and illustrating the application of the definition, to help taxpayers, some of whom are aging, to properly apply the disability income exclusion provisions of section 105(d) of the Code.
- Reviews were made of early filed returns to quickly detect processing problems or inadequacies in forms and taxpayer instructions which could result in incorrect tax assessments. These reviews identified a significant number of taxpayers who had not received the correct credit for the elderly. As a result, management revised the tax forms, taxpayer instructions, computer controls and processing guidelines in order to resolve this problem.
- Updated and published the following publications that deal with tax issues of particular interest to the elderly:

Publication No.:	<i>Title</i>
524-----	Tax Credit for the Elderly
554-----	Tax Benefits for Older Americans
559-----	Federal Tax Guide for Survivors, Executors, and Administrators
567-----	Tax Information on U.S. Civil Service Retirement and Disability Retirement
575-----	Tax Information on Pension and Annuity Income

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. In 1978 our plans will cover the following:

- Public Affairs is continuing the information program for Older Americans in both electronic and print media. One recorded radio PSA, two filmed television PSA's, four recorded radio interview programs and six live copy radio PSA's have been produced and distributed to our offices around the country for personal delivery.

On the print side, we will be issuing the same range of written materials as in the past, with an important addition. A package of items is now being prepared for distribution to publications across the Nation which have older Americans as their primary audiences.

Many of these newsletters and magazines will be small ones, often being published by organizations of retired people. But we have found that these smaller outlets provide us with evidence of the "multiplier effect," whereby an item appearing in one medium can spark an interest which can spread to others, increasing our effectiveness.

In addition our activities in 1978 will involve:

- Requiring employees performing tax assistance work during the filing period to complete training on the credit for elderly and other tax issues concerning the elderly.
- Expanding by some 50 percent the assistance to older Americans and other taxpayers through the volunteer income tax assistance (VITA) program.
- Scheduling a workshop for the National Retired Teachers Association and the American Association of Retired Persons volunteers. This workshop will be similar to those conducted in 1976 and 1977.
- Continuing to conduct retiree seminars to assist citizens residing abroad with their U.S. tax obligations.
- Expanding the computer preparation of forms 1040A test to five districts.
- Expanding training for VITA volunteers on issues relating to older taxpayers.
- Also, our compliance program for 1978 will include a research project to determine whether qualifying taxpayers are taking advantage of the "credit for elderly" provisions of the tax code.

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### ITEM 11. ACTION

FEBRUARY 17, 1978.

DEAR MR. CHAIRMAN: In response to your request of December 14, 1977, I am enclosing a report summarizing ACTION's activities for older Americans during 1977, with plans for 1978.

Since the OAVP (older Americans volunteer programs) is the basis focus of our programs for persons 60 years and over, the major portion of our report deals with those programs. In addition, we have submitted information on volunteers in service to America (VISTA) and the Peace Corps, which also enroll older volunteers.

VISTA provides opportunities for adult volunteers of all ages to help meet the human needs of poor communities across the Nation, including the health, education, and welfare requirements of native Americans and migrant farmworkers; and to assist in the care and rehabilitation of the mentally ill, developmentally disabled, and other handicapped individuals. Attached to this report are examples of older persons in VISTA.

In the Peace Corps, older Americans generally make good volunteers, and every effort is made to place them once they have been found eligible for service. At the present time, in the age bracket of 61 and over we have 150 volunteers, (2.7 percent) and 17 trainees (1.3 percent) and in the age bracket between 51 to 60 there are 149 volunteers (2.7 percent) and 19 trainees (1.5 percent).

Sincerely,

JOHN R. LEWIS,  
*Associate Director for Domestic and Anti-Poverty Operations.*

[Enclosure.]

### OLDER AMERICANS VOLUNTEER PROGRAMS

ACTION administers three older Americans volunteers programs for persons 60 years and over: The foster grandparent (FGP), the retired senior volunteers program (RSVP) and the senior companion program (SCP).

All three programs serve a dual purpose. The main thrust of volunteer service is to meet basic human needs of the community in which the volunteers live and serve. Older American volunteers help solve local problems and improve life in their communities. At the same time they enrich their own lives through service to others.

Volunteers enrolled as foster grandparents and senior companions are drawn from the low income population. They receive a modest weekly stipend which makes it possible for them, without cost to themselves, to contribute their support and personal concern to especially needy children and to vulnerable adults, particularly frail elderly in their homes. They serve 4 hours per day 5 days per week.

RSVP differs from these programs. It draws volunteers without regard to income who are over age 60 and directs them to a great variety of community service opportunities. Many RSVP volunteers serve for only a few hours a week. Others

have become so involved that they serve virtually full time, reflecting the varying personal needs and interests of people in the later years.

In the 6 years of ACTION's stewardship of the older Americans volunteer programs the programs have experienced marked growth:

RSVP	from 1,816 in 1972 to 225,000 in 1977
FGP	4,221 in 1971 to 16,500 in 1977
SCP	from 900 in 1975 to 2,880 in 1977

In the year just ended, \$1 million of foster grandparent program funds have been used to support the development of 10 innovative "grass roots", noninstitutional sponsors.

The senior companion program has concentrated more of its resources on service to homebound older persons where the personal support and advocacy activities of the volunteers decrease the chances that the person served will have to go to a nursing home.

In order to enhance the existing strengths of all of the older Americans volunteer programs, ACTION is assisting project directors through a series of technical assistance papers to identify needs, marshal community resources and maximize the impact of volunteers.

In 1977, ACTION explored cooperative efforts with the National Para-Legal Institute to involve RSVP volunteers as public advocates for counseling the elderly and others on fixed and low incomes.

Discussions have been held with the National Indian Council on Aging to review ACTION's policies and program operation handbooks for the older Americans volunteer programs, to overcome hurdles for programing for Indians, and to permit an expanded response to the needs of native Americans.

#### RETIRED SENIOR VOLUNTEER PROGRAM

In fiscal year 1978, approximately one-quarter million retired senior volunteers serve at an annual Federal cost of \$80 per senior volunteer. Only 2 percent of the estimated potential of 9.6 million senior volunteers are now enrolled in RSVP.

RSVP volunteers presently serve mainly in four of the basic human needs sectors: Health and nutrition, community service, knowledge and skills, economic development, and income service.

In the health sector, assistance to low income older persons in private and government funded title VII nutrition projects accounted for half of the service hours. Volunteers assist isolated, homebound seniors as well as persons able to participate in title VII nutrition programs. Delivery of direct health benefits is another aspect of health sector service. Volunteer participation in immunization and bloodmobile projects are examples of actual delivery of preventive and curative treatment to people of all ages.

Over a third of all RSVP volunteer time was directed toward community services. Within this sector, the provision of person-to-person contact and support to develop helping relationships accounted for most of the volunteer hours. Telephone reassurance, friendly visiting, widow counseling are examples of project activities. Another aspect of community service involves transportation system development which links homebound seniors to necessary social and medical services.

RSVP involvement in community organization indicates RSVP volunteers are in an especially strong position to counteract conditions in their communities which go against their own good and that of other citizens.

The RSVP project in Des Moines, Iowa is one example. Thirty-five volunteers in Des Moines are members of a senior citizens advocacy group which continues to press for better health care, safety, transportation and legal services for themselves and their peers.

The advocacy group recently presented its views to the Iowa Commission on Aging on social service needs for the elderly. RSVP volunteers documented the need for improved State financing of long-term nursing home care, the availability of inexpensive housing for seniors and increased State rebates on property taxes and rental payments and the development of a State supported winterization program for the elderly. Volunteers also served on a citywide task force on special transportation services. Their recommendations led to establishing a door-to-door transportation system, supplementing local transit authority service, which contributed to the linking of isolated older persons to community services.

In Des Moines continuing advocacy activity involves the placement of RSVP volunteers on four health care review boards. They are part of a team which monitors conditions in area nursing homes through regular inspection of buildings and interviews with residents. Recommendations identifying the need for improved conditions are submitted to nursing home managers and State officials.

The Des Moines RSVP group recently organized a hearing for State legislators on senior citizens needs. There have been followup meetings to clarify issues with selected representatives. RSVP volunteers plan to organize senior citizens groups in 1978 to support State legislative proposals benefiting older persons.

Special, primary and elementary education services are an important RSVP activity nationwide. Volunteers serve as teachers' aids, helping children with learning problems in social adjustment hand-eye coordination, reading, math and arts and crafts. Special education involves basic skills development for children with physical and mental handicaps and general assistance to school psychologists and caseworkers.

#### FOSTER GRANDPARENT PROGRAM

Approximately 16,500 foster grandparents are providing personalized care to 41,000 children with special needs in 195 projects.

Settings where foster grandparents normally serve include correctional facilities, pediatric wards of general hospitals, schools, day care centers, private homes, and institutions for the mentally retarded and physically handicapped.

Sixty percent of the FGP volunteers serve the mentally retarded and physically handicapped. During fiscal year 1977 the volunteers became active partners in new State programs to return a limited number of institutionalized children to communities. Increasingly, volunteers are assigned to children with the potential to function in intermediate group and private home settings.

There are, conservatively, 8,700 potential foster grandparents project waiting lists. A recent national survey indicates there are 500,000 potential foster grandparents. If ACTION had the resources to enroll them, approximately 1 million needy children could be served.

In North Carolina, six foster grandparents are assigned to a newly organized community day care center for profoundly and severely retarded children who live with their parents and commute to the center. The foster grandparents assist in treatment programs with specific motor development and self-help skill goals for each child.

Efforts to assign more volunteers to younger children in private homes is expected to help parents cope with the special needs of the handicapped, preventing or delaying the necessity of institutionalization.

In many State institutions, foster grandparents are active participants in the development of a plan of care for profoundly and severely retarded children. They participate with professional staff in group discussions on the child's progress or lack of progress and offer suggestions which lead to improved treatment.

Doctors in the pediatric ward of a large hospital report that the love and special handling given by foster grandparents assigned to babies diagnosed as failure-to-thrive infants has led to their interest in eating, thus increasing their chances for survival.

Twenty-five percent of the grandparents are serving children in public and privately funded educational settings. Under the supervision of classroom teachers, they are providing regular personal attention to children with special learning problems. The 150 foster grandparents assigned to children in the Broward County, Florida elementary schools help slow learners with eye-hand coordination problems and speech/reading deficiencies.

In the community services category, assistance to runaway youths, abused and battered children, and juvenile delinquents account for 14 percent of the FGP service activities.

Many foster grandparents have helped predelinquent and delinquent children overcome resistance to authority and have contributed to their resocialization and sometimes earlier-than-expected discharge.

Ten female foster grandparents are assigned to a residential juvenile home for boys in Erie, Pennsylvania. They serve in an after school program supervising group recreation activities and counseling 7-12 year olds with emotional problems.

A former resident of a juvenile correctional institution in California described his experience with a foster grandparent:

Many times I was upset to the point of doing something I would have regretted later and if she hadn't given me the guidance and love I needed, I probably still would be locked up.

One of ACTION's most diversified foster grandparent projects is in Allegheny County, Pa. This project was originally funded in 1972 to enroll 100 volunteers to serve in institutions for the mentally retarded and otherwise handicapped children.

The project was expanded to the present 120 foster grandparents. They serve in a variety of settings, including private homes and public schools. Because of the new "right-to-education" law, foster grandparents in the original institutional settings are being transferred to serve with young people considered sufficiently competent to live in "cottage communities" or halfway houses.

Foster grandparents also provide inhome assistance to "troubled families" that find it difficult to cope with emotionally disturbed, abused and neglected children.

Foster grandparents support normally functioning parents in their relationship with handicapped children; work with limited or retarded parents to assist in carrying out a stimulation program for children and support the family unit by strengthening relationships between the parents and handicapped children.

The personal impact on participants in the foster grandparents programs is decidedly twofold. Both the grandparents and their foster grandchildren are positively affected by their contact. The greatest gains for the foster grandparents are noticeably improved health and self-respect. A local doctor near one project mentioned that he sees his elderly patients less frequently now that they are involved in the foster grandparents program. Other often-mentioned gains for the grandparents include: a feeling of usefulness, satisfaction from helping children; extra income, companionship, love, and independence.

#### SENIOR COMPANION PROGRAM

The senior companion program provides opportunities for low-income older Americans, aged 60-plus, to give help, support and companionship to adults with exceptional needs. The program is being directed primarily toward helping vulnerable, frail elderly persons maintain independent or semi-independent living in their own places of residence. Personal gains for homebound, isolated older people are clearly reflected in improved health, mobility and spirit.

Senior companions also ease the impersonal nature of group care in nursing homes and institutions, developing a neighborly, helpful relationship that at times contributes to a client's return to their community.

In fiscal year 1977, 2,941 senior companions addressed the substantive needs of 10,000 other older Americans in private homes, intermediate care facilities and residential institutions. The program has grown from 18 demonstration projects funded in 1974 to 46 projects in 37 States and Puerto Rico.

SCP volunteers are developing new roles as advocates for clients who are dependent on others if they are to live independent or semi-independent lives in their own homes. In 1977, 68 percent of the senior companions were assigned to homebound clients.

Activities which companions best provide are peer support, monitoring a client's health, social and environmental conditions, aid in personal management of a household and provide advocacy for a client's social support through development of links to appropriate community services. In many cases the friendship and support of a senior companion has prevented an older person's entering a nursing home.

In Yakima, Washington, an elderly man in a rooming house became depressed and withdrawn as a result of a serious arthritic condition. He was on the verge of being placed in a nursing home when a senior companion was assigned to him. The companion helped him obtain homemaker health aid assistance, encouraged him not to dwell on his aches and pains and escorted him to the local title VII nutrition center, where he now receives a nourishing meal. He no longer speaks of the possibility of having to go to a nursing home.

Senior companions are also in the vanguard of the process of assisting institutionalized older Americans to return to a community of support. Once they return, they receive continued support from senior companions which sustains their ability to maintain independent living arrangements.

A senior companion in Goldsboro, North Carolina has helped a mental patient of 20 years reach the point where she may soon be transferred to a boarding home in the community. Hospital staff say the 3 years of personalized attention given by the senior companion has resulted in the resocialization of a 62-year old patient who had severe withdrawal and antisocial behavior patterns.

The 77 senior companions assigned to settlement houses throughout New York are in the forefront of ACTION's national effort to enhance the capacity of vulnerable older persons to live at home and prevent their premature institutionalization.

In its 3 years as an SCP sponsor, united neighborhood houses (UNH) companions have served over 300 clients in 12 sections of the city. With the support of volunteer station supervisors and project staff, companions have become important facilitators in identifying and arranging for comprehensive medical, socialization and chore services for their clients.

The program has enhanced the quality of the lives of senior companions themselves. Approximately 50 percent of these low income volunteers were referred to the program to help prevent their own deterioration and isolation. All clients have received some form of support; help with shopping, nutrition services and advice on household management and personal care.

In a typical 1-year period, senior companions in a section of New York City served as advocates for their clients in locating and utilizing the following city services: 41 persons received homemaking assistance, 37 received meals on wheels, 28 were assisted in obtaining income maintenance entitlements, 14 mental health assistance, and 55 were assisted in obtaining medical aid. In addition 14 received a variety of legal counseling assistance.

In Colony South, Brooklyn, a 69 year old senior companion has helped provide a core of basic support services to two homebound clients. One is a Puerto Rican woman who lives in a third floor walkup apartment five blocks from a street drug traffic center. She was referred to the program by social workers following her hospitalization. The senior companion has enrolled her in the supplemental security income and food stamp programs, arranged for a title XX homemaker and secured needed mental health services to help with disorientation problems.

Advocacy activities on behalf of the second client, a 71-year old retired female garment worker, include a successful housing court petition to secure a rent reduction and the use of private pension benefits for homemaker services and psychiatric help.

#### PLANNED ACTIVITIES FOR 1978

Recognizing the capabilities of older Americans, ACTION plans to encourage and actively support efforts to provide increasingly meaningful opportunities for its older volunteers to address the most pressing human needs within their communities.

Particular areas of emphasis will include the application of volunteers to maximize the ability of vulnerable persons to remain in their own communities as opposed to being cared for in an institution; volunteer service in preventive and treatment programs in the health-care field; personal assistance to children and adults in basic language and reading skill development; consumer and financial counseling; legal rights assistance; individual support in rehabilitation of potential and ex-offenders in the criminal justice system, especially juveniles; and the increased participation of volunteers in outreach and community needs assessment.

As an extension of these efforts, ACTION will seek further cooperative inter-agency efforts—particular at the Federal level—to affect mutual concern for unmet human needs such as health care, education, transportation.

On an interagency basis, coordinated projects are being developed between VISTA, OAVP, and OPP in efforts that should enable communities to more fully mobilize their resources on behalf of their less fortunate members. In addition, ACTION will develop technical assistance materials to assist projects in emphasis areas and provide a forum for an exchange of information through the new older Americans periodical "Prime Times".

#### 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 1977 survey revealed that 21 percent of VISTA projects are involved in programs designed to serve older people living in poverty.

As of January 1, 1978, 15 percent of all VISTA volunteers were 55 years of age or older, including 184 persons who are 70 and older among the 650 volunteers in the over 55 category. While 34 percent of all VISTA's are men, 42 percent of the

over 55 age category are men, which is interesting in view of some difficulty that has been experienced involving older men in volunteer activities.

Projects reported the following kinds of efforts on behalf of poor people who are older: 43 percent social services delivery; 21 percent public assistance/advocacy; 13 percent transportation; 20 percent health services/nutrition; 12 percent housing/energy conservation.

*Wisconsin—Milwaukee Association in Urban Development*

VISTA has been involved in establishing an outreach program to provide transportation services to needy elderly individuals. Funding—both grants and donations—has been obtained; community volunteers have donated services to the program.

VISTA has also worked to publicize the problem of substandard nursing home care in Milwaukee County and to take steps toward improving these conditions. This has involved developing questionnaires, visiting nursing homes to gather information on care and working with task forces comprised of community members.

*Tennessee—Metropolitan Inter-Faith Association*

17 VISTA volunteers are assisting this organization in Memphis, Tennessee to serve the needs of senior citizens. The focus of their efforts has been:

- (1) Developing a resource center for the elderly which includes a library, speakers bureau, and resource directory.
- (2) Supervision of the development of a countrywide home delivered needs program for the elderly using community volunteers as the primary delivery service.
- (3) Coordinating transportation to congregate meal sites for the elderly.
- (4) Providing ancillary support and advocacy to those senior citizens receiving public assistance but still have unmet needs.
- (5) Coordinating housing repair services for the elderly with other public and private human services organizations in Memphis.

*Utah—Snow College*

VISTA volunteers have been involved in serving senior citizens in numerous ways:

- (1) Planning and implementing housing refurbishing/winterization loans and financial assistance programs.
- (2) Referring individuals to agencies (SSI, food stamps, etc.) to receive benefits.
- (3) Establishing transportation service program to needy elderly people.
- (4) Planning and implementing meals-on-wheels programs.
- (5) Obtaining discounts with local merchants for senior citizens.
- (6) Planning and implementing activities at nursing homes, as well as providing visitation to individual senior citizens.
- (7) Providing consumer advocacy for the elderly.
- (8) Recruiting community volunteers—many which are senior citizens to provide assistance in service delivery.
- (9) Obtaining grants from State and Federal sources.

*Texas—Project Bravo, Inc.*

Nine VISTA volunteers in El Paso, Texas have been serving the needs of senior citizens in the following ways:

- (1) Planning and implementing a senior citizen discount program in El Paso County in conjunction with 3-0 businesses.
- (2) Establishing a senior citizen homebound visitation program using telephone or home visits to reach 40 homebound senior citizens per month throughout the City of El Paso.

The average VISTA project serving the poor generated almost \$45,000 in benefits accruing to the poor, including assistance in the areas of health, income, housing and community services.

Assistance generated include supplies, equipment, facilities, donated services, transportation, recreation programs, reduced charges for goods and services, and job income.

## ITEM 12. CIVIL AERONAUTICS BOARD

FEBRUARY 1, 1978.

DEAR MR. CHAIRMAN: Your letter of December 14 asks for a summary of our major actions on the aging during 1977, for inclusion in a report by the Senate

Special Committee on Aging. You ask also for a description of our planned activities for 1978.

In our letter to you of December 22, 1976, on this subject, we referred to the board's final opinion in October 1976, that senior citizen standby discount fares offered by Hawaiian Airlines for travel within the State of Hawaii were unjustly discriminatory and should be canceled, and to the concurring statement in which Members Minetti and West recommended passage of legislation authorizing such discount fares for the aged. The board in January of 1977 denied a petition by Hawaiian Airlines seeking reconsideration of that opinion.

As you know, Congress amended the Federal Aviation Act in November 1977, to permit the carriers to offer reduced-rate transportation on a space-available basis to any person 60 years of age or older and retired, any person 65 years of age or older, and to handicapped persons and any attendants required by them. Congress defined the handicapped as persons with severely impaired vision or hearing, and any others as defined by the board, and the "retired" as no longer gainfully employed, as defined by the board. In late 1977, our staff began drafting a rule covering these definitions; it should be ready for submission to the board during the early part of 1978. So far, as a result of this recent amendment of the act, four carriers have filed tariffs with the board which offer space-available discount fares ranging from 33½ to 35 percent to any person 65 or more years of age. In the case of two carriers, Allegheny and Continental, the elderly passenger is required to purchase an identification card at a cost of \$20, which must be presented as proof of age. We would expect that some competing carriers will offer similar discount fares as a defensive response. We also anticipate that standby discount fares will be offered to persons 60 years or older and retired and handicapped persons, when the board defines these categories as the act requires.

Other than formulating these rules and carrying out its responsibilities under the new law, the board does not contemplate any other activities relating particularly to the aged and aging during 1978.

I cannot refrain from calling to your attention recent board policies encouraging innovative, low-fare proposals by airlines, which, while not specifically geared to the aged, will nevertheless surely be beneficial to them. In addition, as an original cosponsor of the Cannon-Kennedy bill, you are probably aware that the board generally supports the bill, partly because it would make price competition and lower fares an important statutory responsibility of this agency. A vigorously competitive airline industry—competitive in price as well as service and other amenities—should help stimulate lower fares in some markets, and make travel more practical for everyone—and especially for people, like the elderly, living on fixed incomes.

I trust this provides the information you require.

Sincerely,

ALFRED E. KAHN,  
*Chairman.*

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### ITEM 13. CIVIL SERVICE COMMISSION

JANUARY 20, 1978.

DEAR MR. CHAIRMAN: This is in response to your letter of December 14, 1977, inviting us to submit a summary of our major actions on aging during 1977.

Our report on these activities is enclosed and is entitled "Major 1977 Activities of the Civil Service Commission Affecting Rights and Benefits of Older Americans." Our 1978 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. In addition, there is increasing emphasis by the President and the Commission on expanding part-time employment, and older people are among those who might benefit particularly from these efforts.

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 us know.

Sincerely yours,

RAYMOND JACOBSON,  
*Executive Director.*

[Enclosure.]

## MAJOR 1977 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 law, as amended in 1974, and implementing Commission regulations. This included policy interpretations; processing of complaints, appeals, and notices of intent to file civil action 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.

The ADEA defines the age group protected by the act as "individuals who are at least 40 years of age but less than 65 years of age." Commission regulations reflected this provision. However, on July 22, 1977, the Commission amended its regulations to comply with an appellate court decision (*Christie v. Marston*, 7th Circuit Court 1977, 551 F. 2d 1080) that Federal employees between ages 65 and 70 who are subject to mandatory retirement at age 70 are also protected under the ADEA. This change was made effective back to March 4, 1977, the effective date of the court decision.

On April 15, 1977, the Commission issued guidance to agencies regarding entry age limit proposals under two different provisions of law through which the Commission may establish, or concur in an agency proposal to establish, a minimum or maximum age limit for entry into Federal civilian positions. In this issuance (FP. Letter 338-7), the Commission explained and created mechanisms to deal with the differences between (1) age limits as bona fide occupational qualification (BFOQ) exceptions under the ADEA and (2) age limits for entry into those law enforcement or firefighter jobs which are covered by early mandatory retirement and entry age provisions of P.L. 93-350 and which are thus considered to constitute exceptions from ADEA coverage. It is clear that Congress intended that agencies could set entry age limits under P.L. 93-350, subject to a Commission determination of reasonableness, and the Commission has given its concurrence to several agencies under this provision. However, under the ADEA age discrimination prohibition and its rigorous requirement for establishing job-relatedness of maximum age limits, the Commission expects that the setting of a maximum entry age under ADEA will be rare. In fact, the Commission to date has neither approved any proposal for nor initiated the establishment of a "BFOQ" age limit under the ADEA provision.

The Federal EEO 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 11 percent of formal discrimination complaints filed by individuals in fiscal year 1976 and about 12 percent of those filed during the fiscal year 1976-77 transitional quarter (latest information available).

Effective April 18, 1977, the Commission issued regulations establishing administrative procedures for the processing of class complaints of discrimination, including class complaints of age discrimination.

#### *The Mandatory Retirement Issue*

The Congress continues to consider bills to extend or remove the upper age limit of the ADEA-protected age group. One of the major effects intended by these legislative efforts would be to abolish or create drastic reductions in mandatory retirement based on age. In 1977, the Commission reviewed the statutory provision for mandatory age 70 retirement in the Federal employment sector. The Commission concluded that repeal of this provision would be more in keeping with nondiscrimination and true merit principles.

Attached to this report is a copy of Civil Service Commission Chairman Alan K. Campbell's June 23, 1977 testimony on this subject before the Subcommittee on Compensation and Employee Benefits, Committee on Post Office and Civil Service, House of Representatives.

### 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 4.8 percent effective March 1, 1977 and again by 4.3 percent effective September 1, 1977. These increases were made in accordance with Public Law 94-440, approved October 1, 1976, which amended the retirement law to provide automatic cost-of-living adjustments at 6 month intervals (on March 1 and September 1 of each year) to reflect rises in the consumer price index.

After a period of experimentation, the Commission instituted a nationwide system for the direct deposit of monthly payments to annuitants' bank (or other financial organization) accounts. This new service uses the electronic funds transfer (EFT) program which was developed jointly by the Treasury Department, the Federal Reserve System, and the banking industry. For those annuitants who elect to participate in the program, the service eliminates the possibility of lost or stolen checks.

The Commission approved 13 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.

#### *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*

The Commission has proposed a revision in the Standards for a Merit System of Personnel Administration. The Merit System Standards are applicable to 25 Federal grant programs and over 300 State agencies receiving Federal grants. Since 1971 they have prohibited employment discrimination based on age.

The discrimination provisions of the standards have been modified to include more detailed material which parallels the language found in Title VII of the Civil Rights Act of 1964, as amended, and other major national legislation on discrimination. It includes more specific requirements for affirmative action programs and a better basis to further effective progress in equal employment opportunity in State and local agencies.

As proposed, the new language will provide as follows: "Equal employment opportunity will be assured in the State system and affirmative action provided in its administration. Discrimination against any person in recruitment, examination, appointment, training, promotions, retention, discipline or any other aspect of personnel administration because of race, national origin, or other nonmerit factors will be prohibited. Discrimination on the basis of age or sex, or physical disability will be prohibited except where specific age, sex, or physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration. The regulations will include provisions for appeals in cases of alleged discrimination to an impartial body whose determination shall be binding upon a finding of discrimination."

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## ITEM 14. COMMUNITY SERVICES ADMINISTRATION

FEBRUARY 17, 1978.

DEAR MR. CHAIRMAN: In response to your request, I am pleased to submit to the Senate Special Committee on Aging, a report of the activities and programs carried out by the Community Services Administration during fiscal year 1977 on behalf of the elderly poor.

The Community Services Administration has a special concern for and commitment to the ever increasing number of older poor persons in our country. The problems of poverty they face in fiscal year 1978 are increasingly more acute as their declining health, limited resources and isolation make them more vulnerable to the pressures of inflation and rising energy costs.

I sincerely hope the substance of this report will be of assistance to your committee. I also want to take this opportunity to reaffirm the commitment of CSA

to contribute in every way possible to make the lives of older Americans more dignified, independent, and fruitful.

Sincerely,

GRACIELA (GRACE) OLIVAREZ,  
*Director.*

[Enclosure.]

In 1965, the first Director of the Office of Economic Opportunity, R. Sargent Shriver created an OEO Task Force on programs for older Americans. Among the policy recommendations contained in a report entitled "Poverty and Older Americans" issued by the task force in August of that year was the following:

Many governmental agencies cannot give preferences or priority in their services on the basis of poverty criteria. OEO has a specific mandate to develop and support programs precisely for the poor. OEO can exercise its mandate through the supplementation or enrichment of programs related to the services of these other by providing the additional resources which will give the older persons access to the available opportunities on a more equal basis. . . .

Twelve years later, these words still very adequately describe the policy of the Community Services Administration, the successor agency to OEO, with respect to advocacy, mobilization of resources and program support for the elderly poor.

CSA funds programs assisting low-income older persons through section 221, Community Action Agencies local initiative, section 222, special programs and assistance and section 232 research and demonstration programs, Economic Opportunity Act of 1964 (as amended). CSA grantees, primarily community action agencies, function as a support network that links the various forms of public and private assistance to enable the elderly poor to gain their fair share of the benefits to which they are entitled.

In 1977, the Community Services Administration spent a total of \$222,500,000 in programs and activities designed to provide assistance to the elderly poor.

Using figures drawn from CSA categorical outlays, the actual proportional contribution to the elderly poor is as follows:

- \$50 million of \$327 million local initiative moneys was spent by CAA's to provide services for the elderly;
- of \$26.7 million in community food and nutrition program funds, approximately \$5.3 million went to elderly feeding and nutrition programs;
- 60 percent of the \$200 million appropriated for the special crisis intervention program, \$120 million was obligated to older poor persons for emergency energy assistance;
- \$64 million of a total \$107 million available through the agency's energy conservation and weatherization program was provided to weatherize homes for the elderly poor or near-poor;
- \$12 million of SOS program funds.

In terms of individuals or households served, CSA's activities for fiscal year 1977 are summarized as follows:

Funding category	Number of grantees		Elderly persons served	
	Rural	Urban	Rural	Urban
Local initiative.....	400	196	861, 442	1, 499, 202
CFNP.....	338	99	934, 354	681, 052
SOS.....	128	67	962, 530	783, 939
Energy.....	133	101	1 73, 979	1 40, 803

<sup>1</sup> Units weatherized.

Note.—Energy (crisis intervention), 1,583,352 elderly persons served nationwide.

#### 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 1977, CSA funded 195 SOS projects at a cost of \$12 million. These projects provided a variety of services ranging from recreation to employment for over 1½ 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.

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 services to the 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.

#### COMMUNITY FOOD AND NUTRITION PROGRAM

According to the U.S. Department of Agriculture's 1977 Handbook of Agriculture Charts, the absolute minimum cost of a week's food for a couple 55 years or older is \$21.20 per week. The same report states an elderly couple with an income of less than \$5,000 spends approximately 26 percent of their disposable income on food. Since the average disposable income for elderly couple on social security is \$4,092 per year, the amount available for food is less per week than the minimum amount required for healthy survival.

Realizing that good health, indeed survival, depends significantly on having an adequate diet, more than two-thirds of the CFNP funds were allocated in fiscal year 1977 towards advocacy or supplemental programs—both of which impact heavily on the elderly poor. Advocacy programs emphasize food stamp participation and bring other Federal food programs "To the Community". Supplemental programs tend to center around the funding of Federal food programs (such as elderly feeding) for short periods until normal program funds can come into the community. In many cases, the alternative to CFNP funds is hunger.

#### ENERGY AND THE ELDERLY

The elderly comprise a significant portion of those hardest hit by rising energy costs. "Colder . . . Darker", a study of the impact of the energy crisis on low-income Americans released last month by the Community Services Administration, indicates that 37 percent of low-income households have heads 65 or older, compared with but 18 percent of all U.S. households. We are submitting a copy of this study, prepared for CSA by the Washington center for metropolitan studies, along with this report. The committee's attention is called to the final section of the report beginning on page 73. As pointed out there, not only do elderly make up a substantial portion of the low-income, but they are in many respects particularly hard hit by high energy costs. They are frequently "overhoused", in that they live alone in houses in which their entire families used to reside. As their income diminished and their children left, many costs of housing upkeep, particularly energy costs, did not diminish correspondingly. Consequently they are left with

expenses which in some respects are similar to those of larger families, which are a serious drain on incomes which for a larger family would be below the poverty threshold, but which, because of their small family size do not qualify them for some programs of assistance.

The Washington center study also points out that the housing of the elderly is less well insulated than other low-income households, with fully 50 percent of houses occupied by the elderly having no insulation at all. Furthermore, as the committee well knows, the elderly frequently have illnesses that are aggravated by cold temperatures, and are generally less able to withstand the cold than younger persons. CSA has funded a demonstration project in the State of Maine with the diocese of Portland, that is providing warm clothing to the elderly and which will be carrying out studies on the subject of hypothermia, which many suspect is far more prevalent and serious than we have heretofore understood.

The seriousness of the impact of the energy crisis on the elderly is reflected both in CSA's program regulations and in the reports of program progress on the number and types of households served by all of CSA's energy programs. In addition to the regulation revisions already mentioned, both last summer's special crisis intervention program (SCIP), and the anticipated energy emergency assistance program set a priority on serving the elderly. More complete reports on both SCIP and CSA's regular energy conservation program are now being tabulated, and we will be happy to share them with the committee as soon as they are available. In the meantime, however, several sample States can be cited: In the SCIP program, several States, including Texas and New York, served only the elderly. Of 80,000 heads of household certified for payment in Michigan, 76,000 were 65 and older. With regard to the CSA-funded weatherization program, Pennsylvania reports that 85 percent of the houses weatherized have elderly heads of households. In the most recent reports from Virginia and Maine, the figures were 525 of 841 houses weatherized, and 245 of 447, respectively for the latest reporting periods.

#### CSA'S INTERAGENCY AGREEMENTS

##### *Statement of mutual support between the Administration on Aging and CSA.*

The statement includes several activities common to the programs of both agencies that lend themselves to joint endeavors ranging from information exchange to joint service delivery for older persons. The Administration on Aging and the Community Services Administration will promote programs and activities which are designed to bring about maximum coordination between the resources available through joint planning, programing and implementation at the Federal, regional, State and local levels. Activities that are common to these programs and lend themselves specifically to joint endeavors are: The exchange of information, planning and coordination, and research and demonstration.

This statement of mutual support is currently under revision by CSA and AoA so it may be strengthened to include a wider variety of mutual activities on the State and local level.

CSA is also cooperating with more than 10 Federal agencies to evolve a more comprehensive and effective information and referral system to provide the elderly with current information on their entitlements and programs designed to serve them.

#### RESEARCH AND DEMONSTRATION PROJECTS

The CSA research and demonstration program supports projects which supplement existing knowledge in a variety of areas which are critical to the development and improvement of programs designated to serve the elderly poor.

—Project EXITO (Spanish for success) was developed to assist elderly Hispanic-Americans obtain the support services necessary to remain in their homes. Essentially, a theoretical design for the intergenerational exchange of services, the project was tested in Natalia, Tex. and contributed substantially to the agency's body of knowledge on this type of service provision and likewise on the delivery of services to the Hispanic elderly.

—A demonstration program investigating employment options for retired persons in a economically-depressed area in central Pennsylvania was undertaken by the Institute for Regional Affairs of Bucknell University.

The purpose of the grant was to test the feasibility of establishing a business concern oriented towards employment and support of the elderly in rural and semirural areas.

—Elderly victimization prevention and assistance programs have been funded on a demonstration basis in New York City, Milwaukee, Wisconsin, and New Orleans, La.

The purpose of the project is to protect low-income, isolated elderly from burglaries and street crimes, to develop comprehensive, coordinated approaches to the reduction of such problems in selected target areas, and to collect identifiable, assessable data on the impact of the project on elderly individuals and their immediate community.

—CSA is engaged in this national research and pilot program with the Administration on Aging (AoA), LEAA, and HUD.

#### EVALUATION OF SENIOR OPPORTUNITIES AND SERVICES PROGRAM

An impact evaluation is now in the design phase and will be implemented in this fiscal year. This will focus on the impact of senior opportunities and services program (SOS) as well as the impact of the SOS programs on the mobilization of other program resources.

The evaluation will be designed by the new office of policy, planning and evaluation within CSA. The results will be made available to the committee upon completion.

#### CHANGES IN CSA ORGANIZATIONAL STRUCTURE AFFECTING ELDERLY POOR

In October, 1977, responsibility for the policy coordination and overall monitoring of CSA programs for the elderly was transferred from the special programs division of the office of operations, now abolished, to the new office of program development, which also has responsibility for research and demonstration activities on behalf of older Americans, coordinates its policy function regarding the elderly with the office of regional operations.

The Office of regional operations administers the senior opportunities and services programs designed exclusively for the elderly poor, as well as the multi-generational programs conducted by the community action agencies which impact upon the elderly poor.

The offices of program development and regional operations are the main operating arms of the newly-created office of community action, which is headed by Robert N. Smith, an Assistant Director of the Community Services Administration.

FISCAL YEAR 1977 FUNDING FOR CSA GRANTEES—LOCAL INITIATIVE AND SELECTED SPECIAL PROGRAMS

[In thousands]

	CSA funds					Non-Federal funds				CSA funds, SCIP	Grand total
	LI	CFNP	SOS	Energy	Total LI and SP	LI	SOS	Energy	Total LI and SP		
Rural.....	96,914	18,696	5,195	53,756	174,561	42,764	2,397	19,800	64,943	NA	NA
Urban.....	229,655	8,021	6,864	53,575	298,115	142,254	4,110	25,200	171,564	NA	NA
U.S. total.....	326,569	26,717	12,059	107,331	472,673	185,000	6,507	45,000	236,507	200,000	909,180
Rate for elderly.....	.153	.20	1.00	.60		.153	1.00	.60		.60	
Elderly funds:											
Rural.....	14,828	3,739	5,195	32,254	56,016	6,540	2,397	11,880	20,817	NA	NA
Urban.....	35,137	1,604	6,864	32,145	75,750	21,765	4,110	15,120	40,995	NA	NA
U.S. total.....	49,965	5,343	12,059	64,399	131,766	28,305	6,507	27,000	61,812	120,000	313,578

## ITEM 15. COMPTROLLER GENERAL OF THE UNITED STATES

JANUARY 30, 1978.

DEAR MR. CHAIRMAN: This is in response to your December 14, 1977, request for information on our major activities concerned in one way or another with aging. We are enclosing a listing of reports issued during calendar year 1977 on reviews of Federal programs which concern the elderly (enclosure 1). We have also included a listing of jobs in process which also concern the elderly (enclosure 2).

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 either in a digest bound in the report or in the letter transmitting it. We are also enclosing a statement on the General Accounting Office's "in-house" activities for the elderly (enclosure 3).

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 Congress on Returning the Mentally Disabled to the Community: Government Needs to Do More (HRD-76-152)-----	Jan. 7, 1977
Report to the Congress on a Summary of a Report—Returning the Mentally Disabled to the Community: Government Needs to Do More (HRD-76-152A)-----	Jan. 7, 1977
Report to the Chairman, Subcommittee on Long-term Care, Senate Special Committee on Aging, on State Audits to Identify Medicaid Overpayments to Nursing Homes (HRD-77-29)-----	Jan. 24, 1977
Report to the Chairman, House Committee on Post Office and Civil Service, on Special Retirement Policy for Federal Law Enforcement and Firefighter Personnel Needs Reevaluation (FPCD-76-97)-----	Feb. 24, 1977
Report to the Congress on Potential Effects of National Health Insurance Proposals on Medicare Beneficiaries (HRD-76-129)-----	Feb. 24, 1977
Letter to the Chairman, Subcommittee on Oversight, House Committee on Ways and Means, on the Legality of Detailing Social Security Administration Employees to Non-Social Security Administration Offices (HRD-77-50)-----	Mar. 8, 1977
Report to Representative John E. Moss on Mass Transit for Elderly and Handicapped Persons: Urban Mass Transportation Administration's Actions (CED-77-37)-----	Mar. 25, 1977
Report to Chairman, Subcommittee on Federal, State, and Community Services, House Select Committee on Aging, on Transportation Programs for the Elderly (HRD-77-68)-----	Apr. 7, 1977
Report to the Congress on the Well-Being of Older People in Cleveland, Ohio (HRD-77-70)-----	Apr. 19, 1977
Letter to the Commissioner of Social Security, HEW, on the Social Security Administration's Outreach Efforts to Identify, Individuals Previously Denied Supplemental Security Income Benefits (HRD-77-87)-----	Apr. 22, 1977
Report to the Chairman, Senate Special Committee on Aging, on Lack of Coordination Between Medicaid and Medicare at John J. Kane Hospital (HRD-77-44)-----	May 6, 1977
Report to the Chairman, House Committee on Post Office and Civil Service, on Changes to the Federal Employees Group Life Insurance Program Are Needed (FPCD-77-19)-----	May 6, 1977
Report to the Chairman, Subcommittee on Health, Senate Committee on Finance, on Investigations of Medicare and Medicaid Fraud and Abuse—Improvements Needed (HRD-77-19)-----	May 23, 1977
Letter to Representative William L. Armstrong on the Review of Computer Operations at the Social Security Administration and Agency Plans for Future Computer Expenditures (HRD-77-97)-----	June 3, 1977

Letter to the Chairman, Senate Committee on Finance, on Need to Change Income Criteria for Supplemental Security Income Program (HRD-77-101)-----	June 23, 1977
Report to the Chairman and Ranking Minority Member, Senate Committee on Human Resources, on Efforts to Implement the Employee Retirement Income Security Act of 1974 by the Department of Labor (HRD-77-99)-----	July 6, 1977
Report to the Chairmen, Senate Special Committee on Aging; the Subcommittee on Aging, Senate Committee on Human Resources; and the Subcommittee on Select Education, House Committee on Education and Labor; on Local Area Agencies Help the Aging but Problems Need Correcting (HRD-77-82)-----	Aug. 2, 1977
Report to the Congress on Federal Retirement Systems: Unrecognized Costs, Inadequate Funding, Inconsistent Benefits (FPCD-77-48)-----	Aug. 3, 1977
Report to the Congress on Supplemental Security Income Overpayments to Medicaid Nursing Home Residents Can be Reduced (HRD-77-131)-----	Aug. 23, 1977
Letter to Representative J. Kenneth Robinson on Social Security's Procurement of Paper Products and the Concept of Maximum Order Limitation (HRD-77-144)-----	Aug. 31, 1977
Letter to Senator Strom Thurmond on Allegations by Three Skilled Nursing Homes in South Carolina (HRD-77-137)-----	Sept. 9, 1977
Report to the Congress on Operational and Planning Improvements Needed in the Veterans Administration "Domiciliary" Program for the Needy and Disabled (HRD-77-69)-----	Sept. 21, 1977
Letter to the Chairmen, House Committees on Education and Labor, and Ways and Means, on Pension Benefit Guaranty Corporation's Proposal to Increase the Premium Rates for the Single Employer Basic Benefit Insurance Program (HRD-78-2)-----	Oct. 6, 1977
Report to the Chairman and Ranking Minority Member, Senate Committee on Environment and Public Works, on Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs: Volumes I and II (CED-77-119)-----	Oct. 17, 1977
Letter to Senator Robert Dole on Update of Information in June 24, 1975, Report Entitled "Treatment of Chronic Kidney Failure" (HRD-78-17)-----	Nov. 3, 1977
Report to Representative John E. Moss on Privacy Issues and Supplemental Security Income Benefits (HRD-77-110)-----	Nov. 15, 1977
Report to Representative Charles A. Vanik on Social Security Administration's Procedures for Allocating Administrative Costs to the Supplemental Security Income Program (HRD-78-12)-----	Nov. 17, 1977
Report to the Congress on Cost-of-Living Adjustments for New Federal Retirees: More Rational and Less Costly Processes Are Needed (FPCD-78-2)-----	Nov. 17, 1977
Report to the Chairman, House Committee on Ways and Means, on Comparison of the Health Care Financing Administration's Medicare Bureau Claims Processing Costs for 1973 and Fiscal Year 1975 (HRD-77-139)-----	Dec. 22, 1977
Report to the Congress on Home Health—the Need for a National Policy to Better Provide for the Elderly (HRD-78-19)-----	Dec. 30, 1977

ENCLOSURE 2.—GENERAL ACCOUNTING OFFICE JOBS IN PROCESS WHICH CONCERN THE ELDERLY

- Review of the effect of the Employee Retirement Income Security Act on small businessmen.\*
- Review of the effects of the Employee Retirement Income Security Act on pension plans with fewer than 100 participants.\*
- Survey of the effect of the unfunded liabilities of State and local pension plans on Federal grant programs.
- Examination of financial statements of the Pension Benefit Guaranty Corporation.

\*Being performed at the request of committees or individual Members of Congress.

- Review of the Pension Benefit Guaranty Corporation's study of the multiemployer insurance program under the Employee Retirement Income Security Act.\*
- Review of the effectiveness of criminal violations regarding fringe benefits, etc., of labor unions.\*
- Review of the eligibility of persons converted from State disability rolls to the supplemental security income program.
- Review of opportunities to improve information and referral services for the aged, blind, disabled, and other persons.
- Review of the effectiveness of the supplemental security income quality assurance program.\*
- Review of identification and processing of supplemental security income post-eligibility changes.\*
- Review of supplemental security income interim assistance and the need for emergency assistance.
- Review of Social Security Administration district office procedures for processing title II disability claims.
- Review of internal controls and performance of the supplemental security income system.\*
- Survey of actions taken by Federal agencies to prevent and detect abuse in federally funded income security programs.
- Study of the impact of Federal programs on the elderly (phase II).
- Review of the MITRE study of computer systems utilization: Bureau of Data Processing, Social Security Administration.\*
- Review of confidentiality of beneficiaries' records in social security field offices, private insurance companies, and State disability determination offices.\*
- Review and Social Security Administration's Bureau of Disability Quality Assurance activities.\*
- Survey of Social Security Administration's program for recovering supplemental security income overpayments.\*
- Survey of staffing in Social Security Administration field offices.\*
- Review of aliens receiving supplemental security income benefits.\*
- Review of large retroactive payments to supplemental security income recipients.
- Survey of the social security retirement and survivors insurance program.
- Review of Social Security Administration's efforts to offset Black Lung benefit payments to claimants also receiving State disability of workmen's compensation benefits.\*
- Review of the disability insurance program and disability aspect of the supplemental security income program to answer congressional questions.\*
- Survey of social security benefits for students.
- Survey of operations at the railroad retirement board.
- Review of student benefit payments to dependents of social security recipients.
- Review of impact of State workmen's compensation payments on benefits provided under programs administered by social security.
- Survey of over/underpayments from the retirement and survivors insurance trust fund.
- Inconsistencies in retirement age: issues and implications.
- Medicaid's impact on the elderly poor.
- Review of the effectiveness and efficiency of the community health center program.
- Review of the professional standards review organization.
- Review of mental health care at St. Elizabeths and in the District of Columbia.
- Review of medicare's cost reimbursement system for home health care.
- Evaluation of medicare's coverage of chiropractors' services.\*
- Review of the medicare reimbursement procedures of Group Health Inc. in Queens County, New York.\*
- Review of medicare assignment program in Connecticut.\*
- Review of widespread errors in the listing of medicare payments over \$100,000 released by HEW.\*
- Review of medicare's claims processing system to determine what modifications should be made to achieve more efficient claims administration.
- Survey of title IX older worker employment program.
- Order needed in implementation of home weatherization program.
- Survey of medicaid ancillary services.
- Review of medicaid reimbursement of chain operated nursing homes.

\*Being performed at the request of committees or individual Members of Congress.

Actions the Administration on Aging, HEW, can take to improve the title VII nutrition program for the elderly.

The 1975 Amendments to the Older Americans Act have had little effect on spending for priority services to the elderly.\*

Study of alternatives for an American system of income security.

Review of the administration's welfare reform proposal.\*

Review of programs authorized by title IV of the Energy Conservation and Production Act (P.L. 94-385).

#### 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. Even with a limited level of recruitment, 43 persons aged 40 and older were hired during calendar year 1977. As of December 31, 1977, 1,494 persons aged 40 or older were on the rolls of the General Accounting Office.

The employee health maintenance examination, a comprehensive and professional medical examination, is available on a 2-year cycle for all employees aged 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.

#### ITEM 16. ENVIRONMENTAL PROTECTION AGENCY

JANUARY 6, 1978.

DEAR MR. CHAIRMAN: In response to your December 14, 1977 request, I am pleased to report the Environmental Protection Agency's involvement in the senior environmental employment (SEE) program.

In September of 1976, EPA and the Department of Health, Education and Welfare's Administration on Aging (AoA) signed a joint working agreement which provided a basis for the National SEE demonstration.

Work under this agreement is being carried out in two parts: Phase I—Project Planning Workshops (funded jointly), and Phase II—Pilot Demonstration Projects (funded exclusively by AoA). Based on the work accomplished in phase I, demonstration projects have been undertaken in 10 States. Each project is funded at a level of \$100,000 a year for a 3-year period.

Since the program began, 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 farmworkers, and working on surveys of environmental carcinogens.

The utilization of senior citizens for environmental jobs was proven in an earlier program. Some 72 older Americans were utilized to conduct a pesticides inventory program in the State of Iowa with great success. Their activities included product registration, pesticide accident reporting, and, in general, developing a 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 U.S. Environmental Protection Agency currently administers Federal legislation designed to control, reduce, and eliminate pollution in the areas of

\*Being performed at the request of committees or individual Members of Congress.

air, water supply, wastewater, solid waste, noise, pesticides, radiation, and toxic substances. Aside from its regulatory and enforcement 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 has placed a definite priority on the utilization of existing Federal and State human resource development activities for environmental needs. Co-operative Federal/State programing can provide increased numbers of qualified persons in pollution control occupations by using existing human resource development efforts.

With the natural blend of EPA and AoA's program objectives, and the relatively high proportion of employable older Americans, we are examining the possibility of focusing future AoA support on other pollution abatement activities.

Sincerely yours,

DOUGLAS M. COSTLE.

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### ITEM 17. FEDERAL COMMUNICATIONS COMMISSION

JANUARY 3, 1978.

DEAR MR. CHAIRMAN: This is in response to your December 14, 1977 request for information on FCC actions and programs related to aging during 1977.

The Federal Communications Commission has the mandate to regulate communications ". . . so as to make available, so far as possible, to all the people of the United States a rapid, efficient, nationwide, and worldwide wire and radio communications service. . . ." Consequently, our actions are generally broadly based and do not focus directly upon the needs of the aged or aging. From time to time, however, issues do arise which are of special interest or applicability to the aged; in such cases, we undertake to fully consider the special needs of the aged as they are presented to us.

Recently, the commission acted on a matter pertaining to communications for the deaf and hard of hearing. According to recent data, some 52 percent of all persons with bilateral hearing losses are aged 65 or older, while only 10 percent of the general population are in this age category. Thus, consideration of telecommunications needs of the deaf is a matter of interest to the aged, although not specifically directed to the aged. In an action taken at the end of December, 1976, the Commission adopted regulations which will permit the transmission of "closed captioning" over a portion of the television signal. This system will allow deaf and hard of hearing citizens, by using specially designed decoders, to display captions on their television sets. Citizens with normal hearing need not acquire the special decoders, and their television pictures will remain unaffected. In this way, the deaf will be able to read the words that are spoken on television programs, without disturbing the viewing habits of the remainder of the viewers.

In early 1978, we expect to institute an inquiry into the telecommunications needs of the deaf in the area of personal communications, i.e., using the telephone network. We expect to focus on the capabilities offered by new technology, particularly systems and equipment based upon micro-electronics.

We appreciate receiving your report from 1976, and we intend to make it available to the public and our staff. If we can be of further assistance, please do not hesitate to call upon us.

Sincerely,

CHARLES D. FERRIS,  
*Chairman.*

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### ITEM 18. NATIONAL ENDOWMENT FOR THE ARTS

JANUARY 23, 1978.

DEAR MR. CHAIRMAN: I am pleased to report to you on the fiscal year 1977 activities of the National Endowment for the Arts related to programs for older persons. Since I have recently assumed the chairmanship of the arts endowment, I welcome the opportunity to review grants which have benefited the elderly.

Enclosed is a summary of the endowment's programs and grants which describes our efforts to ensure that the arts are accessible to older persons. While the endowment encourages all its grantees to make their programs accessible to the broadest segments of the population, many of our grantees have undertaken activities directed specifically at providing opportunities for seniors to attend performances and to participate in creative experiences.

I trust this information will be helpful 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.

[Enclosure.]

The National Endowment for the Arts believes that arts are integral to the lives of all citizens regardless of their physical and mental abilities, their age and their living environments. In 1976, the endowment designated special constituencies<sup>1</sup> as an area of agencywide concern and created the position of coordinator of special constituencies within the special projects office. The special constituencies coordinator is developing a multifaceted advocacy program which includes: (1) determining what arts programs already exist for special constituencies; (2) advocating more support for addressing the needs of special constituencies through endowment programs and other Federal agencies; (3) recommending ways in which the endowment can ensure that the arts are made more widely available to special constituencies; and (4) advising individuals, organizations, and grant applicants who are seeking assistance on developing arts programs for special constituencies.

#### ATTITUDINAL BARRIERS

During the last year, a great deal of attention was directed to the increasing number of individuals 65 years and older. The myriad of press articles and the widespread coverage of the congressional hearings concerning the abolishment of mandatory retirement at age 65 have served to more sharply focus public concern on how our society prepares for old age and treats its senior members. Many of the persistent stereotypes which have long prevailed about the needs and wants of older persons were seriously questioned, and in many instances dispelled. One such stereotype which happily has been diminished is that once individuals reach 65 years of age, they become unproductive members of society.

We know that most older people have the desire and potential to be creative, to experience new activities, to continue "to grow" as individuals.

The arts are playing an effective role in changing long-held stereotypes about the elderly because they provide opportunities in which older persons can explore and exercise their own creativity.

One of the most persistent attitudes yet to be overcome is held by many administrators in the fields of arts and of aging. It is the attitude that creative participatory experiences through the arts are not as important to the lives of older persons as legal services, counseling services and other social services.

To foster a better understanding of how the arts contribute to the total well-being of older persons, the endowment continued its support to the National Council on the Aging's Center for Arts and Older Americans. The center attempts to stimulate a national awareness of the importance of including cultural activities as an integral part of social service programs supported by State and local agencies on aging. The center serves as an information resource to arts and aging administrators alike who seek technical assistance on how to develop an effective arts-related project. Through site visits, written materials, seminars and conferences, the center is becoming an effective means of changing arts and aging administrators' perceptions about how the arts can serve older Americans.

During fiscal year 1977 the proceedings from the first national conference on arts and aging sponsored by the center were published and distributed to more than 3,000 arts and aging administrators. I am pleased to submit a copy of this substantive document with this report. "Arts and Aging: An Agenda for Action"\* contains a compilation of outstanding arts programs for older persons. It is a timely resource document for arts and aging organizations who wish to initiate similar efforts in their own communities.

<sup>1</sup> Special constituencies include: handicapped individuals, individuals 65 years and older; and institutionalized populations in hospitals, convalescent and long-term care nursing homes; mental and correctional facilities.

\* Retained in committee's files.

The endowment supported another major conference on arts and the aging in April 1977, sponsored by the associated councils of the arts, in San Antonio. This 3-day conference, attended by more than 300 arts and aging administrators, provided another opportunity for the sharing of information and planning.

#### ARCHITECTURAL ACCESSIBILITY

The absence of a barrier-free design often prevents older persons from participating in arts activities held within cultural institutions. Architectural barriers within performing arts centers, symphony halls, theaters, and museums limit an older person's attendance. The endowment continues to provide substantial support to the national arts and handicapped information service which serves as an information and technical assistance resource for solutions to architectural and program barriers for the disabled. The service encourages the development of barrier-free environments and accessible arts programs by publishing materials which illustrate how cultural institutions can eliminate these barriers. Three of the service's recent publications have addressed arts programs for the blind and visually impaired, new accessible arts programs and facilities, and architectural accessibility.

The endowment's architecture, design and planning program supports architectural research projects, some of which are directed at improving the living environments of older Americans. In fiscal year 1977, a grant was awarded to support new research for bathroom design that would best accommodate the needs of older persons. In addition, all grants made for research and design of cultural facilities require the inclusion of barrier-free design.

#### FINANCIAL BARRIERS

Often economic factors are impediments to an older person's participation in arts activities. The costs of tickets and transportation may prevent the elderly from attending performances within their own communities. Various endowment grants have included matching funds to arts organizations to enable them to provide subsidies for the elderly. The following organizations have received endowment support for their efforts to make it financially possible for older audiences to participate in their programs:

- ARTREACH, Milwaukee, Wis., continues to expand its ticket service and workshop series for aging and other special constituencies.
- Baltimore Theatre Project's community services include performances at senior centers.
- Bilingual Foundation of the Arts, Van Nuys, Calif. sponsors a program to enable low-income aging (especially Spanish) to attend cultural events.
- City of Dubuque, Iowa, provides free tickets and transportation to arts events to people over 60.
- Frederick Douglas Museum of African Art, Washington, D.C., maintains an outreach program to seniors, handicapped and disadvantaged teens.
- Guthrie Theatre, Minneapolis, Minn., offers a series of student dramatic productions and workshops in senior residences.
- Kentucky Guild of Artists and Craftsmen, Berea, transports seniors and handicapped persons to two crafts fairs.
- Ma Goose, San Francisco, Calif., is extending its youth theatre project to seniors and other target groups.
- New Hampshire Music Festival, Center Harbor, is giving a series of monthly concerts by an ensemble of six musicians at senior centers and nursing homes.
- New Stage Theatre, Jackson, Miss., is continuing ticket service for low-income seniors.
- Old Creamery Theatre, Garrison, Iowa, includes in its community services discount tickets for seniors and performances at senior centers.
- Scranton Theatre, Libre, Pa., provides transportation to cultural events.
- Senior Citizens Council, Fredericksburg, Va., offers tickets and transportation to cultural events.
- Una Noche Plateada, Tucson, Ariz., is continuing its performing arts series at hospitals and senior centers.
- Watts Community Symphony Orchestra, Los Angeles, Calif., gives two free concerts aimed at intergenerational audiences.
- Wolf Trap Foundation for the Performing Arts, Vienna, Va., sponsors an arts exposure program for senior residents of public housing.

- Creede Repertory Theatre, Creede, Colo., supports community services including free performances for seniors.
- Great Lakes Shakespeare Festival, Lakewood, Ohio, provides tickets to seniors to attend performances.
- Huntington Theatre, Bay Ville, Ohio, supports a program of presentations for senior citizens.
- New Theatre Festival, Baltimore, Md., extends the resources of the festival to disadvantaged groups, including senior citizens.
- Pennsylvania State Festival Theatre, University Park, supports transportation and ticket subsidies to the aged as part of a rural audience development program.
- Pickle Family Circus, San Francisco, Calif., offers tours by a one-ring participatory circus with stops at senior citizens homes.
- Nebraska Council on the Arts maintains a residency and ticket subsidy program for handicapped and older Americans.

#### PROGRAM ACCESSIBILITY

In addition to financial assistance to attend arts performances, programs that permit the elderly to become actively involved in the arts have also been encouraged, and have increased in the 1977 fiscal year. Often when a program accommodates seniors, the program is enriched through their participation. Grantees which are providing participatory creative programs directed by professional artists are:

- Articulture, Inc., Cambridge, Mass., offers community arts programs featuring performance/lecture/film series for seniors and cultural planning for senior housing communities.
- Ballet Folklorico de Albuquerque, New Mexico, sponsors senior dance troupe and cooperative efforts with senior groups.
- Bronx Community College, New York, is providing research and support for a comprehensive arts exposure and skill development program for seniors.
- Community Film Workshop, New York, is giving instruction in video technique to seniors.
- Free Street Theatre, Chicago, sponsors and trains a theatre company of retired individuals.
- Madison Civic Repertory Theatre, Wisconsin, sponsors a theatre residency in a nursing home which includes participation by the seniors.
- Minnesota Opera Company, Minneapolis, supports music-theatre workshops involving professionals, youth and seniors and subsequent performances at community centers.
- Pittsfield Council on Aging, Massachusetts, supports a gallery and workshop space for seniors.
- Ames Society for the Arts, Ames, Iowa, provides senior workshops in visual arts and puppetry.
- Durham Fund for Research and Development of Cultural Arts, East St. Louis, Mo., provides a multifaceted cultural enrichment program including senior citizens.
- National Center for Afro-American Artists, Dorchester, Mass., supports a theatre company comprised of young adults and seniors.
- Akron Rehabilitators of Community Houses, Ohio, provides ceramic arts training for seniors.
- Birmingham Creative Dance Company, Georgia, gives performances, movement classes and workshops for senior citizens and handicapped.
- Brookline Arts Center, Massachusetts, offers an intergenerational arts education program for seniors.
- Frog Hollow Craft Association Middlebury, Vt., sponsors a community craft education program which includes seniors.
- Manchester Craftsmen's Guild, Pittsburgh, Pa., is continuing its successful craft instruction program for seniors.
- New Dance Theatre, Inc., Denver, Colo., sponsors a program which includes special dance *dancercise* classes for seniors.
- Northeast Georgia Area Planning and Development Commission, Athens, Ga., is expanding its program of art classes for seniors.
- Printmaking Workshop, New York, supports scholarship programs for children, adults, and seniors.
- Camp Ella Fohs, Bronx, N.Y., supports an intergenerational program in dance and visual arts.

- PARKART, Birmingham, Ala., offers intergenerational multiart classes and performances.
- University of Hawaii: Honolulu Community College, provides a series of intergenerational classes in a variety of art forms.
- Alabama State Council on the Arts and Humanities is adding two music teachers to its art workshop program for the disadvantaged and the elderly.
- Iowa State Council is developing a program in performing, visual, and literary arts in conjunction with the Iowa Commission on Aging.
- Michigan Council for the Arts is supporting an artist-in-residence for the aged and disadvantaged groups.
- South Carolina Arts Commission is offering workshops, presentations, and hands-on experiences for older Americans.
- ARTKARE, Inc., Dayton, Ohio, is continuing its program of weekly visual arts workshops for seniors in nursing homes.
- Community Center for the Creative Arts, Greeley, Colo., is providing an outreach program to senior citizens.
- Writers in Residence, Great Neck, N.Y., includes a drama workshop for disadvantaged youth, hispanics, and the aging.

The endowment's literature program supports and encourages writers and poets to initiate workshops for older persons. Grants have been awarded for residency programs in which poets and writers have conducted workshops on a long-term basis for older persons. The experiences and memories of older persons offer a wealth of material and inspiration to a writer or poet.

Museums are cultural institutions which offer a myriad of experiences to all age groups. The Baltimore Museum of Art and the Metropolitan Museum of Art have developed programs involving older persons which can serve as replicable models for other museums. Recently, the endowment provided support to the Baltimore museum for the production of a film expressing the creative needs of older people and how to engage them in visual arts activities.

Several grants awarded by the music program have developed innovative programs for the elderly:

- Milwaukee Symphony Orchestra, Wisconsin, sponsors a "matinee drop-in" rehearsal program attended by older persons;
- Tulsa Philharmonic Society, Oklahoma, makes performing ensemble groups available to senior centers for lectures, demonstrations and concerts;
- Berklee College of Music, Boston, Mass., sponsors a residency program for septuagenarian jazz pianist and composer, Claude Hopkins in area schools and community locations; and
- Monroe County Rural Heritage Alliance, West Virginia, employs musicians 55 years and older for a mountain music education program which provides instruction in traditional instruments to community residents.

The office of special projects has supported various interdisciplinary arts programs for the elderly. Among these grants are:

- Hospital Audiences, Inc., New York, sponsors performances, lectures and demonstrations by professional artists in institutional settings, such as nursing homes, and arranges for unused tickets to be made available to seniors; and
- ARTS/Boston, Boston, Mass., is cooperating with the Massachusetts Department of Elder Affairs to improve access to arts events for older persons.

The endowment's city spirit program seeks to broaden the role of the arts in the everyday life of a neighborhood, town, city, county, region or State. This program seeks to stimulate and encourage many community interests to come together to explore the ways in which the arts can be an integral part of community life. While representatives of organizations serving the elderly, as well as the elderly themselves, are always involved in a city spirit project, several city spirit programs have been directly related to planning and implementing arts programs for older persons. These are:

- Arts Council of Greater New Orleans, La., is working closely with the area agency on aging to complete an action plan designed to provide arts experiences for a large segment of the city's older population;
- The Cambridge Arts Council, Massachusetts, has received support to develop a series of six cultural forums, including one on the elderly and the arts; and
- Quincy Society of Fine Arts, Quincy, Ill., is augmenting its second year grant with more participation from older persons in the planning of community arts activities.

The National Endowment for the Arts, and its 26-member presidentially appointed advisory board, the National Council on the Arts, will sustain the com-

mitment to providing opportunities for older Americans to experience and participate in the arts. At the same time, the endowment is cognizant of its responsibility to encourage its grantees to integrate the elderly into their ongoing activities. During fiscal year 1978 it is anticipated that the endowment's advocacy efforts on behalf of special constituencies will increase as a result of the recent guidelines issued by the Department of Health, Education, and Welfare directing all Federal agencies to promulgate regulations for implementing section 504 of the 1973 Rehabilitation Act to ensure accessibility for the handicapped to all federally assisted programs. While the majority of older persons are not severely disabled, many of them suffer from physical impairments which impede their enjoyment of cultural activities. Ensuring that arts programs are accessible to disabled individuals will directly benefit elderly individuals as well.

With increasing awareness of arts administrators to the needs of older persons, I anticipate that the number of arts programs which include older Americans will increase in the coming year.

## ITEM 19. PENSION BENEFIT GUARANTY CORPORATION

JANUARY 13, 1978.

DEAR MR. CHAIRMAN: This is in response to your December 14, 1977, 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 December 31, 1977, there were approximately 167 plans under PBGC trusteeship covering about 29,000 participants and beneficiaries. Under these plans PBGC has paid approximately \$1,150,000 in benefits to about 10,100 individuals. Under many of these plans the participants and beneficiaries would not receive their promised benefits if PBGC were not in existence.

Four of the plans under PBGC trusteeship are multiemployer plans, where PBGC exercised its discretion to guarantee benefits. (Under ERISA, as recently amended, mandatory coverage of multiemployer plans does not become effective until July 1979.)

In May 1977 we exercised our discretionary authority to guarantee benefits for participants in three multiemployer plans in the millinery industry. Without PBGC protection the 2,700 plan participants, most of whom were in their seventies and eighties, would receive only about 25 percent of their promised benefits.

In December 1977 PBGC exercised its discretion to guarantee the benefits of 1,700 participants in a milk industry multiemployer plan.

It is apparent that in 1978 the number of elderly participants in insufficient terminating plans receiving guaranteed benefits from PBGC will increase.

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. In 1977, PBGC issued an updated booklet on the advantages and disadvantages of IRA's and continued to answer, by phone and letter, the many inquiries concerning the use of an IRA to provide income after retirement.

With the possible advantages of establishing an IRA becoming more widely known to employees, we anticipate that inquiries to PBGC will increase in 1978 as more employees seek to prepare for their financial needs in old age.

We hope this information will be helpful to you.

Sincerely,

MATTHEW M. LIND,  
*Executive Director.*

## ITEM 20. POST OFFICE DEPARTMENT

FEBRUARY 17, 1978.

DEAR MR. CHAIRMAN: This is in response to your December 14, 1977, request for a report on the activities of the Postal Service related to aging. Although the Postal Service does not maintain age-group statistics on the number of individuals who benefit from our programs, experience shows the elderly are often the beneficiaries.

One of our programs specifically aimed at helping the elderly, the handicapped or those who live alone is called "postal alert" or "operation alert," depending on the community involved. The program amounts to a partnership effort between the Postal Service and a local community group or agency. Under the plan, letter carriers keep an eye on mail delivery boxes marked with a bright red or orange sticker given to a customer registered in the program. If no one picks up the mail in a reasonable time, the carrier, through a supervisor, notifies the civic group that maintains a file on the people enrolled. That group calls a friend or relative who has agreed to investigate such a warning sign.

Those same carriers provide their customers, including the elderly, with consumer service cards under another of our programs. These cards bring to our attention, here at headquarters and at all post offices, any problems affecting mail delivery or service. They are also available at post offices.

By far our most significant activity on behalf of the elderly is our ability to pursue promoters who use the mails to cheat them. We are most aware that when senior citizens are the victims they often have less ability to recoup their losses than any other age group.

Statistics released by the National Institute of Law Enforcement and Criminal Justice in recent years indicate the elderly are the victims of crime more than any other age group; many because they live alone at a time when their physical agility and vigor is waning. Still others are victimized because they are weakened by disease. All are potential victims of promoters who attempt to steal from the elderly, without force, by telling a lie about a product or service. And, without question, many elderly victims are hit hard, since they live on fixed incomes and savings made meager by inflation.

Medical fraud by mail ranks as the cruelest of swindles aimed at the elderly, especially for those willing to try anything to achieve a cure. One illegal practitioner, now serving a lengthy prison sentence, advertised a "miracle pill" in Connecticut claiming he could cure cancer. He got more than \$1.5 million in return for his "cure." His patients, postal inspectors found, got a pill that was mostly sugar.

An advertisement that promises "a new European discovery that not only relieves pain but actually cures arthritis" is another example of how the sick are often promised quick, simple relief.

A Rhode Island company, which zeroed in on the elderly crippled by arthritis, sold a worthless "healing" pad for \$52. There was no medical evidence to substantiate claims it could even reduce the pain of arthritis, much less cure it. Because of the False Representation Statute, the Postal Service was able to quickly stop the scheme. Thousands of elderly persons were protected from loss of money, and more importantly, possible further decline in health by relying on devices that didn't work.

The False Representation Statute—title 39, U.S. Code, section 3005—authorizes 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 mail by means of false representations." Section 3007 of the same law allows the Postal Service to obtain a temporary restraining order against an operator pending action under 3005. The advantage of using this statute is that proof of criminal intent, often difficult to establish, is not necessary. It is only necessary to show that advertising for a product or service contains a false claim.

The Mail Fraud Statute, title 18, U.S. Code, section 1341, is the oldest and probably the most potent consumer protection law. Passed by Congress in 1872 to stop dishonest mail order promoters, it was later broadened to include any scheme furthered by using the mails. It provides penalties of up to 5 years in prison and/or a \$1,000 fine for use of the mails in a fraudulent scheme.

Another scheme aimed at the elderly involves nursing homes advertising by mail. Helped considerably by the fact that senior citizens are sometimes viewed as excess baggage to be stored somewhere, the operator typically provides a brochure that gives the nursing home the appearance, on the surface, of being well-equipped and professionally staffed. Actually, he uses only a small portion

of money paid by patients to maintain the home in semisqualor and pockets the bulk of the proceeds.

Because many of the elderly live on fixed incomes, and are often confined to their homes because of illness or physical frailty, they are easy prey for the work-at-home promoters offering employment through magazine and newspaper advertising. A fee is usually required for information about the nonexistent opportunities. For example, a classified ad appeared in several newspapers offering women an opportunity to: "Earn up to \$1.68 an hour sewing baby shoes in your own home." It drew more than 200,000 inquiries from victims who paid a small registration fee and submitted a pair of wool-felt shoes to demonstrate their skill. After taking the fee and the shoes, the promoter found that virtually all of the job prospects failed to meet his high standards.

Because many couples save for the day when they can buy a retirement home, usually in some warm climate, fraudulent land promoters find it extremely attractive to entice the elderly with ads promising "worry-free living in your twilight years." Prices are low enough that the victims buy a lot sight unseen. But what they get, even for payments of \$10 or \$20 a month, is expensive for land in the middle of a desert or in swampland. Postal inspectors recently arrested a New England resident selling senior citizens land he did not own and had no legal right to represent for sale. Converting their life-savings to his own use, he left many of his victims with no money, little hope and little time to recover. Convicted of mail fraud, he is now serving a long prison sentence.

Because those who live in private homes find it increasingly difficult to do even the most minor repairs as they get older, the dishonest home improvement contractor mails them a brochure offering a "free" home inspection and a gift if they will allow a visit from a "building consultant." Typically, massive improvements are recommended even though everything may be in perfect working condition. Too often the elderly victims sign complex contracts that drain their savings or put them deeply in debt because they are fearful of being without essential utilities such as heat or water—and because they are often with no one to turn to for advice.

Widows who have never handled the financial affairs of a family are also prime targets. When a woman's husband dies she often receives an insurance settlement. The predator who methodically watches newspaper obituaries moves in and convinces her he can take her savings and increase them many times over. Even if her needs are taken care of by the insurance settlement, she finds it difficult to brush off a letter that offers to make her wealthy enough to provide permanent security for her grandchildren and other loved ones.

Debt consolidation is another scheme aimed repeatedly at the elderly. Offers to take care of rent, insurance, utilities and other bills are often hard to resist when the prospective victim is told he can simply mail a single check. Sometimes the results include imminent threat of mortgage foreclosure because the consolidator took all of the initial payments as his basic fee and nothing was left to pay the victims' outstanding bills.

Unfortunately, even the elderly occasionally take advantage of the elderly. A few years ago, postal inspectors arrested a 72-year-old man who scanned "lonely hearts" magazines for women interested in companionship or marriage to an older man. His persuasive letters brought him more than \$60,000 from 37 women living all over the United States on his promise that he would visit them if they provided money for his transportation and expenses. Until he was caught, his standard reply to his victim, once they sent money, was that he was suddenly unable to travel because of illness.

Although senior citizens cannot be considered prime targets, they are among those who lost \$327 million in the last 3 years to commodity speculation carried on through the mail. Not long after his release on parole from Federal prison for a mail fraud conviction, an operator in Los Angeles set up a phony mining company, acquired another company engaged in the fraudulent sale of silver, and opened up a "boilerroom operation" where telephone salesmen made unsolicited calls. In 10 short weeks he had sold more than \$1 million in contracts for future delivery of nonexistent gold. Convicted of mail fraud a second time, he is now back in Federal prison. Most of his victims, by the way, could have avoided their losses if they had checked with the Securities and Exchange Commission, or a State securities agency, to determine if the commodities were registered.

Again this year, I would like to urge any senior citizens who feel they have become victims of mail fraud or false representations to make their complaints known to a responsible employee at a postal installation near them. Their inquiries,

I can assure you, will receive both prompt and conscientious attention. And if they are considering the purchase of a product or service by mail, I hope they will investigate an offer before they invest in it.

Sincerely,

BENJAMIN F. BAILAR.

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## ITEM 21. RAILROAD RETIREMENT BOARD

JANUARY 12, 1978.

DEAR MR. CHAIRMAN: With reference to your letter of December 14, 1977, I am pleased to enclose a statement summarizing major activities of the U.S. Railroad Retirement Board on aging during 1977. It is anticipated that payments under the Railroad Retirement and Railroad Unemployment Insurance Acts will be somewhat higher during 1978 than in 1977.

We look forward to your committee's 1977 report on developments in aging.

Sincerely yours,

R. F. BUTLER, *Secretary.*  
*For the Board.*

[Enclosure.]

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 1977, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled \$3,967 million, an increase of \$207 million from the same period 1 year earlier. Retirement and survivor benefit payments amounted to \$3,787 million, an increase of \$256 million over the same period 1 year earlier. Unemployment and sickness benefit payments during the benefit year ending June 30, 1977, totaled \$189 million, which was \$28.7 million less than in the preceding benefit year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1977, totaled 1,025,000. The vast majority (81 percent) were aged 65 and older. At the end of the fiscal year, 464,000 retired employees were being paid a regular annuity averaging \$380, about \$26 higher than a year earlier. In addition, 169,000 of these employees were being paid a supplemental annuity averaging \$57.

Almost 231,000 spouses of retired employees were receiving an average annuity of \$178. Of the 337,000 survivors on the rolls as of September 30, 1977, 293,000 were aged widows receiving an average annuity of \$267. Some 869,000 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 1977. Of these, 849,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to 155,000 railroad employees during the benefit year ending June 30, 1977. However, only about \$1.1 million (less than 1 percent) of the benefits went to individuals aged 65 and older.

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## ITEM 22. VETERANS ADMINISTRATION

JANUARY 24, 1978.

DEAR MR. CHAIRMAN: In response to your request of December 14, 1977, I am pleased to forward the enclosed report on the Veterans Administration activities relating to developments in the care of older veterans for the year 1977.

Our activities in this regard are extensive and increasing. At the present time, veterans comprise 40 percent of all American males over the age of 20 years. Because of the large number of veterans of World War II and the Korean con-

fict, by 1990 more than half of the U.S. males over the age of 65 years will be veterans, and by 1995 veterans will exceed 60 percent of the total. 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.

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 VETERANS IN 1977

### DEPARTMENT OF MEDICINE AND SURGERY

#### 1. INTRODUCTION

The Veterans' Administration has long been aware of the problems which will arise as the result of the aging of large numbers of World War II and Korean War veterans. A number of plans and programs have been developed in response to this perceived need.

On October 21, 1976, the Veterans Omnibus Health Care Act became law as Public Law 94-581. Section 117(a) of that law directed the chief medical director of the Veterans' Administration to report the short- and long-range plans of the administration in reference to the increasing average age of the eligible veteran population. It was suggested that the report include specific plans for:

(1) Adjusting the number of Veterans' Administration hospital, nursing home, intermediate and personal care, and domiciliary beds;

(2) Adjusting the program for contracting for such nursing home care (including intermediate and personal care) in community facilities;

(3) Expanding alternatives to institutional care, to include provision of home health (including homemaker and special nutrition) services;

(4) Emphasizing treatment programs particularly suited to meet the health care needs of an aging population;

(5) Emphasizing education and training of health care personnel specializing in the treatment of elderly persons and diseases, and infirmities characteristic of an aging population;

(6) Emphasizing biomedical and health services research designed to ameliorate geriatric care problems; and,

(7) Meeting the special architectural, transportation, and environmental needs of an aging population.

In response to this congressional mandate, the Veterans' Administration during the past year developed a comprehensive report entitled "The Aging Veteran: Present and Future Needs." Submitted to the appropriate Committees on Veterans Affairs of the Senate and House of Representatives in January 1978, the report may serve as a basic resource document for planning for aging veterans for the next two decades.

#### 2. EXTENDED CARE

The aging veteran population has brought to attention the fact, that, in addition to inpatient and outpatient health services, an intermediate link is necessary in the form of convalescent hospitals, nursing homes, and other types of long-term placement, now known as extended care.

The office of the assistant chief medical director for extended care provides the necessary professional expertise and leadership essential for the following long-term care programs: VA domiciliary care; State home care (nursing home, domiciliary, and hospital); VA nursing home care; hospital based home care; community nursing home care; personal care homes; and geriatric research, education and clinical centers. Large numbers of aged veterans requiring long-term care will place ever increasing demands on these programs. Therefore, it is essential that the VA continue to assess these and other approaches to long-term care programs to assure that its health care system is available and responsive to those veterans in need of such care.

While plans to meet the short- and long-range needs of aging veterans were being developed for the report referred to above, the office of extended care made significant advances in several program areas during the past year.

**VA nursing home care.**—This program is designed for veterans who are not actually ill or in need of hospital care, but who require skilled nursing care and related medical services. These 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 Manchester, New Hampshire, and Jackson, Miss.

**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 St. Louis Regional Medical Education Center (RMEC). This training experience was designed to assist HBHC teams to develop a quality assurance program. Ongoing training conferences are being planned for anticipated program expansion.

**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 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 community by providing time to marshal resources for the veteran's 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. In October 1976, Public Law 94-581 authorized the VA to contract with intermediate care facilities. Subsequent to the enactment of the law, the VA has established standards, policies and procedures for the use of such facilities. As of July 31, 1977, 672 ICF's were under contract, with 1,644 veterans in placement at this level of care. It is anticipated that the number of veterans placed in ICF's will grow considerably during the forthcoming year. During the past year, major effort has been placed on refining the process by which the VA assesses a nursing home prior to contract, with emphasis on the quality of life in the home.

Concomitant with this effort, the VA has taken steps to work more closely with, and to avoid duplicating the efforts of, other State and Federal agencies in the assessment of nursing homes. Three regional educational conferences for VA nursing home teams from 50 health care facilities were held during the year to develop the assessment process and to further develop relationships with other assessment agencies. Representatives of HEW regional offices and State survey agencies supplemented VACO staff as members of the faculty at these conferences.

**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 1977 increased activity was generated in training hospital teams—nurses, dietitians, and social workers—to more effectively discharge their responsibility in selecting patients, selecting homes and sponsors, and providing followup supervision.

Additional conferences are scheduled in fiscal year 1978 with emphasis on further expansion of this program for use by patients in general medical and surgical hospitals. To enhance program credibility, cooperation with local and State authorities in setting standards, extending community resources to provide meaningful activities, and inspecting homes on followup visits to insure that quality care is being provided.

**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 veterans' disability must be chronic in nature. The veteran must also be incapacitated from earning a living and have no adequate means of support. During fiscal year 1977, further progress was made toward the construction of 200-bed units to replace beds in facilities which do not meet life safety code requirements and which are not suitable for upgrading because of structural problems and prohibitive cost. The 200-bed units introduce a new concept of a structure that has the feature of convertibility from domiciliary to nursing home care. This will make it possible for future patient-members to obtain nursing home care in the same facility as their health care status requires (skilled nursing care.)

The design of this new facility emphasizes a homelike residential environment with desirable privacy and features that will contribute towards increased interaction and socialization between patient-members. Groundbreaking ceremonies were held for the first of the 200-bed facilities at VA Center Wood, Wisconsin, on October 21, 1977.

**State home program.**—The VA makes grants for the construction of new State home domiciliary and nursing home buildings; the expansion, remodeling or alteration of existing buildings for the provision of domiciliary, nursing home or hospital care in State homes; and the provision of equipment for any such buildings. Under provisions of the State Veterans' Home Assistance Improvement Act of 1977, the VA's annual authorization for construction and modernization of State Veterans' Home facilities was increased from \$10 to \$15 million for fiscal years 1978 and 1979. The VA participates up to 65 percent in the cost of construction and remodeling of State home facilities.

Construction money for new domiciliaries in State homes was provided for the first time under the new law. Previously, VA grants were limited to remodeling, alteration, or modification projects at State owned domiciliaries. Since 1964, the VA has made grants totaling \$54 million to 22 States for nursing home construction, expansion, and remodeling, resulting in 4,733 new nursing home beds with improved patient privacy and better fire protection for patients. Also, VA has made grants totaling \$9.6 million to 16 States for 68 projects to remodel existing State domiciliary and hospital care facilities. The State home program has long been recognized as a high quality, cost-efficient alternative to providing extended care in VA facilities. The State Veterans' Home program has grown from the original 11 homes in 11 States in 1888, to 40 homes and 2 annexes in 30 States and the District of Columbia.

**Geriatric research, education, and clinical centers.**—During fiscal year 1977 the Geriatric Research, Education, and Clinical Center (GRECC) program continued to promote innovative and comprehensive approaches to the care of elderly veteran patients. These centers include clinicians, researchers, and educators associated in cohesive programs concerned with a variety of medical problems of aging. The specialists in the eight GRECC programs are now providing leadership in the VA hospitals and local communities for originating comprehensive health care approaches and in developing new knowledge and applications for quality geriatric care. Some specific contributions of these centers to the subject of aging are:

1. Operation of geriatric evaluation units.
2. Implementation of intermediate care rehabilitation units and ambulatory geriatric clinics to furnish continuing treatment and health maintenance.
3. Development of geriatric screening systems which can be amplified so that delays in diagnostic procedures are minimized.
4. The management of a cooperative program for testing of prosthetic devices, eating utensils, and other kinds of devices used by the elderly.

5. Implementation of several types of education programs relative to geriatric services, such as:

(a) House officer training in geriatric medicine and gero-psychiatry; education of elderly patients and their families in management of chronic diseases.

(b) Conducting symposia or workshops on various aspects of gerontology and geriatric problems for health care specialists in the community as well as the VA.

(c) Provision of geriatric nutrition training.

6. Support of a number of interdisciplinary research projects in the service of aged, including studies in gero-dentistry, metabolism in aging, cardiovascular disease, memory, psycho-social and psychological medicine problems in the elderly, biochemical and pharmacological studies.

GRECC's now exist at Little Rock, Ark.; St. Louis, Mo.; Sepulveda, Calif.; Los Angeles (Wadsworth), Calif.; Palo Alto, Calif.; Minneapolis, Minn.; Bedford/Boston OPC, Mass.; American Lake/Seattle, Wash. The Minneapolis center, which promises a well-integrated program of senile dementia research, was started late in fiscal year 1977.

The Veterans Administration continued to be involved during the past year in interagency coordinative efforts in its attempt to ensure comprehensive geriatric care. The growing numbers of older veterans requiring health care, specialized extended care services, supportive living environments, and nutritional supplements are indicative, of course, of similar demands being made by a growing elderly population in general. Agencies at the Federal, State, and local levels and within the private sector are working to develop comparable geriatric care programs. To minimize duplication of effort and to promote efficient use of resources, the VA has been actively participating in coordinative efforts on behalf of the elderly citizen.

The Veterans Administration is cooperating with the experimental technology incentives program (ETIP) of the National Bureau of Standards to test technologically innovative devices appropriate to an elderly population.

The office of extended care has worked closely with the Administration on Aging (AoA) to coordinate Federal programs on behalf of the aged. For instance, the office of extended care and the Department of Veterans Benefits have been involved in the implementation of a working agreement between the VA, 13 other Federal agencies, and the Administration on Aging to improve information and referral services to the older American. The VA took the initiative in matching local area agency on aging (AAA) offices with their nearest VA facilities across the Nation.

The office of extended care further refined and implemented the information and referral program during the past year with the establishment of an information and referral liaison representative in each VA hospital. Specific duties and responsibilities were transmitted to the representatives by VA circular which would further the implementation of the action steps agreed to by the VA in the working agreement with the Administration on Aging. Two information and referral workshops were held during the year which provided training for VA hospital and veterans assistance service representatives in Administration on Aging regions 1, 2, and 3. As an added benefit to the information and referral program, the liaison representatives are providing alternatives to hospitalization for veteran patients by integrating veterans into non-VA community settings such as senior citizens centers, and other related health and social programs.

The Veterans Administration and the Administration on Aging are also jointly sponsoring nutritional programs for older veterans.

Further significant efforts in the VA to meet the needs of a growing aging veterans population in a comprehensive manner are described in the following sections.

### 3. MEDICAL SERVICE

During 1977 the Veterans Administration central office medical service and the medical services in Veterans Administration hospitals continued their intense efforts to improve the overall medical care of all veterans. These efforts have been especially focused on the aging veterans since this group represents an increasingly larger proportion of our patient population and presents us with some of our most professionally challenging diagnostic and therapeutic situations.

Our programs in medical and coronary intensive care, respiratory care diagnosis and treatment, dialysis, hypertension, infectious diseases, and ambulatory care continued to make significant progress during the year and will continue to be

given primary attention and high priority during 1978. In addition, 1977 saw the establishment of the first Veterans Administration centers designed to handle cardiopulmonary rehabilitation and rheumatology-immunology problems. Medical service played a vital role in the planning and selection of the sites for these centers and will continue its efforts to promote the successful development of these unique Veterans Administration health care activities. Their impact on improving the overall quality of medical care of the aging will be of considerable magnitude.

Probably the most important medical service activity during this past year was its participation in the Veterans Administration's Study of extended hospital care sections (EHC) which were formerly known as intermediate care sections. This study is under the aegis of the Veterans Administration central office professional services, but medical service has played a primary role in its implementation. The study is designed to determine the types of patients being treated in the extended hospital care sections of VA hospitals, the quality and appropriateness of care received there, the types of professional programs that should be provided, and the staff, space and equipment resources required to carry out these programs. Since most of the extended hospital care patients are elderly, and since a study of this scope has not been completed within the Veterans Administration previously the potential implications are significant. It is anticipated that the study will be completed and comprehensive recommendations for the development of optimal extended hospital care programs will be forwarded to the chief medical director in early 1978.

#### 4. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

The Mental Health and Behavioral Sciences Service (MH&BSS) further expanded its services to the elderly patients in our health care facilities. Direct psychiatric and psychological consultative, treatment and vocational counseling services are provided to most of our programs which treat the aged veteran.

Mental health and behavioral sciences service has prepared a special study report on "The Impact of Aging on Mental Health Program Requirements 1980-1990." This report will allow for the orderly shifting of resources and expansion of services predicted by our increasing number of patients who manifest mental symptoms associated with advanced years.

Specific training conferences will be held this year regarding the appropriate use of psychiatric drugs and the treatment for substance abuse which will stress the particular problems of the elderly veterans. Some of our hospitals have, or are in the process of developing, special psychogeriatrics wards where specific treatment approaches and studies can be developed to enhance an effectiveness regarding these types of patients. These are in addition to the ongoing efforts in the VA geriatric research, education, and clinical centers which have their own mental health involvements. Special efforts have been made by the mental health and behavioral sciences service to assist in the evaluation of the large numbers of psychiatric patients who currently are being treated in extended care medical wards in order to facilitate their more appropriate placement in regard to their mental health requirements.

The internal environment of many of our older psychiatric hospitals, which have a significant number of aging veterans, have been renovated emphasizing the development of a warm, homelike environment which provides an assurance of privacy and the enhancement of human dignity. The provision of pets and encouragement of children to visit are features which are encouraged by mental health staff and add to the quality of life for the elderly veteran. A unique contribution has been the development of a quality of life study which developed a rationale and methodology to evaluate aspects of our treatment settings over and above that concerned with the physical care provided.

#### 5. SOCIAL WORK SERVICE

Services to the aging veteran and his family continue to receive high priority and social work programming. Social workers assigned to hospitals or operating out of satellite or clinic offices, frequently in areas removed from the urban setting, provide outreach services to veterans and families in their own homes, as well as veterans in nursing homes, personal care homes, and other special placement settings. Greater emphasis is being placed on a need to connect veterans with community resources capable of enhancing their quality of life and sustaining gains achieved during periods of acute and long-term hospital care. Over 4,000

veterans were placed directly in community settings without a period of Veterans Administration hospital care which reduces unnecessary hospitalization and results in improved use of professional manpower. During fiscal year 1977 over 80,000 veterans received placement and followup services in Veterans Administration approved community facilities. Emphasis continues to be placed on the development of responsive community service delivery models which will support the veterans' right to receive comprehensive health care in surroundings that will enhance social functioning.

Multidisciplinary workshops were held on personal care home programing for general medical and surgical patients and on a development of community nursing home assessment models. The latter underscores the need to develop effective working relationship with other agencies both at the State and Federal levels in the interest of improved services to veterans and the prevention of unnecessary duplication in the assessment of community nursing homes. Additional multidisciplinary workshops will be held under the auspices of the office of extended care during fiscal year 1978. A program guide is being developed for the personal care home program and will be issued by the office of extended care during 1978.

The working agreement between the Veterans Administration and the Administration on Aging calls for the appointment of a Veterans Administration representative from every VA facility to serve as liaison to the approximately 700 Administration on Aging information and referral service offices in all States and territories. The vast majority of persons selected by the hospital directors to assume this function have been social workers who have a long history of contact with community services and resources necessary to assist the older veteran in leaving the hospital and in maintaining optimal physical and mental health while residing in the community. A series of conferences is being conducted in each of the 10 HEW regional offices to orient and train Veterans Administration/Administration on Aging representatives. Content, in information and referral services programs, on lifestyle patterns of older persons and on psycho-social needs and problems of the elderly is being drawn from a wide range of social workers in public and private agencies as well as from the educational community.

Of great concern to social work has been the patient who cannot return to the community because of severe physical or mental disabilities and social work has been an active participant in the study of the extended hospital care patient which was initiated by professional services during this fiscal year. One especially significant patient group is the terminally ill patient, and consideration is now being given to both inpatient and outpatient programs which address the needs of this patient group as well as the program of patient/family and staff education in death, dying and bereavement.

#### 6. REHABILITATION MEDICINE

With the increase in the Veterans Administration's aging population, rehabilitation medicine service has been especially concerned with providing new programs which will focus on the needs presented by these veterans. A vital step of rehabilitation is the humanistic approach which projects a sense of caring, a feeling of dignity and self-worth, and a desire to "continue"—not "give up."

Because rehabilitation medicine service provides treatment modalities which are activity oriented, many programs are initiated which motivate the aging veteran into a productive and meaningful use of time. In addition to the traditional treatment services provided by psychiatry, occupational therapy, physical therapy, and corrective therapies, new programs have been developed in compensated work therapy by establishing special contracts with industry in communities to provide work experience for elderly patients that is not only meaningful but also pays wages commensurate with the community. Under the incentive therapy programs, patients are provided jobs within the hospital for nominal remuneration.

Sensory integrative dysfunctioning programs (that is, a disruption of information gathering and processing functions of the central nervous system which is reflected in motor behavior and learning patterns) have been developed to help patients regain use of the sensory mechanisms or to compensate for their loss. Two programs at the Bedford Veterans Administration Hospital which have involved the very elderly are an aqua-therapy program to stimulate muscle activity and a parachute program for socialization, body movement, and muscle stimulation.

The use of volunteers has provided the geriatric patient a more meaningful activity of participation in recreation therapy. It is characteristic of the geriatric

patient to feel isolated—even in a group; thus, 1-to-1 contacts provide a sense of orientation, belonging, and involvement. Organizations like the Bowlers Victory League (BVL), American Legion, No Greater Love, United Service Organization (USO), in addition to local community clubs have provided activities which involve both the community and Veterans Administration patients.

Language and communication are recognized as essential human attributes. They are adversely affected, however, by the communicative disorders which are prevalent among the elderly as a consequence of hearing impairment, stroke, and related conditions.

To restore communicative functioning to the maximum extent possible, the Veterans Administration has established audiology and speech pathology services at 88 health care facilities. A new unit was activated at the Phoenix VA Hospital in fiscal year 1977 while another is planned for the Loma Linda VA Hospital in the current fiscal year.

Rehabilitation medicine service continues to be involved in programs related to the geriatric patient, i.e., intermediate care study, physical fitness programs, rheumatology-immunology centers and cardio-pulmonary centers. In addition, professional staff are encouraged to participate and to attend seminars and workshops in order to develop new techniques and learning experiences in working with the aged.

#### 7. NURSING SERVICE

Nursing service recognizes the increasing need for care in the aged, ill veteran population, and believes that nurses have a significant role to fill in meeting these needs.

To improve the quality of care available, nursing service has launched a triad of activities designed toward this end. Working collaboratively with the regional medical education centers (RMEC's), nursing service has sponsored special educational conferences and workshops on geriatric nursing problems and needs of the aged individual. At least two additional geriatric workshops are planned for the first quarter of 1978.

Nursing service has worked cooperatively with university schools of nursing to bring increased emphasis on geriatric and gerontologic nursing education. As a direct outcome of this, three universities (Duke, Adelphi, and Utah) now offer graduate degrees in gerontologic nursing. Other graduate programs are giving increasing curricular attention to geriatric nursing.

Innovation in geriatric care organization and delivery is underway at selected sites throughout the system. Nurses are serving as primary care providers for aged veterans who have chronic care needs in hospital, extended hospital, and nursing home settings. Increased emphasis is being placed on providing rehabilitative nursing services to aged, ill veterans via the hospital based home care programs throughout the system. Through this delivery system, nursing service believes it feasible to maintain many aged veterans in the home, support failing facilities, and improve the quality of life for these individuals.

The Veterans Administration gerontologic care standards and educational guidelines will be disseminated to the field early in 1978. It is anticipated that every field facility will use these standards and guidelines to improve the quality of nursing care available to the aged veteran patient.

Veterans Administration nursing service is working in collaboration with Public Health Service in the Department of Health, Education, and Welfare in the development and refinement of the patient assessment care evaluation (PACE) for patients in community nursing homes. In addition, the nurse staff member responsible for long-term care nursing programs is involved in close collaboration with the office of extended care in their program areas of domiciliarys, community nursing homes, VA nursing home care units, and hospital based home care.

The need for preventive nursing services for aged veterans is increasing. The Veterans Administration nursing service is eager to begin demonstration projects in preventive and maintenance care when authorization and resources become available.

#### 8. DIETETIC SERVICE

The majority of aged veteran beneficiaries have one or more of the diseases which appear to be related to malnutrition, either by over or under consumption of certain nutrients. These are heart disease, cancer, cerebrovascular disease, diabetes, arteriosclerosis and cirrhosis of the liver. Therefore, nutritional care is an important component of the total treatment program for this group.

With greater emphasis on quality of care and quality of life, the total dietary needs for each veteran are being considered. An in-depth nutritional assessment is made and coordinated with the health team in implementing and evaluating nutritional care plans. Other factors which affect nutritional status are also considered, such as poor chewing and swallowing, poor hearing and communication, inability for self-feeding, limited nutritional knowledge, income, cooking facilities and inability to shop for the proper food contribute to the problem.

Patient health education is an important part of the aged veteran's treatment. Both normal nutrition and dietary modification, if needed, are emphasized in individual instructions or small group classes. Other subjects included are food preparation, marketing, budgeting, sanitation, and social skills in group living.

The dietitian participates with the health team in planning for the veterans return to the community and their followup care. Training is provided the caregiver in meeting the individual's nutritional needs. An assessment is then made of the person's ability to carry out the care for the veteran.

The need for research studies to identify the relationship of nutrients with disease is receiving more attention since the publication of "Dietary Goals for the United States." The geriatric research, education, and clinical centers (GRECC's) throughout the country can assist in studying this problem.

#### 9. VOLUNTARY SERVICE

The Veterans Administration voluntary service (VAVS) program continued its commitment to provide volunteer activities for and by older Americans during the fiscal year, at the same time laying the groundwork for increased emphasis in fiscal year 1978.

Symbolic of this commitment was the inclusion of a major segment on extended care in the agenda planned during 1977 for the October annual meeting of the VAVS national advisory committee. This committee is representative of 45 national veterans, patriotic and service organizations which supply volunteers to the Veterans Administration health care system. Its members disseminate information received at the annual meeting to all concerned officials in their organizations.

The chief medical director's concern regarding leisure time needs of long term patients led to the initiation of a 5-month pilot study designated patient services project. The project is scheduled to produce recommendations from the nine test facilities at the end of January 1978. It involves possible restructuring, and relating the voluntary service and recreation sections of rehabilitation medicine service, and involving other appropriate services in order to provide more effectively for the human needs of long-term patients during evenings, weekends and holidays.

In other developments related to substantial numbers of aging veterans and their families, voluntary service offered its expertise and support to administrators of volunteer programs in State veterans homes, assisted the American Legion in its "operation post home" program designed to provide community activity centers for older veterans in American Legion Post homes, and encouraged and assisted with the formation of the united voluntary services "haven" leisure time centers at Veterans Administration hospitals.

At the University of Wisconsin, six volunteers from the Madison VA Hospital were appointed to the council of elders, an advisory board for a project dealing with career development in the field of providers of care for the elderly veteran patient. At an increasing number of Veterans Administration hospitals the experience and skills of the older volunteer are being applied effectively to consumer advocate roles assigned by staff responsible for patient relations activities.

Assignments of volunteers to provide personal and recreational services to Veterans Administration patients in community nursing homes continued to multiply. At the end of the year the north Chicago VA Hospital began a study to determine the feasibility of assigning a volunteer to assist the social work service staff in evaluation of community care homes.

The experience, good judgment, and tact of the older volunteers was applied to assignments as hosts and hostesses in the outpatient and admissions areas, as well as in surgical waiting rooms where their role is to inform and reassure the families of patients. Escort service, which provides volunteers to accompany patients between wards, treatment recreation, and chapel areas, remained one of the most useful and popular assignments for the older volunteers. The VA Hospital at Miles City, Montana, found in escort service its outstanding volunteer for 1977, Mrs. Mary Cooley, age 88.

The continuing contact between voluntary service and the American association of retired persons resulted, late in the year, in the selection of VAVS as one of a very limited number of agencies in which AARP will actively promote member involvement.

#### 10. DENTISTRY

The comprehensive dental program for long-term care patients has been a treatment modality in the Veterans Administration since its inception. Within this program, many geriatric patients (defined as 65 years of age or over) were and are being treated.

Much knowledge and expertise has been accumulated by individual dentists and other professionals of various medically related disciplines. The need to share this knowledge and expertise becomes more paramount with the potential increase of geriatric patients from the World War II veteran population which comprises 45 percent of our total veteran population.

To further the team approach to dental care of the geriatric patient, the Veterans Administration and the Harvard School of Dental Medicine cosponsored a symposium on geriatric patient care in Boston on September 8-9, 1977. Three hundred and fifty dentists, including 90 from the Veterans Administration, participated. Many disciplines participated in the symposium which produced a preliminary geriatric patient profile. This patient profile could best be described as suggesting a physiologically and/or psychologically compromised individual. This leads to the belief that the technical aspects of the dental treatment need not be altered, but the capability of the Veterans Administration's system to provide dental care to these patients must be assured. Therefore, courses at both the dental training center and regional medical education centers (RMEC's) in 1978 on geriatric dentistry appear to be needed. The faculty participation will be multidisciplinary in order to provide the participants with the necessary professional information.

To further emphasize geriatric dentistry it has been made the subject of one of our proposals in the management by objective process. Research and education will be the primary objectives to develop fuller understanding of how the physiological and psychological compromises of many of the geriatric patients affect them as human beings, and how we, as a profession, can utilize this information to provide access for and provisions of dental care to all VA geriatric patients.

#### 11. MEDICAL RESEARCH SERVICE

The Veterans Administration has long recognized that it is faced with a rapidly expanding veteran population above the age of 60 and improving the care of the elderly patient is significantly related to direct and indirect benefits resulting from research in or related to the processes of aging and age-related diseases.

Research investigations on the process and problems of aging are conducted by VA investigators at VA health care facilities across the Nation. Some of these investigators are members of VA geriatric research education, and clinical centers established within eight of these facilities.

Examples of investigations and/or results of research in aging conducted by VA investigators are as follows:

A study of aging changes of the human vascular system conducted at the Baltimore VA Hospital to reevaluate the mechanism of age-related calcification of the human aortic media. Observations have led to the conclusion that matrix vesicles derived from smooth muscle cell residual bodies are the primary site of calcification rather than elastic fibers in the medial wall of human aorta.

At the Buffalo VA Hospital, ongoing experiments have continued to support the hypothesis that intermittent exposures of hyperoxygenation tend to increase cognitive efficiency among elderly subjects whose primary difficulty is cardiovascular in origin. Studies are continuing to assess variance in initial response and in persistence effects among subjects.

At the Columbia, S.C., VA Hospital a study of the sociological and physiological aspects of aging has attempted to relate the interpersonal functioning of elderly veterans to possible learning and performance deficits which accompany aging. Data suggests that performance deficits may be related to changes in motivational or arousal processes associated with aging. Accordingly, attempts have been made to assess these processes by making psychophysiological measurements presumably indicative of arousal in younger and older patients during their performance on different kinds of behavioral tasks. A number of correlations have been noted leading to the working hypothesis that differential adaptation

to aging is characterized by increased compensatory arousal mechanisms, which are necessary for the elderly person's performance to approach that of his earlier years.

At the Kansas City VA Hospital a study is investigating the effect of age on the magnitude of the acoustic reflex. The specific purpose of the study is to determine whether the aging process has an effect on the amplitude and growth function of the acoustic reflex. The study has confirmed previous research which suggested that the aging process affects the stapedius reflex are through reduced amplitude. The 60-70 age group demonstrated a significantly lower reflex amplitude than the 20-30 and 40-50 age groups.

At the Palo Alto VA Hospital a study is continuing on memory deficit on the aged. This is a study of cognitive deficits in the elderly and the neurophysiological correlates of such deficits. Subjects include healthy young adults, healthy old adults and old adults suffering from cognitive impairments. Each subject is given a battery of tests including the Weschler adult intelligence scale, a physical exam, several pencil and paper memory tests, and event-related potential memory tests (ERP) that involve behavioral measures as well. The memory tests include measure of verbal learning, story memory and memory retrieval. The ERP tests include measures of the orienting response, selective attention and memory retrieval. Preliminary analyses have shown that on memory tests the old performed worse than the young. Further, there was more variability in performance among the old subjects than among the young subjects. Also, for the old immediate recall was less impaired than was retrieval from long-term memory. Data from ERP studies indicate that old people with cognitive deficits do not orient to changes in the environment as well as do the healthy old and the young. The pattern of results from an early component of the ERP indicates that the old and young are equally efficient at attending selectively.

At the St. Louis VA Hospital studies of food intake as a function of age, calories and temperature suggest that there are age-related increases in the setpoint about which regulation of calorie intake and body weight occurs. The precision of this regulation, however, is unaffected by aging. Thus, age-related obesity in humans primarily may not be due to errors in day to day caloric intake but to increases in the "target level" at which weight is regulated. Such an increase in the setpoint may be due to age-related changes in the hypothalamus. This project is continuing.

At the Salt Lake City VA Hospital a study is ongoing on contributions of blood vessel walls to atherosclerosis and aging. Studies of biochemical changes within the vessel wall of the aorta have shown a breakdown of elastin that appears to increase linearly with age. There appears to be a marked difference in levels of aorta walls from males and females.

A study conducted at Temple, Tex. has been designed to compare the effects of two different kinds of group treatment and no treatment on measures of activity and life satisfaction of domiciled geriatric patients. Patients are being randomly assigned to one of three different groups. One is to receive 4 weeks of remotivation therapy followed by 4 weeks of group therapy, a second is to receive 8 weeks of group therapy, and a third is to receive only testing and measurement of behavior. Psychometric measures will look at ward adjustment, psychological well being, life satisfaction, amount of depression and progress in treatment. Behavioral measures will gauge activity and social interaction.

At the VA Boston Outpatient Clinic a longitudinal and cross-sectional study of oral health in the healthy male is being conducted.

Currently, the 1,200 persons which comprise this cohort, selected from its parent normative aging study, have all been reexamined. Thus, a second cycle report of their interim health history, orofacial status, saliva composition and masticatory performance tests has been obtained. The time span between cycles is three (3) years. The accuracy of the data collected during the first cycle has been verified and encoded into magnetic tape. Information obtained from cycle two is being verified and should be available shortly.

Examination of the data obtained from cycle one continues and is expected to result in the publication of numerous manuscripts dealing with various aspects of the investigation.

The topics of manuscripts accepted, submitted or in the final stages of preparation include the following: (1) parotid fluid composition in a study of healthy males; (2) relationship of personality traits with parotid saliva flow rate and composition in healthy men; (3) tobacco smoking and periodontal disease; (4) effect of smoking and age on the keratinization of the palatal mucosa: a cytologic study;

(5) oro-facial status of healthy aging males I. Relationship of age and socioeconomic status to periodontal disease; (6) oro-facial status of healthy aging males II. Relationship between age, socioeconomic status and caries frequency; (7) the effects of age and prosthetic appliances on the masticatory performance and food selection in adult males.

At the VA Boston outpatient clinic data from five studies of decisionmaking, learning and memory processes have been completed as part of the project, "mental performance and aging." Three of these are concerned with the process of memorization and the accessibility in memory of unfamiliar verbal information, such as lists of paired associates or relationships among a series of logically connected propositions. The results of the studies are consistent with the generalization that healthy older adults are much less likely to use optional learning strategies for memorizing such information than younger ones. The age difference is reflected both in measures of ease of learning and also in substantial age-related differences in the time required to recall the information once it has been memorized. The results demonstrate clearly that age-differences in the accessibility of newly learned information in memory as indexed by response latency cannot be predicted simply by the ability to accurately recite a list of paired associates or list of related concepts. The results also suggest that slowness in the speed of some cognitive processes can adversely affect the performance of elderly adults in memorization tasks.

Results of other studies have established that the time taken to decide if a word had been presented recently (3 seconds—4 minutes) increases with the number of other words presented in the same group. Older subjects are slower than younger ones in making their decision. Confidence in recognition of words that occur frequently in the English language is lower than that for infrequently occurring words. The effect is the same across age. The data illustrate that the time required to make a decision in this recognition memory task, not the quality of the process is what varies across age.

Together the results of these studies indicate that two fruitful lines of future research will be: (a) to determine ways of minimizing age related differences in memorization of verbal material, and (b) to determine precisely how slowness in cognitive process affects the quality of cognitive functioning in the elderly.

## 12. EDUCATION

The awareness of the increasing age of the veteran population, its implications for the health care system of the VA Department of Medicine and Surgery, and the legislative mandate of the Veterans Administration (Veterans Omnibus Health Care Act of 1976, Public Law 94-581) to take an active leadership role in developing training programs in geriatric/gerontology are factors in the emphasis being accorded this effort by the office of academic affairs. In cooperation with the offices of extended care and professional services, the thrust of the effort is generally directed toward health care providers and emanates from various Veterans Administration resource points, i.e., Veterans Administration 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 basis, these facilities offer training programs addressing varied concerns in professional and paraprofessional care of the elderly. Annual national seminars on aging were initiated 2 years ago for Veterans Administration clinicians. Planning is underway to enlarge the scope of these seminars.

The Manpower Grants Service Program, Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972, encompasses several grants to academic institutions in support of training in different 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 board eligible or certified physicians from internal medicine, family practice, and psychiatry. It consists of a 2-year postgraduate curriculum for clinical excellence in geriatrics/gerontology for inpatient, ambulatory, and long-term care.

Six sites for the geriatric fellowship program have been selected to begin training in July 1978: VA Hospitals at Bedford, Mass.; Lexington, Ky.; Little Rock, Ark.; Palo Alto, Calif.; Philadelphia, Pa.; and Los Angeles (Wadsworth), Calif.

Two Fellows are to be appointed at each site each year. They will be trained for 2 years in a multidisciplinary educational program for clinical practice in geriatrics. At this rate, a total of 132 physicians will have completed this special training in geriatrics by 1985. They will be prepared to function as clinicians, teachers, and coordinators (administrators) of geriatric care in inpatient and ambulatory care settings. The Fellows will play an important role in stimulating and catalyzing educational and clinical efforts in geriatrics in Veterans Administration facilities, and, through joint medical school appointments may also stimulate undergraduate and graduate medical education in the school(s) with which the Veterans Administration facility is affiliated.

## 12. 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 1,627,485 persons age 65 or older. This total includes 784,835 veterans; 707,817 widows; 106,799 mothers; and 28,034 fathers. Approximately 218,000 veterans, age 78 or older receive a 25-percent added differential in addition to their monthly pension benefit under the current law.

### *Veterans Assistance Service*

The veterans assistance service has placed Veterans Administration benefits information and assistance at the fingertips of older Americans through the completion of the Veterans Administration toll-free telephone network during 1977. Veterans and their families in all 60 States are able to speak to a Veterans benefit counselor without incurring long-distance telephone charges.

Veterans services divisions continued to expand their service to the elderly according to the needs of the elderly population in each jurisdiction. As a result, liaison is maintained with over 520 area agencies on aging, benefits assistance is provided to residents of public and private nursing homes, and many Veterans Administration benefits seminars are held with community senior citizens groups. Many face-to-face interviews with older Americans have been conducted on VA mobile vans visiting senior citizens centers, particularly in communities remote from VA facilities. During 1977, the Veterans Assistance System began a special project to contact 847 veterans still insured under 5-year level premium term insurance in the U.S. Government Life Insurance Program. This program originated during World War I and continued until 1940. The average age of these policyholders is in the low seventies and their term policy premiums will continue to increase as they get older. Veterans benefits counselors are offering assistance in converting the policies of these individuals.

### *Educational Assistance*

There are roughly 500 people age 65 or over receiving Veterans Administration educational benefits, of whom nearly 280 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 186 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 continues to include a small number of aged veterans and eligible dependents.

## Appendix 3

### HEARINGS HELD BY THE SPECIAL COMMITTEE ON AGING DURING 1977 AND JANUARY-MARCH 1978

#### Medicare and Medicaid Frauds:

- Part 8, Washington, D.C., March 8, 1977.
- Part 9, Washington, D.C., March 9, 1977.
- Part 10, Washington, D.C., September 7, 1977.
- Part 11, Washington, D.C., September 8, 1977.
- Part 12, Washington, D.C., September 9, 1977.

#### The Nation's Rural Elderly:

- Part 7, Denver, Colo., March 23, 1977.
- Part 8, Flagstaff, Ariz., November 5, 1977.
- Part 9, Tucson, Ariz., November 7, 1977.
- Part 10, Terre Haute, Ind., November 11, 1977.
- Part 11, Phoenix, Ariz., November 12, 1977.
- Part 12, Roswell, N. Mex., November 18, 1977.
- Part 13, Taos, N. Mex., November 19, 1977.
- Part 14, Albuquerque, N. Mex., November 21, 1977.
- Part 15, Pensacola, Fla., November 21, 1977.
- Part 16, Gainesville, Fla., November 22, 1977.
- Part 17, Champaign, Ill., December 9, 1977.

#### The Impact of Rising Energy Costs on Older Americans:

- Part 4, Washington, D.C., April 5, 1977.
- Part 5, Washington, D.C., April 7, 1977.
- Part 6, Washington, D.C., June 28, 1977.

#### Effectiveness of Food Stamps for Older Americans:

- Part 1, Washington, D.C., April 18, 1977.
- Part 2, Washington, D.C., April 19, 1977.

#### Health Care for Older Americans: The "Alternatives" Issue:

- Part 1, Washington, D.C., May 16, 1977.
- Part 2, Washington, D.C., May 17, 1977.
- Part 3, Washington, D.C., June 15, 1977.
- Part 4, Cleveland, Ohio, July 6, 1977.
- Part 5, Washington, D.C., September 21, 1977.
- Part 6, Holyoke, Mass., October 12, 1977.
- Part 7, Tallahassee, Fla., November 23, 1977.

#### Transportation and the Elderly: Problems and Progress:

- Part 6, Washington, D.C., July 12, 1977.

#### The Graying of Nations: Implications:

- Washington, D.C., November 10, 1977.

#### Senior Centers and the Older Americans Act:

- Washington, D.C., October 18, 1977.

#### Tax Forms and Tax Equity for Older Americans:

- Washington, D.C., February 24, 1978.

## Appendix 4

## PUBLICATIONS LIST

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### COMMITTEE HEARINGS AND REPORTS

No asterisk indicates single copy available from committee supply. Address requests to: Publications, Special Committee on Aging, Room G-233, Dirksen Building, Washington, D.C. 20510. Multiple copies may be purchased from Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

One asterisk indicates committee's supply exhausted.

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Three asterisks indicate Government Printing Office supply exhausted; single copy available from committee supply.

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### REPORTS

- Action for the Aged and Aging, Report No. 128, March 1961.\*\*
- Action for the Aged and Aging, summary and recommendations of Report No. 128, 1961.\*\*
- Developments in Aging, 1959-63, Report No. 8, February 1963.\*\*
- Developments in Aging, 1963-64, Report No. 124, March 1965.\*\*
- Developments in Aging, 1965, Report No. 1073, March 15, 1966.\*\*
- Developments in Aging, 1966, Report No. 169, April 1967.\*\*\*
- Developments in Aging, 1967, Report No. 1098, April 1968.\*\*
- Developments in Aging, 1968, Report No. 91-119, April 1969.\*\*
- Developments in Aging, 1969, Report No. 91-875, February 1970.\*\*
- Developments in Aging, 1970, Report No. 92-46, March 1971.\*\*
- Developments in Aging: 1971 and January-March 1972, Report No. 92-784, April 1972.\*\*
- Developments in Aging: 1972 and January-March 1973, Report No. 93-147, May 1973.\*\*
- Developments in Aging: 1973 and January-March 1974, Report No. 93-846, May 1974.\*\*
- Developments in Aging: 1974 and January-April 1975, Report No. 94-250, June 1975 (Cat. No. 94/1: S. Rept. 250)—\$3.60.\*

- Developments in Aging: 1975 and January–May 1976—Part 1, Report No. 94–998, June 1976 (Cat. No. 94/2: S. Rept. 998/Pt. 1)—\$2.95.\*
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<sup>2</sup> Not available at time of this printing.

## HEARINGS

### Retirement Income of the Aging:\*\*

- Part 1. Washington, D.C., July 12-13, 1961.
- Part 2. St. Petersburg, Fla., November 6, 1961.
- Part 3. Port Charlotte, Fla., November 7, 1961.
- Part 4. Sarasota, Fla., November 8, 1961.
- Part 5. Springfield, Mass., November 29, 1961.
- Part 6. St. Joseph, Mo., December 11, 1961.
- Part 7. Hannibal, Mo., December 13, 1961.
- Part 8. Cape Girardeau, Mo., December 15, 1961.
- Part 9. Daytona Beach, Fla., February 14, 1962.
- Part 10. Fort Lauderdale, Fla., February 15, 1962.

### Problems of the Aging (Federal-State activities):\*\*

- Part 1. Washington, D.C., August 23-24, 1961.
- Part 2. Trenton, N.J., October 23, 1961.
- Part 3. Los Angeles, Calif., October 24, 1961.
- Part 4. Las Vegas, Nev., October 25, 1961.
- Part 5. Eugene, Oreg., November 8, 1961.
- Part 6. Pocatello, Idaho, November 13, 1961.
- Part 7. Boise, Idaho, November 15, 1961.
- Part 8. Spokane, Wash., November 17, 1961.
- Part 9. Honolulu, Hawaii, November 27, 1961.
- Part 10. Lihue, Hawaii, November 29, 1961.
- Part 11. Wailuku, Hawaii, November 30, 1961.
- Part 12. Hilo, Hawaii, December 1, 1961.
- Part 13. Kansas City, Mo., December 6, 1961.

### Housing Problems of the Elderly:\*\*

- Part 1. Washington, D.C., August 22-23, 1961.
- Part 2. Newark, N.J., October 16, 1961.
- Part 3. Philadelphia, Pa., October 18, 1961.
- Part 4. Scranton, Pa., November 14, 1961.
- Part 5. St. Louis, Mo., December 8, 1961.

### Nursing Homes:\*\*

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- Part 3. Hartford, Conn., November 20, 1961.
- Part 4. Boston, Mass., December 1, 1961.
- Part 5. Minneapolis, Minn., December 4, 1961.
- Part 6. Springfield, Mo., December 12, 1961.

### Relocation of Elderly People:\*\*

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- Part 2. Newark, N.J., October 26, 1962.
- Part 3. Camden, N.J., October 29, 1962.
- Part 4. Portland, Oreg., December 3, 1962.
- Part 5. Los Angeles, Calif., December 5, 1962.
- Part 6. San Francisco, Calif., December 7, 1962.

**Frauds and Quackery Affecting the Older Citizen:\*\***

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Part 2. Washington, D.C., January 16, 1963.

Part 3. Washington, D.C., January 17, 1963.

**Long-Term Institutional Care for the Aged (Federal programs),**

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**Housing Problems of the Elderly:\*\***

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Part 2. Los Angeles, Calif., January 9, 1964.

Part 3. San Francisco, Calif., January 11, 1964.

**Increasing Employment Opportunities for the Elderly:\*\***

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Part 2. Los Angeles, Calif., January 10, 1964.

Part 3. San Francisco, Calif., January 13, 1964.

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Part 4. Saginaw, Mich., March 2, 1964.

**Health Frauds and Quackery:\*\***

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Part 3. Washington, D.C., March 10, 1964.

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Part 4B. Washington, D.C., April 6, 1964 (eye care).

**Blue Cross and Other Private Health Insurance for the Elderly:\*\***

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- Detection and Prevention of Chronic Disease Utilizing Multiphasic Health Screening Techniques, Washington, D.C., September 20, 21, and 22, 1966.\*\*
- Consumer Interests of the Elderly:\*\*  
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- Tax Consequences of Contributions to Needy Older Relatives, Washington, D.C., June 15, 1966.\*\*
- Needs for Services Revealed by Operation Medicare Alert, Washington, D.C., June 2, 1966.\*\*
- Costs and Delivery of Health Services to Older Americans:\*\*  
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- Retirement and the Individual:\*\*  
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 Part 2. Ann Arbor, Mich., July 26, 1967.
- Reduction of Retirement Benefits Due to Social Security Increases, Washington, D.C., April 24-25, 1967.\*\*
- Rent Supplement Assistance to the Elderly, Washington, D.C., July 11, 1967.\*\*
- Long-Range Program and Research Needs in Aging and Related Fields, Washington, D.C., December 5-6, 1967.\*\*
- Hearing Loss, Hearing Aids, and the Elderly, Washington, D.C., July 18 and 19, 1968.\*\*
- Adequacy of Services for Older Workers, Washington, D.C., July 24, 25, and 29, 1968.\*\*
- Usefulness of the Model Cities Program to the Elderly:\*\*  
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- Availability and Usefulness of Federal Programs and Services to Elderly Mexican-Americans:\*\*  
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**Economics of Aging: Toward a Full Share in Abundance:**

- Part 1. Washington, D.C., April 29 and 30, 1969.\*\*
- Part 2. Ann Arbor, Mich., consumer aspects, June 9, 1969.\*\*
- Part 3. Washington, D.C., health aspects, July 17 and 18, 1969.\*\*
- Part 4. Washington, D.C., homeownership aspects, July 31 and August 1, 1969.\*\*
- Part 5. Paramus, N.J., central suburban area, August 14, 1969.\*\*\*
- Part 6. Cape May, N.J., retirement community, August 15, 1969.\*\*\*
- Part 7. Washington, D.C., international aspects, August 25, 1969.\*\*\*
- Part 8. Washington, D.C., national organizations, October 29, 1969.\*\*\*
- Part 9. Washington, D.C., employment aspects, December 18 and 19, 1969.\*\*\*
- Part 10A. Washington, D.C., pension aspects, February 17, 1970.\*\*\*
- Part 10B. Washington, D.C., pension aspects, February 18 1970.\*\*\*
- Part 11. Washington, D.C., concluding hearing, May 4, 5, and 6, 1970.\*\*\*

**The Federal Role in Encouraging Preretirement Counseling and New Work Lifetime Patterns, Washington, D.C., July 25, 1969.\*\***

**Trends in Long-Term Care (Cat. No. Y4.A94:C18/Pts.):**

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- Part 4. Washington, D.C. (Marietta, Ohio, fire), February 9, 1970.\*\*
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- Part 6. San Francisco, Calif., February 12, 1970.\*\*\*
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- Part 19A. Minneapolis-St. Paul, Minn., November 29, 1971.\*\*\*
- Part 19B. Minneapolis-St. Paul, Minn., November 29, 1971.\*\*\*
- Part 20. Washington, D.C., August 10, 1972.\*\*\*
- Part 21. Washington, D.C., October 10, 1973—\$1.85.
- Part 22. Washington, D.C., October 11, 1973—\$1.65:

- Part 23. New York, N.Y., January 21, 1975—\$2.05.
- Part 24. New York, N.Y., February 4, 1975—\$2.40.
- Part 25. Washington, D.C., February 19, 1975—\$1.70.
- Part 26. Washington, D.C., December 9, 1975—\$2.10.
- Part 27. New York, N.Y., March 19, 1976—\$1.20.

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- Part 11. Dogbone-Charleston, W. Va., October 27, 1970.\*\*\*
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#### Income Tax Overpayments by the Elderly, Washington, D.C., April 15, 1970.\*\*

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- Boston, Mass., April 30, 1971.\*\*\*

#### Evaluation of Administration on Aging and Conduct of White House Conference on Aging:

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- Part 9. Casper, Wyo., August 13, 1971.\*\*\*
- Part 10. Washington, D.C., February 3, 1972.\*\*\*

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#### Unemployment Among Older Workers:

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- Part 2. Roanoke, Ala., August 10, 1971.\*\*\*
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**Adequacy of Federal Response to Housing Needs of Older Americans**  
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- Part 1. Washington, D.C., August 2, 1971.\*\*\*
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- Part 8. Washington, D.C., August 2, 1972.\*\*\*
- Part 9. Boston, Mass., October 2, 1972.\*\*\*
- Part 10. Trenton, N.J., January 17, 1974.—\$1.40.
- Part 11. Atlantic City, N.J., January 18, 1974—70¢.
- Part 12. East Orange, N.J., January 19, 1974—65¢.
- Part 13. Washington, D.C., October 7, 1975—\$1.10.
- Part 14. Washington, D.C., October 8, 1975—\$1.50.

**A Barrier-Free Environment for the Elderly and the Handicapped:**

- Part 1. Washington, D.C., October 18, 1971.\*\*\*
- Part 2. Washington, D.C., October 19, 1971.\*\*\*
- Part 3. Washington, D.C., October 20, 1971.\*\*\*

**Flammable Fabrics and Other Fire Hazards to Older Americans,**  
Washington, D.C., October 12, 1971 (Cat. No. Y4.Ag4:F61/Pts.)—  
\$1.05.

**Death With Dignity: An Inquiry Into Related Public Issues:**

- Part 1. Washington, D.C., August 7, 1972.\*\*\*
- Part 2. Washington, D.C., August 8, 1972.\*\*\*
- Part 3. Washington, D.C., August 9, 1972.\*\*\*

**Future Directions in Social Security (Cat. No. Y4.Ag4:So1/2/Pts.):**

- Part 1. Washington, D.C., January 15, 1973.\*\*\*
- Part 2. Washington, D.C., January 22, 1973.\*\*\*
- Part 3. Washington, D.C., January 23, 1973.\*\*\*
- Part 4. Washington, D.C., July 25, 1973.\*\*\*
- Part 5. Washington, D.C., July 26, 1973.\*\*\*
- Part 6. Twin Falls, Idaho, May 16, 1974—80¢.
- Part 7. Washington, D.C., July 15, 1974—\$1.55.
- Part 8. Washington, D.C., July 16, 1974—\$1.55.
- Part 9. Washington, D.C., March 18, 1975—85¢.
- Part 10. Washington, D.C., March 19, 1975—70¢.
- Part 11. Washington, D.C., March 20, 1975—70¢.
- Part 12. Washington, D.C., May 1, 1975—\$1.60.
- Part 13. San Francisco, Calif., May 15, 1975—\$1.25.
- Part 14. Los Angeles, Calif., May 16, 1975—\$1.60.
- Part 15. Des Moines, Iowa, May 19, 1975—\$1.10.
- Part 16. Newark, N.J., June 30, 1975—\$1.80.
- Part 17. Toms River, N.J., September 8, 1975—\$1.80.
- Part 18. Washington, D.C., October 22, 1975—85¢.
- Part 19. Washington, D.C., October 23, 1975—75¢.
- Part 20. Portland, Oreg., November 24, 1975—70¢.
- Part 21. Portland, Oreg., November 25, 1975—85¢.
- Part 22. Nashville, Tenn., December 6, 1975—90¢.
- Part 23. Boston, Mass., December 19, 1975—90¢.
- Part 24. Providence, R.I., January 26, 1976—95¢.
- Part 25. Memphis, Tenn., February 16, 1976—75¢.

**Fire Safety in Highrise Buildings for the Elderly:**

Part 1. Washington, D.C., February 27, 1973.\*\*\*

Part 2. Washington, D.C., February 28, 1973.\*\*\*

**Barriers to Health Care for Older Americans (Cat. No. Y4.Ag4:H34/14/Pts.):**

Part 1. Washington, D.C., March 5, 1973.\*\*\*

Part 2. Washington, D.C., March 6, 1973.\*\*\*

Part 3. Livermore Falls, Maine, April 23, 1973.\*\*\*

Part 4. Springfield, Ill., May 16, 1973.\*\*\*

Part 5. Washington, D.C., July 11, 1973.\*\*\*

Part 6. Washington, D.C., July 12, 1973—70¢.

Part 7. Coeur d'Alene, Idaho, August 4, 1973.\*\*\*

Part 8. Washington, D.C., March 12, 1974—\$2.

Part 9. Washington, D.C., March 13, 1974—\$1.30.

Part 10. Price, Utah, April 20, 1974—75¢.

Part 11. Albuquerque, N. Mex., May 25, 1974—\$1.30.

Part 12. Santa Fe, N. Mex., May 25, 1974—95¢.

Part 13. Washington, D.C., June 25, 1974—90¢.

Part 14. Washington, D.C., June 26, 1974—80¢.

Part 15. Washington, D.C., July 9, 1974—\$1.55.

Part 16. Washington, D.C., July 17, 1974—75¢.

**Training Needs in Gerontology (Cat. No. Y4.Ag4:G31/2/Pts.):**

Part 1. Washington, D.C., June 19, 1973—\$1.20.

Part 2. Washington, D.C., June 21, 1973—75¢.

Part 3. Washington, D.C., March 7, 1975—50¢.

**Hearing Aids and the Older American:**

Part 1. Washington, D.C., September 10, 1973.\*\*\*

Part 2. Washington, D.C., September 11, 1973.\*\*\*

**Transportation and the Elderly: Problems and Progress (Cat. No. Y4.Ag4:T68/Pts.):**

Part 1. Washington, D.C., February 25, 1974.\*\*

Part 2. Washington, D.C., February 27, 1974—90¢.

Part 3. Washington, D.C., February 28, 1974.\*\*\*

Part 4. Washington, D.C., April 9, 1974.\*\*\*

Part 5. Washington, D.C., July 29, 1975—75¢.

Part 6. Washington, D.C., July 12, 1977—\$2.

**Improving Legal Representation for Older Americans (Cat. No. Y4.Ag4:L52/4/Pts.):**

Part 1. Los Angeles, Calif., June 14, 1974—\$1.55.

Part 2. Boston, Mass., August 30, 1976—85¢.

Part 3. Washington, D.C., September 28, 1976—\$1.60.

Part 4. Washington, D.C., September 29, 1976—\$2.20.

**Establishing a National Institute on Aging, Washington, D.C., August 1, 1974 (Cat. No. Y4.Ag4:N21)—75¢.****The Impact of Rising Energy Costs on Older Americans (Cat. No. Y4.Ag4:En/Pts.):**

Part 1. Washington, D.C., September 24, 1974—90¢.

Part 2. Washington, D.C., September 25, 1974—75¢.

Part 3. Washington, D.C., November 7, 1975—\$1.25.

Part 4. Washington, D.C., April 5, 1977—\$1.80.

Part 5. Washington, D.C., April 7, 1977—\$2.10.

Part 6. Washington, D.C., June 28, 1977—\$2.30.

- The Older Americans Act and the Rural Elderly, Washington, D.C., April 28, 1975 (Cat. No. Y4.Ag4:R88/2)—\$1.35.
- Examination of Proposed Section 202 Housing Regulations (Cat. No. Y4.Ag4:H81/Pts.):
- Part 1. Washington, D.C., June 6, 1975—\$1.45.
  - Part 2. Washington, D.C., June 26, 1975—65¢
- The Recession and the Older Worker, Chicago, Ill., August 14, 1975 (Cat. No. Y4.Ag4:R24)—\$1.35.
- Medicare and Medicaid Frauds (Cat. No. Y4.Ag4:M46/5/Pts.):
- Part 1. Washington, D.C., September 26, 1975—\$2.10.
  - Part 2. Washington, D.C., November 13, 1975—85¢
  - Part 3. Washington, D.C., December 5, 1975—\$1.40.
  - Part 4. Washington, D.C., February 16, 1976—\$1.30.
  - Part 5. Washington, D.C., August 30, 1976—\$2.10.
  - Part 6. Washington, D.C., August 31, 1976—\$2.10.
  - Part 7. Washington, D.C., November 17, 1976—\$1.70.
  - Part 8. Washington, D.C., February 9, 1977—\$2.40.
  - Part 9. Washington, D.C., February 10, 1977—\$3.25.
  - Part 10. Washington, D.C., September 7, 1977.\*
  - Part 11. Washington, D.C., September 8, 1977.\*
  - Part 12. Washington, D.C., September 9, 1977.\*
- Mental Health and the Elderly, Washington, D.C., September 29, 1975 (Cat. No. Y4.Ag4:M52/3)—\$2.10.
- Proprietary Home Health Care (joint hearing with the House Select Committee on Aging), Washington, D.C., October 28, 1975 (Cat. No. Y4.Ag4:2/H34/9)—\$2.70.
- Proposed USDA Food Stamp Cutbacks for the Elderly, Washington, D.C., November 3, 1975 (Cat. No. Y4.Ag4:F73/2)—95¢
- The Tragedy of Nursing Home Fires: The Need for National Commitment for Safety (joint hearing with House Select Committee on Aging), Washington, D.C., June 3, 1976.\*\*\*
- The Nation's Rural Elderly (Cat. No. Y4.Ag4:R88/3/Pts.):
- Part 1. Winterset, Iowa, August 16, 1976—\$1.90.
  - Part 2. Ottumwa, Iowa, August 16, 1976—\$1.70.
  - Part 3. Gretna, Nebr., August 17, 1976—\$1.60.
  - Part 4. Ida Grove, Iowa, August 17, 1976—\$1.60.
  - Part 5. Sioux Falls, S. Dak., August 18, 1976—\$2.10.
  - Part 6. Rockford, Iowa, August 18, 1976—\$1.60.
  - Part 7. Denver, Colo., March 23, 1977—\$3.75.
  - Part 8. Flagstaff, Ariz., November 5, 1977.<sup>2</sup>
  - Part 9. Tucson, Ariz., November 7, 1977.<sup>2</sup>
  - Part 10. Terre Haute, Ind., November 11, 1977.<sup>2</sup>
  - Part 11. Phoenix, Ariz., November 12, 1977.<sup>2</sup>
  - Part 12. Roswell, N. Mex., November 18, 1977.<sup>2</sup>
  - Part 13. Taos, N. Mex., November 19, 1977.<sup>2</sup>
  - Part 14. Albuquerque, N. Mex., November 21, 1977.<sup>2</sup>
  - Part 15. Pensacola, Fla., November 21, 1977.<sup>2</sup>
  - Part 16. Gainesville, Fla., November 22, 1977.<sup>2</sup>
  - Part 17. Champaign, Ill., December 13, 1977.<sup>2</sup>

<sup>2</sup> Not available at time of this printing.

Medicine and Aging: An Assessment of Opportunities and Neglect, New York, N.Y., October 13, 1976 (Cat. No. Y4.Ag4:M46/7)—\$2.10.

Effectiveness of Food Stamps for Older Americans (Cat. No. Y4.Ag4:F73/3/Pts.):

Part 1. Washington, D.C., April 18, 1977—\$1.80.

Part 2. Washington, D.C., April 19, 1977—\$1.50.

Health Care for Older Americans: The "Alternatives" Issue (Cat. No. Y4.Ag4:H34/17/Pts.):

Part 1. Washington, D.C., May 16, 1977—\$2.20.

Part 2. Washington, D.C., May 17, 1977—\$2.20.

Part 3. Washington, D.C., June 15, 1977—\$1.80.

Part 4. Cleveland, Ohio, July 6, 1977—\$2.40.

Part 5. Washington, D.C., September 21, 1977.<sup>2</sup>

Part 6. Holyoke, Mass., October 12, 1977.<sup>2</sup>

Part 7. Tallahassee, Fla., November 23, 1977.<sup>2</sup>

The Graying of Nations: Implications, Washington, D.C., November 10, 1977.<sup>2</sup>

Senior Centers and the Older Americans Act, Washington, D.C., October 18, 1977.<sup>2</sup>

Tax Equity and Tax Forms for Older Americans, Washington, D.C., February 24, 1978.<sup>2</sup>

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**With a request for printed copies of documents, please enclose self-addressed label**

<sup>2</sup> Not available at time of this printing.

### OTHER DOCUMENTS AVAILABLE

*Hearings before the Subcommittee on Aging of the U.S. Senate Committee on Labor and Public Welfare, available from the Special Committee on Aging are:*

"Amend the Older Americans Act of 1965—S. 2877 and S. 3326," May 24, 25, and June 15, 1966.\*\*

"Older Americans Act Amendments of 1967—S. 951," June 12, 1967.\*\*

"Older Americans Community Service Program—S. 276," September 18 and 19, 1967.\*\*

"White House Conference on Aging in 1970—S.J. Res. 117," March 5-6, 1968.\*\*

"Amending the Older Americans Act of 1965—S. 3677," July 1, 1968.\*\*

"Amending the Older Americans Act of 1965—S. 268, S. 2120, and H.R. 11235," Public Law 91-69, June 19, 1969.\*\*\*

"Older American Community Service Employment Act—S. 3604"—Fall River, Mass., April 4, 1970; Washington, D.C., June 15-16, 1970.\*\*

"Extended Care Services and Facilities for the Aging," Des Moines, Iowa, May 18, 1970.\*\*

Hearing held by Select Committee on Nutrition and Human Needs, in cooperation with the Senate Special Committee on Aging, Part 14: "Nutrition and the Aged," Washington, D.C., September 9-11, 1969.\*\*

Hearings held by the Subcommittee on Education of the Committee on Labor and Public Welfare, "Education Legislation, 1973—S. 1539," July 11 and 12, 1973. Community School Center Development Act—S. 335.\*\*\*



**With a request for printed copies of documents, please enclose self-addressed label**

## Appendix 5

# REPORT OF THE ADMINISTRATION FOR PUBLIC SERVICES (HEW<sup>1</sup>)

APRIL 11, 1978.

DEAR MR. CHURCH: Thank you for your request of December 21, 1977, to the Administration for Public Services to update information provided regarding title XX program operations. We regret the delay in responding due to the time required for assembling this information.

We are reporting the developments in services delivered in fiscal year 1976 to the aged, the highlights of fiscal year 1977 program operations, and those initiatives for fiscal year 1978 which will have direct impact on elderly individuals who are recipients of title XX services.

We trust this information will prove useful.

Sincerely yours,

ERNEST L. OSBORNE,  
*Acting Commissioner.*

[Enclosure]

### THE TITLE XX PUBLIC SOCIAL SERVICES PROGRAM FOR FISCAL YEAR 1976 AND PLANNING FOR SERVICES FOR FISCAL YEAR 1977-78

#### PURPOSE

This report will outline the status of the public social service programs administered by 50 States and the District of Columbia from October 1, 1976, through September 30, 1977. Also, an attempt will be made to show the developments in service programs in States for fiscal year 1977 and services projected in some selected States comprehensive annual services plan for fiscal year 1977-78 which give some indications of overall State plans for service provision to adults, including the aged.

#### INTRODUCTION

The social services program administered under title XX of the Social Security Act is a \$2.5 billion program administered by States. States are reimbursed for 75 percent of their service expenditures for providing or purchasing social services to eligible groups such as the low-income elderly. The amount of funding available to each State is based on a formula that allows that percentage of the \$2.5 billion FFP that is the same percent of the States population to that of all the States.

The services available under title XX are directed at goals established by Public Law 93-647 of the Social Security Act.

These goals are:

- (1) Achieving or maintaining economic self-support to prevent, reduce, and eliminate dependency.
- (2) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
- (3) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving rehabilitating or reuniting families.
- (4) Preventing or reducing inappropriate institutional care by providing for community-based, home-based care or other forms of less intensive care, or
- (5) Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

<sup>1</sup> See pages 52-199 for reports from other HEW departments.

The title XX program is administered at the Federal level by the Administration for Public Services, Office of Human Development Services, Department of Health, Education, and Welfare. It is operated in the 50 States and the District of Columbia. Also, title XX funding is provided to Puerto Rico, Virgin Islands, and Guam to carry out public services programs for eligible recipients.

Unlike previous social service titles (titles IV-A and VI) there are services suggested, but not actually mandated under the law for the aged. Three services may be made available to SSI recipients by the States in their plan, if they wish to do so. All States provide services to the aged under their comprehensive annual service plans. The provision of services to the aged both as to volume and of services scope, as between States, however, varies considerably among States. This is the basis for many complaints that the aged are not being served.

As you know eligibility for these services is determined by the State. States are free to determine what services they will provide and to whom they will provide them. There is one major limitation: Of the total State expenditures for social services each year, the State must have expended at least one-half of the Federal entitlement for services furnished to low-income recipients of the SSI, AFDC, and medicaid programs. Although the title XX program is a means test program, some services may be provided without regard to income (information and referral, family planning, and protective services to children and adults). Individuals whose income does not exceed 115 percent of the State's median income may also be furnished services. Those individuals whose income is between 80 percent to 115 percent of the State's median income must be charged a fee for services.

#### THE STATE'S PLANNING PROCESS: THE COMPREHENSIVE ANNUAL SERVICE PLAN

When title XX was initially enacted, most States, under the pressure of time, merely adapted their current service programs. Now that the States are beginning the third year of operation they are more conscious of the need to synchronize their CASP planning with the legislative and budget cycle. This results in a more realistic approach, economically and politically.

States still need to improve their efforts to develop realistic and well-documented needs assessments. In addition, States appear to make limited use of needs assessments findings in setting priorities for services. There is little evidence to show that States have attained a degree of sophistication in an assessment of client needs so as to result in any significant redistribution of services. Any major redistribution of service, where it has occurred, has been due to factors unrelated to the needs assessment process.

Many States have made considerable efforts to permit citizen participation in the planning process. In fiscal year 1976, for example, 43 States reported that they had held hearings, meetings, or conducted briefings for the citizenry in addition to the mandatory plan publication requirements.

States are beginning to consider the importance of regional meetings to review their experiences in planning and budgeting and to consider such issues as the need for a common taxonomy of service definitions, and the importance of program analysis, review, and evaluation as a basis for accountability—programmatic as well as fiscal.

The fact that States in fiscal year 1977 were close to, and now in fiscal year 1978 are very near, their ceiling for title XX funding is forcing them to modify their CASP's so that their planning for services reflects considerable change in the volume of services provided from State to State (and particularly in those States actually at ceiling; see chart below) in their CASP plans.

	Fiscal year 1977	Fiscal year 1978 (estimates)
Number of States at ceiling.....	13	29
Number of States 98 to 100 percent of ceiling.....	19	2
Number of States 90 to 98 percent of ceiling.....	14	9
Number of States 80 to 90 percent of ceiling.....	9	7
Number of States below 80 percent of ceiling.....	9	4

Note.—Projection of States at ceiling was based on an analysis of State expenditure data for prior years and an analysis developed for the January 1978 report to the Senate Appropriation Committee on public assistance costs for 1978.

## PROGRAM OPERATIONS

Under the title XX public social service program, a wide range of services are provided by most States in their annual service plans. This includes services provided to the aged who are SSI recipients and to other aged persons who are otherwise eligible for service. For example, for the quarter ending June 1976 (third quarter), 265,602 aged recipients received one or more services. This figure compares to 182,086 aged recipients of SSI in receipt of one or more services for the quarter ending March 1976 (second quarter) and 109,080 aged recipients in receipt of service for the quarter ending December 1975 (first quarter). Fourth quarter figures have not been published. Furthermore, because of difficulties associated with the Privacy Act, it is not possible to secure an annual, unduplicated count of aged recipients of SSI who received one or more services in fiscal year 1976. It is worth noting that the States with the largest number of SSI aged service recipients in fiscal year 1976 were California, Texas, New York, and Pennsylvania.

A projection based on fiscal year 1976 social service data from the Federal social services reporting systems for five common services by recipient and by cost for fiscal year 1977-78 is shown below:

Common service	Number of recipients (estimate)		Social service costs (estimate in thousands)	
	1977	1978	1977	1978
Homemaker/chore.....	426,707	429,822	\$275,360	\$293,885
Protective services.....	750,423	755,901	239,128	255,216
Counseling services.....	667,125	671,995	169,080	180,456
Health-related.....	834,696	840,789	115,941	123,741
Residential care and treatment.....	127,951	128,885	86,956	92,806

It is expected that as States get closer to the present \$2.5 billion ceiling, and also due to inflationary pressures, the expenditures will rise but the recipient level may fall. If the ceiling is raised then this situation will not likely occur. The aged are included in the recipients listed above.<sup>1</sup>

There is attached, as an appendix<sup>2</sup> to this report, the comprehensive annual State plans for six States (California, Minnesota, Utah, Massachusetts, Idaho, and Florida). Services identified in this plan are available to all adults in the State social service plans. Florida pinpoints those services specifically directed toward the aged. The changes in numbers of clients served and in expenditures over the period fiscal year 1977-78 reflect the States' responses to different pressures as well as the States' intent to emphasize or deemphasize certain services to certain groups served under the State plan. In the next several years, a comparison of expenditures for services in the CASP with actual service expenditures reported in the SSRR will give a more precise picture of trends and patterns in service provision between different groups served.

## OTHER ACTIVITIES

*HEW Emphasis Upon Improving Standards in Facilities for the Aged*

The Administration for Public Services issued final regulations on January 2, 1978 (45 CFR 228), regarding Public Law 94-566 (section 505 (d) which requires the States to establish and enforce standards for small residential settings in which the elderly reside and also publish in the title XX State plans annually the procedures for enforcing these standards. The purpose of this amendment was to encourage the improvement of care in small residential settings. The changes have come about as the result of efforts by advocates for the elderly.

<sup>1</sup> The basis for all figures is the document Social Services USA, published quarterly covering State reports, and statistical tables and analyses of services under title XX, and IV-B for 50 States and the District of Columbia Pub. No. SRS 76-03300 and OHDS 79-03300.

<sup>2</sup> Retained in committee files.

*Assistance to Indians to Strengthen their Services on Indian Reservations*

The Administration for Public Services has funded a series of R & D projects that are intended to design and test alternative methods for improving State agency delivery of title XX services to Indians. These projects are operated by Indian tribes or organizations. Two of the projects in North Carolina and Arizona are designed to build the capacity of tribes to deliver a full range of services to Indian recipients of title XX. Benefits also to aged Indians.

*Review of Homemaker Services in States*

Homemaker and/or chore services are provided by one of several methods. It is provided directly by the State (the homemakers and chore worker are considered employees of the State); provided by a State supervised and county administered approach; or provided through purchase of services contractual arrangements between the State and nonprofit proprietary, public provider, or self-employed individual.

STATUS OF HOMEMAKER SERVICES IN STATES FISCAL YEAR 1976<sup>1</sup>

	Number of States	Number of recipients	Total expenditures
Chore service.....	35	194,679	\$45,213,758
Homemaker services.....	49	152,781	37,087,217

<sup>1</sup> Estimated for 3d quarter of fiscal year 1976 (latest information showing recipients and service expenditures).

*Inter-Agency Agreements—to improve service delivery to the elderly*

During fiscal year 1977 the Administration for Public Services has cooperated with other Federal agencies which have a special concern with meeting the social service needs of the elderly.

*Agreements with the Administration on Aging:*

Interagency agreements have been developed between the Administration for Public Services and the Administration on Aging.

In 1976 a study concerning the extent of homemaker and chore services provision by the States, which was conducted in 24 States by the National Council for Homemaker/Home Health Aide Services, Inc., indicates that there is a measurable difference in the provision of these services by the States. The definition of the service and the components of the service are different from State to State. (Example, one State defines "chore services" as a heavy task oriented service such as wood chopping. Another State defines "chore services" as light housekeeping.)

Of the 24 States studied, 18 States provide at least some portion of the homemaker and or chore service directly; 9 States are county administered; and 20 States purchase some or all of the homemaker or chore service.

Agreements center around:

(1) Providing the aged adequate access to title XX services; promote efforts at the Federal, State, and local levels to develop comprehensive, coordinated social service systems to serve older persons.

(2) Improvement of services to elderly American Indians.

(3) Working agreement on information and referral services to older people; to increase the responsiveness of Federal agencies to assist State and local agencies to improve their I & R services. Activities: designed a series of workshops to train State staff, and published a Federal guide on information and referral services.

(4) Working agreement on weatherization, winterization, and home repair actions for the elderly; promote cooperation and coordination of program/resources to assist the elderly to meet problems arising from the energy crisis. Activities: assisted AoA to develop information pamphlets, and revised title XX regulations to permit payment of utilities during emergencies.

*Agreements with Other Departments*

Cooperation to promote working arrangements between public housing agencies and title XX agencies to assure provision of social services to low-income families residing in federally assisted housing. Program review activities in progress to examine effectiveness of national agreement and technical assistance to localities developing cooperative arrangements. HEW-HUD review team has participated in a number of national and State level meetings/workshops re: housing-social services cooperation in general. Activities: the joint HUD/APS team will review the cooperative efforts in the States of Rhode Island, Michigan, Florida, Washington, Minnesota, and Texas to meet this goal.

*Development of Management Initiatives (Fiscal Year 1978)*

(a) Service linkage initiative: Joint initiatives OHDS (APS)-SSA (EA) to develop current State of the art study on new and innovative means of linking SSI recipients to title ~~XX~~ local public social services. Object is to improve client access to service.

(b) One of the major initiatives to be started in fiscal year 1978 will be to assist two States which will plan and develop satellite diagnostic social services centers for rural areas. This initiative will improve the access to and availability of a variety of social services for those living in rural areas. Individuals and families living in and around rural communities are often not provided adequate numbers and kinds of social services because of unfamiliarity, isolation, distance, and inaccessibility to State or County public welfare agencies. These centers will provide outreach to determine specific social services to meet the needs of residents in these rural communities. Information and referrals services will be made available where necessary, and also the provision of some services where possible. These satellite centers will be modeled after the medical clinics that have been recently developed in rural areas.

## SUMMARY

Over the period of fiscal year 1977, States have gradually improved their ability to plan for services to the aged, either in their own initiative or in response to citizen pressure to do so.

Federal efforts in fiscal year 1978-79 will be directed toward helping States to improve the planning process and to strengthen their service operations. Federal reviews will look to the balance between groups served and the States' efforts to achieve such a balance so that the Congressional intent that the "needs of all the recipients of service" will be fulfilled.

