

OLDER AMERICANS IN RURAL AREAS

HEARINGS BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE

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OLDER AMERICANS IN RURAL AREAS

(Des Moines, Iowa)

MONDAY, SEPTEMBER 8, 1969

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Des Moines, Iowa.

The committee met at 10 a.m., pursuant to notice, in the Chamber of the House of Representatives, State Capitol, Des Moines, Iowa, Hon. Jack R. Miller presiding.

Present: Senator Miller.

Staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; Thomas Brunner, special assistant; and Peggy Fecik, assistant clerk.

OPENING STATEMENT BY SENATOR JACK R. MILLER, PRESIDING

Senator MILLER. The meeting will please come to order.

As many of you know, we have lost a dearly beloved leader in the Senate and in the United States, Senator Dirksen.

There is some question as to whether or not the schedule of the meeting should be held this morning, but the decision was made to go ahead because the funeral ceremonies and the ceremonies at the Capitol will not be held until Wednesday.

Senator Hartke of Indiana, who had been scheduled to chair this meeting, returned to Washington last evening, and he requested that I chair the meeting.

Before proceeding, I thought we all ought to join in a moment of silence to commemorate the late Senator Dirksen.

(Moment of silence.)

Senator MILLER. With me here at the podium are two of our staff people from the Committee on Aging. On my right is Mr. William Oriol, the chief of the staff of the committee, and on my left is Mr. John Guy Miller, the chief counsel for the minority.

In Senator Hartke's absence, I am going to ask Mr. Oriol to read the opening statement that Senator Hartke would read were he here.

Mr. ORIOL. Thank you, Senator Miller. I will read the statement verbatim.

STATEMENT OF HON. VANCE HARTKE, U.S. SENATOR FROM INDIANA, PRESENTED BY WILLIAM E. ORIOL, STAFF DIRECTOR

Mr. ORIOL (reading): The U.S. Senate Special Committee on Aging has a tradition of getting out into the field to receive grassroots

testimony from individuals in their home settings. We learn a great deal from such visits on matters that might not be made quite as clear if we relied solely upon witnesses in Washington.

Today we are in Iowa for the first hearing in a study of "Older Americans in Rural Areas." We will be in Arkansas on Wednesday, Kentucky on Friday, and Indiana next Tuesday. We may have to conduct other field hearings before we have our final hearings in Washington.

The first step toward our hearing today was taken early this year when I suggested to Senator Harrison A. Williams, chairman of the Senate Special Committee on Aging, that the time had come for an intensive look at the special problems—and challenges—encountered by the elderly in small towns and farm regions of the Nation. He agreed that the committee should do so, and he asked me to take on the assignment.

PURPOSES OF HEARINGS

Our fundamental purposes, here and elsewhere, are the following:

To explore unique problems encountered by those elderly who live in rural areas, including economic or other pressures that may cause withdrawal from such areas.

To determine whether Federal programs and services intended to serve older Americans are as effective as they should be in rural areas.

To gather information that will supplement another committee study, "The Economics of Aging: Toward a Full Share in Abundance." Thus far, relatively little testimony in hearings on that subject has been taken on the rural elderly.

To seek recommendations for Federal action. I am well aware that there are many other issues, such as this very basic question: just what is a rural area? There is much discussion of this point, and at present the Bureau of the Census seems to be leaning toward a division into "metropolitan" and "nonmetropolitan" areas, with subdivisions within each. Undoubtedly, we will hear more on that subject from witnesses here and elsewhere.

CHARACTERISTICS OF RURAL AMERICA

For our purposes here today, I think we can safely say that a rural area is not necessarily in a farming belt, nor is it necessarily a town which has a specified population, such as 2,500 or under. Instead, I think we can say that a rural area is one in which:

1. Population is sparse, and small concentrations of population are few and far between;

2. Delivery of services—including transportation or health care—is rendered more difficult by wide dispersal of population and limited sources of funding;

3. And where the countryside is not given over primarily for industrial purposes.

For the elderly, life in rural regions can be pleasant indeed, or it can be as difficult, perhaps even more so, than it is in the poorest neighborhoods of the most crowded central urban areas in the Nation.

Problems arise because, on the average, lifetime earnings are gen-

erally lower in rural areas than in urban; consequently, retirement income tends to be significantly less.

Isolation also becomes a significant element in the life of the rural elderly, particularly when limited finances force the older couple or individual to reside in poor housing far removed from his scattered neighbors.

Transportation difficulties, which reduce services available to the rural elderly, may also raise costs of products they would like to buy. The high cost of living is not limited to the big cities, by any means.

I will not dwell any longer on general information about the older Americans in nonmetropolitan areas of the Nation. Instead, I will include in the record a helpful Library of Congress report prepared especially for this study. It gives statistics and other information, including the perhaps surprising fact that elderly single men in rural areas outnumber elderly single women. Elsewhere in the Nation, just the opposite is true.

For the remainder of this statement I will concentrate upon the reasons for making Iowa the site of our first hearing in this study.

The first and most obvious reason is that this State has the highest proportion of population of age 65 and over, second in size only to Florida. In addition, you here may throw light upon a phenomenon noted in other States: The tendency of young adults and middle-aged persons to leave rural areas behind to children and to the elderly in many places.

Another reason for coming to Iowa is that you have done a great deal to prompt public support of housing for the elderly, perhaps more so than in any other State.

Here in Iowa, too, you have an Institute on Gerontology which has long been of assistance to the committee. We are looking forward to hearing from its representatives.

You also seem to have given special attention to the elderly in your community action programs. As one who believes that the Office of Economic Opportunity has a special responsibility to give appropriate attention to the needs of older Americans—one-third of whom live in poverty or near-poverty—I will welcome information about your methods here.

And finally, former Governor Blue, the chairman of your commission on aging, has won a national reputation as an informed and innovative leader in the field. It is a pleasure to call him as the first witness and begin this hearing after hearing from Senator Miller and Senator Hughes.

Senator MILLER. Thank you, Mr. Oriol.

It is most appropriate that this series of hearings into the problems of older Americans in rural areas begin in the State of Iowa.

I wish to express to Senator Hartke and the chairman of the committee, Senator Harrison Williams of New Jersey, my appreciation for holding one of the hearings in Iowa and, especially, for opening the series of hearings here.

Iowa is justly proud to number among her citizens some of the most knowledgeable people in the United States on the subject of problems of the aging—people like former Governor Robert Blue, who is scheduled to testify here this morning. And our State's Institute of Gerontology is second to none in the Nation.

Also, as Senator Hartke has noted, Iowa ranks only behind the State of Florida in the percentage of its population in the age group 65 and over. Some 46 percent of our nearly 350,000 older Iowans live in rural farm or rural nonfarm areas.

Although the scope of these hearings is limited to the problems of older Americans in rural areas, this is not to say that our committee is not concerned with the problems of older people in the urban areas. Far from it. The Older Americans Act, which was really fathered by our committee, and the impressive catalog of research studies and reports of the several subcommittees of the full committee are eloquent proof of the breadth and depth of our concern.

Our committee agrees that the first requirement to enable retirement years to be lived in dignity and self-respect is adequate income. A study for the year 1967 revealed that 29 percent of the families whose members were over 65 had less than \$2,500 annual income from all sources—pensions, social security, Railroad Retirement Act benefits, interest on savings, and employment. In the case of those over 65 who live alone, 66 percent had incomes of less than \$2,000.

While we do not have comparable figures for Iowa for 1967, a survey based on the 1960 census shows that what is true nationally holds true in Iowa. Of the 318,000 Iowans over 65 covered by the 1960 census, 190,000 had incomes of under \$2,000; and the median income for the entire group was only \$1,219. Of the 135,000 living in rural areas and over 65 years of age, 87,000 had incomes of less than \$2,000; of these, 57,000 had incomes of less than \$1,000. The median income for the 135,000 living in rural areas was only slightly over \$1,000.

INFLATION ERODES AWAY PURCHASING POWER

The situation would not be so serious were it not for inflation. In 1939 our dollar was worth 100 cents. Today it is worth less than 38 cents. While Congress has increased social security pensions from time to time, with a 13 percent increase put into effect only last year, the real purchasing power of social security pensions is less today than it was in 1958. Moreover, the time lag between increases made by Congress has brought hardship to our social security recipients, who have seen inflation erode away the purchasing power of their pensions. Just since 1958 this loss of purchasing power to this one group of our American citizens has amounted to nearly \$5 billion.

It is for this reason that I have advocated for many years that the social security law be changed to provide for automatic increases in pensions to keep pace with increases in the cost of living. The Congress did this in 1962 for our civil service retirees, and I can see no good reason why it should not extend similar protection to our social security recipients.

About half our social security recipients receive income from other sources besides their social security checks—interest, insurance, annuities, and employment. Employment income is the largest single source of this additional income, but only about one in five of the over 65 aged people have employment—much of it in part-time or low-paying jobs.

The 1960 census data reveals that Iowa follows the national pattern. Of the 318,000 Iowans over 65 covered by the census, 67,000 had jobs—about one in five. And of these, 26,000 had part-time jobs. Of the 67,000 who had jobs, 32,000 lived in rural areas; and of those, 13,000 held part-time jobs—many of them, no doubt, by choice.

My purpose in bringing out these statistics is twofold: First, they help to understand the problem of adequate income for our older Americans; and, second, they demonstrate that Iowa follows the national pattern—represents a good cross-section of our country. What our committee can learn from Iowa should be most helpful in our work with the problems on a national basis. The Iowa story of concern and action in this most important area of our society will, I am sure, be both inspiring and helpful to every member of the committee.

Now, scheduled to be the first witnesses is a panel representing the Iowa Commission on Aging, consisting of the Honorable Robert D. Blue of Eagle Grove, the chairman of the Iowa Commission on Aging, and Dr. W. W. Morris of Iowa City, vice-chairman, and director of the Institute of Gerontology of the University of Iowa.

Gentlemen, if you would please come forward to testify, we would be most pleased to receive your testimony, and you may proceed in whichever order you prefer. Do you desire to speak first, Governor Blue?

STATEMENT OF HON. ROBERT D. BLUE, CHAIRMAN, IOWA COMMISSION ON AGING, EAGLE GROVE, IOWA

Governor BLUE. Senator Miller, members of the committee and members of the staff, in behalf of Governor Ray, the members of the Iowa Commission on Aging and all persons within the State of Iowa who are interested in the welfare of the senior citizens of the State, I extend a hearty welcome, and for holding the hearing under the adverse circumstances which have been created because of the death of Senator Dirksen.

The problems of the elderly in rural areas throughout the Nation are in general the same as those of elderly citizens residing in urban areas, but in some particulars, problems arising in rural areas are more acute than those that exist in the cities.

As additional background to my familiarity with the problems existing in rural areas, let me say that I am an attorney engaged in the general practice of law at Eagle Grove, Iowa, a town of approximately 4,500 people, which is the center of a very productive section of the State and which has a substantial number of small factories which, in one way or another, are connected with agriculture. I have also been connected with a number of retirement and nursing homes as counsel, trustee, and in other capacities.

OUT-MIGRATION PROBLEM

I first would like to comment upon the problem of out-migration from both the countryside and the urban areas in rural or semirural States.

In the last number of years, because of the tremendous advance in the technology of farming, the average farmer is able, with his larger machines and better know-how, to operate a much larger tract of land than he could handle 25 or 30 years ago.

The result has been that aggressive farm operators have been buying up the adjoining farm land to increase their productivity to make better use of the machinery that they have and, in part, to help meet the economic stress from which they have been suffering because the prices for their products have, for a long period of time, been substantially below parity and the farmers as a class have not shared with the Nation generally in the increase in incomes growing out of the inflationary trends in this country which urban residents have enjoyed.

The net result has been that many tenant farmers have had the land which they were operating sold to adjoining landowners and they have been forced out of agriculture and have had to seek employment in cities.

Substantial numbers of young people have found the pay schedule in urban centers, both within and without the State of Iowa, more attractive than the remuneration which they receive in their own communities. This has resulted in a large migration, both within the State and to areas outside the State that have depressed the economic resources of smaller towns everywhere throughout the State of Iowa.

This situation is more acute in the southern counties of Iowa and along some of the river areas than it is in the northern and central parts of the State because of the lower productivity of the land in these areas, with the result that the high concentration of elderly persons tends to exist in the southern part of the State of Iowa and in the smaller towns throughout the whole State whose population is 2,000 or less.

In the richer agricultural sections of the State, approximately half of the land is owned by nonresident owners and is operated by tenant farmers. When these nonresident owners die or move to other States, this land tends to come on the market and the tenant farmer becomes a displaced worker.

DEPENDENT ALMOST SOLELY UPON SOCIAL SECURITY

Another economic factor in rural areas is that because of the high proportion of the population engaged in agriculture and the rather high percentage of people who live in cities and towns are self-employed, a large portion of elderly citizens in both the countryside and in cities have to pay the full cost of their social security benefits and when they retire, cannot expect to have their social security income supplemented by a company retirement program and so are dependent solely upon their social security benefits and whatever savings they have been able to accumulate during the active period of their lives.

LACK OF EFFECTIVE COMMUNICATION IN GOVERNMENT

I should next like to comment on some of the problems in connection with housing that arise in rural areas. There are a number of

different programs to assist in providing housing for the elderly which are in operation in Iowa as well as other States.

It is my observation that there is practically no communication among the different departments of government that are operating these various housing programs and that there is, in some cases, an apparent rivalry among them.

Because of the smaller number of people in rural States, the sizes of towns are frequently small—just a few thousand people—and the economic resources of the community are insufficient to provide for a hospital, a nursing home, and a retirement home.

In general, adequate medical facilities, including professional staff, are to be found only in the larger cities of the State. The smaller hospitals are not always adequately staffed and are frequently short on equipment.

It is my judgment that Federal funds arising out of the Hill-Burton Act have, on a substantial number of occasions, been used in Iowa to help finance the erection of a hospital and in a small community where there was insufficient staff to provide good facilities and where, over the long term, the hospital in many instances will have to cease to be a hospital and become a nursing home.

Older people who find that they can no longer continue to be self-sufficient in their own residences and desire to live in a sheltered environment, usually prefer to reside where multiple services are available. They will seek residency when they are fully ambulatory and in no need of custodial or nursing services, but expect to receive the custodial and nursing services from the institution when the time arises that such services are needed.

There is no Federal program to assist in the building of facilities which offer residency for the active, custodial services for those who are somewhat impaired and nursing services for those who need such care, and it seems impossible to secure cooperation from the different agencies funding these various services to cooperate in building such an institution.

In former years, before the existence of some of the present programs designed to aid the elderly, the States provided substantial buildings and care for many of the senile residing within the States. The county governments also provided buildings and services for seniles and very aged persons.

State mental hospitals were not only hospitals, but they were custodial institutions. In Iowa and elsewhere throughout the Nation, mental hospitals have ceased to function as custodial centers and are devoting all of their energies to the treatment of the mentally ill. I have no criticism of this trend for better treatment of the mentally ill at the State mental hospital.

The State and the counties, by pushing the seniles out of State institutions and county homes, were able to shift a substantial part of the costs of caring for these people off on to the Federal Government or to the county government in the case of State institutions, or on to the Federal Government and the State government in the case of county homes.

The result has been that many aged people have been forced out of State or county homes into rest homes or nursing homes which were nothing more or less than large old family homes converted

to commercial purposes. These homes, to a large degree, catered to 25 or less patients, frequently were insufficiently staffed, not adequately supervised and had inadequate facilities to separate the senile from the aged patient who was no longer ambulatory and thus a very undesirable situation has been created.

This is a situation that needs investigation and correction not only in Iowa but elsewhere throughout the Nation. The so-called "gains" in reduction of population at State mental hospitals in Iowa and elsewhere have been made at the expense of the senile citizens of the State.

MEDICARE IGNORES PROBLEMS OF CHRONICALLY ILL

Members of the Iowa Commission on Aging were asked last week how they thought Medicare was working in Iowa. Unanimously they agreed that there was a great deal of confusion, delay and unfairness in the program as it is presently being operated, along with some waste and inequities and that because of this a number of institutions that had formerly been in the program had withdrawn from it.

Medicare is designed to meet the problems of the acutely ill and totally ignores the problem of the chronically ill.

Inflation, and particularly the effects of the minimum wage law, have dramatically increased the costs of operating retirement homes, as well as hospitals. Allowances made for welfare patients residing in nursing homes have not kept pace with inflation, with the result that operators have found it necessary, in order to stay in business, to add the deficit created by the welfare patients to the charges of those who were able to pay their own way. This is an entirely inequitable situation, particularly in view of the fact that the State has forced many of these welfare patients into these retirement homes.

PROPERTY TAX EXEMPTION FOR RETIREMENT HOMES

Historically, homes for the aged have enjoyed exemption from payment of property taxes. Recently, some cities, counties, and a few State governments which depended primarily upon property taxes as a source of revenue for the operation of their government, finding themselves hard pressed because of the spiraling costs of government resulting from inflation, have questioned the exemption from payment of property taxes by retirement homes.

The concept of charitable institutions is unknown to pagan religions. It commenced under the Christian Roman emperor, Constantine, and was carried from Rome to England and became firmly embedded in the English law under the Statute of Elizabeth, and has been almost universally recognized throughout the United States.

The question of tax exemption of charitable organizations in Iowa and many other States is determined by the city assessor, the county assessor in some States by a township assessor, none of whom are trained in law and know nothing of the philosophy of charity.

This has resulted in costly litigation for each of these institutions and a lack of uniformity in practice within the same State or even within the same county in numerous instances. This is a question that

should be examined and settled in order to bring about uniform practices and equity.

If tax exemption is removed from retirement homes, the cost of these taxes will have to be added to the care charges of the residents and will substantially increase these care costs which many of the residents are unable to bear and in the end will result in the demand from the institutions for larger payments from welfare recipients residing in these homes.

In some instances, it might result in a shifting of these costs to those who were able to pay on an inequitable basis. This is already being done in many institutions because the welfare payments are less than the actual cost of operations, and in order to keep their operations in the black, the deficit caused by serving welfare patients is shifted to those who are able to pay.

TRANSPORTATION A MAJOR PROBLEM

Transportation is a major problem for people residing in small communities and in rural areas. Passenger service by railroad is almost nonexistent and where it does exist, persons go long distances to reach terminals that accept passengers.

Transportation by motor bus is also nonexistent in a large portion of the small towns in the State of Iowa and this is true throughout rural sections of the Midwest.

Small cities and towns in Iowa and other rural areas have no public transportation system and in many of the smaller communities, there is no taxi service. The result is that if an elderly person does not own and operate an automobile, he is dependent upon friends and relatives for transportation to get to the church, the lodge, social gatherings, to do his shopping or to get to his doctor, dentist, optician, or to the hospital.

Formerly, the morticians in rural areas operated an ambulance service in the general area served by them. As a result of the minimum wage law and the administrative rulings in connection with the operation of this law, morticians found it economically unsound to continue to furnish this ambulance service.

Today there are many smaller communities that no longer have any ambulance service for the elderly or any other citizens in the community. Where this service has been taken over by county or municipal government, the cost is substantially greater than when furnished by morticians.

SUBSTANTIAL REDUCTION OF PROFESSIONAL SERVICES

Another result of out-migration from the farms and smaller cities and towns has been the substantial reduction of the professional services heretofore found in these communities. Many communities today no longer have a local pharmacy where their prescriptions can be filled. The doctors, dentists, lawyers, opticians, and nurses who formerly were found in many smaller communities have, to a substantial degree, migrated to larger communities, leaving the smaller places with decreased services and, in many instances, without any local professional service of any kind at all.

I should like to suggest to the committee that some of the agencies furnishing funds for the building of custodial or nursing homes have been short-sighted in the locations selected. I know of instances in which Federal funds have been used to erect this type of facility where there was lacking the professional services, including the services of a doctor, to meet the needs of the people occupying the facility when erected. Some of these communities will continue to deteriorate, making the investment unsound and creating a situation in which the residents of the facilities are inadequately served even to a greater extent.

ISOLATION

It has been the philosophy of social welfare personnel to maintain old-age assistance recipients in their own homes as long as it was possible for them to physically remain there. I believe that in a substantial number of cases this philosophy has been carried on to the detriment of the recipients. These people, because of a lack of transportation, become isolated and this isolation, in my judgment, results in depression and increases the problems resulting from partial senility.

Dr. Alvin I. Goldfarb, Associate Professor of Psychiatry at New York Medical College, said:

Much of the disturbed and disturbing behavior in older people, with or without organic brain syndromes, may be regarded as a search for aid and emotional support from a spouse, children, physician, or other persons—the sense of helplessness of the elderly patient stems from loss of resources, physical, mental, social, and economic—needed to cope with the common, everyday problems posed by internal and external changes brought on by the aging process.

Inflation continues to be a major threat to the social, economic and physical well-being of the elderly. The policies of the Federal Government, both in the field of pork-barrel spending and operating on an unbalanced budget are a major cause of this inflation.

The attitude of the electorate in demanding constantly increased public services and the policies of labor unions and industry both must bear a fair share of the blame for the inflationary conditions which are so detrimental to the elderly.

Social security benefits generally have not kept up with inflationary trends. In rural States, a high percentage of retired citizens were self-employed before retirement and have no company pension to supplement their social security income. They are dependent, therefore, upon accumulated savings or old-age assistance in order to maintain themselves.

Old-age assistance grants generally have not kept pace with inflation and there is no uniformity in these grants throughout the country.

FRAGMENTATION IN FEDERAL PROGRAMS

I believe that a major weakness in the Federal programs now in existence is their fragmentation. Taking housing as an example, we find that there are a substantial number of different Federal agencies operating in this field. They include the Federal Housing Administration, the Farmers Home Administration, the Small Business Ad-

ministration, the loans made under Title 236, the Hill-Burton grants, and I understand there is some kind of a program for assistance to States who desire to add to the domiciliary facilities of soldiers' homes.

The Congress passed the Older Americans Act. As administered under the Office of Aging, it has been of great benefit in the State of Iowa.

The Congress also passed the act providing for the creation of the Office of Economic Opportunity and gave it substantial funds, and today the Office of Economic Opportunity has more funds to use in the field of aging in the State of Iowa than come to this State under the provisions of the Older Americans Act. This leads to some duplication of administrative personnel and an inefficient use of funds.

At the State level, there is also a fragmentation of effort. Housing is provided by the State, by counties in some instances and by municipal governments through the operation of municipally operated hospitals and nursing homes.

Inspection of nursing homes is done by the Health Department. Inspection of custodial homes is done by the Welfare Department. Standards for custodial and nursing homes are created by the Health Department and welfare programs are under the jurisdiction of the State Board of Social Welfare. County poor funds are administered by County Boards of Supervisors and Soldiers Relief by County Soldiers Relief Commissions. These are examples of fragmentation at the State and local level.

The inflexibility of the Federal programs in making loans that can be used only for a nursing home, or a custodial home, or for a hospital, or for housing, when the need in many rural communities is for a combination unit offering multiservices, is an illustration of the effects of such fragmentation in smaller rural communities.

TIME TO TAKE INVENTORY

While much progress had been made by both the Federal Government and the States to improve the lot of older citizens, we have now arrived at a time and place when we should stop and take inventory of the successes and shortcomings of present programs and eliminate some of the obvious inequities that exist today.

The coming White House Conference should provide an opportunity for such an inventory. The U.S. Senate and the members of this Special Committee on Aging are to be congratulated because they have recognized the problem, have adopted a humanitarian attitude toward the problem, have made efforts to solve the problem and are concerned with the effectiveness of the programs that they have theretofore created.

Senator MILLER. Thank you, Governor Blue, for a very excellent and comprehensive statement. It certainly represents the grass-roots type of information that this committee needs.

I will ask Dr. Morris to proceed, and then I have a few questions and possibly some of the staff will also. Dr. Morris, if you will proceed, we will then have a question period.

STATEMENT OF DR. W. W. MORRIS, VICE CHAIRMAN, IOWA COMMISSION ON AGING, DIRECTOR, INSTITUTE OF GERONTOLOGY, UNIVERSITY OF IOWA

Dr. MORRIS. Senator Miller, members of the committee, and your staff, I wish to add my greetings to those already expressed to you by our distinguished Chairman and former Governor, the Honorable Robert D. Blue. Senator Miller, we welcome you back home to Iowa, and I thank you and your colleagues, particularly Mr. William Oriol for his efforts in planning these important hearings here in Des Moines, Iowa. We in Iowa are very interested in the work of your committee for many reasons, not the least of which is the fact that you, Senator Miller, are a member of the committee.

We regret that Senator Hartke could not come here, but we are glad that you are here to chair it, sir.

I have prepared a lengthy and detailed statement which I should like to have inserted in the record and made a part of these hearings, and I have deposited this statement with Mr. Oriol.

Senator MILLER. That will be done.

(See appendix 1, page 69.)

Dr. MORRIS. This statement is in response to a series of questions posed to me in a letter from Senator Hartke. I hope the information I have prepared will be of interest and value to the committee in its study of the important problems faced by our people as they approach and enter upon the later years of their lives in traditionally rural areas.

In the time available to me today, I would like to comment on some of the problems we face in the State of Iowa and in the Great Plains region of the United States, for I believe the situations faced by the aging and aged are pretty much alike across the whole region.

"LOST OR FORGOTTEN"

One of my main concerns, and it has been one of my concerns in the field of gerontology, is that the aging individual not become lost or forgotten as a person in the hectic hustle and bustle of a society which is concerned about a myriad of social problems.

Too often the aging individual is not consulted and has little or nothing to say about what is to become his fate as it is being shaped in the halls of learning, in the research institutes, in business and industrial complexes, in legislative and governmental forums and, indeed, even in fraternal and religious organizations.

As a result of this and other subtle kinds of neglect, the older person tends to become lost among the many others in our society who are clamoring for attention: The very young, the delinquent, the underprivileged, the handicapped, the unemployed, and the many minority groups of which the aged is only one.

This is what makes the work of your committee, Senator, so important. Through the work of your committee, new light will be focussed upon those aged in our population who are not receiving the attention and the services they need and deserve.

This danger, the danger of falling into oblivion, is especially noteworthy in a State such as Iowa which is in steady transition from

an essentially rural and agricultural economy to a predominately industrial and urban way of living.

HAZARDS FOR THE MATURE PERSON

This poses at least two major hazards for the late mature person: First, as a consequence of the steady and inexorable out-migration of younger and middle-aged adults from the rural areas, the older segment of the population becomes an increasingly larger proportion of those remaining. They are left, so to speak, to shift for themselves. This is often a subtle process; even some trained "observers" are not aware of the extent to which this phenomenon has occurred.

I recall a trained social welfare worker in one of our southern counties who said, after I had informed her that her county had one of the highest percentages of persons over the age of 65 in the whole State: "I never knew that. No wonder my caseload is so high!"

Second, this same out-migration brings an added burden to the urban centers which usually have made no real preparation for this influx of new families. It is perhaps unnecessary to note that many increased services will be required by the newcomers: housing, schools, recreation programs, libraries, paved streets and sidewalks, new sewer lines, other utilities and governmental services which young people with growing families will need.

Thus, in the urban center, also, the aging and the aged may become lost, almost overwhelmed by the sheer force of the number of people demanding services.

The following editorial which appeared in the Iowa City Press-Citizen on January 28, 1968, while concerned primarily with economic development, puts the problem of the old in a setting which is in the midst of a rural-urban transition in clear perspective.

The editorial is entitled:

One Answer to Problem of Cities Lies in Country.

Disturbing as the plight of America's central cities is today, present trends will make it worse in the years ahead. Concomitantly, the problems of poorer rural counties will grow larger.

That's the chilling interpretation of a U.S. Department of Commerce Economic Development Administration forecast for 1975.

In its annual report for 1967, the agency looks ahead eight years to warn that neither the central cities nor the more thinly populated rural counties are sharing or will share fully in the growing national economy.

A shortage of 2.9 million jobs in the 25 largest metropolitan areas, excluding California, is projected for 1975. In terms of people, this means 7.1 million persons either will have to go to other communities, or find jobs in their home areas, jobs that are not expected to be created.

Similarly, 82 percent of the 823 American counties with less than 10,000 people and 70 percent of the counties with 10,000 to 50,000 people will have employment growth less than the national average.

Like other studies, the Economic Development Administration report leads to the conclusion that the answer to the problems of the cities lies in part in the country.

"... Depressed economic conditions act as an incentive for migration, and typically migration tends to be to urban areas.

"Accordingly, the circumstances of our cities, and particularly the larger cities, are substantially affected by the economic conditions in rural areas as the rural poor continue their migration in search of employment opportunities.

"It is likely that it is the push of poverty in rural areas rather than the pull of urban economic opportunities that have produced the migration of more than 10 million persons from rural to urban areas in the 1950-60 decade.

Moreover, this migration of people from rural to urban areas is likely to continue as the agricultural and extractive industries grow more productive and job opportunities shrink correspondingly in the rural areas."

The report goes on to point out that migration from the cities to rural areas, too, could help to resolve the crisis in the cities.

Recognizing that the problems of the cities and of the declining rural areas might be eased, if not solved, in the country is a step toward answering the question. But it's going to take a lot more in the way of stimulating economic development, educational efforts, governmental fiscal incentives and similar programs. Some of it can be done in Washington and some in state capitals, but much will remain basically a local responsibility, one that will return benefits locally and nationally.

As the writer of this editorial indicates, some of the problems of the cities will be solved or not to the extent that we are wise enough and foresighted enough to make attractive the areas which are fast becoming isolated, rural ghettos.

As a footnote to this, I would point out to the committee that in a number of Iowa communities precisely this has been happening—and with good results. Around the city of Ottumwa, for example, there has grown up as a result of much local hard work, energy and zeal the so-called Tenco project—a project in which the surrounding counties are literally pulling themselves up by the bootstraps.

Well, I have veered away from the strict problem of the aging and aged, but the foregoing matters are entirely relevant.

"HIGH SENESCITY" IN RURAL AREAS

In my more detailed report, I have shown that in the southern two tiers of counties in Iowa there are many which may be called "high senescity" counties by virtue of their proportions of the elderly and related population imbalances.

These counties, contrasted with "low senescity" counties, suffer from all manner of deficiencies: social welfare services cost more, there are fewer health care institutions, fewer beds, poorer housing conditions, fewer doctors and nurses and other health professionals, and declining populations to support needed services.

So far as I can see, little or nothing is being done or even planned in the way of a concerted attack on these situations—either nationally, within the State, or in local communities. I suspect the same kind of situation is prevalent throughout the Great Plains and other similar regions of the country.

Now, for an interesting paradox. In our surveys of those over 60 in Iowa, we have found the people with whom we visited peculiarly unwilling to complain—even though, as I have suggested above, they were living in trying circumstances. When asked about their health, they tended to say it was good. When queried about their housing, they tended to respond positively, despite the obvious disrepair and out-dated conditions in which they were living. When questioned about their income, they glossed over their deficiencies.

Now, these responses are especially interesting when they are compared with the answers to questions to the same people couched in somewhat different terms. Thus, when asked to enumerate their "major health difficulties," their replies constituted a catalog of

health problems. Repeatedly, the response was negative when they were asked if they could "afford a \$1,000 emergency medical bill," despite their relative lack of complaints about the status of their incomes.

Another problem area concerns retirement. Not enough is known about how farmers or farmworkers retire; how the decision to retire or not is made; whether farmers plan for retirement; whether they retire as planned; and, above all, having retired, what they do with their time. The same lack of information applies equally to other more or less private entrepreneurs of all types.

So—through sheer neglect and unconcern, through the press of demands being made by other segments of the population, through changing demographic and economic conditions, through the tendency of the aged not to complain, through lack of knowledge on our parts—the aging and the aged may get lost. As a result, they may be deprived of the services they both need and deserve.

THREE MOST COMPELLING PROBLEMS

It is not only important that we be aware of these problems, but that we do something about them. We might start with the three most compelling problems faced by the aging person: his health, the maintenance of an adequate income, and the twin problems of dependency and loneliness.

In whatever programs we design, if we can keep the aging person in mind as an individual, then despite the plethora of changing circumstances and compelling social problems, we may be better able to assure the older citizen that he will not get lost in the shuffle of our busy, rapidly changing times.

At the recent International Congress on Gerontology in Washington, D.C., Prof. Bernice Neugarten of the University of Chicago's Committee on Human Development had some important things to say which I would like to mention briefly.

She points out that certain antagonisms toward the old may be forming which were not present before.

As the number of old people increases, the phenomenon that has been called "age-ism" may be directed toward the old just as it is presently being directed toward the young.

Age-ism toward the old now takes many covert forms.

Professor Neugarten continues:

As witnessed by the pervasive pattern of attitudes that make us slow in providing meaningful roles for older people and in raising their status as an age-group; by the small percent of the welfare dollar that is spent for services to the aged; and even by the fact that research on aging is so slow to develop in both the biological and the social sciences.

Dr. Neugarten goes on to warn that:

It is possible that age-ism may take more overt forms in the near future. . . future generations of old will be different from our present old . . . they may become a more vocal and demanding group.

She concludes by pointing out that:

Attitudes toward age, the effects upon society of changing age distributions, the transmission of values across generations, changing age norms, and the relations between age groups should now become a central area of inquiry . . . for all social scientists.

If, in addition to this kind of basic research, we can perform studies on the basis on which to plan and design programs which will contribute to improved health and health care, provide assurances of an adequate income, and structure conditions such that each person might live in the relatively independent, dignified manner to which all men are entitled, then we will have taken some truly giant strides toward not only solving some of the mounting social problems of our century, but also toward preventing the development of others even more perplexing and difficult of solution.

The basic call must be well-supported, imaginative, start creative problem-solving through education and research.

Gentlemen, I set you and all of us no easy task. But why should I? Freely we have received, freely we should give.

FRAGMENTATION OF SERVICES

Senator MILLER. Thank you, Dr. Morris, for a splendid statement.

I would like to ask a few questions. First, Governor Blue, I don't think that I, and the committee, have pointed to this problem of fragmentation of services as well as you have, and the need to try to have some coordinated approach rather than the fragmented approach we now have.

This is an area which is not unique, I would say, with respect to the problems of the aged. We have many areas of the Federal Government which are participating in duplicating and overlapping services.

Perhaps the area of education is the most notorious, and a number of us are constantly trying to do what we can, either legislatively or administratively, to do something about it, but certainly this is a most pertinent point you bring out.

You indicated some criticism—I think it was criticism, and I suggest it was very well directed—that some Federal agencies have approved the construction of facilities in some small communities which could start out as a hospital, but, because of inadequate foresight, end up with that facility becoming nothing more than a rest home.

Now, on the other hand, Dr. Morris, I think, deplored the fact that in many of our smaller communities we end up with fewer health care institutions and fewer beds and poorer housing conditions and fewer nurses. Offhand it seems to me that you and he might be of a different view.

On the one hand, Dr. Morris would like to see more facilities in some of these communities and, on the other hand, at least, you are pointing out that we had better be careful in making a judicious, prudent use of our resources so we don't put facilities in some of these communities which may have no particular future.

Can your positions be reconciled?

Governor BLUE. Yes, I think they are entirely reconcilable.

First of all, let me say, to a large extent when one of the Federal agencies is contemplating the building of some facility, they do not come to the State and say, "Should this facility be erected?" But if they come to the State with the problem, then we are confronted

with the fact that the State has no authority to say whether it should or should not be erected. So there is a lack of authority in the area.

Then in the next instance, when these agencies consider the erection of a facility, to a large extent it has been my personal experience that they take the word of the people in the local community as to the need, and they fail to take into consideration transportation and competing facilities in other areas.

Senator MILLER. So, at the very least, we ought to have better coordination between the State and Federal Government.

Governor BLUE. Right.

Senator MILLER. On the other hand, I would like to point out that the Hill-Burton allocations are under the control pretty much of the State.

Governor BLUE. This is my position, whether the State isn't doing the best job, but there are Federal funds involved.

Senator MILLER. Yes, indeed, but the problem we get into is that on the one hand we say "let the State decide where the funds will go" and, on the other hand, we may say, with respect to another Federal agency, "take a look at the little community and their requirements and if it is all right, go ahead and approve it without the coordination of the State." I think the thrust of your observation is that there should be some coordination, in any case.

Governor BLUE. The responsibility of coordination of the smaller hospitals in communities where they may not be able to support them in the future rests with the State.

DROP IN MENTAL HOSPITAL POPULATION

Senator MILLER. You also made a point which to me is very, very important—and I have not heard this before—that we had better be a little bit careful in not being too euphoric over the effects of our mental health institution population drop because at least a good many of these have been pushed out into the small low housing environment.

Governor BLUE. This is an important point. When these people are pushed out of State institutions—and they have been pushed out in the State of Iowa, and I am sure this is true in other States—the State isn't very careful as to where they get pushed to, and there is very little supervision involved.

I made the point before the senate in the State of Iowa that the fire that occurred in Marshalltown, Iowa, where several people died, was presumably caused by a mental health patient who had been a former resident of one of the mental health hospitals in the State of Iowa. She was not carefully supervised in this home. The evidence points to the fact that she did start this fire.

Senator MILLER. Well, now, was that a case where there was not a proper facility for her to go to?

Governor BLUE. I think in this case it goes back to the ability of the people who were operating the home and to the local authorities. My understanding is—and I have read the fire marshal's investigation of this case—there was a fire started the day before. This woman was suspected. They debated as to whether or not they should leave her there or take her to the county home, as to which was the more

dangerous place. They didn't consider removing her from both of them and taking her back to the State hospital.

Senator MILLER. Well, what concerns me is that I can understand why the very high cost of having a person at a mental hospital might be relieved if the person is able to be moved into another facility. I can understand why the State would desire to do that.

On the other hand, we have a problem of having adequate homes for the chronically ill or for people who do not need the high level of care of a mental hospital. Yet, it has been my experience that when you make the suggestion to the Nursing Home Association that they try to do something about it, they reply that the State does not furnish an adequate reimbursement for the cost of providing such services and the Federal Government is squeezing them under Medicaid or Medicare.

Governor BLUE. Their answer is correct, and they are being squeezed, and I try to make that clear in my statement.

There is no adequate program at the State level for housing for the senile when they are removed from these State institutions. In other words, the responsibility must rest with the State when they remove these seniles from the places they were formerly cared for and then push them out into facilities that aren't always adequate.

But, by the same token, there must be some kind of a program, either at the State level or at the State and Federal level, to meet this housing situation. This is the reason I have pointed to the fact that the Federal Government had funds for adding to the facilities of the soldiers' homes, you see, but this is a limited area. Again, it is sort of double vision, not looking at the problem as a whole.

Senator MILLER. As I see it, we have either one of two ways to go. If the State is not going to keep them at the mental hospital, the State should either furnish the facilities—State-owned and State-operated facilities of a lesser quality of service than the mental hospitals—or they should be willing to pay the privately owned institutions an adequate reimbursement so that they will be able to afford these facilities.

Governor BLUE. But the results that heretofore existed, and I think there may have been some change since I have last checked them, if you resided in the State institution, then you were not eligible for old-age assistance. If you lived in a tax-supported institution, you were not eligible for old-age assistance. So the State has found it convenient and the county has found it convenient to push these people out into institutions that were not tax supported in order to make the people available so that they could receive old-age assistance.

You can see this goes back to Federal rules, in part.

Senator MILLER. And, in turn, better—at least an adequate amount of reimbursement to the facilities who are caring for these people.

Governor BLUE. There is no question but that the return to these operators is insufficient to provide the care that these people require.

Senator MILLER. Thank you very much.

SENESCITY

Dr. Morris, you used an interesting term in your excellent statement that we have put into the record, the use of the term "senescity." What does senescity mean?

Dr. MORRIS. "Senescity" is a relatively recent addition to the vocabulary of gerontology. It is based on the word senescence, which refers to the period of life which is generally referred to as the period of later years or the aging period.

"Senescity" as a word is designed to mean those population structures or characteristics of an area which point to the relative balance or imbalance of the older population in that particular area. Thus, a county in southern Iowa which has a population which is 20 percent 65 years of age and older would be thought of as a high senescity county.

On the other hand, Polk County might be thought of as a relatively low senescity county because the proportion of older people in Polk County is much lower than the State average.

Senator MILLER. Well, I notice in this table in the larger statement which follows page 4—do you have a copy of it? I would like to ask you about it.

Dr. MORRIS. Yes, sir.

Senator MILLER. In figure 2, for Polk County, for example, I see 72 over 97. What does that mean?

Dr. MORRIS. It is 72 over 9.7; 72 is the senescity index and 9.7 is the proportion or percent of older people 65 and over, in Polk County.

Senator MILLER. That means that Polk County ranks 72d of the 99 counties.

Dr. MORRIS. No; if you look on page 4, the senescity index is defined and described. If I may take a moment, it is a little confusing. You take the percentage of aged people in a particular area, such as the county, multiply it by the median age in that county, multiply that in turn by the ratio of the number of people in the older age group to those who are under the age of 5, and then multiply that by the aged persons in each family in the county. You would get a number which in the whole State of Iowa is 148.

Now, that number by itself has no meaning except it expresses the relative proportion of older people.

If you look now at the map, down in the lowest tier of counties, for example, Taylor County has an index of 892 compared to the State average of 148. Now, these two numbers don't mean anything except in relation to each other, and that suggests that the burden of older people of the population in Taylor County is significantly higher than the burden in the State of Iowa as a whole.

Similarly, if you look at Johnson County, you see the senescity index is only 41, or in Polk County 72, compared to the State average of 148.

This is just a convenient way of expressing a lot of population statistics by one number.

Senator MILLER. Is this an approach that has been used in other States?

Dr. MORRIS. I don't believe so. This is an approach that was developed at the University of Iowa by Prof. Harold Saunders, and I am not sure how widely it has been disseminated or used, but I found it a very useful way of looking at the population statistics.

TENCO PROJECT

Senator MILLER. You were complimentary in your comment on the Tenco project.

Dr. MORRIS. Yes, sir.

Senator MILLER. Are you recommending that similar community organizations be established throughout the State?

Dr. MORRIS. Yes, sir. I should think this should be useful, and I might point out that the commission on aging in a program started earlier by Ray Schwartz when he was here with us as executive secretary, is being continued now in a very progressive way, in which Earl Nelson, our present executive secretary, is helping to develop more and more multicounty or area units to address themselves to the problems of aging.

I think this same approach is being taken in the general area of public health and would be a useful way to do things.

I suspect that more and more of this will be going on, and I think it will prove to be valuable and useful.

Could I say one thing about the question you addressed to Governor Blue? He and I have worked together for years, particularly on the commission on aging. He has been the chairman, and I have been in charge of vice (as vice chairman) for all of these years, and that isn't as exciting as it sounds.

But there is no disagreement whatsoever between what he said in his testimony and what I said. What I think we are trying to say is that if these things are to be accomplished at all, a concerted approach has to be made and it can't be done piecemeal. You can't just build a building and walk away and expect it to be used as a hospital without doing all of those other things, such as providing doctors and nurses and social workers and other allied health professionals to be in the community and to make use of the hospital for the benefit of the people.

This also calls for a concerted effort by all of our institutions, including universities, volunteer agencies of all kinds, social agencies, governmental agencies all working in concert toward accomplishing and fulfilling the absent needs and the lacks in these areas which are dwindling in population and losing services.

I think he and I see eye to eye, as we have for many years, and this is the thing we are talking about, the need for a concerted approach and less of this fragmented kind of approach to things.

COUNTYWIDE PLANNING FOR MIX OF SERVICES

Senator MILLER. Well, it certainly makes sense to me.

I am wondering where you have a smaller community that does not really have the viability by itself to support a hospital or an extended care facility, do you mean that there should be more of a countywide or group of countywide planning organizations so that perhaps in one community you would have another within reach of the people in an area where they will have this mix of services, which Governor Blue indicates is lacking in many cases?

Dr. MORRIS. Exactly; and I think with hard roads and faster cars and the possibility of using helicopters and other imaginative ap-

proaches, this is the approach that is going to be needed and probably going to be developed, and the faster we do it, the better.

Senator MILLER. Thank you.

OLDER AMERICANS ACT AMENDMENTS

Mr. MILLER. As some of the people in the audience may not be aware, the House and Senate, as both you, Governor Blue, and Dr. Morris are aware, have voted to extend the Older Americans Act for the next 3 years. The original Older Americans Act of 1965, and its 1969 amendments expressed definitely the intent of Congress that there should be the kind of coordination that you and Senator Miller have been discussing for the last few minutes. Do you not feel that the Older Americans Act and the several programs and activities developed in it provide a good method of achieving such coordination?

Governor BLUE. I think that great progress has been made under the Older Americans Act. As I indicated in my statement, it has alerted local communities to the problem, and as Dr. Morris has indicated, here in the State of Iowa we are trying to approach the problem on an area basis, and we think we have a start. There is a long way to go.

Senator MILLER. Thank you, Governor Blue and Dr. Morris very,

Dr. MORRIS. May I ask if an appropriation has been made and is available, and has it been increased, because this is the need?

Senator MILLER. The question of the status of appropriations is a very sensitive matter in the Congress at this time. We are abhorrently behind on appropriations bills, but hopefully by Christmas they will be made. In the meantime, as you probably know, most of the agencies are operating under what we call a continuing appropriations resolution to maintain the current level of spending, but in my 9 years in the Senate, this is the longest period of delay in appropriations bills action. I regret that it is that way, but that is the story of Congress this year. We will get the appropriations out sooner or later, but I am afraid it is going to be quite late this year.

I would be hopeful that we would come up pretty close to the target set by the authorized legislation.

Dr. MORRIS. May I say we are impatient, sir.

Senator MILLER. We appreciate your appearance here very much. I am sure it will be most helpful to the committee.

Thank you.

The next panel of witnesses consists of Mr. Wilbur Peters, director of the West Central Development Corporation in Harlan, and Mr. Clyde Taff, director of the South Central Iowa Community Action Program from Leon.

Gentlemen, will you please come forward.

While you are moving forward, I would like to recognize in the audience, and ask him to stand because he is not scheduled to testify, Mr. Paul Ertel, who is the Associate Regional Commissioner, Aging Staff, Social and Rehabilitation Service, Department of Health, Education, and Welfare from Kansas City, Mo. Thank you.

Thank you very much. We appreciate your being here.

I would also at this time like to acknowledge Mr. Earl Nelson who provided the help needed for this hearing. We appreciate that, Mr. Nelson, very much.

As some of you may not know, because of the time and limitations on the staff, too, it is necessary for us to limit the testimony today to those who have been scheduled as witnesses.

However, the staff has prepared copies of a form which you may use. If you wish to submit a statement for the record, it will be included in the committee's record of the proceeding which will be printed. These should be submitted within 30 days, and if there is anyone in the audience who has a statement for the record, please obtain the forms from either of the staff members.¹

Gentlemen, are you ready to proceed?

STATEMENT OF WILBUR PETERS, DIRECTOR, WEST CENTRAL DEVELOPMENT CORP.

Mr. PETERS. Senator Miller, fellow senior citizens, it is an opportunity to appear before this Special Committee on Aging. Our CAP Agency, the West Central Development Corp., covers a 2,500 square mile area in western Iowa. Of the 65,000 people living there, 14 percent are elderly scattered on farms and in some 40 towns, none larger than 6,500.

Two of the more prosperous counties of our four-county area barely maintain their population. The other two have a reduction of 1 percent of their population yearly. The end result is that we educate our young and they migrate to college or opportunities in growth centers. Rare is the college graduate that returns to serve his community.

The diversified farm of the '30's, '40's, and '50's does not exist today. The total economy of the small town was dependent on agriculture. Today the majority of agricultural production is in the hands of a well-organized manager with an investment in modern equipment that exceeds the investment of the small business man. The economy of the small town is such that the agricultural manager automatically goes to the growth center for equipment and supplies.²

UNAVAILABILITY OF SERVICES

This trend has developed to the degree that now even ambulance service is not available in many small towns. Past ambulance service was provided by the local undertaker. This activity is going to the county seat towns and growth centers. The services of doctors, dentists, pharmacists, and all professionals is moving in the same direction. Public transportation does not exist in rural areas as it is known in cities.

The four-county income that has formed the base for Social Security payments is lower than the state average. In 1967 in Harrison County, 3167 beneficiaries received social security payments. The average payment per month was \$67.15.

The minimum cost for care in a nursing home is approaching \$300 per month. Only a few of the more fortunate that have acquired

¹ See appendix 3, p. 130.

² See appendix 1, attachment 1, p. 88.

real estate in the form of farmland can pay their own way after age of retirement. Families that were tenants or farm laborers cannot.*

If we are to help elderly citizens live in decency and in dignity, it is mandatory that a national emphasis be initiated that will protect, promote, and legislate in a manner comparable to what is happening nationally in such programs as:

1. Space program.
2. Manpower.
3. Soil Conservation.
4. Head Start.

National emphasis should be on:

1. Minimum income. Study the pilot programs now in existence.
2. Health and housing. Continue to expand health programs and housing efforts.
3. Service type programs.

SERVICE PROGRAMS NEEDED

My discussion will dwell almost entirely on No. 3.

In 1966, our agency conducted a Medicare Alert with 16 low-income senior citizens as the workers. Over 9,000 persons over 65 were visually identified and 3,000 were contacted personally.

Follow-up evaluation meetings led to five conclusions:

1. Most needy elderly people would rather work than accept welfare.
2. Work opportunities were needed to supplement low income social security payments.
3. A need existed for cleaning up and beautifying public properties.
4. Poor health and loneliness were twin companions in the homes of many of the elderly.
5. Lack of transportation was a major problem.

It is doubtful if our workers uncovered any new problems common to older people. Certainly in our rural area low income is of primary concern.

To be poor aggravates and intensifies problems of inadequate housing and poor health, along with isolation, loss of mobility, lack of knowledge of the facts of the aging process, and lack of retirement planning. To be affected by any of these problems is bad enough, but to be old and have multiple problems is much worse. Many are heartbreakingly lonely, forced to live in isolation because they must hang on to the only security they know. No one comes, no one calls.

One of our workers after a few weeks on the job said, "I've always heard that solitary confinement is the worst form of punishment. Now I've seen what that means."

To meet some of the defined needs of the elderly, a project known locally as the BEE, Beautification, Employment, and Erosion Control, based on the Nelson-Scheur amendment, was funded by OEO and delegated to the county Boards of Supervisors. But after a year and a half this type of program was transferred to the Bureau of Works program under the name Operation Mainstream. The em-

*See appendix 1, attachment 2, p. 88.

phasis is on giving opportunity to use senior citizens in this type of work that can be geared to his skill and ability is being stripped away and manpower is stressed.

The second answer to a defined need was found when the Visitation-Service project funded low-income workers trained to visit and serve the elderly, the blind, the handicapped and the shut-ins who could not afford to hire this service. This project met with immediate and grateful acceptance.*

Unfortunately, this program, too, was cut back as the national emphasis changed and outreach for hard-core unemployed became a necessity. Instead of 36 Visitation-Service workers spending 4 hours a day on this project, we now have only 14 half-time workers.

The cutback created dissatisfaction and our office has been bombarded with letters asking that this service be reinstated to the original strength. So our organization, although recognizing the plight of the elderly and attempting to meet some of their needs is being forced to respond to the national emphasis on eliminating poverty versus service programs that alleviate poverty.

One of my problems as an administrator of a community action agency is limited resources. When the national emphasis forced the establishing of a neighborhood center resulted in a cutback of services to the elderly, Stasia Robinson, one of the elderly poor that had been serving the poor, raised this question when she was transferred to the Neighborhood Center. Her statement raises a serious question.

I served the town of Vail as a Visitation Service Outreach worker from August 1966 to August 1968. Since that time three of my clients ages 91, 83, and 80 have been placed in nursing homes. Two aged 75 and 82 are in the hospital. I have felt my efforts as a Visitation-Service worker kept these people in their home longer and saved the community added expenses. I do think three of these clients could still be in their homes, were I still serving the community.

STASIA ROBINSON, *Vail, Iowa.*

"THE DIMENSION OF WELFARE IN IOWA"

I would like to cite an example of the thinking in relation to the elderly. A study was conducted in Iowa by the Cooperative Extension Service and the three State Universities called "The Dimension of Welfare in the State of Iowa." The challenge was not to disturb the total of the budget for the given year, but to rearrange the priorities and maner in which funds were allocated.

In the group in which I participated, made up of people younger than I, the consensus of opinion was that the budget to help the handicapped needed expanding. And where did they decide to get the money? From programs directed toward the elderly—social security. Needless to say, I filed a minority report.

Joe Patten works in a gas station 7 days a week. He is the only employee that operates the gas pumps. The station is open 14 hours a day. At age 70, with his wife 60, he is grateful for the opportunity to earn \$4,300 per year (83 cents per hour). Prior to going to work in the gas station, he was a tenant farmer. He raised a family of nine with more than his share of medical expenses—six of his family had polio.

*See appendix 1, attachment 3, p. S9.

Over the last 2 years I have been stopping occasionally for gas and he tells me his story. The community had been good to him, he said. Insurance covers the majority of direct medical expense, but his earning power on the farm did not permit savings. He quit the farm with just enough to buy a home. The social security benefits available when he quit the farm were minimum.

When his wife is 62, which will be 2 years from now, their combined benefits will be around \$180 per month. This will be good, but Joe says, as he looks into the future, "I'm scared. Our children all have families of their own. The nearest one lives 12 miles away."

He wonders who will look in on them. The closest doctor is 12 miles away and the day is coming when he cannot drive. There is no ambulance. Joe says he will continue to work where he is as long as he is able.

A small grant from the Commission on Aging has allowed us to put two workers in the field to organize older people into groups. This program, too, needs national emphasis to protect and guide its direction.¹

A recent random sampling of 167 elderly poor through our agency shows that 49 participated in the senior citizen organization. One hundred and eighteen did not participate with health and transportation as the main reason.²

I was born and raised in the area I serve. Except for 5 years spent in California, I have always been a farmer, and actively engaged in the fight to protect and conserve natural resources since the first agricultural program in the '30's.

I have served as an Agricultural Stabilization Conservation Service committeeman, a Farmer's Home Administration county committeeman, and I am currently serving my 16th year as a commissioner in a local Soil Conservation District. This has given me firsthand knowledge of the effort it takes to persuade people to look, listen, and take action. It will take a nationally sponsored campaign to help the elderly.

Senator MILLER. Thank you, Mr. Peters.

Would you like to proceed, now, Mr. Taff.

STATEMENT OF CLYDE TAFF, DIRECTOR, SOUTH CENTRAL IOWA COMMUNITY ACTION PROGRAM, INC.

Mr. TAFF. Senator Miller, staff and guests, I am from an area, to use Dr. Morris' new term, of "high senescity." We are from southern Iowa, and I represent a community action agency involving five counties. This community action agency covers the counties of Clarke, Decatur, Lucas, Monroe, and Wayne, Iowa. This section of Iowa is typically rural with a large number of small towns and no city over 5,000 population. Industrial base is agriculture, which has changed dramatically during the past 15 years.

The area is plagued by a number of problems, including limited employment opportunities, out-migration of younger persons, inadequate housing, low income per capita, and lack of services. The SCICAP area has a total population of 50,000 persons, 18 percent of

¹ See appendix 1, attachment 4, p. 91.

² See appendix 1, attachment 5, p. 92.

whom are 65 years of age and over. This is, in my opinion, an area of high senescity. We are not complaining about the problems, we are trying to do something about it.

Our agency has been quite concerned with the problems of senior citizens. Through joint effort of the Office of Economic Opportunity, the Department of Labor, the Commission on Aging of the State of Iowa, the Iowa State Department of Health and local county organizations, we have endeavored during the past 3½ years to provide programs which meet the needs of the senior citizens of our area. How did we find out what their particular needs were? We went through the same process that Mr. Peters mentioned. We had a Medicare alert program in 1966, at which time we contacted senior citizens and tried to find out what their problems were and then tried to develop programs that help them with those problems.

Our approach to provide assistance to senior citizens has been in the area of their stated needs. These needs have included home agencies in each county to provide professional nursing services and trained homemaker health aides who may provide services in the home rather than having the senior citizens institutionalized in a hospital or nursing home. We find that the cost is less and the people would rather stay in their own homes when it is physically possible for them to do so. The program has been successful.

These programs are carried out by private nonprofit local home health agencies and are in the process of becoming affiliated with the county health board to provide services of a county public health nurse.

Other services for senior citizens are provided through established community centers in each county. Services provided to senior citizens include meals on wheels, employment services, emergency family loans and consumer counseling services, planned recreation and crafts, visitations to nursing homes and county homes, clothing exchange, telephone reassurance programs, and a limited transportation program.

MAJOR PROBLEMS

In our opinion the problems of senior citizens include the following—and some of these are redundant because the other witnesses have mentioned the same things:

1. Inadequate incomes.
2. Substandard housing.
3. Inadequate medical attention.
4. Poor nutrition.
5. Lack of transportation.
6. Loneliness and lack of community participation.

Remedies for these ills of the aging will not come without cost; however, it is our opinion that total community effort, public and private, could do much to alleviate the problems of our senior citizens.

In the past year, our agency has been involved in assisting more than 2,500 senior citizens through the various programs that we operate. We feel that this is on a par with other community action agencies throughout Iowa, but are not proud of our record when we consider that there are nearly 9,000 senior citizens in our five-

county area who may need service, and we haven't gotten to a third of them at this point.

75 PERCENT NEED HELP

Senator MILLER. May I ask a question. You have contacted 2,500 senior citizens. What percentage of those would you say need help, what percentage are pretty well taken care of either by themselves or by relatives?

Mr. TAFF. Of the 2,500 we have been involved with, 75 percent of them have been the type who need some type of help, whether it be home health agency programs or perhaps the meals on wheels program, transportation or something else—75 percent.

As I say, we are not proud of it because there are 9,000 senior citizens to be served and during the past year we have only served 2,500 of them, but this also goes back to Mr. Peters statement when he said that we have changed national emphasis and we change programs and then we don't have the money to do the things we know should be done.

I think anybody who works with the commission on aging has run into this problem. We in the OEO have run into the same problem.

Senator MILLER. Please proceed.

Mr. TAFF. Specific problem areas and remedies as we see them include the following:

1. "Redtape" connected with Medicare, Medicaid, and welfare programs; lack of adequate title XIX Medicaid funds for the State of Iowa and slowness in reimbursement of health facilities for services provided.

This gets right back to the statement that Governor Blue made in the first presentation. We do have a problem. I have talked to doctors, I have talked to nursing home operators, I am on a hospital board, I have seen the problems.

A remedy for this—and these are simply my own statements as I see them, and there is room for a lot of elaboration on them—a better public information program for senior citizens regarding these programs; structure of the program so that the patient's physician can assure the patient of adequate treatment and assurance that the providers of health care will be reimbursed for just and reasonable costs in an expedient manner.

2. A problem for the senior citizen is substandard housing. A remedy is to provide adequate low-rent housing in rural areas through effective use of HUD, FHA, and self-help housing programs. Information on these programs is not getting to small town and rural residents of Iowa.

3. Low incomes—and these low incomes are brought about by two things. Primarily, one of them has been mentioned, Senator Miller, in your opening statement, which is inflation. When you are on a fixed income, you have a problem. So low income is a major problem for senior citizens.

One remedy might be that there could be a guaranteed annual income tied to the cost of living and providing part-time employment opportunities to able-bodied senior citizens who are able to work.

Many senior citizens want part-time work. They would rather work than not do anything, but we don't have any place to put them to work, and we have many problems in the rural area getting them employment.

4. Poor nutrition. The remedy for poor nutrition of senior citizens could be remedied through the use of meals on wheels, emergency food, and medical programs and expanded use of homemaker services in the homes. Also senior citizens should be eligible participants in the supplementary food program.

5. Transportation problems. Remedy. Transportation problems for the elderly could be alleviated to some extent through motor pools formed by service clubs, senior citizens groups, community action agencies, and special reduction in taxi fares where taxis exist in rural areas.

I have read in the recent issue of "Aging" where 500,000 senior citizens in New York are using the mass transit system today at half fare.

When I try to get something done in a rural area, such as when I transport senior citizens in an area where there is a taxi service, I get a call from the taxi operator, "What are you doing to my business?" I don't want to put the taxi operator out of business, but at the same time we need to make something available to our senior citizens so they can afford to get to the doctor, to the grocery store and get to the places they need to go. There is a real problem in this regard in the rural areas.

6. Loneliness and lack of community participation. Remedy. Loneliness and lack of community participation of senior citizens may be overcome by a concerted community effort to provide senior citizens activities in established community centers and the telephone reassurance program which could be carried out on a volunteer basis by church groups and other community organizations.

I think that in Iowa, through the commission on aging projects, we are doing a lot more for senior citizens through centers and providing some good activities. I think a lot more can be done if money were available.

INCENTIVES TO LOCATE IN RURAL AREAS

There is one thing that I don't have in my prepared text here, and it goes back to the problem of the cities, which is a big problem. We are always talking about out-migration from the rural area to the city. We lose our young people. If there were a procedure that could be developed that would give incentive to small industries to locate in the rural areas of Iowa and reverse this trend of migration, we would hold some of our young people and provide some more jobs, hopefully, at least part-time jobs for our senior citizens. We would eliminate a lot of problems that the city has because they get an influx of people. This is one recommendation.

I know that a lot of people have made the recommendation. Things have been tried on it. I think if it is a valid recommendation that we need to pursue it in the State of Iowa because all of the rural areas are effected in southern Iowa when it comes to the out-migration of our young people and the problems that come with it.

Senator MILLER. Mr. Taff, on that point, Senator Pearson of Kansas, and about 12 others, including myself, have anticipated you. Earlier this year we introduced a bill to do just such a thing. In fact, the bill was introduced originally about 2 years ago. I regret to say that we have not been able to get our colleagues to move on it, but I think what you have to say makes sense.

In fact, going back about 6 years ago, I tried to get the so-called "Depressed Areas" legislation amended to include in the concept of the depressed area a rural community which had lost 10 percent of its farming population within the previous 10 years. I am sorry to say that I was blocked by the leadership of the Senate on that amendment, but I thoroughly agree with what you say, and I think most members of the committee recognize that something needs to be done to reverse this trend.

Mr. TAFF. Thank you, that is encouraging to hear.

TWO-THIRDS OF POOR 60 AND OLDER

A recent survey of Iowa brought to light that two-thirds of Iowa poor people are 60 years of age and over. It is our opinion that the problems of senior citizens are problems in which all of us must become concerned. After the concern is aroused, we must take a united stand to help alleviate the problems of the aging. This is a problem that the Federal, State, or county government alone cannot handle, but one in which all segments of the economy, both public and private, must cooperate in order to meet the needs.

In our opinion there must be emphasis placed on the problem of out-migration from the rural areas of Iowa to the urban centers. Incentive for industry to locate in rural areas of Iowa could bring about the following favorable conditions:

1. Wage rates in rural areas would increase as employment became available.

2. Young persons would have an opportunity to remain in their communities rather than migrate to the urban centers for employment.

3. More opportunities would exist for part-time senior citizen employment as the economy of the small town and rural Iowa benefited by the relocation of industry.

4. The provision of more services needed by senior citizens could be made available as the rural areas became more desirable to people in the health services field.

5. The problem of city ghettos would be relieved because the migration of low-income persons to the city would be partially curtailed.

That concludes my statement.

Senator MILLER. There is a very significant sentence in there about that recent survey in Iowa which indicates that two-thirds of the poor people in Iowa are 60 years of age and over. That is a statistic with which I was not familiar, but I know it runs generally pretty high.

We appreciate those two splendid statements.

First, does either of the staff have any questions?

HOME HEALTH AGENCY PROGRAM

I would like to ask this question, and either or both of you might answer. We have this point of staying at home. People would rather stay in their homes in these small communities. I have that myself. I have a father who is going on 83. He would rather stay in a place in his home community, but what do you do when you do not have the facilities they need? I am not necessarily implying that they have to go into a nursing home, but if you don't have a pharmacy or a doctor or dentist or something else, and they can't drive a car because they are unable to do so, what do you do?

You get into a very, very traumatic decision as to whether or not you are going to stay there where a few of your old friends still live or are you going to leave and move into some facility in a larger community?

Mr. TAFF. I think that a Home Health Agency program would eliminate a lot of problems because then you have a Home Healthy Agency which would have a trained nurse, a registered nurse, who carries out the doctor's orders. The doctor prescribes the medical care, the nurse carries it out, and then the trained Home Health aides may go into the home and if one meal has to be prepared the Home Health aide or the Homemaker can do it.

A lot of our older people, especially the men who are widowers, normally go to town, and I have some of this in my back-up testimony. A man made the statement, "I go uptown for breakfast. I have a hamburger for breakfast, and at noon I have a hamburger and a piece of pie, and supper, I usually skip it." This goes back to nutrition and also the lack of someone in this man's home and the loneliness. There is a reason he goes to town.

So a homemaker can overcome a lot of this and do it in a very inexpensive manner. It has been most successful in our particular area.

Senator MILLER. Yes, Mr. Peters.

Mr. PETERS. I would just like to comment a little bit on President Nixon's latest incentives to work for welfare recipients. I see no reason at all why some of our low-income senior citizens couldn't serve other senior citizens. We find in case after case that you can keep them in the home if someone will look in on them, but the trend of today is that in our generation the children cannot provide for the parents.

Senator MILLER. You have each made a point that we need a national effort. I would suggest to you that we do have a national effort. With the establishment of this very committee to start the recognition and with the passage of the Older Americans Act originally and now with this extension and, of course, with other programs in the housing area, some of which have been going on for quite a long time, and with the Economic Opportunity Act, we do have a national effort.

One can lament the fact that perhaps there isn't as much funding of the national effort as one would wish, but I suggest to you, particularly you, Mr. Taff, in your excellent outline of the remedies for some of these things, that the local communities are the ultimate real answer to most of this. Transportation is a very serious problem for many people.

You have indicated a remedy to the motor pools formed by service clubs. How many service clubs are doing this? How many church groups are doing it? More today than 5 or 10 years ago. We still have a long way to go. I think that we are making progress, but we would just like to move faster.

These are excellent statements, and we appreciate your being here very much. Thank you.

The next panel consists of Mr. Hoyt Bonham of Montezuma who is the president of the Associated Groups of the Elderly for the State of Iowa. Along with him will be Mr. Thomas Skinner of Missouri Valley and Mr. Paul Meyerhof of Waverly.

Would you please come forward, gentlemen.

Mr. BONHAM, are you the only one of the three who will have a statement?

Mr. BONHAM. I think my colleagues have a short statement to make.

Senator MILLER. Please proceed.

STATEMENT OF HOYT BONHAM, PRESIDENT, ASSOCIATED GROUPS OF THE ELDERLY

Mr. BONHAM. Senator Miller, members of this committee, distinguished guests, distinguished visitors, the Associated Groups of Elderly of Iowa is honored to be invited to give testimony at this hearing.

For the purpose of giving you some background, we will briefly describe our organization and your speaker.

The organization was formed in October of last year. It represents approximately 225 known groups of retired persons in this State, numbering about 16,000 citizens. Five lay persons were named to the group, initially called "State Conference on Older Iowans."

At this time, Mr. Chairman, I would like to have recognized by you and the members, three of these initial members on this committee.

Senator MILLER. Are they all present?

Mr. BONHAM. They are all present.

Senator MILLER. When their names are read off, I wonder if they would stand and remain standing until the reading of the names is completed.

Mr. BONHAM. Mrs. Coleman of Waverly. Mrs. Lane of Missouri Valley. And Fred Schmidt of Des Moines.

Senator MILLER. Thank you.

Mr. BONHAM. At our first meeting, we adopted our present name, and your speaker was elected as its chairman.

We are now organized as a nonprofit corporation, and we publish a monthly magazine titled Age, which is mailed to the heads of the known retired groups, to nursing homes and to welfare agencies. Through this magazine we keep our members informed of any progress we have made.

Your speaker was born and reared on a small farm in Johnson County, Iowa. In 1929 he settled in Montezuma, having a population of 1,500, which is the county seat of Poweshiek County, having a

population of approximately 20,000, and I think that is pretty grass-roots. He is presently an active member of the law firm of McNeil, Bonham & Sunleaf and is President of Bechly & Company, a firm that prepares abstracts of title to real estate.

Please permit your speaker just one boastful remark. Because of our interest in athletics, and in our younger generation, we are most pleased and proud to say that Montezuma is the home of the 1969 Iowa Girls Basketball Champions.

Now to the business at hand. During our 68 years of life, we have witnessed a great change in rural America. We grew to manhood during the transition from horse and mule power into the period of complete mechanization.

Strangely enough, the above change did not, to a great degree, alter the social structure of rural life here in Iowa. The farmers continued as the blood, bone, muscle, and sinew of our great State and Nation. They married, reared and educated their children, paid their taxes, fought our wars and were our political, religious and social leaders. By the sweat of their brow they wrested from the soil sufficient income to allow them to live normal lives and to acquire some of the conveniences and comforts of life.

EXODUS OF THE SMALL FARMER

We are now experiencing another great change in rural life here in Iowa. It is the exodus of the small farmer from the scene. This time it is having a profound impact upon both the social and economic life of the rural communities. No longer do we see the 80-acre farmstead with beautiful lawns, the flowers, and the well-tended vegetable gardens.

The small farmer has been forced by numerous reasons to sell his land to large operators, both individual and corporate. A tour of our countryside will show that at least one in every ten farmsteads now stand deserted, a mere skeleton of a once happy and successful home. The testimony is mute but it is available to anyone who is interested. The small country church, once the backbone of religious solidarity, is vanishing from the scene just as surely as "old Dobbin."

The small farmer today has one of two choices:

1. He may "moonlight" by working in a neighboring manufacturing plant or business and thus obtain sufficient funds to meet the requirements of the family; or

2. He may move to an urban community and accept such employment as might be available to him. This places an extreme burden upon the older of these citizens. Many times they are not qualified for specialized work, and they are too old to be taken into the work forces of the larger plants.

Because of his very nature and environment, and his desire to continue to be an independent individual, he often withdraws from the social and political activities of urban life. In the main, he finds it extremely difficult to successfully make this transition.

Another serious threat to us in this State is the fact that a great percentage of our young men and women, whom we have trained and educated, do not return to the farm, and entirely too many of

them leave the State because of greater economic opportunities available elsewhere.

Some of this testimony, Senator, will be redundant and overlapping, but this has been prepared and, therefore, we will continue.

To underscore this statement, we find that Iowa is second only to Florida in the percentage of those over 65 years of age, to the population of the State. In Iowa, 12.5 percent of our population are of retirement age and this segment represents 20 percent of our voting population. Iowa is definitely not known as a "retirement state," so the answer is obvious.

If this trend continues not only will we be drained of our most valuable asset, our youth, we might well lose the basic moral and religious strength that once was so predominant in rural Iowa. Our population could dwindle to a point where we will be impotent in the field of national politics. To a degree, we have already experienced this unpleasant fact.

Time will permit us to discuss only three of the many problems that affect many of our retired citizens.

First and foremost is the problem of finances.

Many of our small farmers had net incomes which were not large enough to build up a substantial Social Security base. In many cases, their retirement income from Social Security, plus the \$1,680 allowable outside earnings, produces an income that is below the poverty level, as established by our Government.

THE FINANCIAL BIND

With the more prosperous farmers whose net income was established at the highest allowable Social Security base 5 years ago, now finds himself in a financial "bind." With the rising cost of living, he has less buying power and therefore must drop to a lower standard of living.

It is our humble recommendation that this committee seriously consider two propositions:

1. To increase the \$1,680 allowable outside earnings and/or
2. To tie the Social Security retirement income to the cost of living index, thus affording the same purchasing power, whether we are in the midst of prosperity or in a period of depression.

Senator Miller, as to this advance legislation, and we understand that some of the previous legislation that you proposed did not get out of the committee, I understand that you have recently presented another piece of legislation similar to the former.

Senator MILLER. Yes, I have. I might say that there are several other members both in the House and the Senate who have done so. Our committee has recognized the need to improve this situation, and I wouldn't want to be charged if this doesn't happen, but I think most of us are confident that something will be done about it, if not this year, at least in this Congress.

Mr. BONHAM. We feel that this is one of the major things that this committee must face.

The second problem is transportation, and it is very real.

In many communities, such as ours, there are no passenger trains, no overland buses and no taxi service. Our citizens who do not drive

an automobile, or through the process of aging have lost their drivers license, are dependent solely upon their good neighbors and friends as their only means of getting to and from the grocery store, the doctor's office, etc.

UTILIZING THE TALENT OF THE ELDERLY

The third problem is making the best use of accumulated wisdom, talent and skills of our elderly.

We use President Eisenhower's words to express this situation:

"Our Nation must learn to take advantage of the full potential of our older citizens—their skills, their wisdom and their experience. We need those traits fully as much as we need the energy and boldness of youth."

We have no definite proposal to make to this committee with regard to the last two problems. They are real, they are urgent and they are solvable.

If our Nation has the material wealth, the manpower, the technology, and the scientific minds sufficient to place two men upon the surface of the moon and safely return them to earth with samples of moon rocks and dust, and if our Nation can produce engines of destruction sufficient to annihilate the world's population, then surely our problems are small by comparison, and answers can be found.

We suggest the first step in the solution is research. Our own Dr. Morris and his staff of the Institute of Gerontology might afford valuable assistance in the field.

We direct the attention of this committee to an article written by one Theodor Schuchat, who writes a syndicated column, which appeared in the August 23, 1969, issue of the Des Moines Tribune. In it he stated that our Government invests less than 5 cents per person for basic research into the aging problem; that the National Institutes of Health will spend \$1½ billion this year for medical research and training, but only \$7½ million of that amount is earmarked for research and on aging; and that the Congress has provided \$8½ million to construct the largest center for aging research in the world, but because of budget limitations, it is being utilized at only about one-third its capacity.

Free from the pressures endured by you gentlemen, and from our vantage point the solution is crystal clear. It is simply a matter of priorities. If you choose to place the emphasis upon space travel and military expansion, instead of upon human needs, then most certainly the problems which we have presented will remain unresolved, and the questions regarding the aging process will go unanswered.

Gentlemen, thank you again for this privilege to appear before you and express our problems, and for your valuable time we have taken in this presentation.

Senator MILLER. Thank you, Mr. Bonham.

Do the other gentlemen wish to proceed?

STATEMENT OF PAUL MEYERHOF, WAVERLY, IOWA

Mr. MEYERHOF. The following are some of my personal observations on the plight of the American farmer, who finds himself at the

age of 55 or over, without a high income or financial security of any great amounts.

During the past two or three decades, or longer, the farming techniques have changed tremendously. From a one-bottom plow drawn by a team of horses to the present mechanical revolution in which one can find plows as large as seven bottoms drawn by one large tractor. The corn crop, once harvested by hand at the rate of one acre or less per man day is changed today to the point where one man can harvest many acres in the same period of time.

This change has many implications for the small farmer. The investment required to carry on a practical farming enterprise was much smaller in past years. Today this investment must be continually enlarged just to keep up. The older farmer is forced to borrow to make this larger investment. However, often financial lending agencies have hesitated and sometimes refused to extend credit to farmers of 55 years or older for such large-scale expansion.

Further, to leave the farm is not practical either for the older farmer. His education and background of experience is that of a farmer, for this is where he has spent his life.

The communities in which the older farmer grew up were without high schools at the time these farmers were of school age. So, it is quite evident that a large percent do not have high school training, and some have not even finished grade school. Leaving the farm would require extensive readjustment and reeducation. Most older farmers would find this costly and rather impractical to attempt on their own at their age.

As with other groups in our society, and in other times, the farmer has looked to his Government for assistance. But a change has taken place in the relationship between farmer and the Federal Government also.

The farm population of the United States at the turn of the century was a majority of the U.S. voting population. At the present time it is about 10 or 12 percent of the voting population of this Nation. Because of this, the farmer finds himself in a minority position with less power in legislative halls, resulting in less consideration and even unfavorable legislation in recent years.

During recent years when the price level of this Nation advanced to a much higher level, the farm operating costs have risen along with the rest of the prices in the national economy. But the prices of the farm produce and the income of the farmer has remained low, parity sometimes as low as 75 percent.

The older the smaller farmer is directly affected by this price situation. They are least able to make the necessary adjustments to meet a tougher economic situation. Their income remains low with little hope of improvement. This affects not only their income today, but it is quite evident that low income today will be reflected in later life when social security benefits will also be low.

Then, of course, overriding everything else for the farmer of 55 years and older is the fact that physically he is less and less able to perform strenuous manual labor, very much like the athlete or the professional baseball player that has aged. Sooner or later, for a very valid reason, they stop running the bases.

I thank you.

Senator MILLER. Thank you, Mr. Meyerhof.

STATEMENT OF THOMAS SKINNER, MISSOURI VALLEY, IOWA

Mr. SKINNER. Before I read my statement, I would like to thank you very much for coming out here. I regret very much the death of Senator Dirksen.

I don't think the senior citizens put themselves first in the world, as we are more interested in our children and grandchildren in the surrounding America. We want to live respectably and the senior citizens who aren't in good health should have immediate attention, whatever it takes. The rest of us would like to live. We would like to have a little comfort and a little pleasure.

"DIDN'T GROW UP ON SYMPATHY"

We didn't grow up on sympathy. Most of us reached this age the hard way. If we hadn't, we wouldn't be here today.

The problems of a small farm operator who is retired and other elderly persons living on a limited income, such as social security and old-age pension checks, are many.

The number one problem is financial. The number two problem is transportation and the number three problem is social financial problems.

I think the 65-year-old bracket set by our Government has hurt the elderly people. There are many years of work left for people over the 65-year-old bracket. Look at the many Senators that are serving our citizens of the United States who are 65 years and older, and many much older doing a wonderful service for its people. Perhaps not hard manual labor, but so many light work positions that younger people are filling now.

The 65-year-old age bracket has led the people of the United States to believe at 65 you are practically through with life.

Can't the taxes be reduced on property belonging to elderly people that are on a limited income?

The number one labor problem is in a small town. There is no work to be had, no factories. At the most, usually one bank, one store — no demand for help.

These are just a few problems in a small town. The prices of drugs should be looked into by our Government. The medicines are very, very high in prices. Our hospitals and doctors are increasing so rapidly, it seems as though there should be some way to control these prices.

The social problem can be taken care of through transportation.

The social life is not great in a small town such as we have in Harrison County. We are really a rural-urban area. I can see where the social life in a larger town of several thousand citizens or a large city would be a problem. But in our rural-urban area, our transportation and social life can be handled very nicely and easily through our visitation program.

I hear that the first of October the visitation workers will have hours and mileage cut. This will create a hardship on our elderly

people who are on a limited income and unable to drive. This is the program that needs to be continued with more mileage and hours than are allowed now.

I think that if someone offers these services to the people who are making complaints about being sick, they will accept it.

I know an old lady who fell down and had to be taken to the hospital. She is in a rest home now.

Thank you very much.

Senator MILLER. Thank you very much, Mr. Skinner. I might say that I appreciate your point. Most of the older citizens are not looking for sympathy. I think that is a point that is well made.

Thank you, gentlemen.

Mr. Bonham, I hope you won't mind if I make one comment about your statement. You referred to this article in the Des Moines Tribune of August 23, 1969. I didn't see it, but the point of the article that you referred to is that only \$7½ million of the \$1½ billion of medical research was going for research on aging. I have no reason to question that, but I think the point should be made that a tremendous amount of the \$1½ billion that is going for medical research will end up to the benefit of our old people.

Mr. BONHAM. I was wondering that myself. I am quoting from his article. These are not my figures.

Senator MILLER. Well, if you were quoting then I would say that Mr. Schuchat should put things in perspective. If he laments the fact that only \$7½ million is being allocated for research on aging, that is one thing, but let us make it clear to the reader that the \$1½ billion going from the Federal Government's treasury for medical research, a tremendous amount of this, cancer research and tuberculosis, and all kinds of things are going to be done for the benefit of the older citizens.

Mr. BONHAM. We recognize that.

Senator MILLER. I am sure you do, but I don't think that Mr. Schuchat did a very good job of recognizing it if that is all he had to say about it.

Now, you make a statement that if we choose to place the emphasis on space travel and articles of destruction, we won't have our solutions. I think in fairness that I must tell you that there is no Member of Congress, not a one of the 535 Members of Congress that I know of, that wants to do all of these material things to the detriment of our basic human needs. It is a matter of balance. You say it is a simple matter of priorities, but I assure you that the setting up of priorities is not simple.

Mr. BONHAM. I realize that.

Senator MILLER. Some people realize the amount of money that is spent on space travel, and I have gone through the torment of my conscience as most of my colleagues have on this subject, but if a fall out from the space activity could be a quicker pace toward world peace, I think that would probably satisfy one of the most basic human needs you could ask for.

Mr. BONHAM. That is correct.

Senator MILLER. Then as far as military expansion is concerned, in the short range, as you well know, the new administration has cut \$3

billion out of the previous budget. I don't know of anybody down there on the Hill of the 535 Members who wouldn't like to cut the whole thing in half. That is what the Arms Control and Disarmament Agency is all about, substantially supported by Members of Congress.

Unfortunately, we don't live in one world by ourselves. We have to be careful, and one of the most basic human needs is security, at least if we believe in our system of government and in freedom.

I think that freedom is a basic human need and that most of us down there, including the President of the United States, including any administrator, are not overlooking human needs, especially when it comes to the materialistic side of things, but freedom and peace.

Mr. BONHAM. Permit me to say this. When we made this statement, we had no reference that the Congress was not looking after this. What we were attempting to do was to point out that there are priorities and that we would like to have, as the elderly group would like, to have our priority established.

Senator MILLER. We agree, and that is what this Committee on Aging is all about. Now, I am curious, you represent the Associated Groups of the Elderly.

Mr. BONHAM. Right.

Senator MILLER. For Iowa.

Mr. BONHAM. Right.

Senator MILLER. How many groups are there?

Mr. BONHAM. As we know it now, about 225 known groups. There are more, but we do not officially know about them.

Senator MILLER. Well, now, would these include the Golden Age Club?

Mr. BONHAM. Yes, many of those do not give us their official title, and therefore we know that there are numerous existent in the State which we do not have officially before us so that we can mail them our copy of *Age*.

Senator MILLER. Well, you didn't put this in your statement, and I presume that you might be a little reluctant to beat your own drums, but let me say this: The Committee on Aging is most aware of something that cannot be handled, no matter how much money the State or Federal or local government appropriates, and that is this personal relationship which makes retirement years more meaningful. And your activities and your groups of these people where they can have the fellowship and understanding and hospitality that they cannot get anywhere else, I think, are going a long way in making retirement years more meaningful. I certainly wish you every success in expanding the number that you have.

Does either of the staff have a question?

Thank you, gentlemen. We appreciate your being here very, very much.

The next witness is from the Farmers Home Administration. He is Mr. Robert Pim, who is the State of Iowa Director of the Farmers Home Administration. We will be pleased to hear from him.

STATEMENT OF ROBERT PIM, DIRECTOR, FARMERS HOME ADMINISTRATION, STATE OF IOWA; ACCOMPANIED BY, KEN BOWER, CHIEF, REAL ESTATE LOAN DIVISION, FARMERS HOME ADMINISTRATION

Mr. PIM. It is a pleasure to appear before this distinguished group on behalf of an increasingly significant part of our Iowa society. According to a study of Iowa's population published by the University of Iowa's bureau of labor and management, the percentage of Iowa residents over 75 years of age rose substantially from 1940 to 1960.

The study shows that in 1940 there were 74,504 Iowans aged 75 or over—less than 3 percent of the State's total population. By 1960, this figure had climbed to 115,306—almost 4½ percent of the population, or approximately one of every 24 persons. The report also showed that in 1960 the Iowa population 65 and over accounted for almost 12 percent of the State total, which gives Iowa, along with Florida, the highest percentage of persons aged 65 and over in its population in the Nation.

In 1965, Iowa had about 343,000 persons aged 65 and over. Some 565,000 are estimated to be between 45 and 65 and will be moving into the 65-year-and-over category soon. A high percentage—(18.7 percent)—of those 65 and over live in our small rural towns in the 1,000 to 2,500 population range.

Elderly in rural communities remain active in their jobs longer than those in urban centers. For example, 14 percent of Iowa farmers are actively at work after 65. But only 2.3 percent of those working in job categories such as painters and bus drivers work after they reach 65.

Rural communities in the lower income rural counties of southern Iowa have the highest concentration of elderly people. In Wayne County the 1960 census shows that 49.7 percent of the families had an income of under \$3,000. Many persons 65 and over are in this group.

Low-income elderly are especially disadvantaged. They are not generally organized and are not articulate, either individually or as a group. I would like to make the exception that we have several articulate people here today.

They are not viewed with favor by the conventional lender because of their age and their low incomes. If they are on the rolls of social welfare they receive subsistence needs which may not support a level of living that is considered satisfactory by generally recognized dietary and health standards.

Poor housing is a byproduct of low income, as pointed out by Mr. Taff. If the validity of this statement is questioned, then we need but to go into the small rural communities and knock on the doors of the dilapidated homes and see the conditions under which the aged poor are living. If not forgotten, they are ignored by a society that has failed to gear well-intentioned programs to fit the needs of this group.

The Farmers Home Administration has special legislation designed to help elderly families in rural areas have adequate housing. In ad-

dition, we help these families improve their incomes with our other loan programs.

The following types of housing assistance are available through the Farmers Home Administration:

LOANS TO INDIVIDUALS

Iowa rural farm families traditionally have lived in single dwellings and two out of three own the dwellings in which they live. Consistent with this tradition, the Housing Act of 1949 was amended in 1962 to make it easier for elderly families to own an adequate home of their own. Long-term loans can be made to help them build or improve a home. Loans may be made to buy a previously occupied dwelling or a building site.

Making loans to elderly people is an innovation. We make them on the assumption that the home itself will provide adequate security for the loan. If the family does not have enough income, a cosigner can be used to provide assurance that loan payments will be met when due.

Farmers Home Administration loans made during fiscal year 1969 in Iowa were 1,223 low to moderate loans amounting to \$10,888,000. Many were made to older Iowa residents.

RENTAL HOUSING

Under our rental housing authority, we make insured loans available to provide rental housing for the elderly as well as for younger persons. Loans may be made to nonprofit corporations or cooperatives to provide rental housing and related facilities for the rural elderly in the low- and moderate-income groups. Loans may also be made to individuals, corporations, associations, and partnerships to provide rental housing for occupancy by low- and moderate-income rural residents and senior citizens without regard to income.

Loans are made for housing that is residential in character and designed to meet the needs of senior citizens who are capable of caring for themselves. The housing may consist of apartments, duplex units or individual detached dwellings. The loan may not exceed \$300,000.

The interest rate is $6\frac{1}{4}$ percent and the loan may be scheduled for repayment over a period of 50 years. Nonprofit organizations may qualify for interest credit assistance so as to reduce the effective interest rate to less than $6\frac{1}{4}$ percent, but not in any case to less than 1 percent. To date, 84 rental housing units have been financed in Iowa. The rentals range from \$55 to \$115 per month.

Funds for these insured loans are provided by banks and insurance companies, retirement funds, and other sources of investment funds with the repayment of the loan guaranteed by the Government.

We believe that there is a great need for rental housing in small towns. Most small rural towns have little, if any, good rental housing available. The elderly with modest incomes often live in improvised flats or apartments that are cold in the winter and hot in the summer.

Living in rental housing offers advantages to elderly people, particularly those living alone or who are unable to care for and main-

tain a house of their own. Our experience with rental housing, particularly for the elderly, demonstrates the importance of having well-designed housing at rents that fit the budgets of the elderly.

Rental housing projects need not be large. We have numerous developments in the State and elsewhere in the United States that consists of only four to 10 units. Such projects, scattered through small towns, can, in the aggregate, provide housing for many of our elderly families.

Senator MILLER. May I ask you a question at this point? Do you participate in any lending to construct rental housing which will be eligible for rent supplements?

Mr. BOWER. Senator, if I may answer that question, we are now operating under the Housing and Urban Development Act of 1968, which provides for interest supplement, and we are now, with the loans that we are closing, rental housing loans, executing an interest supplement agreement that will provide an interest supplement when this program is implemented and which, we think, will be this current year.

Senator MILLER. Now, is that included in your contract with the applicant?

Mr. BOWER. It is; yes, sir. They sign the regular 6¼ percent note, but it is supplemented with an interest supplemented agreement which will allow us to put that back.

Senator MILLER. Do you mean a rental supplement?

Mr. BOWER. Not a rent supplement, but rather an interest supplement which indirectly will supplement rent by reducing the rent to the very low-income occupant. It is not a rent supplement in the sense that, I suppose, public housing has in their particular programs, but it is an interest supplement to permit a lower rent.

Senator MILLER. An interest supplement to the applicant?

Mr. BOWER. Right; to the borrower.

Senator MILLER. With the agreement, that as a result of the lower interest rate, he will charge lower rental in the units.

Mr. BOWER. Right.

Senator MILLER. Thank you. Please proceed.

Mr. PIM. And that supplement can be made down to 1 percent interest on the loan.

Senator MILLER. Well, can a cooperative obtain a 1-percent loan rate; can a private organization, or an affiliated church group in a community? Who can?

Mr. BOWER. Any nonprofit group that is organized for the purpose of providing low-rent housing. A church group may by meeting the requirements, need to set up a special organization. An individual cannot.

Senator MILLER. Well, if it is less than 6¼, how do you determine whether they get 6, 5, 4, 3, 2, or 1?

Mr. BOWER. This will be determined by the ability of the occupants to pay, based on whether or not the rent that is charged will exceed 20 percent of their income. Now, this may mean that the occupants of a fourplex, for example, may each be paying a different rent for the same housing, depending upon their income level. This will require some bookkeeping, obviously, by the borrower, but it is an administrative problem, and this is a deterrent factor.

Senator MILLER. Do they come in and periodically show you the occupant list so you know whether you should be charging 1 percent or 2 percent or 3 percent, or do they do that at the very beginning with the commitment that they will accommodate people of a certain low-income group?

Mr. BOWER. They at the very beginning will show a list with the income level of the occupants.

Senator MILLER. Do you mean with the prospective occupants?

Mr. BOWER. Yes, sir. This then will determine the interest they will pay for the 2-year period. Each 2 years we look at the occupants and their income, and will then make a calculation to determine the interest paid for the next 2-year period.

Senator MILLER. Thank you very much.

Please proceed.

Mr. PIM. We also have small loans for minor repairs. We have this authority.

SMALL LOANS AND GRANTS FOR MINOR REPAIRS

Elderly persons who own and occupy their own homes can receive a loan of up to \$1,500 for minor repairs and improvements to make the home safe and to remove hazards to the health of the family and the community. These loans are designed primarily to make the home livable and keep out the wind and the rain. Loans may be made for purposes such as repairing leaky roofs, replacing broken steps, or possibly installing water or toilet facilities.

Since this is a loan, applicants need to have the ability to repay it. Many of the families receiving this type of assistance are on public welfare. Often the welfare agency will increase the housing allowance sufficiently to enable the families to qualify for a loan.

Just a few years ago, this agency also had funds available to make grants to families with not enough income to repay a loan. This was useful in helping the elderly provide shelter housing. The grant program, however, has not been in effect since 1964 because funds have not been available.

Much needs to be done in rural areas to provide better housing for the rural elderly. Some programs need to be funded, others may require modifying legislation.

Funding of the grant program, for which basic legislation already exists in the Housing Act of 1949, would be a useful tool for helping the rural elderly improve their housing.

Other activities of the Department of Agriculture can help bring to rural areas some of the housing services available through other agencies. We have in mind particularly the development of local public housing authorities under the program of the Department of Housing and Urban Development.

Through our technical action panels, we believe we can interest more rural communities in developing this type of housing which, because of the financial assistance available from HUD, can provide rentals at lower levels than is possible with only a loan.

With our authorizations we can help provide housing for families who have the ability to pay a reasonable rent or are able to own a home of their own. Many elderly rural families, however, are without

this capability. To provide adequate housing for such families, we were recently authorized to make interest credit assistance available that can reduce the effective interest rate to as low as 1 percent, depending on the income and the size of the family.

In working with the elderly, we have found that they are interested in living after retirement in familiar surroundings. We have also found that a majority of them do not prefer apartment-type living because it has not been a part of their experience. Often when both the husband and wife are living and well, they prefer a home of their own. When one dies or is no longer capable of maintaining a home, rental housing then becomes attractive.

There is a considerable amount of research on the problems of the elderly. It is encouraging to note the interest of the U.S. Senate in holding these hearings, which hopefully will transmit some of the research findings into action.

Senior citizens are an important economic and social segment of the Iowa population structure. In our opinion, it would be tragic to further the disruption of individual lives and of the communities by forcing our elderly to migrate to urban areas. A place must be found for them in rural America where they can retire among their friends in the community they have known all their lives. These communities also will benefit if the elderly continue to live there.

I wish to thank this group for the opportunity of presenting this brief statement.

Senator MILLER. Thank you very much.

NEED FOR BETTER COORDINATION

You heard Governor Blue's testimony in which he indicated that there appeared to be some need for better coordination in construction of various kinds.

When you receive an application for a loan to construct a rental housing unit, let us say, in some small town, do you evaluate the future of that community as far as medical services and other services needed for older people if this is to be a housing unit or a housing facility for older people? What is your policy on that?

Mr. PIM. I would like to refer that question to Mr. Bower.

Mr. BOWER. Well, Senator, the presence or lack of any facility does not mean that we will refrain from proceeding with adequate housing because we feel if those people are going to live there, they had better live there in adequate rather than substandard housing.

There is a consideration, however, and one that we do look to. As I recall, to date I don't believe that we have established any rental housing projects in communities that do not have or do not have adjacent to their community medical services or facilities. It is a consideration.

Senator MILLER. Now, Mr. Pim, you indicated in your statement that since 1964, the Farmers Home Administration has not had a grant program. Is that correct?

Mr. PIM. We have the authority but not the funds under this particular authority to grant for housing.

Senator MILLER. In other words, those families who do not have enough income to repay a loan. Then you used to be able to make

grants, but you can't do it now and haven't been able to do it for the last 5 years because no funds have been available?

Mr. PIM. That is right.

Senator MILLER. I don't suppose you know why no funds have been made available? Is this an administrative matter in Washington, or do you know?

Mr. BOWER. We don't know, sir, whether our administrator included that in the budget request or whether it got sifted out before it got to Congress, but it has not been a part of the appropriations since that time.

Senator MILLER. Are you in a position to accommodate older people who do not have the source of income which would enable them to repay the principal of a loan term, but they do have property which would enable the loan to be paid after they passed away? Are you in a position to accommodate those people?

Mr. PIM. No, we are not.

Senator MILLER. Well, for how long a period of time would you make a loan?

Mr. PIM. To the individual, Senator, we can make a loan for 33 years.

Senator MILLER. Well, then, 33 years could make it a pretty low amount of principal, I guess. Suppose they don't have the amount of money to repay the principal but could repay interest, perhaps? You are not in a position to make a special type of a contract to cover this? You can't repay the principal on a straight line basis, is that the way you handle it?

Mr. PIM. On an amortized basis. The only way this could be worked out is with a cosigner.

Senator MILLER. Do either of the staff have questions?

We appreciate your being here very much and thank you.

STATEMENT OF RESSIE LAWSON, DES MOINES, IOWA

Mrs. LAWSON. I want to know why the Congress hasn't appropriated the food for the elderly. There are 12,000 elderly recipients right now here in Des Moines, Iowa, who need this food supplement, and they are only appropriating it for the young women that are pregnant and the children under 5.

We elderly people need it also because we live on under less than \$1,000 a year. We are entitled to this food supplement, and I represent the people of the State of Iowa, not only the State of Iowa, but all over the country. We elderly people are the last to get any consideration.

I got hurt working right here at the State House in 1957. I don't get any consideration, and I want something done.

Some of the people live on \$87 a month. They have to pay their taxes and they have to pay insurance on their homes. It is time that we elderly people are considered as well as these young people, and I am going to fight it until the last minute.

I have written to Washington, to everyone there. I have written to Senator Hughes. I have also contacted Senator Jack Miller. He has been wonderful in his communications with me. Also, Secretary Finch, the Secretary of Agriculture. I have written to OEO. I have

written to Sargent Shriver and his predecessors, and then we haven't had any consideration, we elderly people.

Now, what are we to do, starve to death? If we have breakfast, we can't have lunch. If we have lunch, we don't have supper. People go to bed hungry. I have been in a lot of places and seen it happen.

I am 68 years old, and I know the condition of these elderly people here in the city of Des Moines. If you get a raise on the social security and you are an old age assistance, then you are cut right back to the starvation. Food has gone up, rent is up, utilities and everything else.

"WE HAVE BEEN IN THE BACKGROUND"

Now, I am pleading to these people to look at these elderly people because we have been in the background. We have made this country what it is today. Now, we want something done and done immediately.

Instead of throwing money away and giving it to the other countries, start at home here and give us a right to live as they do others.

We want this emergency food and medical, too, the same as those people who are pregnant and children under 5. We want to be eligible for that, too.

Now, I pay \$20 for food stamps, and I only get \$26 worth. When you sum it up, we are not getting anything on these food stamps at all. We are paying for every bit of it. They say we are getting \$6 bonus, but when you add it up, we only get about 3½ percent on the dollar that we spend. Some of the people are living on less than their income. They have taxes to pay. One woman is a diabetic. They have to pay for insurance on their homes. I pay insurance on my home, too, and I pay \$20 and get \$26 worth of food stamps.

I am on a special diet. I got hurt up here and hurt my kidney and my spine, and that causes a complication to sit up. I am permanently and totally disabled, and I have the proof to show it. Senator Miller knows about it because he has seen the papers, and he has been trying to fight for us.

Now, I think it is time that we elderly people get the consideration as well as these young people because we have been in the background, and we want something done. We have never gone forward before to ask for anything, but it is time now. The way food is, we can't eat, and we are tired of going hungry.

We are excluded from this supplemented food act, and I think we should be included in that. We need it because we don't have the money to buy the food with this inflation.

I have a letter from Harold Hughes, and he said he would put it on record. We want something done because we are tired of going to bed hungry at night. We don't have enough to eat.

Some months there are 5 weeks in a month, and how can we go on that for 5 weeks a month as high as groceries are? We cannot make it, and we want something done for the elderly people immediately and not after while, but now.

We pay for medicines and to get the doctor and to get our bills payed and grocerys and the upkeep on our homes.

The raise on Medicare and hospital fees are too high for the elderly to pay on small income.

Senator MILLER. Shortly, I will have the committee stand in recess until 1:30.

I should point out, from Mrs. Louise Filk of the State OEO Office, that a considerable number of our older citizens are here, and I would like to repeat what I stated earlier this morning. While the hearing format and schedule will confine us to hearing witnesses on the list, if there are any other people who would like to have a statement filed for the record, I wish they would, at their leisure, obtain from either the staff people or the secretary, a form which they can use in filing a statement for the record with the committee. As I understand it, there will be 30 days in which to do so.

For those who are not familiar with the Capitol Building, there is a small cafeteria downstairs in the basement, and there are other cafeterias over in the larger office buildings across the yard.

Because we are on a time schedule, the staff has to return to Washington on a fairly early afternoon plane. We leave at 4:20 this afternoon and because it shouldn't take too long for lunch, I hope the staff won't mind if I recess this hearing until 1:30 this afternoon.

(Whereupon, at 12:45 p.m. the Special Committee on Aging recessed, to reconvene at 1:30 p.m. the same day.)

AFTERNOON SESSION

(The committee reconvened at 1:30 p.m., Hon. Jack R. Miller presiding.)

Senator MILLER. The committee will come to order and the meeting will be resumed.

This afternoon the first witness we have on our list is Dr. Edward B. Jakubauskas, director and professor of economics, Iowa State University, Industrial Relations Center.

STATEMENT OF EDWARD B. JAKUBAUSKAS, DIRECTOR AND PROFESSOR OF ECONOMICS, IOWA STATE UNIVERSITY, INDUSTRIAL RELATIONS CENTER

Mr. JAKUBAUSKAS. I have a prepared text and reprints of research conducted by two sociologists who have been at the Iowa State University. I think we have some very interesting information which I would like to make a part of the record.

Mr. Chairman, the problems facing Iowa's older citizens in rural areas and small towns are closely related to changes in agricultural technology and their effect upon employment and population distribution.

Rapid and sustained productivity increases in farming, with only moderate increases in the market demand for farm products, have reduced the volume of manpower utilized in direct farming operations. This reduction of farm manpower has been in the nature of "opportunity displacement," which has been noted this morning, as younger workers have left farms for growing opportunities in urban centers. Older people, having close community ties and generally lacking the opportunity for geographical and occupational mobility, have remained behind.

As younger workers have migrated from Iowa's farms and rural areas, a bimodal type of population distribution has emerged. The very young—mostly school-age youth—and the very old tend to be disproportionately represented in Iowa's rural population.

The effects of technology upon agriculture carry over to the small-town economy which services the farming sector. A declining farm population reduces the number of customers served by local businesses.

In addition to this, the availability of better roads (such as the interstate system) alters trading patterns for those who remain on the farm. Rural Iowans now travel much farther and bypass small-town businesses to purchase personal and household goods in trading centers located in or near large cities.

As on farms, we find older people in small towns adversely affected by change. Many smalltown establishments are owned and operated by older people. Having invested long careers in their businesses, older workers find that their lifetime investments evaporate in the face of change, as fewer customers are served in small towns and as large urban shopping centers displace small-town firms.

GOVERNMENT SERVICES IN RURAL AREAS

The demand for governmental services in rural areas grows because of the existence of large numbers of the very young and the very old. Young people require more and better education to cope with a growing, complex urbanized society. Older people require a variety of supportive services related to health, housing, and income.

Governmental tax revenues in rural areas, however, are too dependent upon the property tax which does not accurately reflect ability to pay, and is not capable of supporting the growing needs of the rural community. After rising costs of education are met, there is relatively little left to meet the needs of older people.

Aside from the tax and revenue problem, rural areas still depend upon a county form of government to meet needs which are far greater and more complex than can be handled by the county system—a system which simply fails to provide an optimum size for most governmental services.

This does not mean that services should be provided only in Des Moines or in Washington. Rather, what is needed is a multicounty service center, operated in cooperation between counties and State government, and with an adequate field staff to provide an "outreach" system in serving rural people.

HEALTH PROBLEMS OF OLDER IOWANS

One of the most critical problems facing older persons is the adequacy and availability of health services. For rural people this has become critical because governmental structures have failed to find a solution to the growing problems of health care. It is widely recognized that health personnel avoid small towns, and tend to gravitate to more desirable and lucrative practices in cities. Rural areas do not have the capability to compete effectively for scarce health services without some form of governmental action.

The lack of medical facilities tends to lower the propensity of older rural people to develop habits of preventive health care.

In a recent survey of the health situation of older workers it was found that only 22 percent of farmers have regular medical checkups, in contrast to 51 percent of factory workers.

Older men on farms are also less likely to carry medical care insurance.

Eighty-six percent of factory workers and salaried professionals had medical insurance, compared with 69 percent of merchants, and 68 percent of self-employed professionals. Only 55 percent of older age farmers carried medical care insurance.

The picture on hospital insurance was somewhat better, though the ranking remained about the same: 76 percent factory workers and salaried groups had insurance, in comparison with 82 percent of self-employed professionals, 80 percent of merchants, and only 67 percent of farmers.

Lest one would argue that older farmers have less need for health services, the same study also showed that one-third of older farmers felt that health interfered with their work, compared with only 15 percent for self-employed professionals, 12 percent for merchants and factory workers, and 8 percent for salaried professionals.

In addition, older farmers are less likely to go to hospitals when seriously ill. Only 78 percent of older farmers went to the hospital when seriously ill or injured, compared with 85 percent of professionals who were at the other end of the health services spectrum.

Senator MILLER. Could I interrupt you at this point. Are these national statistics?

Mr. JAKUBAUSKAS. No, sir. These are for Iowa.

Senator MILLER. Continue.

EMPLOYMENT AND RETIREMENT OF OLDER RURAL IOWANS

Mr. JAKUBAUSKAS. In considering labor force participation patterns, it was found that rural nonfarm participation rates are similar to urban participation rates. There are, however, striking differences for the rural farm older worker.

Census figures (1960) for Iowa show that for older farmers 65 percent of those age 65-69 were working, and even for those age 70-74, 55 percent were still working. This was in contrast to urban labor force participation rates in Iowa of about 48 percent for those age 65-69 and 30 percent for those age 70-74.

One reason for the extended labor force participation of older farmers is the great degree of individual decisionmaking which is inherent in farm work. There are no arbitrary chronological limitations upon retirement on the farm. Family farming which is characteristic of Iowa, affords the opportunity to the older farmer to continue as an active member of the labor force.

Given the opportunity to work, another factor which tends to delay retirement is the inadequacy of income for farmers. A 1964 Iowa State University survey of income patterns of workers age 50 and over showed that older farmers earned \$3,654 per year, in contrast to \$5,812 for factory workers. This study also showed that about 64 percent of farmers age 65-69 earned less than \$4,000 per

year compared to 60 percent of employed factory workers in that age group.

IMPLICATIONS OF CHANGE FOR OLDER RURAL IOWANS

Rural Iowa and particularly rural-farm Iowa will continue to lose population in the next decade, and possibly even into the 1980's. Older persons in the future will constitute a greater proportion of Iowa's rural population than found at the present time. Pressures upon governmental services will remain high and adjustments will have to be made both in the nature of delivery of services to older persons, as well as in the level of services which can adequately meet the needs of older people.

Policy recommendations which I feel would improve services to older Iowans in rural areas include:

1. The provision of adequate income maintenance. This is a first priority for our older citizens.

I think, Mr. Chairman, you stated so well the effect of inflation upon older people. Income should be provided at an adequate level regardless of the availability of employment.

2. Establishment of multi-county coordinated governmental service centers, with an effective "outreach" system to give all older persons access to and knowledge of the availability of services.

The present administration is concerned with the problem of developing Federal-regional agencies and having States which coincide with the service centers of the various departments; that is to say, the Department of Labor has not had the same regional areas which have been served by the Office of Education or other agencies, and they are working in the direction of consolidating regional offices so that the same States would be served by the same agencies.

Now the same problem exists at the county level. We have multi-county systems at the present time. The Office of Economic Opportunity, Community Action Agency, and mental health centers include the counties and so forth. There needs to be some coordination in this area.

3. Development of adequate health services for rural Iowans, with initial exploratory demonstration projects to test the effectiveness of alternative health delivery systems.

In other words, we have to design, for example, a more effective ambulance system for our rural areas, and we have to determine what procedures would help relocate health personnel to serve our rural residents. There hasn't been enough innovation in this field.

4. Preretirement planning centers established to serve a multi-county functional economic area, and equipped with mobile units to approved direct person-to-person service to rural people.

5. Creation of service-type employment opportunities which are related to community improvement. These opportunities would be attractive as alternatives to continuing in farming; such things, Mr. Chairman, as conservation, and there are many areas. This is one. The other might be the utilization of the services of our older retired farmers as Peace Corps workers for the country. At least this should be explored.

Programs in this area should widen the employment horizons of older persons by providing greater choice within a wider selection of occupational employment opportunities.

6. The development, as has been mentioned this morning, of service workers such as "home-aides" to permit older persons to remain in home communities, rather than be forced to enter retirement or nursing homes. Again, the emphasis should be in providing wider opportunities for choice among alternative housing programs—to fit programs to the needs of older persons, rather than people to existing programs.

Thank you, Mr. Chairman.

Senator MILLER. Thank you very much. Professor. That is excellent testimony, and those policy recommendations look awfully good to me. You have requested that three articles be placed in the record.

One is called "Work and the Older Persons in Rural Iowa."

Another is "The Work Situation of Iowa's Older Workers."

And the last is "The Health Situation of Older Workers."

These articles will be placed in the record.

(See appendix 1, pp. 93-103.)

Senator MILLER. Now, are you familiar with the senescity index which Dr. Morris testified on this morning?

Mr. JAKUBAUSKAS. As a general concept, yes.

Senator MILLER. Well, one thing that appealed to me was the fact that this appears to isolate certain areas for particular attention in Iowa. For example, I am sure you are aware of the high ratio of older people living in the southern two tiers of counties. At least most of them.

Do you see, as an economic specialist, that different approaches might well be used within a State to achieve some of these policy recommendations of which you refer, not necessarily as between urban and rural older people, but among the rural people themselves?

As compared to the southern two tiers of counties, there are many other counties in Iowa which have a lower senescity index and do not have near the problem or the loss of population.

Mr. JAKUBAUSKAS. Yes, I would think for example, that one would have to look to the degree of farm ownership in the various parts of the States. There are some differences within Iowa in this respect and the problems would be quite different among the counties, depending on whether farmers owned their own land or whether they were tenants. I think certain parts of the State would give greater opportunity for community service. Certain areas of Iowa might be helped by industrial development, perhaps. The problems in southern Iowa would be different than northern Iowa in this respect.

Senator MILLER. The conclusion is that there could be different approaches, and you are not advocating any particular approach to be used uniformly throughout the State?

Mr. JAKUBAUSKAS. That is correct, Mr. Chairman. I think the opportunity for choice is important. For example, older people ought to have the opportunity of entering or not entering a retirement home. We should widen the horizon for choice, not attempt to put people within the mold of one particular program or another.

MULTICOUNTY SERVICES

Senator MILLER. Your recommendation for multicounty service has a lot of appeal but what kind of an organization do you envisage? Would this be sort of a supercounty organization? Would it be a State organization? Would it be a cooperative organization? Would it be somewhat like a regional planning agency within the State?

Mr. JAKUBAUSKAS. I think, on the one hand, Mr. Chairman, that many of our State services need to be decentralized to provide services closer to the people in the State. In this sense, I think there ought to be branch offices of various State agencies.

On the other hand, I think that the counties ought to be merging many of their services to be operating more efficiently as I see it, I think a cooperative system, should emerge between the State and counties in providing services.

Senator MILLER. Well, we have made some progress along that line, as you well know, in the elementary and secondary education area. Are you thinking of following a pattern along that line?

Mr. JAKUBAUSKAS. It should be worked out according to a functional economic area line, Mr. Chairman. There is considerable research going on now at Iowa State University by Professor Karl Fox who has spent quite a bit of time trying to define what a multicounty functional economic area would look like, and what sort of services should be provided to an optimum level of population.

At the present time we have multicounty units, but these differ according to the particular program. If one gets mental health services, the combination of counties is quite different from the Community Action Agency or area Vocational School. It almost depends on the particular program, and there needs to be a better system for coordination and consolidation of these counties to provide all services for a particular area so that a citizen doesn't have to go to one town for one type of service and another for something else.

Senator MILLER. Are you familiar with the Tenco Corporation?

Mr. JAKUBAUSKAS. Yes, I am.

Senator MILLER. Does that serve as a model for what you are talking about?

Mr. JAKUBAUSKAS. I think it does, Mr. Chairman. There are a few others like this. I would say that the Iowa State University extension service is working on and planning for models similar to Tenaco.

Senator MILLER. I know that you predict that rural farm Iowa will continue to lose population in the next decade and possibly even in the 1980's. I can't say I blame you too much for making the prediction, but I want you to know that a number of us in Washington will do our very best to prevent it from happening. It should not happen that way.

Mr. JAKUBAUSKAS. My testimony projects the past into the future and assumes that policy will not change in the future. Of course if things do change due to governmental action, out-migration may be reduced, and small towns and rural areas will be viable.

Senator MILLER. Well, the trend certainly supports you, and if the trend continues, that is exactly what is going to happen. I think our job is to reverse that trend.

Mr. JAKUBAUSKAS. Yes.

Senator MILLER. We will do the best we can with it. Would either of the staff like to ask any questions?

PRERETIREMENT PLANNING

Mr. ORIOL. Dr. Jakubauskas, you put a fairly large priority on establishment of preretirement planning centers. Now, of course, here in Iowa, with the Drake University program and other activities for preretirement planning, you have a good foundation of information. For people in the rural areas, what do you think should be the elements of preretirement planning, and what do you think the response will be to the type of program you propose?

Mr. JAKUBAUSKAS. First, I think the services can be provided if we establish mobile units to visit smaller areas of the State. I think the type of information that should be conveyed to our older people is, for one thing, the whole question of leisure. There is very little preparation on the part of farmers in regard to leisure, in terms of what they are going to do with their time when they do reach the age of 65 or so and they will stop working.

The Iowa farmer has a very strong orientation to work. Work is an essential part of his life, but eventually he does leave the labor force and the element of loneliness comes into the picture.

There needs to be a great deal of exploration here in regard to leisure, in regard to the use of recreation, and to service-connected type of employment.

Mr. ORIOL. How do you get that point across? What approach do you envision?

Mr. JAKUBAUSKAS. Well, I think we need some demonstration programs to go out and work with other people. We haven't done this. There are no preretirement centers in rural areas. I think some experience has to be gained in working with people to see how they can be helped and what there needs to be in the area of leisure and recreation.

HEALTH AIDES

Mr. ORIOL. Another point, in your discussion of more adequate health services for rural Iowans, you talked about demonstration projects. Later on you talked about the creation of service-type employment opportunities which are related to community improvement. Naturally, one of the things that comes to mind is that perhaps some numbers of the elderly could be trained to help to provide health services for other elderly.

I wonder just how practical you think that is and what sort of training would be needed, let us say, because of your experience at the industrial relations center and some of the work you have done on manpower programs. How practical do you think that is?

Mr. JAKUBAUSKAS. Well, our College of Home Economics at Iowa State does have programs for home health aides. There is a curriculum developed for this, and I think many older people would be highly suitable for this type of work.

I also feel that other areas, such as conservation, would be suitable for older people. I think in the staffing of the preretirement centers,

many of our older citizens could provide very excellent information for others who are planning retirement.

Senator MILLER. Well, thank you again, Mr. Jakubauskas. We appreciate the excellent testimony, and we appreciate your coming before the committee.

Mr. JAKUBAUSKAS. Thank you, sir.

Senator MILLER. Our next witness is Dr. John Schmidhauser, professor of political science from the University of Iowa, and also a former colleague of mine in Congress. We are delighted to have you here.

STATEMENT OF DR. JOHN SCHMIDHAUSER, PROFESSOR OF POLITICAL SCIENCE, UNIVERSITY OF IOWA

Dr. SCHMIDHAUSER. Thank you very much, Mr. Chairman. It is a pleasure to be here. I want to thank the Senate Special Committee on Aging for coming to the State of Iowa because, in my estimation, and I am sure in the estimation of the members of that committee, this is the State where we can learn the most meaningful lessons with relation to the problems of the rural elderly.

Before I get into the text of my testimony, I think we must consider the thrust of the major legislation in modern times that is related to serious national problems. We may as a matter of economy and also as a matter of commonsense do a great deal of a very progressive nature to help the rural elderly by appraising the major legislative efforts in areas which on their face do not appear to be related to the elderly themselves.

I would like to begin discussing my testimony with an example of the kind of analysis that I think might prove helpful to the Congress as it takes up some of these serious tasks.

As many of the witnesses that preceded me have pointed out, for several decades a change of massive proportions has quietly unfolded in rural America. The age of the farm producer has risen steadily, while fewer young men have entered commercial farming.

RIISING FARM ACCIDENT RATE

One of the unfortunate consequences of this is the rising farm accident rate. Contrary to popular accounts, most elderly Iowa farmers do not retire to a life of ease. A considerable number must, through economic necessity, continue to work at advanced ages. Farm work frequently involves danger of accidents, a danger accentuated for persons of advanced age.

The problem of motor vehicle safety has begun to receive a great deal of attention. In May of 1966, I took the occasion to present testimony before the Committee on Interstate and Foreign Commerce urging that committee to include within the scope of the newly proposed highway safety legislation due attention to the problem of agricultural tractor safety as well.

I have reproduced for this committee some of the material that I included at that time, for this reason: One of the unfortunate consequences of the overall change in migration and occupational patterns that we have had has been the rising farm accident rate.

The findings of the National Safety Council, and a number of other interested private organizations, pinpoint the fact that this trend in rising farm accidents is related to the factor of age.

In a report described in the Des Moines Register just a couple of years ago, the findings of the National Safety Council in 1964 were summarized. This study by the National Safety Council pointed out that a total of 875 fatal farm accidents involved tractors and farm machinery.

In the age breakdown of the fatalities in this report, the highest proportion of deaths occurred in the age group 55-80 years of age. Here is the summary.

(The summary follows:)

Age groups :	<i>Num- ber of deaths</i>
0 to 14 years.....	133
15 to 19 years.....	73
20 to 39 years.....	125
40 to 55 years.....	205
55 to 80 years.....	339

Dr. SCHMIDHAUSER. On two pages of my testimony, which I will not read, I reproduced the kind of a montage of newspaper articles which have appeared fairly recently in the Iowa press. The most recent appeared in the Des Moines Register on August 31, 1969. The reports have a sort of dismal and very discouraging regularity. They usually give the name of an individual.

(Newspaper articles retained in committee files.)

They report a farm tractor accident, which is usually a tipping accident, and if one pays attention to the ages, a very high percentage of those who are seriously injured or killed in these farm accidents are persons who in other occupations would have long passed their retirement age.

The most recent reported the death of an elderly rural Cascade man who was age 73. It is interesting to note that he was mowing hay when his tractor tipped over killing him instantly.

To point out some of the facts of the tractor safety problem, in 1964 alone, there were 3,200 accidental deaths in farm work, 35.3 percent of which involved machinery. In the State of Iowa, 42.5 percent of farm deaths involved farm machinery. Iowa's tragic death toll is one of the highest in the Nation. During 1964, the tipping of tractors was the largest single cause of tractor fatalities with 32.8 percent of the accidents resulting in death.

These statistics indicate that some type of tractor roll bar, a device which presently being tested in Sweden, would provide additional protection to operators involved in such accidents. Important research in this field has been conducted at the Institute of Agricultural Medicine at the University of Iowa.

Mr. Chairman, at this point, I would like to suggest that a copy of a recent report issued by the National Swedish Testing Institute for Agricultural Machinery, entitled "Tractor Safety Cabs, Test Methods and Experiences Gained During Ordinary Farm Work in Sweden," be secured and inserted in the record.

Senator MILLER. Do you know how long that report is?

Dr. SCHMIDHAUSER. It is approximately 12 pages with some charts. The author of the report is Prof. Harold A. Son Moberg.

Senator MILLER. I think we can accommodate that request, with the exception of the charts. There are some mechanical problems there. We will have the staff obtain that report and put the appropriate parts in the record per your request.

(See Appendix 1, Item 4, p. 103.)

Dr. SCHMIDHAUSER. That report will not only show the technique being developed in Sweden, but it also reported the interesting fact that tractor fatalities in Sweden took a drastic drop as a result of legislation and safety devices that were used. The fatalities, on the basis of the report that I have seen, have not totaled 10 per year since this program went into operation.

In Sweden, there is an established program promoting tractor safety which includes an institute to assist in the development of a safe product through extensive research.

As I have indicated, I would like to see a similar program established in the United States and did, indeed, recommend to the Committee on Interstate and Foreign Commerce the establishment of such a research institute as part of the then developing Motor Vehicles Safety Act of 1966. I included a model for such legislation in a bill which was introduced on May 2 of that year, H.R. 14806.

The health and safety of the rural elderly comprise only a portion of the problem, and of even growing proportions, which was highlighted by Ralph Nader in a report only a few days ago. Let us take the current situation of the elderly agricultural producer in the Midwest as an important example. The average age of the midwestern farm operator has been steadily increasing.

On the basis of one recent report in Iowa, it has risen from an average of 47.7 years in 1959 to 48.5 years in 1964.

RETIREMENT PATTERNS

Historically, the pattern of retirement and of ideological outlook of farm retirees comprise three major facets: (a) Gradual reduction of physical activity rather than abrupt withdrawal, which is often the pattern in industrial and professional life, (b) a traditional belief that retirement problems were primarily an urban problem, and (c) the belief that close-knit family ties guaranteed the basic economic needs and the emotional security of elderly farm producers.

A number of studies at Ames indicated that the 1930's represented a turning point. The impact of the great depression and the decline of the family farm because of increased opportunities in nonagricultural pursuits and the mechanization and commercialization of farming has seriously weakened the three historic concepts influencing rural retirees (Christensen, 1966).

We may then ask, what are some of the basic problems which have developed for the rural elderly as a result of the shift of economic and ideological outlook? Despite the fact that a high proportion of farmers participate in the Social Security program, a high percentage, nearly 60 percent, depend upon rentals from land as a portion of their retirement income.

Significantly, only 20 percent of the land released by the retirement of farm operators was made available to beginning farm operators. This finding, documented by Christensen in a study completed at Ames in 1966, is related to two additional problems. Because land rental is an important economic factor for the retired farmer, it can be assumed that accessibility is, in part, denied to beginners.

In addition, the evidence is strong that the quality of land possessed by retirees is higher than that of others. These economic factors play a significant part in contradicting several basic personal aspirations of the rural elderly.

A number of studies have stressed the strong desire of the rural elderly to remain in the country or to move to small communities in the region in which they lived most of their lives.

Christensen's data, in particular, which was concerned with retiring Iowa farm operators in the period 1959-61, indicated that well over 90 percent expressed such a preference. This aspiration is closely related to the desire of rural elderly persons to live in proximity to their children and grandchildren.

Older farmers generally prefer to live in their own homes rather than with someone else. These farm residences are generally older frame dwellings. In Christensen's study, covering the years I have mentioned, 87 percent were constructed before 1920, 30 percent before 1900.

In short, the economic circumstances attendant to the retirement of farm producers generally tend to create conditions least conducive to one of the primary aspirations of the rural retirees by making it difficult for the beginning farmer or potential beginners to get a start in the region in which his parents live.

It is pertinent to ask our colleagues in the social sciences the extent to which this growing tension between personal aspiration and economic necessity may help create difficult problems of adjustment for rural retirees. Do such tensions contribute to the following pessimistic attitudes, as reported by Christensen?

Individuals over 60 in Iowa open country rated their own health lower than their urban counterparts. Retired farmers born before 1920 found it difficult to develop new interests. Economic and health factors "tend to produce a negative attitude toward all aspects of life."

Conversely, to what extent have our recent public policy decisions relating to the elderly contributed toward fulfilling the primary aspirations of our rural elderly?

LEGISLATION FOR OLDER AMERICANS

Recently, the publication "Retirement Life" (1967) summarized the major legislation for older persons enacted by the 89th Congress. These include the Older Americans Act of 1965, the Social Security Amendments of 1965, the 1965 Amendment to the Community Mental Health Center Act, the Regional Medical Center Act, the Civil Service Retirement Act of 1965, the Amendments to the Railroad Retirement Act, the Housing and Urban Development Act of 1965, the Higher Education Act of 1965, the 1965 Amendment to the Economic Opportunity Act of 1964, the Economic Opportunity Amendments

of 1966, the Fair Labor Standards Amendments of 1966, and the Amendments to the Library Services Construction Act.

I might add that succeeding Congresses have built upon this legislation and expanded it in some areas.

At first glance, the array of programs, ranging from Medicare to the Older Americans Act of 1965, to Housing, to education and library services seems imposing. I might hasten to add that I myself, as many Members of Congress, was firmly committed to this kind of legislation.

Yet, even if one assumes that these programs are administered or are going to be administered successfully, it is not clear that our Nation has gotten to the heart of some of the problems confronting our Nation's elderly citizens.

I might add to this comment about administration, were these programs adequately funded because obviously that is a problem which must be taken into account, too.

RURAL WATER AND SEWER ACT

To give you one example, it can be argued that a lightly funded bit of legislation, the Poage-Aiken bill, although not even listed as related to older persons, provides an example of the kind of legislation needed for the future.

The Poage-Aiken Bill does not refer to the elderly. It is more commonly known as the Rural Water and Sewer Act. It merely extends to small communities the kind of assistance in the construction of water and sewer systems which previously had been extended to urban communities, but on a much broader basis to larger communities. But it is a piece of legislation directly related to the personal needs of the rural elderly.

It aids the survival of numerous small communities. More importantly, it permits such local development, such as water and sewer systems, under conditions which will not be financially crippling to elderly retirees who are particularly sensitive to variation in local property taxes.

In other words, it takes the burden off individuals in that economic level and permits communities to move ahead with adequate Federal aid to help them.

What is instructive about the legislative history of Poage-Aiken is the long decades when its presence would have been helpful in rural America—yet it was not adopted until the advent of the 89th Congress and, at that, with an inadequate budget.

Most important is its basic lesson—we need to develop a public policy which is an adequate reflection of the interrelationship of basic social problems. The States which have the highest incidence of elderly persons, particularly those with a heavy dependence on a rural economy, vitally need such an intelligent national approach.

Senator MILLER. Thank you very much, Dr. Schmidhauser. I thought that your observations that other areas not always connected with older Americans can have a very great impact on older Americans was very well taken. You referred to the Poage-Aiken Bill, of which I am proud to say I am a cosponsor.

I don't think in our committee deliberations on this, and I am referring now to the Senate agriculture deliberations, we particularly talked about the impact of making better living conditions for the older Americans, but there is no question but what it will do so. I share with you the regret that it has not been funded to a greater extent, but it is on the books and we are making progress on it.

Do either of my staff people have questions?

PROPERTY TAX IMPACT ON RURAL ELDERLY

Mr. ORIOL. You, Dr. Schmidhauser, mentioned the reaction to the property taxes in rural areas. In the other committee study on the Economics of Aging we received very vivid testimony of the impact of property tax on the home owner in suburban areas. Can you give us a description of the impact of property taxes on people in rural areas, most notably farmers, and what the current feeling of the people in those areas seems to be about property tax?

Dr. SCHMIDHAUSER. I think I can sum it up very well in this way, and I think a number of people who provided testimony here could see to it that your committee gets the latest figures. I don't want to deal with those figures off the top of my head, but Senator Miller, as a former member of the Iowa General Assembly, is very cognizant of this.

In recent years there has been perhaps an even greater accentuation of the problem. Property taxes in a State that is so heavily dependent on a rural economy, such as Iowa, of course, represent, in part, a vestige of a tax system that probably made a great deal of sense in the past, but poses some very, very great difficulties in the contemporary scene because rural farm producers, whether elderly or not—but, as we know, a great many of them are elderly—are in a particularly difficult position. They are often unable to escape many of the burdens of taxation which have a direct bearing on the limited income that they may get from their family farms.

Persons in other occupations do not face this kind of burden because much of their income, their life opportunities, you might say, in terms of their occupations, is not related to the land, not related to the holding of property that is susceptible of taxation under this particular tax system.

In this respect, the State of Iowa probably is no different than many of the others. A greater burden is put on elderly property owners even though steps have been taken to alleviate this. The strongest sponsors of these property tax relief attempts admit, however, that they have been inadequate in the face of this particular problem.

Therefore, I might say that when we hear a great deal of discussion about tax sharing that this is an area where, if it is properly funded and made meaningful, it could have a decided impact in and of itself. More importantly many of the existing programs that have not been adequately funded, such as Poage-Aiken, the Water and Sewer System Act for the smaller communities, if properly funded could alleviate a great deal of the burden in those small towns where the tax rate is very tight; where the number of persons eligible for taxation is obviously small and relatively static in number, and

where the decisions made by those communities often are governed by the economic condition of the elderly people who live in them.

This is a very sensitive thing, and I certainly know in a practical sense that some communities in southeast Iowa were able to move ahead and establish sewer or water systems, or sometimes both, where they did not exist before because of the kind of aid that this new act provided.

I also want to comment, Senator Miller, that my observations about that particular bill are, quite frankly, the result of hindsight. Like you, I was one of the cosponsors in the 89th Congress of the Poage-Aiken bill, one of the eight House Members and I must confess that I did not have the foresight to relate that bill to the problems of rural elderly until later, until we began to see the actual impact of it.

Out of that experience, I think we can learn from our experiences and learn that perhaps we should review the impact of other broad bits of national legislation which could, with perhaps a slight bit of alteration here and there, be made much more meaningful to the needs of rural elderly.

PROPERTY TAX RELIEF

Mr. ORIOL. Professor Schmidhauser, on property taxes, it has been suggested that States give property tax relief to people who are paying more than a certain percentage of their income for those taxes and possibly the Federal level could give some form of assistance to the States in order to help them do that. Do you think this is a possibility for immediate relief?

Dr. SCHMIDHAUSER. I think this is an avenue which should be thoroughly explored, but if I may be candid about it, it is obviously the kind of problem that was highlighted, I think, very adequately by one of the previous witnesses, Mr. Bonham of Poweshiek County, who summed up his fine presentation with the emphasis on priorities.

We presently have a tax structure which has for many years given certain kinds of tax benefits to some sectors of the economy, often at the expense of others. I wish not to be invidious in my comparison, but when we think of the principle of the oil depletion allowance and consider, by comparison, the matter of human depletion, that every farm producer in Iowa has depleted his own strength and ingenuity for the good of his country. Yet our longtime policy of "giveaways" to those at the top of the economic ladder, particularly the oil barons, has left the elderly farm producer as our forgotten man.

I think in the review of the overall tax structure, in order to make the kind of relief of property taxes that you mentioned, we have to be candid enough to say that we are going to have to find the sources of revenue for it. It would certainly urge that every possible step be taken to eliminate those tax benefits that have been shared by certain privileged sectors of our economy, often without a very rational or adequate economic basis. This reform would provide the revenue for the kind of direct step that you have mentioned. I certainly would applaud such a step.

RELUCTANCE TO PARTICIPATE IN FEDERAL AID PROGRAMS

Mr. ORIOL. On another subject, Professor, you have written on political attitudes and political behavior of the elderly in rural areas. Do you feel that there might be a certain reluctance in such areas to accept governmental attention of one kind or another, and do you see a way for the Federal, State, and local governments to be more tactful in their approaches?

Dr. SCHMIDHAUSER. I think that is quite true, although I would hasten to add that the attitude of political voting behavior, in studies by the Michigan research center on a completely nonpartisan basis, shows some basic changes. The reluctance of many rural people to get involved in Federal aid programs has changed rather drastically since the 1930's.

There are, indeed, people in rural areas, who do not want to do so as a matter of principle, and certainly their attitudes should be respected, and they should be protected in their freedom of choice in terms of what they would like to do whenever possible.

I think it is perhaps best to point out that programs like the rural Water and Sewer Act, which I think is a very splendid piece of legislation, become more understandable to people when they are treated for what they are, and not as a panacea, but as a modest and useful effort of solving at least a portion of the problems they face and not as pork-barrel legislation.

I think one of the most satisfying experiences I have had with that kind of program was with about 30 communities in the First Congressional District in Iowa. The decisions for utilization of this program came from local community leadership, and these were carefully thought out, discussed in the community, and after due consideration with every opinion being considered, local community leaders would then come in and ask for the kind of assistance that they thought was appropriate for their community.

That kind of program, I think, has got to be commended because it does maintain local initiative and, indeed, permits the rural elderly themselves who often make up the majority in those small communities to exercise the kind of leadership that their own experience, in the past years particularly qualifies them to do.

Senator MILLER. Thank you again, Dr. Schmidhauser. I might just say before you leave that you should know that the Senate Finance Committee right now is seriously engaged in a so-called tax reform bill. One of the proposals that we are, I think, generally pretty serious about is the removal of some 5 million people who are presently paying a little income tax from the tax rolls altogether. Many, many of those—I would guess over half of them at least—are in the category of the people we are concerned about at this meeting.

While the property tax aspect is not before us, perhaps we can get some income tax relief which will help with the problem.

We appreciate your being here very much. Thank you.

Dr. SCHMIDHAUSER. Thank you very much.

**STATEMENT OF RAY L. SCHWARTZ, REGIONAL REPRESENTATIVE,
NATIONAL COUNCIL ON AGING, DENVER, COLO.**

Senator MILLER. Our last witness is Mr. Ray L. Schwartz, regional representative, National Council on Aging, and immediate past director of the Iowa Commission on Aging.

Mr. Schwartz, we are happy to have you back here in Iowa, and we welcome your testimony.

Mr. SCHWARTZ. Thank you very much, Senator Miller. It is always very good to be back in Iowa.

Since other witnesses have presented adequate demographic material, I will confine myself to a few general observations.

No other segment of society has been so intensively studied and reported upon as the older American, I suppose. And problems encountered in such studies are numerous, because the field of aging is monstrous and sprawling. These problems usually are assigned sociological titles, such as "income maintenance," "retirement planning," "use of leisure time," "health," "housing," and so forth. These are really problems which face any age group and, generally speaking, can be reduced to the basic human concerns of food and shelter, work and love.

Of course, these problems are amplified by age. Older people often suffer poor health, have low incomes, frequently are isolated from society and, consequently, all their daily concerns are magnified and seem more critical.

This is especially true of older persons living in rural America. Poor health grows poorer if medical services are not available or if there is no way of reaching such services elsewhere. Isolation from society is more complete for an older person living alone on a farm or in a small mountain town.

Whether a State's population is diffuse, as in Iowa, or whether it is clustered, as in some of the Western States, it is still true that rural areas have a higher percentage of older people than urban areas. The problem of minorities we may not usually associate with rural areas, but it is truly significant. In many rural areas there are elderly poor—Indian and Spanish-surnamed, for example—who live in poverty and isolation.

These older Americans suffer the usual problems of the elderly, compounded by prejudice. There are language barriers that make the problem even more intense.

So the subject of today's hearing is one of considerable magnitude and, I would like to emphasize, one too long neglected.

During the past several years, a rash of programs have appeared in this region; programs which are supposed to help older persons. The funding has come from various sources—Federal agencies, State appropriations, local governments, voluntary organizations, and others.

Have these programs been effective for the elderly in rural areas? Not really. Usually program funds are channeled into larger cities. There are several convincing reasons for this: (a) A greater population exists in the larger cities, (b) good sponsoring agencies, with adequate matching resources, can be found there, and (c) only the

larger cities have supportive services which will enhance a program for older people.

The small town, if it is included in any program, usually has to be content with a drop-in center located in a basement on main street.

In too many instances, programs are designed in detail at a Federal level, to be applied similarly to communities in all parts of the country. This is basically wrong. A social program, in order to be effective, must be planned and implemented at a community level. A program which is effective in New York City or Boston, Mass., does not necessarily apply to Missoula, Mont., or La Junta, Colo.

In addition, there is the need to develop a cross section of community support during the early stages of a program. Only this can assure some degree of permanency.

We must provide a State and community level, personnel which can do the necessary community organization. Only then will we develop programs designed to meet the needs of a community, not designed merely to obtain grant moneys.

Another serious problem is that such programs too often are expected to produce reportable successes at an early stage. So local staff persons, eager to demonstrate success, concentrate on program components which attract the wrong target group.

They develop recreational programs, they promote bus tours, they improvise in all sorts of ways to attract large numbers of older persons to participate. And they too frequently reach only those older persons who are in the best health, economic and social circumstances.

They too frequently do not reach the older American who is poor, who is isolated, who is friendless, who is disabled. The elderly poor should be a part of any discussion of the economics of aging. And I don't think this subject can be dismissed simply by stating that the entire problem consists of older persons having to live on fixed incomes in an inflationary economy.

It is true, I suppose, that even as social security and other types of retirement income increase, the cost of living continues to outrun these modest increases. But I don't think it is reasonable to suggest that we can—or will—ever provide retirement income which is adequate to meet all needs.

MORE NEEDED THAN MONEY

And even if we would, this would provide scant help for the elderly in rural areas. How can you buy services which don't exist in your community? A great deal more is needed than the provision of more money for our older persons. I would like to emphasize, however, that more money is needed. I just don't think we can reasonably expect that enough increases in retirement income can be provided to solve the entire problem.

We are getting somewhat weary—and embarrassed—of telling the elderly poor to "write your Congressman." We have done this so often. I just can't believe, with any degree of passion, in the effectiveness of older people writing their Congressmen, or descending upon Capitol Hill in great numbers to lobby for their cause. Older Americans simply do not constitute a strong lobby. They are so divided, so fragmented, that any legislative pressure a group of older persons tries to exert is quite ineffective.

Besides, we cannot honestly tell the elderly poor that the finger of blame should point at Washington, and there only. Perhaps it should be pointed at their own community.

THE GOSPEL OF "COMMUNITY"

For some years I have been preaching the gospel of community. The "community" is one of the most precious social commodities we have. I was delighted when the Office of Economic Opportunity began to establish community action agencies throughout the Nation. This seemed to me to be a practical concept of social action and intrigued me greatly.

Naturally, I was disappointed when many of these agencies indulged in rather tired imitations of service programs initiated by other agencies. I believed then—and still do—that a community action agency should serve in a "gadfly" function, urging the poor—especially the elderly poor—to be informed of their rights and demand them. A concomitant function would be an effort to improve existing programs, to better serve the poor.

If we really believe in community action, this belief holds up. I would recommend—most strongly—that community action agencies set this priority: Organizing the elderly, especially the elderly poor, so that a strong and unified voice emerges; and that existing community resources be hounded, unceasingly, to better serve the elderly poor.

How can this priority be accomplished? Perhaps each community action agency should devote itself to helping the presently divergent groups of older persons to make common their cause.

Earlier today we heard from representatives of the Associated Groups of the Elderly. I am proud to have been a part of its beginning. It is a group which called itself AGE, which is an acronym for Associated Groups of Elderly. We hoped, in developing this group, that we could provide a mechanism for divergent groups of older persons to exert a great effect upon social change.

Hopefully, this group can now speak with a stronger and more unified voice. They can articulate their needs and effectively draw upon the resources of the communities in which they live. I would like to see this organization duplicated in other States.

Doctor Morris, in quoting Prof. Bernice Neugarten of Chicago's Committee on Human Development, mentioned that future generations may become a more vocal and demanding group. I sincerely hope so.

When we speak of community resources, we often are referring to a rich and undeveloped array of services. The reference embraces local agencies, both public and private, which can provide a broad spectrum of social service.

Take our churches, for example. For years, they and other voluntary organizations have made agreeable noises about helping senior citizens, but not too much has happened.

AN "EDIFICE COMPLEX"

Churches too often suffer from an "edifice complex" and have ignored the basic social needs of our time.

Recently, I visited an institution serving the elderly, owned and operated by one of our large denominations. I was told by the administrator that they were rather good at balancing their budget because all their clients were affluent. I attach a different meaning to the gospel message which is supposed to guide the programs of this church.

Perhaps the time has come when we can no longer afford church structures as we know them. Rather, we must be more economical in the use of our community resources and develop programs which will better serve in a social betterment function.

Voluntary organizations abound in many of our communities. Too frequently, their resources are squandered upon meaningless activity, rather than upon earnest efforts to improve the lives of the elderly.

Our schools, both public and private, are community facilities which could provide assistance for the elderly poor in rural areas. For example—and this is just one thing—I think that every local school board should seek ways of using school busses to help solve the serious transportation problems of our older population.

I would like to add here, somewhat parenthetically, that our schools represent another significant resource. In the judgment of history, I am sure that the most important work we are doing today in the field of aging is not with the old, but with the young. I am confident that we will most improve society by bringing to our young people a better understanding of the old. It is obvious that generations are alienated simply because no true effort has been made at communication between them.

I would predict that a school system which develops courses in aging for its younger students, and combines this material with well-designed fieldwork with older persons—in nursing and retirement homes, for instance—would be most successful in shaping the lives of young people.

RECOMMENDATIONS FOR FEDERAL ACTION

These observations could be greatly expanded, but I would like to devote the rest of my testimony to specific recommendations for federal action.

1. In order to effect true community action among the elderly in rural areas, we must have personnel who can work directly in these communities. I am hopeful that the current extension of the Older Americans Act will strengthen State agencies in aging for the purpose of long-range planning and programming. I hope that some group—perhaps the National Association of State Units on Aging—will research the organizational structure of the divergent types of State agencies in aging and make recommendations for change. At present, too many such agencies are ineffective because of their organizational structure. For example, they may be placed in a larger omnibus State agency and lose visibility.

2. It is imperative that Community Action Agencies be provided adequate funds and personnel to perform effective community organization among the elderly poor in rural areas.

With the cooperative guidance of State agencies in aging, our Community Action Agencies could do an admirable job of community organization.

They need support—and not just the limited support of short term grant moneys. They need permanent support on a community level.

3. We must determine, especially in rural areas, that the elderly poor receive their fair share. Perhaps there should be earmarked, at a Federal level, funds for the elderly poor in rural America, in the budgets of all pertinent Federal agencies.

At the moment, the elderly receive too low a priority. It would be far better than waiting around for the post-Vietnam windfall, if such exists.

4. Also, there should be a continuing review of State legislation, and the practices of various State agencies.

We still hear complaints about the hardships older persons suffer because they must relinquish their small property in order to receive welfare assistance.

When we try to involve the elderly poor in meaningful employment, we discover they are afraid of losing the little retirement income they have if they go to work.

5. Last week I heard a remarkable person make an interesting proposal. Mr. I. F. Stone, publisher of *Stone's Weekly*, suggested that this Nation make a total and honest commitment to abolish poverty. We should adopt this as a national objective.

As we strove to put human footprints on the moon in this decade, we should strive in the next decade to abolish every trace of poverty. This would be a remarkable achievement especially if it would enlist the resources of our young people. I compare this to the moon shot because I think America needs a challenge. We need to commit ourselves.

I would like to see this proposal applied to the elderly poor, if not to all the poor.

It will be difficult, but it will be worthwhile.

A witness mentioned earlier that older people do not want sympathy. They don't. Neither do they want charity. They only want justice.

Thank you.

Senator MILLER. Thank you very much, Mr. Schwartz, for your statement. As I said before, we are pleased to have you return to Iowa.

Now that you are located in the Rocky Mountain area, I presume you might be in a position to compare the Iowa scene, as you are very familiar with the scene in that area.

In yesterday's *New York Times*, there was an interesting map entitled, "The Nation's Population is Still Moving Westward." It shows States in which there has been more than a 20 percent population increase, more than a 10 percent increase, under 10 percent, and three States—North Dakota, South Dakota, and Wyoming—where there has been a loss. Iowa fits in a large group of States with an under-10-percent increase.

Do you have any comments on the Iowa picture in comparison to the picture where you are operating now?

Mr. SCHWARTZ. Well, this same study, I believe, showed that Wyoming had a rather serious problem. As you may know, Wyoming is one of the few States in the Nation that has never developed a State

agency in aging and has never received any funds under Title III of the Older Americans Act.

When I inquired of the Governor's office for the reason, I was told that this was simply because the State could not provide matching money to obtain title III funds.

Why couldn't they? The first excuse—and this is given in many of the other States—is that a great deal of the land in the State is federally owned and, thus, is not taxable.

In Colorado, 20 percent of the land area is owned by the Federal Government, and in other States it is considerably higher.

Senator MILLER. You made the statement that we should "adopt the abolition of poverty as a national objective." I think I can assure you that we have. I don't know of any Member of Congress that hasn't. I don't know, certainly within the last several years, of any occupant of the White House, or anybody over in the agencies, who hasn't really adopted this as a policy objective.

I think the problem is that in seeking that objective we have our differences in striving in good faith to meet that objective. We call down on the Administration. Two equally conscientious people can have different routes if they seek to obtain that. One group, and they are quite conscientious, say we want a guaranteed annual negative income. There is the other group, well represented by President Nixon's new approach, who want guaranteed annual work for those who can do so.

But, I think in fairness for the record, I should make it clear. While we agree with your recommendation, we have already adopted it for a number of years. The mere fact that we haven't achieved it doesn't mean that we haven't adopted it. We recognize that there are shortcomings, but they certainly are not for lack of good faith and objective.

Now, I would like to endorse your observation about the need for greater attention to the poor in the rural areas, and I regret very much to say—and I am sure you understand this—that for too long too much of our effort, on the national level at least, has been concentrated on the urban area. This doesn't mean the urban area shouldn't have a greater amount of effort concentrated on it, because they should.

The statistics show that half the poor in this country live in the rural area, and they haven't been receiving their fair share of the programs directed at the poor. I am sure you found that out when you were moving around the State of Iowa did you not?

Mr. SCHWARTZ. Yes, that is true.

Senator MILLER. Did you find the same thing further west?

Mr. SCHWARTZ. Definitely.

PROGRAMS TAILORED FOR DIFFERENT AREAS

Senator MILLER. You also made the statement which indicates that programs tailor-made in Washington would not necessarily be proper in certain parts of our country. I take it you are in agreement with Professor Jakubauskas, who also recognized that even within a State we may have different areas requiring a different approach or a different program.

Do you have any comment on that point with respect to tailoring programs to meet special positions within our own State of Iowa?

Mr. SCHWARTZ. I think it bears heavily on the need for better community organization; that is, professionals in the field ought to work in the community, if you have the professionals to do this, which is another point.

They should meet with people in the community to talk with them about their needs so they can better know their community and start from the bottom in planning and seeking funds and seeking support, not just to take a proposal and fund it and give it to the community and say, "This will solve all of the problems." It needs the support and active involvement of many people in the community.

Senator MILLER. I take it that what we need also is some knowledgeable persons—if they are not living in the community—certainly to visit with the community who, on the basis of experience and not just book reading, can give them some guidance to enable them to make the wise decisions on how to organize that.

Mr. SCHWARTZ. Exactly.

Senator MILLER. Do either of the staff have questions?

Mr. ORIOL. Mr. Schwartz, you spoke about the need for the usefulness of the Community Action Program, and right now the Community Action Program is associated with the Office of Economic Opportunity.

Now, in speaking on the need for greater effort for, perhaps, more Community Action Programs, do you envision them continuing through the OEO, or do you envision them becoming a permanent part of the community through some other agency or maybe groups of agencies?

Mr. SCHWARTZ. In this reference, I was envisioning the Community Action Program as continuing in the present structure with the Office of Economic Opportunity.

In some instances you will find community action agencies developing innovated programs which can be shifted to other agencies in the community, but they certainly should serve as the incubator that gives nourishment to programs in early stages.

Senator MILLER. Thank you very much, Mr. Schwartz.

With the conclusion of this testimony, the hearings are coming to an end.

I would just like to say that I believe this has been a most helpful hearing to the committee. I regret very much that my colleague, Senator Hartke, could not be here. I want to assure you that the hearings that are being held in the field come to the personal attention of every member of the committee and a great many other people in addition.

We appreciate the fine attendance of the so many deeply concerned Iowans at this hearing. Just speaking for myself, I think that it has been a very fine hearing.

It has pointed out, as, of course, it was intended to point out, the problems peculiar to the older Americans living in the rural area.

I want to emphasize again what I said in my opening statement. The fact that we are discussing the problems of older Americans living in the rural areas certainly doesn't mean that we are not interested in the problems of those living in the urban areas. The action of this committee, and the action of the Congress, is positive proof that

we have just as much concern for the older persons living in the urban areas as those living in the rural areas.

But I think, as one witness has pointed out, for too long we have probably neglected to take a look at the problems of the older Americans living in the rural areas, and this is what this series of hearings is all about.

I think we have found from the testimony that the problems are pretty much the same for older Americans, regardless of where they live—a need for an adequate income to support a dignified and decent living, a need for good housing, a need for medical services—but there are peculiar problems in the rural areas—particularly transportation needs. I think it has been driven home very strongly today.

The need for the coordination of services and facilities to avoid the fragmentation that Governor Blue brought out in his testimony is very impressive. We all know there has been waste in the provisioning of some facilities and I think we recognize we need better planning and better coordination.

The concept of multicounty service centers is a good one, and I might say that Dr. Morris was good enough to provide the committee with an article entitled "Area Counsel on the Aging, a New Concern," and this will be made a part of the record.

I think that most of us recognize that we are getting more and more into regional planning. Here in Iowa we have already done so in the case of organization for regional school districts. We are moving along in that direction. There is no reason why we can't do so in dealing with the problems of the aged.

Finally, I think that we should recognize that programs and projects and facilities should be tailored to meet the requirements of specific areas. I was pleased that the recognition has been given that what may hold true down in the southern two tiers of counties in Iowa may not necessarily hold true in the northern two tiers.

I am satisfied, as I said in my opening statement, that Iowa is a good cross section of the Nation. It is true, we have a larger percentage of our people over 65 than all but one other State, but when you analyze the picture, the income and circumstances of our over-65 people, they seem to fit the pattern of the Nation.

As a result of that, I think we can derive a great amount of benefit in Washington by looking at the "Iowa scene."

I am very proud to say that the Iowa scene has pretty well led most of the States. The Institute of Gerontology down in Iowa City is probably the finest in the Nation. Before a great many people in Washington were thinking about the problems of the aged, these problems were being thought about and solved, albeit to a limited degree, right here in Iowa.

So again, I express my appreciation to the chairman of this committee for arranging for this hearing to be held here in Des Moines Iowa, and I thank each, and every one of you for being here. I would also like to thank the staff for making this an excellent hearing.

This series of meetings is now adjourned until the call of the Chairman.

(Whereupon, at 3:05 p.m. the committee adjourned, to reconvene subject to call of the Chair.)

APPENDIXES

Appendix 1

ADDITIONAL INFORMATION FROM WITNESSES

ITEM 1. PREPARED STATEMENT OF WOODROW W. MORRIS, Ph.D., DIRECTOR, INSTITUTE OF GERONTOLOGY, AND ASSOCIATE DEAN, COLLEGE OF MEDICINE, UNIVERSITY OF IOWA, IOWA CITY, IOWA

Mr. Chairman and Members of the Committee, my name is Dr. Woodrow W. Morris. I am the Director of the Institute of Gerontology and Associate Dean of the College of Medicine of the University of Iowa. I am also Vice Chairman of the State of Iowa Commission on the Aging.

I welcome this opportunity to discuss with the Committee some of the problems which confront our state and region, and similarly rural states and regions, with respect to the aging and aged in our population. I should first like to address myself to the subject of the distribution of the aged population in the State of Iowa. It is my opinion that these comments will apply equally to other rural states, especially those in the central region of the United States. Population changes in Iowa over the years and some projections to at least 1975 are shown in Figure 1.

Population changes occur as a result of three factors: births, deaths, and net migration. The data for Iowa shows that in recent years (1950-1965) the birth rate has averaged 22.7 live births per 1,000 population which is more than double the death rate of 10.2 per 1,000 population. Iowa's slow population growth is the result of a high rate of out-migration. From 1950 to 1965 the estimated net out-migration was 386,975. Compared to the population increase of 139,000 over this fifteen year period, the out-migration figures show that for each person gained, the state lost 2.8 persons.

The same phenomena have been producing population shifts within the state. Thus, in those counties where migration out of a county exceeds the net gain of births over deaths, the counties are losing population. In other counties, there have been substantial population gains. These are the areas which are the recipients of the migrants from the former counties. For reasons which shall be mentioned later, the migrants tend to be young adults who are leaving essentially rural, agricultural counties and settling in the urban centers of the state. In both instances, i.e., the population changes in the state as a whole and these intra-state population shifts, there is left an imbalanced proportion of older people. The net effect of all of these changes in Iowa has been to produce what is slowly becoming an urban balance in population. Figure 1 shows that this shift took place in the early or mid 1950's and has been steadily continuing to this date, and the projection into the future suggests that it will continue.

It is well-known that Iowa is a state with a higher proportion of older citizens than most other states of the United States. In 1950, Iowa had 273,000 persons 65 years of age and older which represented 10.4 percent of the population in comparison with the national average of 8.1 per cent. By 1960, the population in this age group was almost 328,000 representing 11.9 per cent of the total population, compared with the national average of 9.2 per cent. The most recent figures from the U. S. Department of Commerce, Bureau of Census, shows that as of 1967, Iowa had 346,000 persons aged 65 and older which was 12.6 per cent of our population while the national average was 9.4 per cent.

Thus, it may be seen that Iowa has more than its proportionate share of the nation's senior citizens. Currently, according to the estimates of the United States Bureau of the Census, Iowa has over 25 per cent more than its pro rata

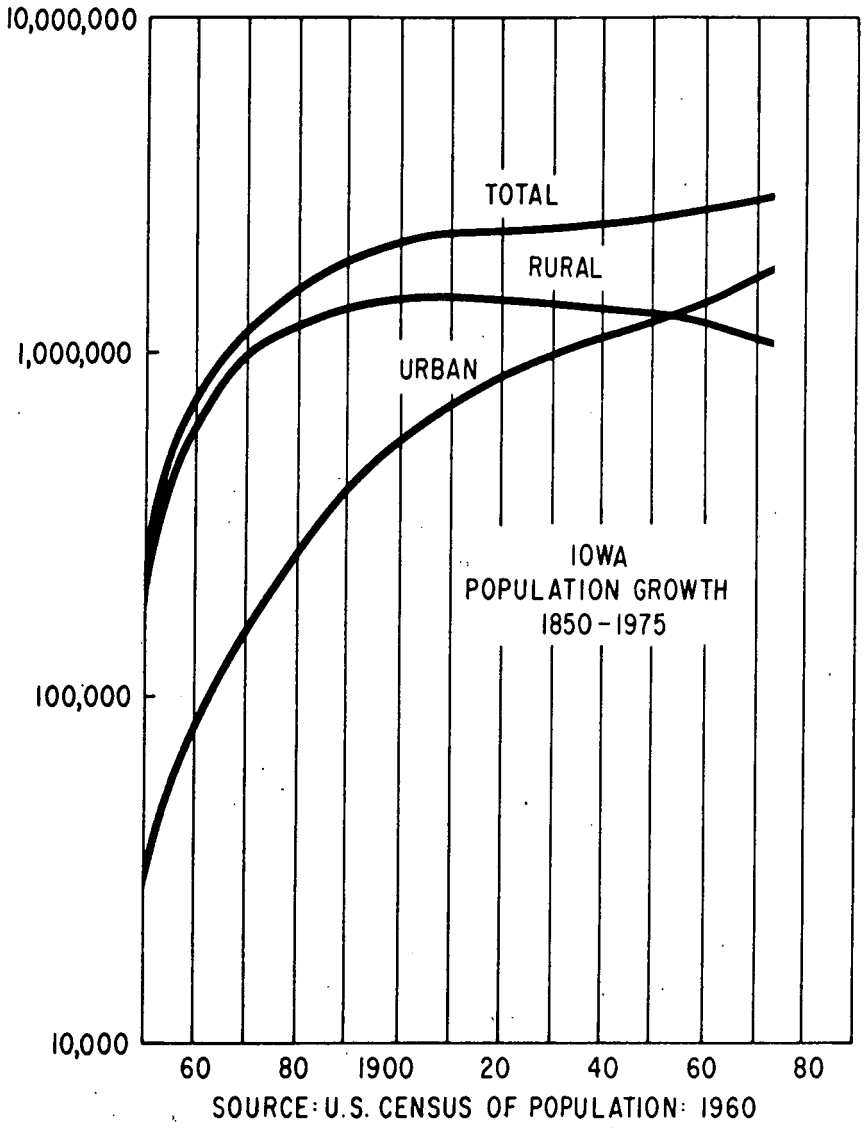


Figure 1

share of the nation's elders. Furthermore, as noted earlier, the Iowans in this age group are unevenly distributed both geographically by counties and by urban-rural residence throughout the state. For example, over half of our elder citizens reside in rural areas.

The eighteen most populous counties in Iowa contain 48 per cent of the state's population; but these counties have only about 40 per cent of the senior citizens of the state. In other words, they are running about 10 per cent under their proportionate share.

By way of contrast, there are twelve counties with 16.0 per cent or more of their population in the upper age category (three of these are: Taylor, 18.6; Wayne, 19.1; and Appanoose, 19.3); sixteen other counties had between 14 and 16 per cent of their population over 65 years of age. All of these are small, rural counties mainly located in the southern portion of the state. The twelve counties with the highest percentages of the aged have far more than their quota of the elderly.

Out-migration is selective on the basis of age and sex for many reasons. The selective feature of migration affects natural increase because it produces an unbalanced age structure. Since young adults have the most children, an area which has a deficit of young people will experience a lower birth rate, thus compounding the outmigration effect and resulting eventually in an even more rapid decline in the population. Since there are so many characteristics to keep in mind it would be useful if the net effects of the aging trends in an area could be expressed in a single figure showing whether the relative shifting in the population is toward or away from increasing aging. A useful index of this type has been developed by Professor Harold Saunders of the Sociology Department of the University of Iowa. He calls it a "senescity index" and it is a figure representing the relative weight of the population of an area which is 65 years of age or over, modified by such factors as the median age of the people living in the area, the ratio of older persons to the number of persons in the area under the age of five, and the number of aged persons per family unit. For the entire state of Iowa in 1960, the "senescity index" was 148.67 and was obtained by multiplying the following:

Proportion of aged = 11.9.

Median age = 30.3.

Ratio of aged to under 5 = 1.06.

Average aged per family = 0.389.

In the remainder of this presentation, I will comment on some of the relationships between the counties with the highest and lowest "senescity indices" and certain other factors such as the economy of the regions, social welfare costs, health manpower and facilities, and income.



Using the "senescity index" the twenty highest and lowest counties were identified. These counties are shown with their respective indices and the per cent of population 65 years of age and over in Figure 2. Table 1 lists these forty

TABLE 1.—THE TWENTY HIGHEST AND LOWEST COUNTIES BY SENESCITY INDEX

Iowa counties with high senescity index			Iowa counties with low senescity index		
Rank	County	Senescity index	Rank	County	Senescity index
1	Appanoose.....	983.01	80	Woodbury.....	128.84
2	Wayne.....	961.88	81	Palo Alto.....	128.82
3	Taylor.....	892.13	82	Emmet.....	127.38
4	Lucas.....	722.44	83	Webster.....	124.31
5	Union.....	698.97	84	Carroll.....	123.56
6	Decatur.....	650.88	85	Delaware.....	116.94
7	Page.....	629.57	86	Jasper.....	114.32
8	Van Buren.....	619.52	87	Warren.....	113.60
9	Henry.....	605.55	88	Osceola.....	102.39
10	Clarke.....	595.37	89	Sioux.....	88.40
11	Montgomery.....	512.43	90	Lyon.....	83.79
12	Monroe.....	511.44	91	Kossuth.....	82.61
13	Ringgold.....	493.71	92	Dubuque.....	80.93
14	Keokuk.....	479.71	93	Scott.....	75.04
15	Guthrie.....	471.17	94	Story.....	73.29
16	Madison.....	451.39	95	Pottawattamie.....	72.74
17	Adair.....	386.05	96	Polk.....	72.19
18	Fremont.....	382.99	97	Linn.....	72.00
19	Adams.....	380.59	98	Black Hawk.....	47.56
20	Boone.....	375.46	99	Johnson.....	41.08

State index = 148.67.

UPPER NUMBER = SENESCITY INDEX
 LOWER NUMBER = PER CENT OF 65 +

 HIGH SENESCITY
 LOW SENESCITY

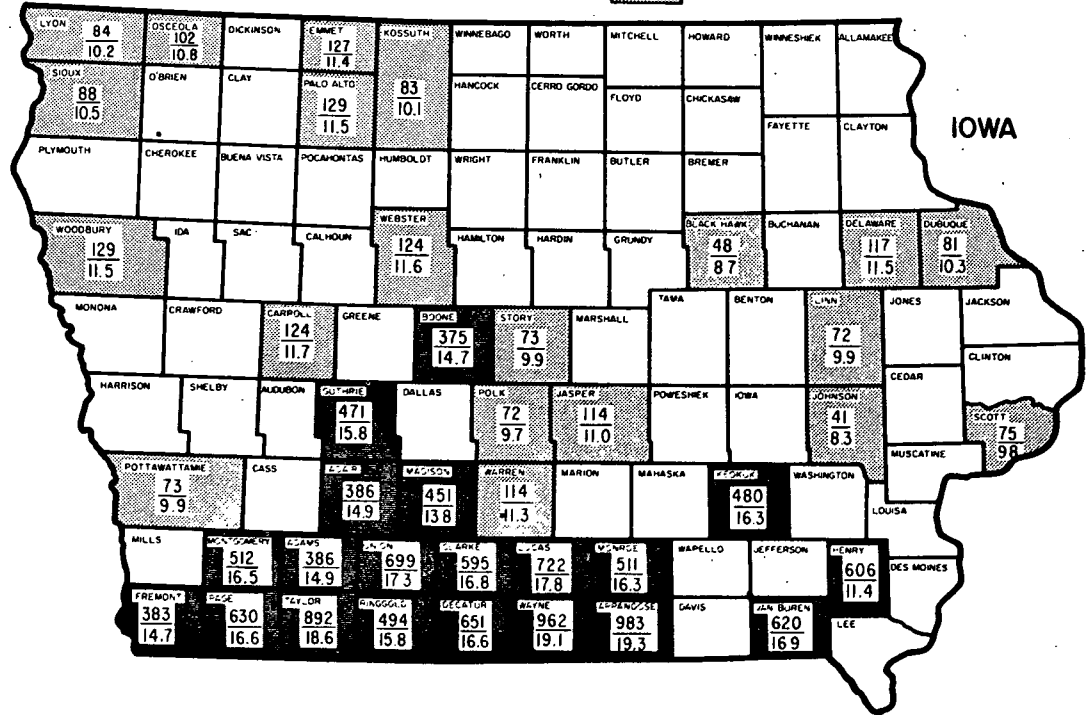


Figure 2

Senescity indexes of the twenty highest and twenty lowest counties, showing also per cent of population 65 and over

counties in rank order of the size of the senescity index. The twenty high senescity counties all have index numbers far above the state index, ranging from 375.46 to 983.01, with a median index of about 554. The low senescity counties all have index numbers below the state index, ranging from 41.08 to 128.84 with a median index of about 86. (See Figure 3.)

Reference to Figure 2 reveals that all but five of the high senescity counties are in the southern two tiers of counties, while the low senescity counties include the major urban areas of Iowa: Des Moines (Polk County), Cedar Rapids

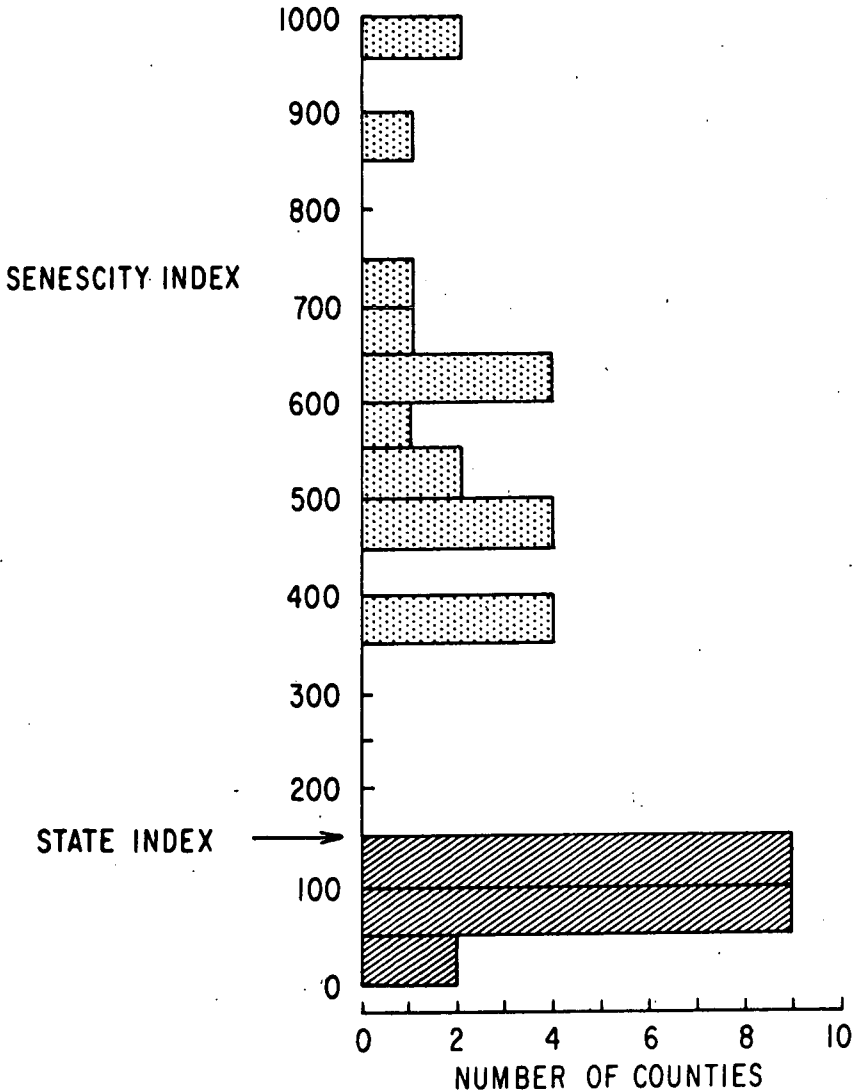


Figure 3

Frequency distribution of the twenty highest and the twenty lowest senescity counties in relation to the State Index

(Linn County), Davenport (Scott County), Waterloo (Black Hawk County), Dubuque (Dubuque County), Fort Dodge (Webster County), Ames (Story County), Iowa City (Johnson County), Council Bluffs (Pottawattamie County), Sioux City (Woodbury County), and Newton (Jasper County). Population statistics of interest show that in the high senescity counties the median percentage 65 years of age or older is 16.3% with a range from 14.7 to 19.3%, all of which are above the percentage of the population in this age range in the state as a whole. On the other hand, the low senescity counties have a median percentage in the older age group of 10.3%, with a range from 8.3 to 11.8%.

Another significant aspect of these two types of counties is the projection that the high senescity counties will continue to lose population while the low senescity counties will continue to gain through the period 1970-1980. The median loss in the former is projected at 16.7% with a range of losses from 2.3 to 24.7%; the median gain predicted in the latter is 5.7%, with a range of a loss of 12.1% to a gain of 43.0%. For some time then, it would appear that the counties already under the burden of an ever-increasing population of older persons will continue along the same pathway, while the urban areas will gain population and have a decreasing proportion of elderly citizens.

SOME ECONOMIC IMPLICATIONS

According to a report of the Bureau of Business and Economic Research of the University of Iowa College of Business Administration published in 1967, "Population migration is the predominate force responsible for the redistribution of labor in response to changing relative income and employment opportunities among regions of the nation. . . . Rapidly growing regions which offer relatively more new and better-paying job opportunities attract people from the slower growing regions where income levels are lower and new job opportunities are relatively fewer. . . .

"Lack of new employment opportunities and lower income relative to other regions have been the main reason for Iowa's large population out-migration and consequent slow rate of population growth. Iowa's large agricultural component, with a rapidly rising output per worker, releases about 6,900 workers each year from agriculture."

This report then goes on to discuss the impact of the transition from agriculture to industry on rural and urban areas which, as I noted earlier, essentially involves the high and low senescity counties. It is obvious that the decreases in the high senescity counties in the farm population reduce the market for the local businesses which exist to serve the farm population. Moreover, with better hard-surface roads and better automobiles, the trading pattern has altered for those still on the farm; they are travelling farther to purchase personal and household goods than ever before.

At the same time, the increased use of mechanical power and other output increasing inputs such as fertilizer, feed, seed, and pesticides in farming have increased the business of rural trade centers for these items. The impact of agricultural change upon rural trade centers, therefore, has been to some extent by counter forces—a decline in business for those establishments serving the farm households and an increase in business for those establishments involving the farm business as such.

The report referred to above continues: "The impact of agricultural change has been felt in the public sector also. Decline in farm population has left the burden of supporting the public institutions upon fewer people. The forces of agricultural adjustment have created a need for adjustment of such governmental functions as schools and other local government services in the form of consolidation of facilities and functions to bring about efficiency of operation.

"The transition from a dominantly rural economy to an urban industrial economy creates problems not only in the rural areas but also in the urban centers. The expansion of urban facilities to provide for the growth in population as a result of population movement from rural areas to urban centers requires carefully planned expansion of public facilities. The expansion of highways, streets, schools, and fire and police protection to handle the growing population creates strains on local governments as they attempt to finance and build new facilities to meet the needs of an expanding population."

At a more personal level, such changes have their impact on per capita income. In the high senescity counties, for example, the median per capita income in 1965 was \$1,450 with a range from \$100 to \$1,900. On the other hand, in the

low senescity counties the median per capita income was \$1,900 (the top of the high senescity county range), with a range from \$1,600 to \$2,850. Close examination reveals that 13 counties with cities of ten thousand people have a greater percentage of state income than of state population and the greater in excess of ten thousand an urban center becomes, the greater is the difference in percents of state income. Undoubtedly, the difference between income and share of the population accounts for much of the population movement within the state.

The factor of income, of course, is related to employment. When old people continue to work, they maintain their income fairly well. In fact, if their health is good, they may even be better off financially than in earlier years because their children are independent, they may well have paid off the mortgage on their home, and their personal needs are frequently more modest; but for the majority who are retired, income is chopped off to approximately half, or less, of what it was before. In addition, although the mortgage on the home may be paid off, property taxes still must be reckoned with and frequently these become almost insurmountable barriers.

For the older age group as a whole, income figures are appalling. One is led frequently to wonder how many of these people manage to keep body and soul together at today's prices. Nationally, one-fourth of women over 65 have no income at all; three-fourths have from no income to less than \$1,000 income per year, and only about one out of twelve have as much as \$2,000 annually. Here in Iowa we found the median income for all women (60 years of age and older) to be approximately \$1,300, with 11 per cent reporting less than \$500 annually. The situation with men is not quite so bad but it is bad enough. Nationally, close to one-third have between \$1,000 and \$2,000 annually. In our Iowa survey of Life After Sixty we found the median income for older men to be about \$2,500. In both the instances of the older men and women the median incomes decline sharply with age. Finally, there is a clear tendency for the incomes of the elderly to be lower in the high senescity counties. Thus, only about one person in five has an income approaching \$40 per week. Try to imagine an old couple, or for that matter even a single person, subsisting on less than this in today's market. While the financial situation in Iowa is somewhat better than the average for the nation as a whole, it still would appear that a fairly substantial number of older people in Iowa are living on very marginal incomes which are not sufficient to enable them to remain financially independent or to meet unexpected financial emergencies.

SOME SOCIAL WELFARE IMPLICATIONS

The social welfare needs of older people tend to focus on medical aid, protective services, help in maintaining their homes, and so on. In this respect some data relative to the amounts being spent in the two types of counties and the availability of medical manpower and health facilities are presented in Table 2.

TABLE II.—COMPARISON OF THE TWENTY HIGHEST AND LOWEST SENESCITY COUNTIES WITH RESPECT TO WELFARE EXPENDITURES

	High senescity counties		Low senescity counties	
	Medians	Ranges	Medians	Ranges
Population, 1965.....	10,100	7,100-27,400	43,400	9,800-292,400
Total welfare expenditures.....	\$414,600	\$158,000-\$921,300	\$548,900	\$127,000-\$7,146,000
Total welfare per capita.....	\$38.00	\$16-\$65.00	\$18.00	\$8-\$28.00
Old-age welfare expenditures.....	\$291,000	\$119,000-\$630,000	\$398,000	\$81,000-\$2,700,000
Old-age payments per capita.....	\$27.00	\$13-\$44.00	\$9.00	\$4-\$17.00
Percentage of welfare expenditures for old age of total welfare budget.....	72	61-85	56	37-78

According to 1965 population statistics the high senescity counties comprise a total of 241,200 persons, with a median of about 10,100. The range is from 7,100 to 27,400. In the low senescity counties the total population is 1,277,400 persons with a median of 43,400 and a range from 9,800 to 292,400. Thus, the former group of counties comprise approximately 9 per cent, while the latter comprise about 46 per cent of the population of the state.

The median social welfare expenditures of the high senescity counties is \$414,600, while the median of the low senescity counties is \$548,900. The median

expenditures of the high senescity counties, with only about one-fifth the population of the low senescity counties is almost as much as the median of the low senescity counties. The median per capita cost in the high senescity counties is twice as high as the median per capita cost in the low senescity counties. The findings are similar when expressed in terms of welfare expenditures devoted specifically for the aged (Old Age Assistance and Medical Aid to the Aged). The median per capita payments in the high senescity counties was \$27 while the per capita payments in the low senescity counties was \$9. Again, one-fifth of the population received welfare expenditures three times as high per capita.

Another way of indicating the same imbalance in welfare burdens on the two types of counties is in terms of the proportion of their budgets which go to aging and aged persons. Thus in the High Senescity counties approximately three-fourths of all of the welfare expenditures go to Old Age Assistance and Medical Aid to the Aged programs. In the Low Senescity counties, only 56 per cent of the welfare budgets are spent on the aged.

Another aspect of the problem which is related to the welfare of people is that which involves health manpower and resources. The data show that high senescity counties have a total of only 178 medical doctors. This is only about 6 per cent of the total number of M.D.'s in Iowa. Furthermore, there are remarkable differences between these two types of counties with respect to the number of general practitioners and specialists serving there. In the high senescity counties, for example, general practitioners represent the entire physician resources in eleven of the twenty counties with an additional four counties reporting no major specialists in private practice (the major specialties include general surgery, internal medicine, obstetrics and gynecology, pediatrics, and psychiatry). Said differently, only 5 of the high senescity counties have one or more major specialists in private practice. On the other hand, in the low senescity counties, general practice represents the entire physician resources in only three counties and there are only two counties reporting no major specialists in private practice. While this is understandable and a common occurrence, since specialists tend to congregate in urban centers where there are a larger number of acute hospital beds available, nevertheless, it again points up the fact that the older age group, often needing specialized medical diagnostic and therapeutic care, must travel some distance from their homes in order to obtain the services of such specialists.

The high senescity counties have 563 active nurses, again about 6 per cent of the state total; and there are a total of only 528 general hospital beds in these counties, less than 5 per cent of the state total.

In contrast to this, the low senescity counties have a total of 1,779 or 60.2 per cent of the state's M.D.'s; a total of 5,245 active nurses, which is 55.5 per cent of the number of nurses on active duty in the state, and a total of 7,172 general hospital beds, representing 61.1 per cent of the available general hospital beds in the state. This, in spite of the fact, that hospitalization is more frequent among the older age group, and because of the high prevalence of chronic diseases in this age range, their stay in the hospital is often longer than that of younger people.

Another way of demonstrating the imbalances which exist between these two types of counties may be expressed in terms of the relationships between current health facilities and those "needed." Here "need" is that which is defined by the State Health Department on the basis of population statistics. Some of these data are presented in Table 3.

From the table it is clear that there is a fairly good "fit" in the case of general hospital beds between those currently available and those needed. On the other hand, there is a sizeable lack of long-term care facility beds in both kinds of counties, and this deficiency is especially remarkable in the high senescity counties where the median number is zero and where twelve of the nineteen areas have no long-term care beds at all.

Finally some mention must be made of the availability of mental health care. Assuming proper motivation and organization, the more rapidly growing urban areas in the state should eventually "take care of themselves" as far as the development of needed mental health services are concerned. The greatest problem, as in the case of health care in general, will be the development of comprehensive community health programs designed to meet the needs of the more remote, less populated, economically depressed areas of the state. As it is now there are only three high senescity counties being served by a community mental health center; eleven of the low senescity counties have the benefit of such a mental health facility.

TABLE III.—COMPARISON OF TWENTY HIGHEST AND LOWEST SENESCITY COUNTIES WITH RESPECT TO HOSPITAL AND LONG-TERM CARE FACILITY BEDS

	High senescity counties		Low senescity counties	
	Medians	Ranges	Medians	Ranges
Current general hospital beds.....	40	19-101	201	32-1, 613
"Needed" hospital beds.....	40	30-108	216	25-1, 884
Current long-term care beds.....	¹ 0	0-100	² 31	0-324
"Needed" long-term care beds.....	44	31-99	197	41-1, 043
Percent age 65 or over.....	16.3	14.7-19.3	10.3	8.3-11.8

¹ 12 of the 19 areas have no long-term care facilities.

² 7 of the 19 areas have no long-term care facilities.

(There are 19 areas in each set since the State department of health combines Taylor and Page Counties into 1 "area" and Polk and Warren Counties into a single "area.")

RESEARCH NEEDS

The problems described in the foregoing sections of this statement may never be solved unless research is undertaken into both the nature of the problems themselves and into their possible solutions. I should like to discuss briefly now some general research considerations which should set the stage for some more specific research suggestions.

First of all, much of the research that is needed is of a long-range nature. As noted above the rapid industrialization of our society has led to a continuing increase in life expectancy, a growth in the number and proportion of aged people in our population, an imbalance in their geographic location, and the consequent emergence of many new and difficult problems for social and economic policy.

Because we are particularly concerned with the impact of social change on people, I would suggest that research programming should be focused primarily upon the adjustment problems of men and women during later life and upon the conditions affecting the well-being of our older population. However, in order to accomplish this the research cannot be limited to the aged person alone, artificially separated from any consideration of the earlier stages of his life, or from his relations with other younger members of the population.

Adequate understanding of the patterns and problems of later life requires that full consideration be given to the successive experiences of individuals at various stages of life. Problems of old age must be viewed within the context of the process of aging, running therefore throughout the entire lifespan. The problem conditions affecting our older population must be analyzed with full attention given to the needs and interests of other age groups in the population.

A comprehensive program might be achieved by pursuing the following eight main guidelines:

1. The research program should focus on the behavior patterns and adjustment problems of older men and women. At the same time, full attention must be given to the successive activities and adjustments of individuals during earlier stages of adulthood. Thus it will be possible to make comparisons between the behavior patterns and problems of individuals at different ages beginning, say, with the period of young adulthood and extending through middle age and later life.

2. Consideration should be given to the entire range of important activities and adjustment problems of individuals during later life as well as during earlier stages of adulthood. In other words, adequate understanding of an individual's behavior patterns or adjustment problems in any one area of life, requires that his other significant activities, relationships and sources of satisfactions and frustrations be taken into account.

3. The success of an individual's overall personal adjustment at any stage of life is a function of his differential successes and failures in attaining desired goals, weighted in terms of the importance of the various goals to him. Successful adjustment presupposes that an individual strive for goals within his realistic capacity of attainment and that he adapt his behavior to the conditions required for successful goal attainment.

Research on the adjustment problems of later life should accordingly focus on three main sets of questions: (a) Which goals can older men and women in various life situations attain successfully (and which are unrealistic for

them)? (b) What past and present conditions lead older persons to strive for various goals (or to strive for goals with varying degrees of intensity)? (c) What ameliorable conditions restrict the opportunities of older persons for successful goal attainment; how can such conditions be changed; and at what cost?

4. Special attention should be paid to the participation by adults of all ages in social relationships and in organized group activities on the basis of the hypothesis that participation influences their behavior patterns and their adjustment.

5. Consideration should be given to the effects of social isolation on personality adjustment in later life.

6. Behavior patterns and adjustment patterns of older persons must be analyzed from the standpoint of the functioning of those community institutions which effect the population as a whole. It is believed that a two-sided approach to research in social gerontology is needed, focusing simultaneously on the needs of individuals in different social positions, and on the requirements of social institutions. Careful account must be taken here of the consequences for younger persons within the population of programs designed specifically to help older people.

7. The adjustment problems and behavior patterns of persons at various stages of life should be viewed within the context of the kind of community in which they live. This is particularly relevant in view of the analysis presented above concerning the social, economic, and welfare impacts of population shifts on various communities and upon older people in particular. The opportunities of individuals for employment, for achieving standards of living, for obtaining health care and adequate housing, and for finding satisfactory companionship in leisure time activities are effectively influenced by the nature of their residential community. Differences between urban and rural communities, and between various types of communities within each category, may be particularly important in this connection. Research programs should be developed which seek comparisons of conditions affecting persons at different stages of life, in contrasting community settings.

8. In planning research programs full consideration should be given to basic changes occurring in the social and economic structure of our society, as these affect the goals and opportunities of individuals at various stages of life. A good many difficulties confronting older Americans today have arisen from the rural-to-urban transition our society has been undergoing. Urbanization and industrialization have created new opportunities for successful living in later years; but at the same time they have disrupted traditional patterns of activity and associations, and have deprived older persons of many previously satisfying sources of income, care, companionship, and feelings of usefulness. To be complete a research program in this area must carefully examine the nature of the changes occurring in values and social behavior patterns as these affect both younger and older persons in our population.

I should now like to suggest a few more specific investigations which need to be conducted. Because of a limitation of space these will be suggestive only. In each instance I shall note the nature of the investigation by a title and a brief statement of the need for this kind of a study.

I. The differential impact of industrialization on the economic opportunities of people in various age groups

The Iowa economy has been described above as being in transition—a state of simultaneous growth and decline. In agriculture, the changes include increasing specialization, larger farms, fewer farmers, and different farmer-functions. In industry, the changes involve the organization and reorganization of social and economic resources, the development of new aptitudes and attitudes, and the solution of special problems created by industrialization.

The industrialization process within the state has contributed to a rising standard of living for the population as a whole. The impact of industrialization, however, has not been uniform in its social and economic effects. While some communities have experienced gains in employment opportunities, population and income, other areas have been showing economic decline. Within localized areas, moreover, economic changes may have diverse effects on different population subgroups. For persons in certain occupations where employment opportunities are on the increase, changes may result in improved prospects for higher salary, promotion, and economic security. For others, industrializa-

tion may well bring considerable hardships, requiring people to change occupations, move to a new community, learn new skills, and so on. Indeed income reduction may result as well as the difficult adjustments required in new social and economic situations. Proposed investigations in this area would analyze the differential economic consequences of recent industrialization in Iowa for men and women in various occupational fields who have been affected at different stages of life. To do this it will be necessary to look at changes in income composition and employment structure for both the state as a whole and its major subareas. It would be the purpose of such a study to analyze the economic consequences of industrialization, and to assess the effects and problems of adjustment faced by individuals in various age groups.

One part of any such investigation should certainly be concerned with income and employment changes within the State of Iowa with particular emphasis both on urban and the high senescity rural areas of the state. Two questions would be asked:

1. What changes in income composition have taken place in Iowa during the past fifteen years?
2. What is the significance of the population shifts occurring for aging members of the labor force with respect to future income opportunities in the various counties?

Information thus obtained could then be used in studying such other factors as the per cent of the total population which is employed, the per cent of employed workers in manufacture, the value of farm land, buildings, and equipment, etc., all of which may provide insight into some of the reasons for income differences between Iowa and other states; and between various types of areas within the state such as our high and low senescity counties.

Also, an examination of changes in county income patterns over a long period of years should help explain the promotion or inhibition of mobility within and out of the state.

Knowledge about relationships between the county distributions of incomes and the county distributions of various age groups could then be used in the development of special programs designed to facilitate more effective adaptation of all age groups to changing economic conditions. For example, the stimulation of new economic activities within an area might well result in the provision of rewarding alternatives for impoverished groups. Relevant programs might be directed toward vocational and other training to equip competitively unsuccessful workers to take better advantage of changing opportunities (e.g. particularly to train agricultural workers for urban occupations, etc.). Other program developments might include the more adequate dissemination of information concerning vocational opportunities among those persons who cannot find satisfactory employment, as well as information about educational, and welfare programs. The former, concerning the socioeconomic changes which are taking place, so that the community has a better understanding of the transition, and the latter to provide emergency relief for those who become unemployed until better alternatives can be provided.

In the foregoing a major emphasis would involve a study of employment patterns in response to the question "how are differential income patterns related to differential employment opportunities?" Such a study would seek to measure and try to explain the changing relationships between employment in agriculture, manufacture and related sectors in selective counties such as the high and low senescity counties.

Such a detailed analysis of the relationships between changing employment opportunities and income patterns in various types of Iowa communities would supplement in depth the income analysis just described, and help to explain the differential income changes that have been occurring. In addition the relationships identified may serve as indicators of other concomitant aspects of the industrialization process. For example, information will be provided pertaining to:

1. Changes in educational requirements for young adults as the economic bases of communities are altered.
2. Changes in the financial resources and requirements of communities which experience population gain through increased employment opportunities, or population loss through declining opportunities.
3. Differential changes in the employment patterns of men and women in various age groups, and in the norms concerning employment (particularly of women) at different stages of life.

4. Changes in household organization and family relationships that take place as the employment patterns of men and women are altered.

II. *A study of age differentials in the migration patterns in Iowa*

In this study it would be proposed that an investigation be made of the actual and potential migration patterns of men and women in the Iowa population at various stages of life. This study would seek to answer four main questions:

1. What differential patterns of migration are found among men and women at different ages?
2. What conditions lead persons at different stages of life to change their place of residence or to remain settled?
3. What consequences does the migration of persons in different age groups have, for their own personal adjustment and social participation, as well as that of others who are effected by their migration?
4. Under what conditions does migration lead to an improved life situation (or to greater adjustment difficulties), for persons who migrate and for others affected by their migration?

In this study an investigation could be conducted at various levels. For example, the migration patterns in Iowa as a whole might be studied. Here an analysis could be made of migration patterns in the entire state, focusing on the community as the central unit of analysis. Comparisons could be made of the differential immigration and out-migration patterns found in various types of urban and rural communities within the state. The social and economic characteristics of communities exhibiting differing migration patterns could be examined, and a further attempt to assess the consequences of various patterns for the communities involved could be made. Such an investigation would principally utilize data gathered by the Bureau of the Census, and by other federal and state data-collecting agencies. As will be realized such a study could be closely coordinated with the preceding research into income allocation and industrialization within the state.

A different facet of such a study of migration patterns could focus more intensively on migration patterns in selected Iowa counties—particularly the high and low senescity counties described earlier. Here a detailed analysis could be made of the consequences of various migration patterns for the economic and political structures of communities within the selected counties. Special attention would be paid to problems of economic dependency created directly or indirectly by migration. In addition, a thorough analysis could be made of the social and economic characteristics of individual migrants and non-migrants.

Finally, such an investigation of migration patterns could take individual persons or family groups as the principal units for analysis and study. Comprehensive migration histories could be obtained from subjects residing in the urban areas who have migrated from more rural areas. In this connection, detailed information could be gathered through interviews concerning the factors influencing decisions to migrate by both older and younger persons, and the adjustment problems faced by migrants and others affected by their migration by age levels. Similar studies could be conducted in which comprehensive histories would be obtained from those who did not migrate but stayed in the rural areas—particularly those areas from which younger people are migrating in large numbers.

III. *A study of flexible and compulsory retirement patterns*

A set of studies long overdue in the field should be made of retirement policies of industries in general and of small businessmen, professional persons, and farmers who are not subject to the usual compulsory retirement practices.

Such a study could describe in a systematic way the various criteria for retirement utilized by firms in a variety of industries, and to analyze the experience of such firms in applying and administering the various types of retirement criteria. In addition to this the retirement practices of individual entrepreneurs could also be systematically described with particular emphasis on the process by which the decision to retire is finally made by such persons.

A study of this type could seek to determine:

1. The various types of problems of which flexible and compulsory retirement give rise.
2. The extent and manner in which such problems have been resolved.
3. The efficiency of employees in the over-65 age group relative to employees in younger age groups both in industry and in farming operations.

4. The efforts of companies, unions, and such organizations as the Farm Bureau, Grange, and National Farmers Organization, to help employees or individual workers prepare for retirement.

5. The relation of various types of retirement policies and practices to individual adjustment at various stages of life.

The approach here would be by way of analysis of information obtained from personal interviews with retired and actively employed persons. Information relating to employee or worker job performance such as absenteeism and productivity data and job transfers and promotions would be obtained either from company files or from individual self reports.

IV. *Social welfare programs and individual needs in relation to aging*

Here it is proposed that a study should be made to evaluate the adequacy and appropriateness of social services for persons in various age groups.

In order to evaluate the social services and welfare-related health services in Iowa communities as a factor in adjustment to aging, data would be gathered about social and health agencies, about the communities they serve, and about individual persons at various stages of life, in a sample of communities. More specifically, such a study would seek to determine:

1. The needs and problems of people in relation to aging.
 - a. What needs and problems are existing agency programs within the sampled communities designed to serve? How and when did they come about?
 - b. What needs and problems exist in these communities for persons at various age levels?
2. Who receives services?
 - a. Which groups in the community (what kinds of persons) are agency programs designed to serve?
 - b. Which groups of persons in the community (by age, kind of problem, family status, etc.) are actually served by agencies, and which groups that actually could make use of services are not receiving them?
3. What are the underlying assumptions upheld by communities in regard to aging?
 - a. What aims and goals (values) are implicit in agency programs for persons in various age groups?
 - b. How closely do the goals upheld by agency officials correspond to those upheld in the general population?

A study such as this could be conducted at several different levels, at least two of which ought to include the social and health services across the whole State of Iowa while a second would be a comparative study of patterns of welfare services in our selected high and low senescity counties.

In the former, Iowa's total welfare effort, in terms of public and private funds expended for various purposes, would be analyzed for say a fifteen year period. The existing welfare programs in the state would be studied, with attention given to the numbers of persons actually served and their social and personal characteristics (e.g., age, sex, income, occupation). Finally an analysis would be made of the characteristics of Iowa's general population which are relevant to the provision of welfare services. These types of information would provide a background for the study of the selected high and low senescity communities and selected welfare programs.

In studying the patterns of welfare services in the high and low senescity counties, the different patterns of service in these communities would be the focus of attention. Using the community as the basic unit of analysis, the objectives, methods and clientele of welfare programs would be compared. More detailed information would be gathered concerning the population in each county, and also concerning the needs and problems of people in each community. In addition to the analysis of programs by communities, such a study would include an intensive examination of agency operations, in which the agency or the program is taken as the basic unit of analysis. Information would be gathered about (1) problems as defined by local and state agencies; (2) the aims and goals of agencies, personnel, and programs; and (3) community sub-groups with the respective programs they are designed to serve. Finally, the relationship between patterns of welfare services and other aspects of community structure would be examined in these counties.

These are but a few of the major types of research which need to be conducted for a more adequate understanding of the problems of the aged and the

aging in a state such as Iowa which is in transition from an essentially rural to a more industrial economy. It seems to me that before programs and policies can be determined the answers to at least some of the questions raised by the proposed research projects ought to be in hand.

LIFE AFTER SIXTY IN IOWA: A SUMMARY OF THE 1960 SURVEY FINDINGS

Approximately ten years ago, as part of the State of Iowa's preparation for participation in the 1961 White House Conference on Aging, the Iowa Commission for Senior Citizens and the Institute of Gerontology of the University of Iowa conducted a statewide interview survey which was called "Life After Sixty in Iowa," a summary of which follows. Now that we are in the process of preparing for a second White House Conference on Aging in 1971, it will be interesting to replicate this survey to ascertain what changes have occurred in the ten year interim and, if possible, determine which of the changes may legitimately be ascribed to programs initiated as a result of the recommendations of the 1961 White House Conference on Aging.

What kind of a state is Iowa to grow old in? What sorts of difficulties do older Iowans in various walks of life experience? How effective are existing programs conducted by the Federal Government, the State, our local communities and their various organizations in helping to remedy those difficulties which can be ameliorated? What are the opinions of the older people themselves about the kinds of programs needed to help with their difficulties, and also about longer-run policy issues concerning the aged?

To answer these and other questions concerning later life in Iowa, an interview survey was carried out during the spring and early summer of 1960. Interviews were obtained with a scientifically selected sample of 1,359 men and women past the age of sixty, residing in 13 Iowa counties. The counties included the five metropolitan areas of Cedar Rapids, Davenport, Des Moines, Sioux City and Waterloo. They also included 8 of Iowa's more rural counties, selected so as to represent something of the range of smaller towns and far communities found within the state. In each county the survey was confined to the non-institutionalized population, excluding persons in hospitals, old-age homes and nursing homes as well as some who were in mental institutions or in jail.

The report summarizes some of the main descriptive findings of the survey. These findings richly document the manifold variations of the aging process, and the enormous range of individual differences found among older people. Some of the people interviewed were still in the prime of life actively working at their jobs and overcommitted to a multitude of community activities. Others had begun to experience failing health and vitality and were beginning to cut down their weekly activities, while still others had fallen heir to one of the disabling illnesses of later life and were confined to the house or in some cases even to bed. Some were farmers who had spent much of their lives outdoors engaged in an annual struggle with the land and the elements. Others worked in factories or in stores, business offices, trucks, schoolrooms or churches. Most of the men lived with their wives and some were the heads of large families. The majority of the women were widowed and many were living alone. Some of the people interviewed were bachelors or spinsters who had learned to live alone over a period of many years, a few were newlyweds who interrupted their honeymoons to talk to the survey interviewers, and a small number had been divorced. Many said that their religion was the most important thing in their lives. A few said that religion was of no importance to them at all, and expressed indifference or even antagonism toward conventional religious ideas and practices.

A brief sampling of the answers given to some of the survey questions may serve to illustrate the extent of variations encountered in the sample. Nowhere are these more apparent than in the leisure-time preferences that were expressed. For example, one survey question asked, "What are the activities that give you the greatest enjoyment (or comfort) in life today?" Answers given included: "My work." "Sitting around and thinking." "Camping and fishing." "Reading the Bible." "Playing cards." "Visiting with the children." "Walking by myself." "Traveling around the country." "Working in my garden." "Watching T.V." "Babysitting with my grandchildren." "Reading newspapers." "Reading books." "Sewing." "Playing the piano." "The Golden Age Club." "Masons." "Doing things for others." "Car trips." One woman said quite vigorously

that she obtained her greatest satisfaction from "dancing" and another said the most gratifying thing was "prayer."

Diversity of attitudes and opinions was further manifested in the responses to the question, "From your own experience, what do you feel are the main mistakes that a person like yourself is likely to make after reaching the age of sixty?" Some of the answers received were: "Retiring too early." "Failing to enjoy life while you can." "Trying to act like a kid." "Not guarding your health." "Failure to take an interest in the social and political life of the community." "Being careless with your money." "Living with your children." "Getting in a rut." "Feeling sorry for yourself." "Self-pity and self-indulgence." "Trying to look too young." "Thinking you're too old to do anything." "Helping children too much." "Giving advice to younger people." "Getting a divorce." "Remarrying after your husband dies." "Neglecting God." One man said that he had made all of his mistakes before reaching sixty, and a woman in her early seventies disclaimed, "I'm not old enough to know yet."

Idiosyncrasies also are shown in the nature of the difficulties that most troubled the people in the sample. This may be seen in the answers obtained to the question, "What are the things that bring you greatest unhappiness today?" Responses included the following: "The high cost of medical care." "Loss of my wife." "Lack of social activities." "The world situation." "The sins of younger folks." "Cold weather." "Bugs." "My wife talking on the telephone all the time." "The children living so far away." "Beng unable to go to church." "Other people's troubles." "Worrying about my children." "Not being able to travel because of my wife's size—she weighs 300 pounds." "High taxes." "Getting up in the morning." "Financial worries." "Not being able to work." "My health." "My son-in-law is an alcoholic." A number of people said they were perfectly content and had nothing to complain about. Others said that they were dissatisfied with many things but saw no point in mentioning anything in particular.

I begin by emphasizing the individualities of older people because these can all too easily be lost sight of in a survey report of this kind. It should be recognized that the value of a survey like the present one is primary in helping to determine which characteristics of a population are common to "all," "most," "many," "some," or "a few" of the population members.

It is of course important to know which problems and attitudes are more or less widespread among our older population. This information is essential if we want to be intelligent in formulating social policy and programs relating to the aged. Social action programs always must have a statistical reference since they deal with numbers of people. The importance of a given program is to some extent dependent upon the numbers which it may serve, and the costs are similarly so dependent. However, the effectiveness of social action programs depends upon much more than the facts that certain groups have certain problems in common. Effectiveness always depends in part upon the meanings which a problem may take on in terms of the unique perspectives of various individuals who have that problem. The same program may be successful with some and varyingly wide-of-the-mark with others, due to individual variations which have not been given due consideration.

It is our hope that the survey findings that follow will have values for social policy, by providing indications of the needs of older Iowans which are more or less prevalent, and of their attitudes toward various programs which are (or may be) directed toward those needs. Anyone who is seriously concerned with the well-being of this population, however, will want to read in some of the missing factors of individuality between the statistical lines.

Major difficulties reported. One factor which plays a role in the reporting of major difficulties experienced by older Iowans, has to do with their attitudes toward themselves and their age. Iowans in the age range over 60 tend to think of themselves as "middle aged." Any differences among groups are minor, be they men and women or folks from metropolitan or rural areas. There are shiftings of these attitudes with increasing age; for example, as age increases there is less and less clinging to the "middle age" self concept. This is general up to about age 69, but men from urban counties tend to maintain this middle age attitude through the age of 74. After this age, these men tend to shift all the way over to a self concept of "old man." No other groups do this—their preference is to think of themselves as "elderly" which seems to be a less stigmatic, more dignified and "softer" designation than "old." Now a next logical question for those who maintain the middle age self concept would be

when will they begin to think of themselves as "old"? All groups tended to postpone thinking of themselves as "old" to from ten to fifteen years beyond their present ages. Thus, over 60 per cent of sixty to sixty-four year olds tended to say they would not think of themselves as "old" until sometime in the age range 70 to 85. Well over half of the 65-69 year olds postponed the "old" idea until some time in the age range 75-89. Over 40 per cent of those in the early 70's say they will wait until they are in the 80's and those 75 years old and above prefer the age range 85-89!

Significantly as age increases there is a tendency to view the meaning of "old" in other terms than chronological years. Thus, there were many (over one-fourth in the 75 and over age group) who said something to the effect that regarding themselves as "old" would be related to "the state of my health," "whether I can still take care of myself," etc. Here and in other places in our survey we find coming up over and over again the triad—health, income, and dependency as areas of great concern for older people.

What are the major difficulties experienced by older Iowans? The main answers obtained by the survey are not surprising, although there are some unexpected aspects to them. In order of importance, the major problems reported were: (1) health difficulties and physical discomforts; (2) problems of finances; (3) loneliness; and (4) lack of satisfying activity.

It should be emphasized that while a great many of the interviewees mentioned some serious dissatisfactions with their life situations, the majority indicated that they were at least fairly well satisfied with their lot. More than half of both the men and the women said they still were in good health, and even among those past the age of seventy, a large number still seemed vigorous and active. Similarly, on finances, well over a third described their financial position as being entirely satisfactory and most interviewees said that they had quite enough to live on. Loneliness and boredom too were not serious problems for the majority. In fact, a fairly large number (more than 38%) said they had more friends at their present stage of life than ever before, and about 20 per cent said that they never had felt better in their lives, and agreed with the statement, "These are the best years of my life."

At the same time, the findings indicate that a considerable number were faced with severe hardships. Health difficulties were by far the most frequently reported, with more than 20 per cent of the survey respondents stating that they had serious health problems and a much larger number (about 36%) saying that they had "a major health difficulty." More than one-out-of-ten complained of being wholly or partly confined to the house because of health.

The effects of declining health and changing physical condition are reflected in many of the specific difficulties that were mentioned. Most important were the effects on employment. A good many of the men in the sample had retired from work, and most of those who had retired said that they stopped working because of their health and their loss of strength or endurance. Interestingly enough, most of the retired people denied that their mental abilities to do their work had been impaired. The problems mentioned were primarily physical. Moreover, it appeared unexpectedly that people in white-collar occupations (especially those holding clerical jobs and professionals) were more likely than those in blue-collar occupations to find difficulty continuing at their work because of losses in physical endurance, and businessmen were the occupational group most likely to complain of "losing their patience" as they became older.

Quite a number of the interviewees said that their health problems made it difficult for them to do their own shopping or care for the house. Reported difficulties were greatest during the winter months when many found it very hard to shovel the snow and drive on icy roads. In addition, a fairly large number complained of hardships in tolerating the cold winter weather, and the most frequent sources of housing dissatisfaction mentioned was that "the house is too cold in the winter." Others complained that their health prevented them from going to church as often as they would have liked or from visiting their children and other relatives.

About 10 percent of the people in the sample said that they needed help in order to get around and meet their daily needs. Particularly among the oldest people who needed such help, most were receiving assistance from their children. Mothers were more likely than fathers to receive help from their children, and daughters were much more likely than sons to have taken the responsibility for caring for their older parents. It appears, however, that some of the people who most needed help had no one from whom they could receive it, and most

parents seemed very reluctant to think of calling upon their offspring for assistance.

After health, financial inadequacy was the problem most often mentioned by the sample. About 10 per cent of the interviewees said they did not have enough money to live on, and another 30 per cent indicated that they had just enough to meet their regular expenses but had no resources on which to draw in the event of serious emergencies. About one-in-twenty had had to depend upon relief for medical assistance during the year preceding the survey.

A fairly large number of the interviewees could not afford to buy modern labor-saving equipment which could have greatly eased their burdens of living. Among the appliances desired were an automatic water pump to save carrying water, a washing machine, and an automatic heating system. Some of the survey findings point up the great value of modern appliances like these for older people, in helping them to remain independent after their strength begins to wane. Some older men and women complained that their houses lacked conveniences which most Americans today take for granted (indoor bathrooms or a sink), and some said their houses were in need of basic repairs required to safeguard their health.

By far the most serious financial problem was that of paying for expensive medical emergencies. About half of the interviewees had no medical insurance of any kind to depend upon, and many of those with insurance had limited coverage. Nearly one-third said they could not afford a medical cost of \$1,000 (a figure not much above the average cost of operations reported by men in the sample), and one-in-twenty said that they needed medical or dental treatment which they could not get because of the cost.

Income problems were most severe for the retired men and widowed women in the sample. This is shown, for example, by the incomes reported by those men and women who had passed age 75. The men averaged less than \$1,500 a year while the women averaged under \$1,000. Many of the retired and widowed were living primarily on Social Security payments, and average payments were considerably less than the maximum allowed by the law.

A number of the findings concerning the Social Security program may merit brief reference here. Coverage generally was higher than had been expected, especially among people between ages 65-74. Well over half of the eligible men and women in this age group said they received some payments and, to our surprise, coverage was more widespread in the rural counties than in the urban counties. Among those past age 75, coverage was considerably lower than in the younger groups, and was especially low among the oldest women. Apparently, many of the people past the age of seventy-five had failed to qualify for Social Security coverage in time, and were left out of the program. We might note that these people would not receive the benefits of any of the proposed programs to provide medical insurance for the aged through expansion of the Social Security program, unless coverage is extended to those who have been left out. Persons above the age of seventy-five also were far less likely than those who were younger to have been covered by private pension plans.

These findings document the importance of the Social Security program for older Iowans. Many recipients said that their payments, small as they were, enabled them to remain financially independent, and quite a few said explicitly that these payments had saved them from having to turn to their children for support. A good many of the older men and women said that they had continued working for some time after the point at which they might have retired to qualify for Social Security coverage. By contrast, many of the younger men said they would retire (or had retired) earlier than they otherwise would have in order to meet the requirements of the program. The immediate effect of the program on the employment of older people in the present generation of Iowans seems to have been primarily one of postponing the age of retirement. The longer-run results, however, point in the direction of earlier retirement (unless the work restrictions of the laws are altered considerably).

One of the more striking findings of the survey is that complaints about insufficient income did not increase uniformly with age, despite the fact that income level was much lower in each older age group. It seems that most interviewees were able to reduce their expenses proportionately as their incomes fell. Beyond this, there is the possibility that the standards for judging "what an adequate income is" tended to decline with advancing age.

Loneliness and lack of satisfying activity were problems to many in the sample, and again we find about 10 per cent reporting these as serious problems.

Presumably, both problems are closely related to health, and it is likely that the people most affected were those who had serious health problems as well. While many of the interviewees obtained companionship and stimulation from their children, about 15 per cent of the parents (with living children) in the sample said they did not have frequent contact with any of their offspring, and approximately 25 per cent said they did not see any of their sons or daughters as often as once a month. Others, of course, had no children to turn to, and some had no relatives at all.

As one might expect, problems of isolation and boredom become more prevalent with age. It appears that for many of the men in the sample (and employed women too), these problems arose markedly in connection with retirement. The findings suggest that many of the people who had been regularly employed throughout their adult lives had become dependent upon their work for companionship and for a feeling of usefulness, as much as for the income provided. The largest number said that they enjoyed working (e.g., among employed men, the majority actually mentioned their work as a preferred leisure-time activity), and few of those who were capable of working said that they wanted to retire.

Generally speaking, the difficulties which we have been discussing were more widespread in the rural counties than in the urban counties. In each age group, people living on farms or in smaller towns were more likely than their urban counterparts to have experienced serious health difficulties. Their income levels were lower, and their houses were more likely to have been substandard and in need of basic repairs. They were also somewhat more likely to complain of being lonely and isolated. It appears, then, that the hardships of later life were greatest for the rural population, in Iowa, although the majority in both the rural and urban counties seemed to be fairly content.

One problem which was hardly mentioned by the survey interviewees was that of anxieties relating to death. This omission seems worth mentioning, since anxieties of this kind are often thought to be fairly widespread among older people. We did not of course explicitly question the interviewees about their death fears, but the interviewers were instructed to be on the alert for any spontaneous expressions of such fears in the answers given to several of the survey questions. While tangential expressions of anxieties were evidence in the statements of quite a few interviewees, only three people explicitly said they were afraid of dying. It appears that very strong taboos may have been operative against mentioning fears of death. It also seems possible that most interviewees viewed death as an indefinite contingency, the occurrence of which was deferred to a remote point in the future even by the oldest men and women.

RECOMMENDATIONS

I. Surveys of the literature reveal no truly definitive studies of retirement practices, attitudes toward retirement, or the impact of retirement on farmers who like other independent entrepreneurs, are not subject to the same rigid, compulsory, fixed retirement practices as are other workers. Such studies are needed in order to afford us a better understanding of their particular problems with respect to retirement.

II. Sorely needed are imaginative creative studies designed by a panel of our nation's foremost social science scholars to look as deeply as possible into the meaning of work and the meaning of retirement, and then to devise programs to assist all of our people to prepare for retirement. Since they have been relatively neglected heretofore, such studies are especially needed for those living and working in rural settings. (A significant longitudinal study of this type currently underway in Iowa is that of Drs. Jon A. Doerflinger and Ward W. Bauder of Iowa State University. This is a study of 1,922 actively employed males fifty years of age and older including farmers, merchants, self-employed professionals, salaried professionals, and factory workers. Data currently being collected by interviews will provide a baseline record for use in conjunction with a continuous longitudinal research panel from among the sample. This study is supported in part by a Department of Health, Education, and Welfare grant).

III. There is a need for equally creative imaginative investigations with respect to how best to provide social, recreational, homemaker, home care, and

other health services to the aged and aging in rural areas. Where most of us travel from our homes to a doctor, recreation center, hospital, or other service center, in rural areas where sparse populations are spread out over relatively wide geographical expanses, it is clear that some novel and ingenious approaches may be necessary for the delivery of these services to those in need of them. One thinks, for example, in these days of the Vietnamese War, of the extremely important use being made of the helicopter to quickly move wounded personnel from the battleground to the hospital. Similarly, in many rural states, Iowa included, use has been made of mobile clinics and there may be many other novel approaches which could be developed to better supply health, social welfare, recreation, and other necessary services to those living in relative isolation.

IV. Examination of the social histories of many older people suggests a pressing need for laws and programs designed to protect the property and personal rights of the aging and aged. In short, studies need to be made of the possibility and nature of a new kind of public official who might act as a friend-advisor-guardian of the rights of the aged.

V. Since attitudes play a prominent role in the adjustment of people to aging as well as to other aspects of life, and since there is a good deal of evidence that many of the negative attitudes toward aging and toward the aged themselves are already developed by children as young as 12 or 13 years of age, it seems to me the primary question is "when and how were these attitudes transmitted to children?" Answers to questions such as this must be found so as to develop an adequate educational program to combat negative attitudes about aging. This suggests incorporating in our public educational systems curricular programs of education for aging. The place to begin preparation for the later years is in childhood and youth and the public schools could play a great and useful role in putting such preparation on sound scientific grounds. Dr. H. Lee Jacobs, Associate Professor in the Institute of Gerontology has developed such a curricular program which is currently being used experimentally in a number of public school situations. It is recommended that much more work be done in this area of preparation for aging in the field of education.

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ITEM 2: WILBUR PETERS, DIRECTOR, WEST CENTRAL DEVELOPMENT
CORP.

ATTACHMENT 1

[Excerpt from Editorial: Wallace's Farmer Aug. 23, 1969]

"RURAL COMMUNITIES HAVE DIFFICULT PROBLEMS TO FACE:"

Other rural community residents are engaged in providing consumer goods and services to both farmers and others of the rural community. Examples include haircuts, medical attention, furniture and clothing as part of a long list.

Abandoned farmsteads and empty buildings along main street mean fewer customers to these businesses. Improved roads mean that more of the remaining customers can easily fill at least part of their wants from larger centers where choice is wider and in some cases, quality may be better. Desire for medical attention by specialists is an example of the quality factor.

So this group of rural community people fall into a squeeze similar to that of farmers.

Unlike farmers, many of the small town people are also faced with declining real estate values. The exceptions come in those few towns that are growing, usually because of locations near a larger city which provides work opportunities. This makes the squeeze even more vicious in terms of an individual's financial security.

In short, rural small town communities are fighting for their existence. Increased mobility of customers requires competitive price, adequate quality, and quantity sufficient for a range of choice. Not all local businesses can meet these requirements. In fact, not all local businesses are needed to serve rural people.

Just as in agriculture, the real battle is over which ones survive, not whether all can be maintained.

The close tie between farmers and others of the rural community provide a logical basis for broadening farm program legislation to emphasize the well being of the people involved. Together, they can have a much more potent political voice.

The "people" emphasis being stressed for future farm legislation increases the pressure on congress to provide adequate funds and workable programs for rural areas.

ATTACHMENT 2.—SOCIAL SECURITY—IOWA

HARRISON COUNTY

	Total beneficiaries	Total in money
Dunlap.....	426	\$27,472
Little Sioux.....	143	8,686
Logan.....	599	40,923
Missouri Valley.....	854	58,164
Modale.....	124	9,150
Mondamin.....	138	9,950
Persia.....	160	10,680
Pisgah.....	149	9,677
Woodbine.....	536	35,508
Magnolia.....	40	2,463
Total.....	3,167	212,673

Average payment received equals \$67.15.

SHELBY COUNTY

	Total beneficiaries	Total in money
Botna	21	\$1, 488
Defiance	111	7, 992
Earling	178	10, 567
Elk Horn	262	17, 144
Harlan	1227	88, 708
Irwin	151	10, 548
Kirkman	63	4, 507
Panama	92	5, 709
Portsmouth	81	5, 673
Shelby	220	14, 630
Tennant	11	721
Westphalia	42	2, 801
Total	2, 459	170, 488

Average payments received equals \$69.33.

ATTACHMENT 3

VISITATION SERVICE TO THE ELDERLY

(By Edith Holloway, Project Director)

This program for the elderly has been operating in Harrison, Shelby, Crawford, and Monona counties for the past three years under West Central Development Corporation of Harlan, Iowa of which Wilbur Peters is Director.

We have eleven ladies and one man working in the four counties.

When the Community Action Agency was funded by the Office of Economic Opportunity for the Visitation component, all workers were recruited from their local area and serve their own community. They were chosen from low income families and their ages range from 35 to 76 years. Their educational background is from eighth through twelfth grade.

The reason, we feel, that the Visitation workers have been so successful in their work, is that they are from the community itself and are accepted as workers because your small town rural area persons are a close-knit family so to speak, and resent outside intrusion.

The training was carried out by the Directors of Welfare, Home Economists in Cooperative Extension Service, Public Health Nurses, and the staff of the Community Action Agency.

We have training and evaluation meetings each week. We have received instructions from F.H.A., Social Security, Commission on the Aging, Division of Vocational Rehabilitation, Iowa Employment Securities, On-the-Job Training, Commission to the Blind, Alcoholics Commission, Mental Health, Area Schools, and at the present are enjoying Civil Defense lessons.

Most of the workers have also attended the OEO schooling at Camp Sunnyside Hotel Fort Des Moines and at Holiday Inn, Sioux City, also the University of Missouri training over the last two years. As the worker goes out into their community they look for and visit the elderly, the lonely, the shut-ins, the blind, and the handicapped. They not only visit but perform many household tasks that the elderly cannot do themselves.

Wish all of you could visit the homes first hand. They find downhearted, sickness, heart trouble, arthritis, flu, cancer, diabetes, blind, lonely, crippled, tired, those who can hardly walk with a walker, many in wheel chairs and even bedfast patients. Often they are about to give up til the Visitation Service worker came along.

The workers write a diary of each hours' work. I wish you could read and share some of the experiences they encounter. Some quotes from their reports are:

"I visited in — and helped Mrs. — fix her dinner, washed her dishes carried in fuel (cobs, coal and wood) and filled all her containers with water to last until my next visit." The house was cold. It was so windy they couldn't have a big fire in the old wood stove. "Oh, how glad I am to see you," greets most of our workers, "Where have you been? I've missed you," even if it's been only a day or so since the last visit.

I called on Mrs. —. She wanted me to take her to the doctor. I just couldn't say no so I bundled her up and took her to Onawa (24 miles). Also took her laundry home again and will wash and iron it for her. She is so crippled up with arthritis. Brought her home and fixed her a meal and while she was asleep I cleaned up her house.

Cleaned for my blind lady today. She is having trouble with mice getting into her cupboards. Cleaned up and scrubbed floors, made beds and cleaned down cob webs, etc. Fixed enough food for several days."

One lady wrote about the elderly man who lives across from her. He had an eye operation and was alone so she cooked his meals consisting of beans cooked on top of an old heating stove. "Said, hers wasn't as good as he was used to but was alright for a woman." He has lived alone for forty-seven years.

"Visited on the phone with Mrs. —'s daughter. She asked me to go see about her mother. She couldn't reach her by phone and her husband had the car in town. I went over and found her on the floor at the foot of the bed. She had pulled the covers down and covered up. I got her into the bed and called her daughter. She said she would be there as soon as she got the car back. I washed up the dishes and got Mrs. — something to eat and hot coffee. She wanted to get up to eat. I helped her bathe and get dressed and took her to the doctor. He said she had better go to the hospital. She wanted her daughter to take her but she had an appointment to get her hair fixed and was going to a party. So I took Mrs. — to the hospital after we had gathered up some things she wanted to take with her. Took me until after five that evening."

"Saw a new client today, Mrs. —. Her husband had just passed away. She is eighty-two years young. Her daughter is here from California for a week with her. She was so glad to know there was someone who could help her mother after she goes back home. I took her for groceries and to get her check cashed and to get her laundry done. The daughter was afraid her mother would get burned trying to do the wash at home."

"Poor eye sight and shaky hands bring about many problems. They can't thread a needle, address cards and mail, or read from the Bible. Some can't dial a telephone. They miss going to church."

"There is sadness as well as joy for the worker too as she is called to help some "dear one" off to the hospital or nursing home knowing soon she will go back and help pack personal possessions and clothing of her deceased client. To comfort the family who shed tears of remorse, knowing that the Visitation worker had often times been to see their parent more times than they."

"I often think as I read the diaries, of a remark made at the first training session I went to. Solitary confinement is the worst form of punishment and is used only with hardened criminals. Yet we let hundreds of elderly poor sit alone day after day and never give it a thought."

"Transportation is one of the biggest problems for the aged, and our workers receive enough mileage for two training sessions but do not have enough to transport these persons. They often take their clients as much as 40 or more miles for drug prescriptions, shopping, eyes, dentist and doctor appointments, to the welfare offices, for groceries, clothing, etc. Most of these are found only in the county seats. Some of our towns are without daily mail delivery so the Visitation Service worker is often the "postman" as well. Only 3 or 4 of the 30 towns have a taxi and it is too costly for the elderly anyway.

You can't count on neighbors and friends. They don't want to be bothered by those slow, old people when they go to town. Most of the elderly's health doesn't permit them to drive and they can't afford a car or the up-keep anyway. Stores charge for delivery of groceries if order isn't a large one and some don't even conduct a delivery. One problem is that Western Iowa doesn't offer any job opportunities for the younger generation so they move away, leaving their aged parents to fend for themselves. Most of our small towns are filled with aging retired persons living on small pensions or welfare.

Following is a report from one such small town by the worker there. This is typical of the problems facing the area.

THE PLIGHT OF THE ELDERLY

Modala, Iowa, a town of about 300, has 31 widows, 6 widowers or bachelors, about 12 aged couples, almost without exception living on either social security or old age welfare or a combination of both.

The town has no doctor, dentist, barber, clothing store or bus. Only a few have relatives near. Doctors, dentist, grocery store are ten miles away in each direction.

Their problems are, aside from trying to live on a low income, transportation, getting work done, and the fact that they often pay more for drugs and medicine than they do for food.

Their homes, either rented or owned or turned over to welfare, are running down, because there is no money for repairs, but they still would rather live in them as best they can though some are bedfast, housebound, use walkers, blind (and it costs the welfare dept. only about 1/2 of what it would to keep them in nursing homes.)

They have their pride, a few were always welfare, but most were once prosperous farmers, who never regained wealth, after the depression or in one instance, a man 90, wife 84, whose farm was swallowed by the Missouri River before the dams were built. They talk with bitterness of the lighted football field built with \$8000 of donations, now gone to weeds; of the beautiful new school gym, scarcely used since our school, with the exception of the lower six grades was moved away, by re-organization; and how once all "fun" centered around ball games, bands, orchestras; where once we had 15 or 20 boys and girls in game competition, we may have one; and that we have more delinquency since groups are larger and do not produce as many doctors, lawyers, ministers and professionals in all fields as we did with a small school; and that their farms are now owned by doctors, corporations, etc.

ATTACHMENT 4

Name of Grant: Commission on the Aging, State of Iowa. Clara J. Pullen, Project Director.

Funding Period: 7-1-69 to 6-30-70.

Purpose of Grant: Initiation and development of programs for the elderly in the 4 County Area.

The participants in our program are people, both men and women of 55 years and over, with no income barrier.

Most of the people we work with however, are living on Social Security or pension, some are on both, others are getting assistance to supplement their income.

By working with both the affluent and the low income people, it helps bring about a mutual understanding of the needs and problems of the people and their communities, and then working towards a solution and a common goal.

We have ten Senior Citizen Groups organized and two in the planning stage.

West Central Development Corporation has contributed to the Commission on the Aging in the following ways.

The Visitation Workers have helped in recruiting Advisory Committees, contact workers from the churches, find available space and sit in on committee meetings. They help in recruiting and transporting Senior Citizens to their meetings, pointing out eligible leaders for officers. They help when needed with the recreation, programs, and refreshments. These workers are responsible for the transportation of the elected representative to the Principal Advisory Committee of West Central Development Corporation to the Board of Directors.

Information on the programs and help that is available, through our Community Action Agency is brought to the Principal Advisory Committee and to the Senior Citizen organizations by the workers of West Central Development Corporation.

Some of our Neighborhood Centers serve as the meeting place for our Senior Citizen organizations.

The Visitation Workers in their recruiting, work with the elderly poor.

ATTACHMENT 5.—SURVEY OF RESIDENT POPULATION SHOWING DEMAND FOR VISITATION SERVICES FOR ELDERLY, MARCH, 1969

Age	Sex		Health			Can furnish transportation		Other transportation resources used				Can do work—no help		Member of senior citizens club		Not member senior citizens club (reason)			Want versus service continued		Value of Service		Non-partisan endorsement		
																									Relative
	M	F	Good	Fair	Poor	Yes	No	Relative	Neighbor	Hire help	None	Yes	No	Yes	No	None available	Didn't know	Other	Yes	No	Good	Bad	Report source	No.	
55																									
56	1	2	1	2	2	1					1	1	2	1	2	1	1		3		3		Minister	5	
57		2	2	2	2							2		1	1	1	1		2		2		Government Agency	13	
58		1		1		1					1		1		1			1		1					
59		2	1	1	1	1			1			1	1	1	1			2		2					
60																									
61		1		1	1							1	1					1		1		Farmers	3		
62		1	1			1					1	1						1		1					
63		1		1	1							1	1		1			1		1		Health	9		
64	1	1	1			1					1	1						1		1					
65	1	3	1	3		1					3		4	1	3			4		4		Labor	36		
66	1	4	1	1	4						5		2	3	5			5		4	1				
67		1		1	1						1		1					1		1		Housewives	17		
68	2	7	3	1	5	2					7	5	4	4	5		2	1	2	9		8	1		
69	1	4		2	3						5	3	2	3	2		2	1	5	5		5			
70	1	7		2	6	2		1	1		6	2	1	5	2		6	2	2	8		8		Private citizen	
71		9	1	3	5	5					4	3	6	3	6		3	3	9		8	1			
72	2	5	3	2	2	1		2			6	2	4	4	3		5	2	7		7	6	1		
73		4		2	2						4		1	3	1		3	3	4		4		4	Church organization	
74		9	2	4	3	1					8	7	6	3	2		7	7	9		7	2			
75	1	9	1	5	4	3		2			5	4	6	1	9		8	1	10		10				
76		8		3	5	1		1			6	1	7	2	6		6	8	8		8		33	Signatures	
77	4	2		6							6	4	2	4	2		2	2	6		6				
78	4	11		8	7	3					12	8	7	4	11		8	3	15		15				
79		10		1	9						10	3	7	3	7		4	3	10		10				
80	1	4			5						5		5		5			5	5		4	1	Civic organization		
81	1	5			6						6	1	5	1	5			5	6		5	1			
82	3	3	1		5	2					4	4	2	3	3			3	6		6				
83	2	6		8		1		1			6	5	3	1	7			7	8		8		23	Signatures	
84	2	2			4	1					2		4	1	3			3	4		4				
85	1	1			2						2		2		2			2	2		2				
86		9	1	5	3	3		3			3	7	2	1	8			8	9		9				
87	1		1	1							1		1		1			1	1		1		34	Management	
88	1	1			2						2		2		2		2	2	2		2				
89	1				1							1			1			1	1		1				
90																									
91	1				1	1						1		1				1	1		1				
Total	32	135	13	65	89	36	131	10	4	1	116	72	95	49	118	63	8	47	167	159	8		182		

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WORK AND THE OLDER PERSONS IN RURAL IOWA

(By Jon Doerflinger* and Ward W. Bauder)

Iowa had about 343,000 persons aged 65 and over in 1965, according to estimates of the U.S. Bureau of the Census. Nearly 12½ percent of Iowa's population is of age 65 and over, which ties the state with Florida for the highest proportion in that category among the states.

Some 565,000 Iowans are estimated to be between ages 45 and 64, and will move into the 65-year and over category soon. This distribution represents a significant population shift from earlier periods in Iowa and the nation.

From a state with an abundance of children and youth we have changed so we have a higher proportion of persons in the adult and old age category.

TABLE 1.—PERCENTAGE OF IOWA POPULATION IN AGE CLASSES FOR 1880, 1950 AND 1960

Stage of life cycle	Age	1960	1950	1880
Childhood.....	0-9	22	19	27
Youth.....	10-19	17	15	23
Adulthood.....	20-64	50	56	47
Old age.....	+65	12	10	3
Total.....		100	100	100

Source: 1960 and 1950-60 Census of Population; 1880-1940 Census of Population.

The number of people in certain age groups reflects a complex mixture of births, deaths, and migration. The changes in the proportion of children between 1950 and 1960, for instance, reflect the influence of the post-World War II baby boom.

RESIDENTIAL DISTRIBUTION

As might be expected, the aged are not evenly distributed among all the cities, towns and rural areas of the state. For instance, a suburban development would be expected to attract young families with young children. On the other hand, a community relatively isolated from a metropolitan area would be expected to attract older retiring farmers and to have its youth leaving to pursue opportunity where it exists.

To illustrate, let's look at the age-sex structure of two like-sized communities (1,000 to 2,000 persons) with different environments. One town is a metropolitan suburb; the other a farm service town located away from any large center.

The suburb shows a bi-modal age distribution—the greatest number of persons are clustered in two groups, the 5 to 14 (30.8 percent), and 25 to 34 (20.6 percent) age groups. Obviously, young married couples and their school-age children make up the majority of this community. Less than one-half of 1 percent of the residents were 65 and over.

In contrast, in the older farm service town about one-quarter of its population is 65 years and older, and almost one-half is 45 years and more. This is "a village of grandparents without grandchildren," while the suburb is a village of parents whose children have "lost" their grandparents.

These examples are extreme and tend to dramatize the unequal residential distribution of the aged. However, the trend is still evident even considering all the Iowa communities of these two types. Some of these differences are not obvious because our society, technology, and economy do not always match residential definitions.

In our illustration, the suburb is classified as urban because it borders the city limits of a metropolitan center (a place of over 50,000 population). Had the same suburb been on the fringe of a city of 40,000 persons, however, it would have been classified as a rural community. Obviously, arbitrary resi-

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dential classifications can never accurately describe these characteristics as intended because of changes in our society. Nevertheless, differences by age do show up with our present residential classification.

TABLE 2.—POPULATION 65 AND OVER AS A PERCENTAGE OF THE TOTAL POPULATION OF IOWA, BY RESIDENCE CLASSES, 1960

Residential classes	Population 65 and over (Number)	Population all ages (Number)	Population 65 and over (percent)
Iowa total.....	327,685	2,757,537	11.9
Urban total.....	176,042	1,462,512	12.0
Central cities.....	64,846	607,518	10.7
Urban fringe.....	11,504	150,462	7.6
Places 10,000 or more.....	39,960	333,360	12.0
Places 2,500 to 10,000.....	59,732	371,172	16.1
Rural total.....	151,643	1,295,025	11.7
Places 1,000 to 2,500.....	36,852	196,680	18.7
Other rural.....	114,791	1,098,345	10.5

Source: 1960 census.

The proportion of older persons is relatively high (10.7 percent) in the core of our metropolitan areas, but lowest in the urban fringe which surrounds the central cities (7.6 percent). As the size of the community goes down, there is a consistent increase in the proportion of those 65 and over, with the highest rates in towns of 1,000 to 2,500 (18.7 percent).

RURAL-URBAN DIFFERENCES

Before discussing differences in the occupational structure of rural and urban communities, let's look at the labor force concept and consider rural-urban differences in it.

Work in western society has become separated from other areas of life. In this way, farming still differs from other occupations in our modern times. Farming is usually carried on as a family enterprise. And this brings up problems when you try to define the labor force. For instance, is a 15-year-old son doing chores or a grandfather of 80 "helping out" formally in the labor force? This becomes a "sticky" question.

Looking at rural and urban labor force participation—the percent of working men by age groups—the two rural components (rural farm, rural nonfarm) differ strikingly from one another. The rural nonfarm labor participation is closer to the urban rate. Starting with age 65, the rural farm rates don't fall as rapidly as do the urban. In the 75 to 79 age bracket, the male rural farm labor rate is more than double that of the urban. Part of this difference can, no doubt, be traced to the difficulties in clearly defining labor force participation.

Now, how does work in the major job categories differ by age and residence? Unfortunately, the Census Bureau does not publish occupation by age and residence. However, by looking separately at the relationships between residence and occupation, and between age and occupation, we can make some inferences.

Job participation may vary with age without regard to residence, but as indicated, residential differences are found in the occupational structure. From these facts, it appears that occupational participation by age does vary with residence. For example, about 14 percent of Iowa farmers, most of whom live in rural areas, are actively at work past age 65. But only 2.3 percent of those persons working in job categories such as painters and bus drivers, who are mostly urban, are found at work after age 65.

One of the reasons for this is that the self-employed can exercise more flexibility in withdrawing from their occupations. They make their own decisions regarding their business. They are not pressed by union and company retirement rules. In 1960 there were 232,000 self-employed persons in Iowa and the largest share of these were in agriculture.

OCCUPATIONAL WITHDRAWAL

One of the main ways a person becomes involved with the larger society is through his work. This is particularly true for men. The meaning and emotion attached to work differ by type of occupation.

Withdrawal from work before disability or death is not necessarily inevitable nor desirable from a societal or personal point of view. Certainly, trained, experienced older workers are valuable assets in keeping the machinery of society going.

To the individual, the effect of rapid withdrawal from work may be devastating. A person of age 65 may have invested 45 years or more in preparation and training and experience for the job he holds. Understandably, he may be reluctant to cash this in for a pension.

Farming is a peculiar occupation in that it is confounded with the ethos or spiritual characteristic as a "way of life." While other occupations also contain nonrational elements from the economic point of view, farming appears to "set the pace" for the character of what rurality is left in this country.

FARMERS LOOK AT RETIREMENT

How do farmers view the end of their working careers as they get older? This was largely a moot question until the extension of Old Age and Survivors Insurance (OASI) to farmers was considered. Studies fostered by this question shed light upon retirement attitudes of farmers—in fact, probably more is now known about retirement attitudes of farmers than about other occupations.

A series of studies on retirement attitudes of farmers was conducted by the U.S. Department of Agriculture in cooperation with various land-grant universities in 1950-52. These studies indicated that, contrary to general opinion, farmers were interested in retirement. Furthermore, the studies showed farmers were interested in participating in programs designed to promote retirement income security. Results of these studies were a major factor in the decision of Congress to extend OASI coverage to farmers in 1954.

Since the extension of OASI, other studies have been conducted on farmers' plans for retirement and attitudes toward retirement. Several points emerge from these studies:

1. A substantial proportion of farmers have no definite plans for retirement; and a smaller, but still substantial, proportion intend to keep on working until they die.

2. Health is the most important factor in farmers' thoughts of the future.

3. The preferred age for retirement is around 62; but, as farmers approach that age (past 55), the preferred age for retirement is pushed up. The preferred retirement age remains below 65 on the average, however, even for those farmers who have passed 65.

WITHDRAWAL PATTERNS

Even these studies do not reveal the true nature of the patterns of withdrawal that farmers actually practice. Some information with regard to this is found in a recent study.

A generally accepted pattern for the career cycle in farming has been from farm laborer to farm tenant, to farm owner-operator, to farm landlord. In this cycle there is diminishing importance of the labor component with a corresponding increase in the importance of the management component for the individual. Obviously withdrawal from active farming via the landlord route is quite justified than withdrawal at any of the earlier stages in the cycle.

Increasing capital requirements of agriculture have reduced the proportions of farmers able to complete this cycle, particularly in areas of high land values and highly mechanized agriculture. This has altered plans for retirement. As farmers get older, we would expect them to reduce their labor roles. However, a South Dakota study found this was not true. There, more farmers expected to continue actively in labor roles than in management roles when they retired.

For some this was a necessary choice—not owning any land, they could not become landlords. Those who owned land, however, appeared to be more willing to break completely from farm work than might be expected. In fact, many of those expected to obtain nonfarm work when they retired. (One-fourth had no intentions of retiring.)

Obviously, many questions concerning Iowa's older workers cannot be answered from census data. We do have *some* answers about farmers from surveys, but what of the factory workers, merchants, and others who are nearing the end of their work career? Do these people slow down as they get older or do they increase their time at work? Are other activities substituted for work and are shifts in sources of income produced?

In order to answer these questions, we surveyed Iowa towns which had populations of from 2,500 to 10,000 in 1960. Then, we talked to workers over 50 years of age who were actively engaged in one of five occupations: farmers, merchants, self-employed professionals, salaried professionals and factory workers. About 1,900 of these people were interviewed in 1964 and more information was obtained on their activities 2½ years later in 1966-67.

The results of this study are now available and will appear in subsequent Iowa Farm Science articles. The next article on work situations of Iowa's older workers will appear in the February issue.

[Reprint from the February 1968 Iowa Farm Science]

WORK SITUATIONS OF IOWA'S OLDER WORKERS

(By Ward W. Bauder and Jon Doerflinger)

No other State in the union has as large a proportion of its population age 65 and older as does Iowa according to the latest U.S. Census estimate.

Early census estimates show that on July 1, 1966, 12.6 percent of Iowa's people were 65 or older.¹ This is an average figure for the state, and everyone who has lived or traveled in the towns and small cities of Iowa knows the proportion of elderly persons is higher in these areas. (The first article in this series, in the December Iowa Farm Science, described this situation in some detail.)

Not only are many Iowan's 65 and older; but many—more than for most other States—are in the age groups just under 65. Again, this is especially true in the towns and small cities and on the farms.

With such large proportions of the citizenry in or near the retirement age, the changes in work and other activities made by people 50 to 64 years of age during the next 10 to 15 years are expected to have a major impact on the communities of the state. Therefore, we set out to discover what changes in work and other activities men 50 and older make as they approach retirement.

Because people of age 50 and older are more concentrated in the towns and small communities, we limited our study to the communities with centers between 2,500 and 10,000 population. There are 82 such communities in Iowa. Three were eliminated from consideration because they are part of a metropolitan area and reflect more the characteristics of the metropolitan center than those of other cities of this size. Thirty-three communities were chosen for study from the remaining 79. They were chosen to get proportional representation from three size groups, based on the population of the community center: 2,500 to 4,999; 5,000 to 7,499; and 7,500 to 9,999.

All men past 50 actively pursuing a job in one of the following five categories: (1) farmers, (2) factory workers, (3) owner-merchants, (4) salaried professional workers, and (5) self-employed professional workers were identified in these communities. Not all these were interviewed, but various probability samples were taken to obtain about equal numbers in each occupational group. We interviewed 359 farmers, 335 factory workers, 467 merchants, 388 salaried professional workers and 373 self-employed professional workers.

Many questions were asked of all these men, and the analysis of the information provided by them continues. This and several succeeding articles present findings of general interest from the study. This article concerns their work situations.

MANY PAST 65 STILL WORK

In spite of a growing tendency to view 65 as the age when one should retire from work, many people do not retire at that age. Nearly one-fifth (18 percent) of the men we talked to were 65 or older and still working. The group included men as old as 92 who were still active in their jobs.

¹ Current Population Report, P-25 No. 352, U.S. Dept. of Commerce, Nov. 18, 1966.

How long one remains active varies with the job. This was true at least for the 5 occupational groups we studied. Men in self-employed professions, such as doctors, dentists and lawyers, are much more likely to remain active beyond 65 than are factory workers. Twenty-eight percent of the men in professions were 65 or older, compared with only 7 percent of the factory workers. Farmers are also more likely than others to continue active beyond age 65; 21 percent of them were 65 or older.

Almost all of these men (92 percent) were married and living with their spouses. Factory workers were a little more likely to be men who had never married, or who were widowed, divorced or separated from their wives than were men in the other groups. Even among factory workers 86 percent were married and living with their wives.

Some of the younger men still had children at home, but most of them were in households described as in the "empty nest" stage of the family life cycle—that is, their children were grown and gone from home.

WORK WEEK IS LONGER

The 40-hour week may be normal, and the 35-hour week the goal for many American workers, but many older Iowans apparently find a week that short does not fit the requirements of their jobs. Again, occupation is a factor. In our sample, only the factory workers reported an average work week close to being as short as 40 hours. The median work week for factory workers was 41 hours and the median work week for the other groups was considerably longer—50 hours for professional people, 60 hours for merchants and 62 hours for farmers. A major question of interest in our study is: "How do men adjust their work activities as they get older?" We interviewed only men currently working at an occupation; those already retired were not interviewed. But of those now working, the older men generally worked fewer hours per week than younger men in the same occupational group. The exception to this is the factory worker. The 40-hour week is such a standard in industry that factory workers work about 40 hours per week, regardless of age.

Farmers put in the most hours. Farmers 50 to 54 years of age reported a median of 66 hours worked per week. This declined for older men, but men 75 and older who were still farming reported working a median of 49 hours per week.

Owner-proprietors of businesses were next to farmers in hours worked per week. For those under 60 years of age, the median was 60, but for those 75 and older the median was 45.

TABLE 1.—MEDIAN HOURS WORKED BY OCCUPATION AND BY AGE GROUP

Occupation	Age group						Total
	50-54	55-59	60-64	65-69	70-74	75 plus	
Farmers.....	66	65	60	54	50	50	62
Factory workers.....	41	41	41	41	42	140	41
Merchants.....	60	60	55	59	48	45	60
Salaried professionals.....	51	50	49	45	41	44	50
Self-employed professionals.....	55	51	45	48	48	45	50

¹ Only one person in this group.

VACATION NOT UNIVERSAL

The practice of taking off a week or two from work during the year is relatively new, especially in rural areas. Time off from work is not always voluntary for wage workers, but for this comparison, we ignored reasons for not working and looked only at the number of weeks worked during the year. Seven out of 10 farmers reported working 52 weeks per year, but the majority of the men in the other occupations worked 51 or fewer weeks.

TABLE 2.—PROPORTION OF MEN WORKING 52 WEEKS PER YEAR BY OCCUPATION AND BY AGE GROUP
[Percent]

Occupation	Age group						Total
	50-54	55-59	60-64	65-69	70-74	75 plus	
Farmers.....	72	67	63	69	73	94	70
Factory workers.....	8	9	12	20	17	100	10
Merchants.....	37	36	43	33	37	25	37
Salaried professionals.....	16	10	6	14	20	25	12
Self-employed professionals.....	18	17	14	17	20	26	18

¹ Only one person in this group.

Persons who work for someone else were more likely to have vacations or time off from work. Ninety percent of the factory workers and 88 percent of the salaried professionals took one or more weeks off from work during the year, compared with 82 percent of the self-employed professionals, 63 percent of the merchants, and 30 percent of the farmers.

Surprisingly, older men worked as many weeks per year on the average as the younger men. Apparently taking longer vacations is not a widely used way of cutting down on work with advancing age.

Total hours worked per year does tend to decline with age in four of the five occupational groups. This is accomplished, however, by reducing the hours worked per week rather than reducing the weeks worked during the year. This suggests that either most jobs allow more leeway for reducing the time spent at them per day or per week than for absences of a week or more, or that men find reducing the hours worked per day a more satisfactory way of reducing work time than taking more or longer vacations.

KINDS OF WORK VARY

There are two general types of work: that requiring the exercise of physical strength and physical effort; and that requiring mental effort. Since ability to perform labor requiring physical exertion generally declines as an adult gets older, interviewees were asked to indicate what percent of their work was physical. Again, there was considerable variation between occupations. On the average, factory workers said 99 percent of their work was physical. Farmers reported 95 percent, merchants and self-employed professional men 50 percent and salaried professional men 11 percent.

In general, the proportion of physical work in the group age 50 and over did not vary with age. Older farmers described their work as just as much physical as the younger ones. The notion that as a farmer gets older he cuts down on the physical work and concentrates more on the management and decision-making parts of his job is not supported by these responses. If such an adjustment does occur, it must come before age 50.

TABLE 3.—PROPORTION OF WORK THAT IS PHYSICAL BY OCCUPATION AND AGE GROUP
[Percent]

Occupation	Age group						Total
	50-54	55-59	60-64	65-69	70-74	75 plus	
Farmers.....	95	96	95	95	96	96	95
Factory workers.....	99	99	99	99	99	95	99
Merchants.....	51	51	66	33	22	50	51
Salaried professionals.....	10	20	10	17	11	63	11
Self-employed professionals.....	50	50	49	50	50	50	50

¹ Only one person in this group.

To test this further we asked about the division of work among three classes: (1) management or decision making, (2) clerical or record keeping and (3) other tasks.

Merchants define their jobs as involving more management than do men in the other occupations. On the average they said 26 percent of their work was management. This can be compared with 20 percent for salaried professionals, 10 percent for self-employed professionals, 6 percent for farmers and less than 1 percent for factory workers.

Again the notion that management becomes a more important part of the job as a man gets older is not supported by the study findings.

Clerical activity or record keeping is a larger part of the work of merchants and salaried professionals than of men in the other occupations. It accounted for about 10 percent of the work of merchants and salaried professionals, compared with 6 percent for self-employed professionals, 3 percent for farmers and less than 1 percent for factory workers. Record keeping also did not change with age.

CHOICE OF WORK ACTIVITIES

Another popular notion is that as men get older, their age and seniority give them more independence or freedom to determine their own actions in the world of work. To test this notion, we asked respondents how much freedom of choice they had in such matters as: the number and hours of the day they work; how many weeks per year they work; how much of the work is physical and how much nonphysical; and how their work activities are divided among management, clerical and other activities. Some non-social factors, such as weather, can affect such decisions, so we asked the men to respond in terms of restrictions on their freedom of choice placed on them by other people.

An exact measure of freedom of choice on these items is not possible, so respondents were asked to indicate if they: (1) have essentially complete freedom of choice; (2) have some freedom; (3) or have practically no freedom.

As expected, there was great variation among occupations, depending primarily on whether the person was self-employed or worked for someone else. On the average about 85 to 87 percent of the persons in the three self-employed categories—farmers, merchants and self-employed professionals—said they had complete freedom. Only about 5 percent of the factory workers had complete freedom, but from 20 to 40 percent of the salaried professionals reported complete freedom.

TABLE 4.—PROPORTION OF MEN REPORTING COMPLETE FREEDOM OF CHOICE IN VARIOUS WORK SITUATIONS BY OCCUPATION

Work situation	Farmers	Factory workers	Merchants	Salaried professionals	Self-employed professionals
Hours worked per day.....	85	5	85	44	85
Weeks worked per year.....	87	4	88	22	89
Which hours of day.....	86	5	85	33	84
Proportion of work that is physical.....	87	5	87	53	87
Proportion of work that is management, clerical and other.....	88	5	89	53	88

Self-employed persons experienced a general freedom in their jobs, as the proportions reporting complete freedom did not vary much from one question to another on hours, weeks, types of work and so forth. Factory workers experienced a general lack of freedom.

Salaried professionals, however, enjoyed more freedom of choice in some areas of activity than in others. They reported the least freedom in how many weeks of the year they work (22 percent) and the most freedom in choosing between physical and non-physical work or among management, clerical and other activities (53 percent for both items).

Because responses to the 5 questions on freedom of choice were generally similar, we combined these responses into a score and used this to observe the differences in freedom of choice associated with age. This procedure indicated some increase in freedom of choice about occupational activities with advancing age, but the increases were quite small. And, interestingly, the groups that report the least freedom generally—factory workers and salaried professional—report the largest increases as they get older.

[Reprint from the March 1968 Iowa Farm Science]

THE HEALTH SITUATION OF OLDER WORKERS

(By Ward W. Bauder and Jon Doerflinger)

Good health is a priceless commodity. When we are young we tend to take good health for granted, but as we get older we become increasingly conscious of its great importance.

Although most people adequately perform their work tasks with the minor limitations of occasional illness and some manage to do quite satisfactorily with chronic illnesses or even physical handicaps, the importance of good health to adequate performance of work roles is hard to overestimate.

In a study of older workers in Iowa we asked members of five occupational groups about health, health problems and health practices. We could not, of course, give each person a complete physical to obtain a detailed picture of his health. But we did ask each person to give us a personal evaluation of his own health as excellent, good, fair or poor. We also asked him to compare his health with others of his acquaintance in his age group and to compare his present health with what it was 5 years earlier. We also asked about illnesses or accidents and hospitalization during the past 5 years and their effects on his work.

A healthy labor force is a positive factor in a "healthy" economy. The people in this study are those who have been able to maintain their health so they could keep on working. Meanwhile some of their contemporaries have been forced to quit work because of ill health.

This study reflects the influence of health on the working elderly which make up a sizeable proportion of workers in certain areas of the state. Probably of most value is the contrast in the influence of health by occupation groups, which has implications both for the individual in maintaining health, and for society in helping individuals make their most effective contribution.

OLDER WORKERS IN GOOD HEALTH

By their own testimony our sample of men enjoy good health and apparently are in better health than others their age. From two-thirds to seven-eighths reported their present health as good or excellent. The proportions varied by occupation. Professional workers were the most apt to report good or excellent health.

TABLE 1.—PROPORTION OF MEN REPORTING THEIR PRESENT HEALTH AS EXCELLENT, GOOD, FAIR OR POOR BY OCCUPATIONAL GROUP

Present condition of health	[Percent]				
	Farmers	Factory workers	Merchants	Salaried professionals	Self-employed professionals
Excellent.....	16	15	27	38	39
Good.....	49	53	53	49	47
Fair.....	33	30	18	12	13
Poor.....	2	2	2	1	1
Total.....	100	100	100	100	100

More important than their self ratings of health is their opinion of their health compared to others their age. Depending on occupation, from one-third to one-half of the interviewees thought their health was better than others their age and only from 3 to 9 percent thought it was worse. The others thought it was about the same.

TABLE 2.—RESPONDENTS' SELF-APPRAISAL OF HEALTH COMPARED TO PEERS BY OCCUPATIONAL GROUP.

[Percent]

Health compared with peers	Occupational Group				
	Farmers	Factory workers	Merchants	Salaried professionals	Self-employed professionals
Better.....	33	36	47	51	60
Same.....	58	59	48	46	33
Worse.....	9	5	5	3	7
Total.....	100	100	100	100	100

Again it was the professional workers who were most apt to report that their health was better than others their age.

Although the proportion reporting excellent or good health was slightly lower among the older men than the younger (it was 81 percent for all men 50-54 years of age, compared with 75 percent for men 70 or older), the proportions reporting their health better than others their age increased substantially with age. Only 38 percent of the 50 to 54-year-olds reported their health better than their peers, while 80 percent of those 75 or older thought their health was better than others that old (see Table 3).

TABLE 3.—RESPONDENTS' SELF-APPRAISAL OF HEALTH COMPARED TO PEERS BY AGE OF INFORMANT.

[Percent]

Health compared with peers	Age group					
	50-54	55-59	60-64	65-69	70-74	75 plus
Better.....	38	42	46	56	68	80
Same.....	57	49	48	39	29	18
Worse.....	5	8	6	4	3	1
Don't know.....	0	1	0	1	0	1
Total.....	100	100	100	100	100	100

Responses to the question, "how is your health now compared to 5 years ago?" indicate older men are somewhat more likely to have experienced a decline in health during the past 5 years than the younger men. The proportion indicating their health was worse now than 5 years ago increased from 13 percent among 50 to 54-year-olds to 18 percent among men 75 and older.

Obviously, men who continue active in their jobs enjoy better health than those who do not. Whether they remain in better health because of remaining active on the job, or whether they remain active on the job because of continuing good health we do not know. It is evident, however, that health is an important factor among older workers. Some more specific notions of how it is important and why it is important to these men can be gained by looking at their responses to questions about illnesses and accidents and their effect on work.

MAJOR ILLNESSES OR ACCIDENTS

From about one-fourth to one-third of the men interviewed had one or more major illnesses or accidents during the 5 years preceding the time of the interview. A major illness or accident was defined as one that caused them to miss work. Factory workers were most apt to have had a major illness or accident. The proportion reporting illness or accident increased some with age, but not much.

TABLE 4.—PROPORTIONS OF MEN REPORTING A MAJOR ILLNESS OR ACCIDENT IN THE PAST 5 YEARS BY OCCUPATIONAL GROUP.

[Percent]

	Farmers	Factory workers	Merchants	Salaried professionals	Self-employed professionals
One or more major illness or accident.....	26	36	26	27	26
None.....	74	64	74	73	74
Total.....	100	100	100	100	100

Using hospitalization as a measure of the seriousness of an illness or accident, older men were somewhat more apt to have had serious illnesses or accidents, but again the differences were small. Differences between occupations were also too small to be considered important.

Farmers were a little less likely to go to the hospital than were others, but 78 percent of the farmers reporting a major illness or accident were hospitalized. This compared with 85 percent of the self-employed professionals who were the most apt to go to the hospital because of an illness or accident.

Perhaps the best indication of the importance of health to work activities is the testimony regarding the degree to which health problems interfere with work. We asked each man in our sample if his health interfered with his work in any way, and if so how.

DEPENDS ON KIND OF WORK

Whether or not a health condition interferes with work depends on the kind of work as well as on the age of the worker. Farmers were more apt to report that health problems interfered with their work than were any of the other groups. One-third of the farmers said their health interfered with their work, compared with 15 percent for self-employed professionals, 12 percent for merchants and factory workers and 8 percent for salaried professionals.

Because we found farmers were no more likely to have had a serious illness or accident than were the other groups, we conclude that farm tasks require better health. Or, good health is more essential to the performance of farm tasks than to tasks in the other four occupational groups. Farmers were somewhat less likely to report their health as good or excellent, so possibly farmers have poorer health generally. This could account for some of the differences in the proportion reporting health as interfering with work.

Factory workers were only slightly more likely to report good health than farmers, however. And only 12 percent of the factory workers said their health interfered with their work, compared with 33 percent of the farmers. This suggests most of the difference between farmers and others on this score is in the character of the work they do.

Generally, within each occupational group, the older men were more likely to report that health interfered with their work. In each occupational group, the proportion of the oldest age group (75 and older) saying health problems interfered with their work, compared with 33 percent of the farmers. This age group (50 to 54 years old) (see Table 5). This is convincing evidence of the increasing importance of good health to adequate performance of work tasks as a person gets older.

TABLE 5.—PROPORTIONS OF MEN REPORTING THAT THEIR HEALTH INTERFERED WITH THEIR WORK BY AGE GROUP AND BY OCCUPATION.

[Percent]

Age Group	Farmers	Factory workers	Merchants	Salaried professionals	Self-employed professionals
50 to 54.....	23	12	10	7	12
55 to 59.....	40	8	13	5	17
60 to 64.....	31	17	8	11	13
65 to 69.....	36	7	18	14	17
70 to 74.....	42	0	21	4	15
75 plus.....	50	100	29	25	24
Total.....	33	12	12	8	15

Answers to the questions of how health affects work varied greatly. The most frequent were such statements as: "It slows me up;" "It limits the things I can do such as lifting or handling certain machines;" "It makes it harder to work under pressure;" "It reduces my efficiency;" or "It limits the time I can stay at a job."

Another indication of the importance of health, especially to older men, is the degree to which it affects plans for the future. Decisions to retire are often influenced by health, and some illnesses or physical handicaps make it difficult to perform, or may even prohibit the performance, of some occupational tasks.

A large majority of the men in the study said health had an important impact on their plans for the future. Although the proportions saying so varied some from one occupation to another, the differences were not large. The two extremes were factory workers (83 percent), and farmers (74 percent). Falling between these extremes were merchants (82 percent), salaried professionals (79 percent), and self-employed professionals (78 percent).

The proportion of those saying health was important to future plans tended to increase with age in four of the five occupational groups, but the differences between the youngest and the oldest were small.

HEALTH PRACTICES

What are older men doing to maintain health?

One of the best methods of maintaining good health is to have regular health examinations or checkups. Many of the men in our sample reported this is a regular practice, but only in one occupational group—salaried professionals—was it a majority. Fifty-one percent of the salaried professional men said they had regular physical checkups, compared to 45 percent of the merchants, 44 percent of the self-employed professionals, 35 percent of the factory workers and only 22 percent of the farmers.

Age was not associated with the proportion following this important health practice. Within each occupation group the younger men were just apt to follow it as the older men.

Maintaining a program of health insurance may indicate an awareness of the financial burden which poor health can entail. Because of this awareness, we assumed those having health insurance hold favorable attitudes toward health and have taken a positive step to maintain good health. Although often combined in one program, we asked about two types of health insurance plans, hospitalization and medical care.

The majority of men in each occupation reported they had hospital insurance, but the size of the majority varied greatly. Factory workers and salaried professionals, the two wage or salary groups, were the most likely to have hospitalization insurance. Ninety-six percent of the men in both groups had it. This no doubt reflects the impact of group plans where the employee usually pays part of the premiums. Among the self-employed, 82 percent of the professionals and 80 percent of the merchants had hospitalization insurance, compared with only 67 percent of the farmers.

Medical care insurance is less widely held than hospitalization insurance. Although a majority of each group also had medical care insurance, and the relative positions of each occupational group were similar, the proportions were all smaller. Eighty-six percent of the factory workers and salaried professionals had medical insurance, compared with 69 percent for the merchants, 68 percent of the self-employed professionals, and 55 percent of the farmers.

ITEM 4: TRACTOR SAFETY CABS. TEST METHODS AND EXPERIENCES GAINED DURING ORDINARY FARM WORK IN SWEDEN

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1. INTRODUCTION

In Sweden, and in fact in all countries with a highly developed agricultural mechanization the number of accidents involving a tractor overturning sideways

or rearwards has increased sharply. This situation is attracting an ever increasing general attention.

Tractor overturning accidents are generally characterized by their rapid progress and very often they are fatal to the driver. The purpose of this paper is not to analyse the causes of these accidents. They have been examined minutely in both Sweden and foreign treatises.

Experience shows that the number of sideways-roll accidents in Swedish agriculture is 3 or 4 times as many as those involving a tractor overturning rearwards.

The extent of the tractor accidents and their serious nature have led to great attention being paid from different quarters to the question of providing protection for the driver. In spite of the rearward accidents being relatively few they were initially the centre of interest to the general public, probably due to the fact that, for the majority of people, the rearing backward of a tractor is a much more dramatic and abstruse event than the fairly natural sideways roll resulting from the tractor being driven into a ditch, for instance.

The safety devices which have been suggested have often seemed attractive at first sight, but on closer inspection they have turned out to be out of touch with reality. Most of them are based on the idea of shutting off or disengaging the engine automatically at a pre-chosen angle of tractor rearing. In some cases this has been arranged by electrical means, for instance by fitting a tube containing a column of mercury which, at the pre-set angle of tilt, closes a circuit which in turn affects the ignition system of the engine (only carburetor type engines), or the clutch or fuel pump of diesel engines. In other cases mechanical pendulum and compression spring devices have been tried for rapid declutching at a pre-chosen angle of tilt.

These devices must not work before the tractor has reached a tangible angle of tilt to the ground (at least 30°). Otherwise they will hinder the tractors from working on steep hillsides.

A considerable number of designs along these lines have been entered for test at the National Swedish Testing Institute for Agricultural Machinery (here called N.T.I.A.M.) during the past years. During the trials it was clearly established that the engine shut-off devices were generally ineffective in preventing a rearing tractor from overturning backwards as the motive energy of the engine often sufficed to complete the overturning even after the ignition had been shut off. In this respect, the declutching devices were more adequate but they were necessarily rather complicated and thus subject to mechanical and functional failures of their several components. And besides, this was true of the engine shut-off devices too. For both types of device, accidental releases have occurred to such an extent as to make the ordinary driver inclined to disengage the device altogether. The fact that the devices have several delicate parts is particularly dangerous as periods of perhaps several years may pass without the device being used. Then suddenly, it is required to work, and with split-second timing. There is then a very real danger that it will not work satisfactorily.

On the basis of these observations and in consideration of the important fact that they offer no protection against sideways-roll accidents, these types of safety devices have not been accepted by the National Workers' Protection Board in Sweden, the authority responsible for supervising measures concerning safety etc.

The positive experience gained with cars, the bodies of which have often proved to offer adequate protection to the passengers even during serious accidents, led to the conclusion that cabs or frames of sufficient strength (hereafter termed safety cabs) could be expected to provide acceptable protection to tractor drivers.

2. THE FIRST TESTS

The first test at the N.T.I.A.M. of a cab designed to give anti-crush protection to the driver during overturning accidents (sideways or rearwards) was made in 1954-55. No established test procedure existed at this time. The tests were made as "live" tests by rolling a tractor sideways and rearwards on level ground as well as on gradients. It was found that necessary robustness in cab design could be achieved while still keeping dimensions within reasonable limits.

However, the procedure employed during this test was not satisfactory, for two main reasons: (I) the tractor on which the cab was fitted became severely damaged, making the test an expensive process, (II) the test was not directly reproduceable, as the stresses imposed on the cab could vary within wide limits depending on how it happened to strike the ground.

3. DEVELOPING A NEW TEST METHOD

As the matter was judged to be of great importance, the N.T.I.A.M., in close cooperation with the Workers' Protection Board, tried to devise a test scheme which did not have the above drawbacks and which also otherwise could be carried out at acceptable cost.

After discussions and trials it was concluded:

- that while being tested it was essential that a safety cab be fitted on exactly the type of tractor for which it was designed,
- that the tractor should not be overturned but rather be anchored in its normal position,
- that the strength of the safety cab should be determined by blows delivered by a swinging weight and, furthermore, by application of a static load,
- that the test program must be simple and that the test must not be expensive.

For this particular case the test program must be devised so that it leads to a design that will be strong enough without getting too expensive. Nor must this design interfere with the normal operation of the tractor.

Naturally these tests are "type" tests. The manufacturer must be responsible for all the cabs of the series being made identical to the specimen tested and approved.

To ensure real safety it is a necessity that the attaching brackets of the cab and the corresponding components of the tractor body have sufficient strength to withstand the stresses imposed upon them during an overturning accident. A cab that breaks away from the tractor provides no protection for the driver. Trouble is often experienced with the points of attachment of the safety cab to the tractor because the existing components of the tractor body which can be used for this particular purpose are generally quite thin castings.

If the tractor is adequately anchored to the floor during the test, there is very little risk of damage being inflicted upon those tractor components that are not actively involved.

If the strength of the cab is determined by pendulum impact tests the type and level of energy that would be present during an actual overturning incident can be applied to the structures in a simple and comparatively natural way.

In selecting data as to pendulum weight, impact energy and static force, etc. it is necessary to remember that it is not possible to achieve 100% safety with reasonable outlay. It will be necessary to aim at an acceptable compromise between safety and expenses, with due consideration to the fact that safety pays. The final decision must necessarily become individual.

At the N.T.I.A.M. we used the following method in establishing the data as to impact energy etc.:

A number of series of trial frames were made. Such a frame was similar to an ordinary safety frame but it was not intended to be used as such under practical farm conditions. The first frame of each series was very weak; it was made of thin tube and no reinforcements were used. The second frame was a little stronger, the third one still stronger etc. The different series were identical and all the frames were designed for use with one and the same tractor.

Laboratory sideways-roll and rearing tests were then made with the tractor falling from various heights onto a heavy-gauge steel plate lying on concrete. This type of contact surface was chosen in order to minimize variation in surface condition. After the fall the degree of deformation of the trial frame was measured and recorded.

On the basis of these test results and by comparing them with those obtained during actual overturning accidents it was possible for the parties concerned to reach agreement as to stresses a safety cab must withstand, according to the weight of the tractor, in order to provide an acceptable degree of protection.

The next step was to relate the experience and conclusions arrived at in the overturning tests with pendulum impact tests. By means of theoretical calculations and, above all, comparative impact tests on trial frames identical with those used during the overturning tests it was possible to ascertain the line of impact and the level of energy required to match the stresses occurring during the definitive overturning tests. A pendulum weighing 1000 kg (= 1 metric ton = 2205 lb) was used during the initial tests, although the weight could be varied within narrow limits.

With a view of obtaining further material for estimation of the relationship between the stresses occurring during impact tests and those during actual overturning, a series of impact tests was also made with motor car bodies, which are known to provide reasonable protection during overturning accidents.

In continued co-operation with the Workers' Protection Board a diagram was worked out showing the impact energy a safety cab should withstand. It was agreed that the curve should not commence at 0 but that a certain safety margin should be included even on very light tractors. After a number of confirmatory tests this margin was set at 250 kilopondmetres (kpm) (approx. 1800 lb ft). As will be seen quite different values were established for blows from the rear and for blows from the side.

It should be noted that the values given in the diagram are valid only on condition that the tractor is anchored to the floor in the prescribed manner and that the tyre inflation pressure is the one used during ordinary field work (as a rule $1 \text{ kp/cm}^2 = 14 \text{ psi}$).

The tractor weight refers to the tractor without driver and without any type of ballast. No implements etc. are included in the weight. If the tractor is intended for use with track or half-track equipment, the weight of this equipment is to be included, however.

Thorough investigations showed that within reasonable limits it did not matter whether a comparatively light pendulum and a higher speed of impact (height of fall) or a heavier pendulum and a lower speed of impact (height of fall) were chosen. For practical reasons a pendulum weighing 2000 kg (= 2 metric tons = 4410 lb) was chosen for the final test equipment.

The pendulum which is made up of a welded steel plate box filled with scrap iron and concrete, has a plane impact surface, 68 cm high by 66 cm wide (= approx. 27 by 26 inches). The depth is 78 cm (= approx. 31 inches). The pendulum is suspended by two chains and can easily be raised or lowered on them to suit the height of the tractor cab. The pivot points of the chains are situated at a height of approximately 6 meters (= approx. 20 feet) above floor level. The pendulum is pulled back by means of an electric hoist and is released by a quick-release mechanism operated by a rope.

As there is always the possibility of the tractor rolling onto and around the cab roof or ending up resting on it during an accident, it was considered a necessity to add a compression test in which a static load is applied vertically to the top of the cab in such a manner that the crushing force is distributed among all the supporting members so as to simulate a likely real-accident situation. The static load was set to be equal to twice the weight of the tractor in order to ensure a fully adequate safe margin. The beam is pulled down by hydraulic rams. The force applied is determined by measuring the oil pressure in the hydraulic system (the equipment must then be calibrated so that the relationship between vertical force and hydraulic pressure is known) or by placing the tractor on a weighbridge of sufficient capacity. Both methods are used at the test plants that the N.T.I.A.M. has at its disposal.

The test program stipulates that all three subtests shall be made on one and the same cab and in the following order:

1. Blow from the rear
2. Blow from the side
3. Static loading

The cab must not be straightened or repaired in any other way between the subtests.

During the tests the cab suffers a greater or lesser degree of deformation. No detailed values of maximum permitted dimensional changes are set down. As the Swedish tests are always carried out and supervised by one and the same crew of specially trained persons it has proved feasible to rely on the individual judgment of the testing personnel. The general principle used when making the decision as to whether a structure is strong enough is that the deformation must be insufficient to cause serious risk of injury to the driver. The deflection at the top of the cab is always measured and recorded after each blow. The forward deflection seldom exceeds 2 or 3 cm (=1—1½ inches) and a sideways deflection of less than 20 or 25 cm (=8—10 inches) is generally quite acceptable. But, naturally, no fractures must occur to the cab frame or to the means of attachment to the tractor.

A complete test includes also a study of factors other than the strength of the cab, such as, for instance, the visibility from the driver's seat and the noise. Certain cabs, particularly those made of sheet steel, have a tendency to raise the noise level at the driver's seat.

After complementary tests the above test code was established in January 1958 for use at the N.T.I.A.M. At this time an increasing number of manufacturers showed a growing interest in safety cabs and safety frames, which resulted in an intensive testing activity.

In the course of the years the N.T.I.A.M. has installed three complete testing plants, one for each of its testing stations in Ultuna, Alnarp and Röbbäcksdalen. The plants are all similar in essentials but differ as to some minor details, mainly owing to the local lay-out of the existing buildings.

4. SWEDISH REGULATIONS CONCERNING SAFETY CABS

During 1958 the Workers' Protection Board introduced a regulation to the effect that all new tractors delivered after 30th June, 1959, should be fitted with an approved safety cab. In May, 1959, the complete regulations concerning such cabs were confirmed by the National Road Board together with the Workers' Protection Board. As to the test procedure these regulations follow entirely the above-mentioned test code employed at the N.T.I.A.M. since January, 1958.

On the basis of later experience some modifications of these regulations were introduced in February, 1962, and now they read as follows:

Regulations concerning cab or protective frame on tractor

According to a resolution, passed by the National Workers' Protection Board on April 1st, 1958, and the Royal Resolution of July 28th, 1958, new tractors, delivered after June 30th, 1959, shall be supplied with a cab or protective frame. For that reason the National Road Board, after consultation with the National Workers' Protection Board and in virtue of para. 1 in the Road Traffic Proclamation, announces the following regulations.

1. A cab shall have sufficient strength and be adequately fixed to the tractor so as to provide satisfactory protection for the driver and the passenger inside the cab against injury, if the tractor overturns sideways or backwards.

Note.—The strength of the cab is to be considered sufficient if the cab, without deformation which may imply danger for the driver or the passenger, goes through the following tests carried out on one and the same cab and in the order mentioned below:

a) Impact test applied with a pendulum in horizontal direction from behind to that part of the cab which can be expected to receive the bump when the tractor overturns. The weight of the pendulum shall be at least 1 ton. The impact power, L_b kpm, shall be $L_b = 250 + 0.04 G$, where G = the tractor's weight in kg.

b) Impact test applied with a pendulum in horizontal or somewhat downward-sloping direction from the side perpendicularly to the upper part of the cab. The weight of the pendulum shall be at least 1 ton. The impact power, L_s kpm, shall be $L_s = 250 + 0.3 G$, where G = the tractor's weight in kg.

c) Static load applied vertically to the upper part of the cab with a force corresponding to twice the tractor's weight. The load is divided between supporting components by means of a suitable spacer.

"The tractor's weight" means the weight of the tractor with filled tanks and half-track equipment, if the tractor is supplied with such equipment, but without liquid in the tyres and without attachment weights and driver. During the test the tractor shall be firmly fixed to the ground.

2. A cab shall be made so that projecting parts, e.g. iron-bars, angles or edges, are not likely to cause injury. Covering to reduce danger from bumps may be necessary e.g. for windshield wiper motor. Attention shall be paid to construction of the roof especially over the driver's head. Furthermore, the National Workers' Protection Board's regulation No. 29 (General Machine Regulations) which can be ordered from Svenska Reproduktions AB, Stockholm 6, as from No. 4368, shall be observed in relevant provisions.

3. There shall, whenever possible, be a door on both sides of the cab. When necessary there shall be steps and handles so as to facilitate ascending and alighting.

A cab shall also, in other respects, be constructed so as to make it easy for the driver and the passenger to get out, if the tractor has overturned or reared backwards. Escape ways shall be easy to open from inside the cab.

Instructions prescribed by the National Workers' Protection Board (see Appendix) as regards driving with tractor on frozen water shall be observed.

Note The requirements in the second section are considered to be carried out, if the cab is open or can be opened at the rear and in addition has either a door on both sides or a door on one side and a door in the roof or removable roof. The same is the case, if a cab without a side-door is provided with door in the roof and is open or can be opened at the rear and also provides at least one further possibility of getting out.

4. A cab shall be constructed, so that it does not prevent applying on or attaching to the tractor such machines, tools, trailers, etc. which normally are used together with the tractor. It shall be so spacious, that the driver has satisfactory freedom of movement when driving and when handling machines, tools, trailers, etc. The driver shall have, at elbow-level, a free space of at least 45 cm at each side, measured from the centre of the steering-wheel. The space between its loaded seat (about 70 kg), fitted with standard pad, and the lowest part of the roof shall be at least 1 m. The minimum free space around the periphery of the steering-wheel shall be 6 cm along the longitudinal axis of the tractor and round the remainder be 8 cm.

5. An upholstered seat should be arranged for at least one passenger. Handles which are easily accessible shall be provided.

6. A cab shall be provided with sufficient windows to give adequate vision. The window-panes shall be of material that does not give sharp splinters when broken.

7. Doors, windows (able to open) or any other movable part shall be of durable construction.

8. A cab shall be provided with an electric windshield wiper and direction indicator.

9. A cab shall be made so as to prevent the driver and potential passengers from becoming annoyed by draught. There shall, however, be provision for adequate ventilation and the cab must be capable of being quite well aired.

10. A cab shall as far as possible be so constructed and mounted on the tractor that annoying noise will not arise inside the cab.

11. Material used in a welded construction shall be suitable for welding. Welding shall be carried out only by a competent welder.

12. The relevant provisions in points 1-11 shall also apply concerning protective frames.

13. In a cab or frame there shall be a sign with clear and permanent text as follows:

Caution:

Keep firm hold of the steering-wheel if the tractor turns over. Do not jump.

Power-take-off shaft and universal joints shall be enclosed over its entire length.

No room for passenger. (Alternatively: Room for ----- passenger(s) only.)

14. For cab or protective frame which meets with the above mentioned requirements and otherwise is suitable, the National Workers' Protection Board gives type approval. On a suitable place the cab or frame shall be furnished with stamped manufacturing number and the type marking which the Workers' Protection Board gives when approving the type. If a cab or frame is furnished with a sign, intended to replace the certificate in accordance with the National Road Board's "Notification to the supervisors" No. 03-07-01 (letter T 126-170/60), the type marking need not be stamped in the frame.

These regulations shall come into force on April 1st, 1962 and shall substitute the Board's notification No. T. 2/59, dnr T 2377-170/59.

Approval previously issued by the Workers' Protection Board is held in force until the Workers' Protection Board has otherwise announced.

NATIONAL ROAD BOARD.

In Sweden, tractors are often driven across frozen lakes and rivers during winter logging operations. In the event of the tractor going through the ice, it is evident that the driver runs a serious risk of getting trapped if the cab has no suitable ways of escape. Therefore the Workers' Protection Board has issued special regulations concerning tractor operation on frozen areas of water. They are as follows:

SPECIAL REGULATIONS CONCERNING OPENABLE ROOF ON CABS FITTED TO TRACTORS WHICH ARE USED FOR TRANSPORT WORK ON FROZEN LAKES OR WATER COURSES

During wintertime a certain amount of transport work is carried out on frozen lakes and watercourses which involves the risk of tractors going through the ice. It is therefore a vital necessity that both the driver and the potential passengers can readily leave the cab in the event of the tractor becoming submerged.

For this purpose a cab fitted to a tractor which is operated on frozen lakes or watercourses, must be designed in such a way that the roof can readily be opened or removed, partly or entirely, from inside the cab.

Inside the cab, well in view of the driver, there shall be a notice stating that the roof must be open while the tractor is operated on frozen areas of water.

NATIONAL WORKERS' PROTECTION BOARD.

The Swedish regulations concerning safety cabs contain no directions as to designs to prevent tractors from continuing to roll down a long slope. The reason is that the probability of such events occurring in Sweden is very slight.

The energy level chosen for the impact tests will very probably include a safety margin. If the initial diagram giving the relationship between tractor weight and impact energy is applied to very heavy tractors it seems to lead to excessively clumsy cab designs. Lately it has been discussed whether a reduction in impact energy would be justified concerning the heaviest types of tractor, for instance those exceeding 6 or 8 tons.

5. THE DEVELOPMENT SINCE 1ST JULY, 1959

Since 1959 more than 60,000 tractors have so far (May 1964) been fitted with safety cabs or safety frames. The experience is that most farmers and foresters prefer safety frames with detachable covering to complete safety cabs. During the colder part of the year, the frames are usually fitted with window panes and canvas covering for weather protection. There are several reasons for this development. The heat generated in a cab, especially during hot summer days can be excessive, the noise is often quite unpleasant and the range of vision is more confined. Furthermore a cab is usually more expensive than a frame.

At first quite a number of firms took up the manufacture of cabs and frames. Since then the number of manufacturers has decreased but the productive capacity remains high.

Frames designed for use in the forest are often made extra strong and rigid. This additional feature is actually no advantage from the point of view of safety, especially because the requirements as to the strength of the tractor body and the means of attachment become very severe. The advantage is that the frame can be used for supporting a specialized piece of mounted equipment, for instance a loader.

The positive experience has resulted in a new regulation to the effect that all tractors, including old ones, which are operated by employed personnel, must be fitted with a safety cab or a safety frame as from 1st October, 1965.

Since January, 1958, approximately 500 safety cab tests have been made at the N.T.I.A.M. in accordance with the test program related above.

6. EXPERIENCE IN PRACTICE

Ever since safety cabs came into use in Sweden, the Workers' Protection Board and the N.T.I.A.M. have collected information on accidents involving tractors fitted with an approved type of cab, with a view to gaining knowledge on the effectiveness of test regulations in force.

It has not been possible to get detailed information on all accidents occurring, but some 40 cases have been more or less thoroughly examined. In some of these cases the cab had been exposed to very severe stresses; in other cases the stresses imposed were less serious. Not a single cab or frame had become distorted or damaged to such an extent that it was unable to provide the required degree of protection for the driver, although, in several instances, the tractor itself suffered considerable damage. In all the accidents studied the drivers escaped being injured, with the exception of one driver, who was killed beneath the tractor when trying to jump clear.

The observations to date indicate all that the present test method and the standards of acceptance required produce designs strong enough to provide a high degree of safety. But this fact does not exclude the possibility of further experience justifying modifications in the future. For instance, the addition of a compression test has been considered during which the force should be applied to the rear section of the roof. The reason of this is that certain types of cab in other countries, but not in Sweden, are provided with a roof the rearmost section of which is either free-bearing or only partly supported. It cannot be taken for granted that such a roof will withstand collapse when hitting the ground during a rearing accident.

Finally, as a general observation, it should be mentioned that the demands upon a cab concern not only its strength but also many other factors such as roominess, provisions for easy entering and alighting, visibility, noise and ventilation. Most likely the cabs will not be genuinely adequate until they are designed and manufactured at the same time as the tractors and from the very beginning form an integral part of them.

ITEM 5: FACT SHEET "OLDER AMERICANS IN RURAL AREAS"
(ADAPTED FROM MATERIAL PREPARED BY THE LEGISLATIVE REFERENCE SERVICE THE LIBRARY OF CONGRESS)

The following statistics compare those aged living in rural areas to those living in metropolitan areas.

Does the average age of those over 65 in rural areas differ from the average age in metropolitan areas?

The average age of those over 65 in rural areas tends to be higher than that for those over 65 living in urban areas. (Administration on Aging, Useful Facts #42, Table 2, August 19, 1968.) A higher proportion of the 75 and over group (31.5%) live in rural areas than the 65-75 group (29.9%) at the last census. (Administration on Aging, Useful Facts #42, Table 2, May 1968.)

What proportion of the aged live in rural areas?

In April 1968, 39.0% or 7,434,000 individuals over 65 lived in nonmetropolitan areas while 61% or 11,614,000 over 65 lived in metropolitan areas. We could compare this with those under 65: 35.3% lived in nonmetropolitan areas and 64.7% lived in metropolitan areas.

A higher proportion of the aged living in nonmetropolitan areas are male than is the case in metropolitan areas: 40.8% of all aged males live in nonmetropolitan areas while 37.7% of all females live in such areas. Older women are slightly more concentrated in the central cities of metropolitan areas than are older men.

Of the more than 19 million aged in April 1968, one-third (33.3%) lived in central cities and another 27.7% lived in metropolitan areas outside the central city. Only 5.3% of all aged lived on a farm in a nonmetropolitan area while 33.7% lived off the farm but still in a rural area. (U.S. Census, Current Population Survey, Series 20-#181.)

In the six years after the last census the proportion of the nation's overall population living on farms decreased from 8.7% to 5.9%. The number of older Americans living on farms decreased more slowly, from 8.0% to 6.4%. (Administration on Aging, Useful Facts #33, p. 1, March 11, 1968.) In the six years between 1960 and 1966 the under 65 farm population fell more than a quarter (27.4%) while the 65 plus farm population fell only a tenth (10.6%). (Administration on Aging, Useful Facts #33, March 11, 1968.)

Since the last census those over 65 living in metropolitan suburbs increased 24.4% and those living in nonfarm, nonmetropolitan areas increased 14.6%. (Administration on Aging, Useful Facts, #22, p. 2, May 12, 1967.)

How do incomes of the aged living in rural areas compare to those incomes of the aged in metropolitan areas?

Farm persons over 65 years have less income than nonfarm people. In 1966, older people living outside of metropolitan areas accounted for 39% of all older people, but for almost as much as half of the aged who were classified as poor. Farm families headed by an aged person had a median income of \$2,989 in 1966 in comparison to \$3,709 for the nonfarm aged families. The 1966 median income of aged individuals was \$1,354 for those living on farms, and \$1,444 for those in nonfarm areas. (Administration on Aging, Useful Facts #29, p. 3, September 29, 1967.)

The Social Security Administration's 1963 survey provides further evidence of lower incomes of aged persons who live outside metropolitan areas. Among married couples, for example, the median money income in 1962 was \$2,365 for those living outside metropolitan areas, about \$1,000 less than for couples in central cities (\$3,420) or in suburbs (\$3,350). (*The Aged Population of the U.S., the 1963 Social Security Survey of the Aged*, U.S. Department of Health, Education and Welfare, p. 420, 1967.)

Do rural aged have fewer assets than urban aged?

More people over 65 in rural areas own homes than in the inner city, but the greatest proportion of homeowners over 65 live in the suburbs. In 1962, 79% of rural aged married couples owned their own homes; 61% of inner city aged married couples owned their own homes while 82% of suburban aged married couples owned theirs.

Of rural aged nonmarried men, 44% owned their own homes in 1962 in comparison to 26% of aged nonmarried men in the inner city and 49% of suburban nonmarried males. In 1962, 50% of nonmarried rural aged females owned their own homes. This is 11% more than suburban nonmarried aged females and 18% more than nonmarried aged females living in the inner city.

Aged individuals living in nonmetropolitan areas have fewer assets other than homeownership than do urban aged. Aged married couples in nonmetropolitan areas in 1962 had median assets worth \$2,495. This was \$570 less than for those aged couples in the inner city and \$875 less than for suburban aged.

In that same year, nonmarried men outside the metropolitan area had median assets not counting homeownership of \$525 as compared to \$575 for inner city nonmarried aged males and \$1,665 for suburban nonmarried aged males. The nonmarried aged female living outside the metropolitan area in 1962 also had less assets than nonmarried aged females in metropolitan areas, \$520 in comparison to \$560 for women in the inner city and \$800 for suburban nonmarried aged females. (*The Aged Population of the United States, the 1963 Social Security Survey of the Aged*, U.S. Department of Health, Education and Welfare, p. 420, 1967.)

Do the health needs of the rural urban aged differ?

Rural aged seem to be in poorer health and thus could be expected to need more medical care. One in three of those over 65 in the southern part of the United States is unable to carry on his major activity due to physical disability as compared with one in five throughout the rest of the country. (Administration on Aging, Useful Facts #42, p. 7, August 9, 1968.) Approximately 87% of the aged living in rural nonfarm areas have some chronic condition while about 80% of the aged in urban areas have such conditions. (Administration on Aging, Useful Facts #42, Table 4, August 9, 1968.)

In the two year period between 1963 and 1965, the average number of days of restricted activity per person per year due to health reasons was 46.3 for the aged in farm areas and 45.8 for those in rural nonfarm areas. In contrast, the aged living in metropolitan areas experienced only 33.1 days of restricted activity per person per year.

Proportionately more of the aged living in nonfarm rural areas had hospital stays between 1963 and 1965. In these years, 224.7 per 1,000 living in nonfarm rural areas were discharged from the hospital each year, in comparison to 176.0 per 1,000 on farms and 165.2 per 1,000 in urban areas. (Administration on Aging, Useful Facts #42, p. 19, Table 3, August 9, 1968.)

The average rural aged individual living on a farm sees physicians less than the aged living elsewhere. Between June 1963 and June 1964 the average person over 65 living on a farm saw a physician only 5.3 times as compared to 6.8 times in rural nonfarm areas and 6.7 times in urban areas. (Administration on Aging, Useful Facts #42, Table 4, August 9, 1968.)

Appendix 2

ADDITIONAL INFORMATION FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. GWENDOLYN SPEER, EXECUTIVE DIRECTOR, SOUTHWEST IOWA AREA COUNCIL ON AGING, INC., COUNCIL BLUFFS, IOWA, OCTOBER 6, 1969

DEAR MR. HARTKE: In reply to your request for a statement describing the work of the Southwest Iowa Area Council on Aging, the following is submitted:

For a year and a half this program under Title III was sponsored by Southwest Iowa Progress, Inc., a Community Action agency, but this agency was terminated Dec. 31, 1968 amidst much adverse publicity and this program for the aging was left with a very uncertain future. However, the public rallied, the newspapers assisted, the Senior Citizens themselves were aroused, and through special efforts and assistance from the Iowa Commission on Aging, the Senior Citizen program continued to flourish and is now under Southwest Iowa Area Council on Aging, Inc., formed April 30, 1969. Six counties (Pottawattamie, Cass, Mills, Montgomery, Fremont and Page) are included.

Thirteen centers are established and at present two more, Red Oak and Sidney, are being formed. Local communities completely take over the responsibility in regard to space, utilities, equipment and volunteers. Ministers are most helpful. Local church womens' groups assume responsibility in regard to openings, volunteers at centers, and monthly assistance. Radio stations are eager to have Senior Citizens on programs, newspapers cooperate. Currently, most everyone wants to have some part in this program.

Our centers are in county seats and smaller towns. One prime example is a town, Imogene . . . population 264 . . . desolate and poverty ridden. Citizens led by the mayor cleaned up the old abandoned public school. Around fifty attended the Senior Citizen opening. They came from the town and immediate rural area, all eager for old-fashioned community get-together. Every Saturday night it is open with the third Saturday reserved for business meeting, potluck dinner, cards and shuffleboard. These Senior Citizens held a bake sale and made \$90. They say Senior Citizen Activity has lifted the spirit of this forgotten town and brought back old fashioned activity. Cars line up where once was empty space. For the first time, the only two churches have cooperated.

One county seat town with a population near 7,000 has over a hundred at a single meeting. Officials on the advisory board say they never had a project that knit the whole town as close as the Senior Citizen project.

Numerous agencies are cooperating to bring interest, participation, and depth to the program.

1. Fourteen education programs on Medicare, Social Security, Wills and Trusts, Estate Planning, Swindling, Drugs and Travelogues have been held at the various centers in cooperation with the local community college.

2. Nutrition programs have been given by Extension and recently the idea came up for a cookbook of menus for one or two.

3. Our project has been working with the Director of the Foster Grandparents program and has helped place needy Senior Citizens in gainful employment. Southwest Iowa Area Council on Aging has assisted in public relations for the Foster Grandparent program when organizing centers in the six-county area. (Should increase maximum income . . . see conclusion #6.)

4. Liaison has been set up with local housing committees and employment office.

5. Social Service activities . . .

a. Rest Home visitation served by volunteers has been active. Volunteer supervisor forms teams.

b. Telephone Reassurance has been carried on by a local CFM group, but is now being assumed by the Telephone Pioneer group.

6. Meals on Wheels program has been initiated by this Council On Aging, now local organizations are taking over and so far the program is sustained by local contributions, however, the acting director, now volunteer, is hoping to be eventually on a paid basis. Senior Citizens have been delivering the meals.

7. Talent Sharing . . . Senior Citizens have been encouraged to share their acquired talents with other elderly on a volunteer basis.

8. Senior Citizen Newsletter . . . A small town volunteer, a member of the SWI Area Council on Aging board, takes care of this completely. She is allowed use of school machines and sixteen teenagers assemble the newsletters on a volunteer basis.

9. Senior Citizen Festival . . . This was a culmination of years' activities of all centers in the six-county area.

1. Arts, crafts and displays from all centers. Merchandise sold. Local center kept profit.

2. Talent contest with numbers from most centers.

3. Outstanding Senior Citizen man and woman from each center vied in competition at Council Bluffs. These people were judged on community participation, Senior Citizen center participation, and personal involvement.

4. Potluck dinner for over 400. All volunteers served.

Conclusions drawn from above:

1. The Senior Citizen movement is just catching on. New hope is in the hearts of many. To quote two ladies who just lost their husbands: "What would I do without my center and friends?" For the first time they have hope that there is as much in store for them as for other groups. They are being recognized. This lifting of spirits in itself will save many from an institution. *Suggestion:* Please keep the good work that has been started going. Reinforce it wherever possible. Continue to draw older people out. Change their thinking, because after all, they are the victims of wrong thinking. Continue to create a new image.

2. Small towns breathe new life.

3. Community colleges are a great source of material. Can be even more so.

4. Agencies must work together to eliminate over-lapping . . . have one goal to accomplish a purpose.

5. Raise the amount of maximum income a Foster Grandparent can have. In our area, some couples in the \$3500.00 bracket wish to be Foster Grandparents. These people have cars. Lack of transportation has been a handicap until recently. How could one with a \$1600.00 income own a car?

6. Raise the income a Senior Citizen can make . . . say \$3000.00 to \$5000.00 per year, plus Social Security. This enables a man to make a living and still not be a burden. Numerous Senior Citizens in this area need to work and some insist, because they are happiest then.

7. Meals on Wheels . . . Even though the town sustains its own program in the beginning stages, it is difficult. Funds to assist with this should be made available.

8. Need to be able to seek out and find the older person, to give personal encouragement to find the niche where he can benefit the most.

9. Long range thinking . . . Approach from preventive side, while taking care of the real needs.

Thank you for the opportunity to help the Senior Citizen program by sharing some of our experience. Few people say "no" to this growing movement.

Sincerely,

(MRS.) GWENDOLYN R. SPEER,
Executive Director.

ITEM 2. CYRIL BRICKFIELD, NATIONAL RETIRED TEACHERS ASSOCIATION, AMERICAN ASSOCIATION OF RETIRED PERSONS

PROGRAMS IN ARKANSAS, INDIANA, IOWA AND KENTUCKY

The National Retired Teachers Association and the American Association of Retired Persons are voluntary, nonprofit organizations of older Americans with

a combined membership of 1,850,000. The Associations are active in every state, working through 50 state retired teacher units, more than 1,100 local retired teachers groups and more than 625 AARP chapters, plus many individual members at large. These groups are involved in a great variety of programs—adult education, community service, legislative, etc.

In Arkansas there are 2,044 NRTA members, with one local unit. The AARP has 9,035 members and 11 chapters.

Kentucky has 1,772 NRTA members and 17 local units. In AARP there are 9,246 members and five chapters. Louisville has just been announced as one of six cities in the country where NRTA-AARP will operate a senior community service aide program under a major contract with the U.S. Department of Labor. In Louisville, 52 low-income older persons will be recruited, trained and placed as aides in a variety of nonprofit social, educational and recreational agencies. The enrollees will work 20 hours a week for 40 weeks, at an average wage of \$2.00 per hour.

In Indiana there are 7,699 NRTA members and 47 local units. The AARP has 26,355 members and seven chapters.

Iowa has 3,369 NRTA members and 15 local units. AARP has 15,847 members and two chapters. In 1968 the Des Moines AARP chapter received a \$17,640 grant from the Iowa Commission on Aging under Title III of the Older Americans Act. This grant created PACE (Planned Action for the Community Elderly) a comprehensive approach to improving services to older persons. A major outcome of this project has been the formation of the Des Moines Council on Aging.

ITEM 3. AREA COUNCIL ON THE AGING: A NEW CONCERN, BY EARL V. NELSON, EXECUTIVE SECRETARY, COMMISSION ON THE AGING, STATE OF IOWA

(Edited by Wm. H. Schultz)

INTRODUCTION

A professor in graduate school at one of our Iowa universities asked me, "Why do you want to work with people who are on their way down? You should work with youth who are on their way up."

I have asked myself many times, "Is this an attitude of many of our Iowans?"

What are your attitudes about the older citizens in your community, in your life? Because more people are asking questions about our older population; because in Iowa we have one of the three highest state percentages of people over 65 in the nation; a specific need of focusing our attention on the problems, needs, and solutions of these problems of the older person has emerged.

Thus, the new concern of creating an environment within which these topics can be discussed and solved on a cooperative basis presents itself. This environment can best be developed within a group called "Area Council on the Aging."

With the objective of stimulating formation of such councils; stating needs, purposes and goals; and encouraging long-range planning, this booklet is published.

Each community, whether it be in Iowa or any other area, will always have the older citizen. How this person fits into the total life of the community will largely depend on the interest the community takes. It is our hope that you and your community will become involved in a council on the aging devoted to finding answers for some of the problems plaguing the older citizen.

CHAPTER I: DOES YOUR AREA NEED A COUNCIL ON THE AGING?

As a man in Keokuk, Iowa, asked me one day, "Are we not creating another agency that will duplicate the work that some organization is already doing?"

A staff member of a TV station in Sioux City raised this question, "Will this be an action group, or just another organization which says a lot but does nothing?"

"Why does Sioux City need this Area Council on Aging?" questioned a radio-news broadcaster in Sioux City.

We will attempt to answer three basic questions about Councils on Aging.

A. Why have a Council on the Aging?

- B. Who composes it?
C. What are its purposes and goals?

A. Why have a Council on the Aging?

Because of the many and divergent needs of older citizens, various groups are now becoming concerned with the problems of the aged. With no central guiding group, there is danger of duplicating efforts, going off at tangents and creating confusion.

"It takes more than one individual or organization to find the solutions to problems involving the aged. It takes joint planning, publicity, and the cooperative efforts of many groups in the community to develop the kind of programs needed.

"To proceed in an orderly, practical fashion and get the most effective results, the first requirement is a planning group."¹

Our communities are realizing more and more that the only possible way to solve many of our problems is on a cooperative basis. Thus, an Area Council on Aging is a planning organization which works toward this end.

There is no one organization that gives a unified approach or voice to the needs of our elderly citizens. A Council on Aging can be that voice.

"Individuals and groups dealing with the aged need a channel of communication with active life of the community, the state, the nation," say the elderly of our society.

Local Area Councils on Aging can be and should be the means for this communication.

B. Who composes this "Council on the Aging"?

The composition of a council will vary from community to community. Persons to be considered on such a council should be those who have a definite responsibility in the work with the aging, a definite interest in the needs of the elderly, and some persons from the older citizenry themselves.

Such persons should be from organizations of: social services, local health boards, employment security, public and private recreational programs, school systems (both public and private), civic and service groups, religious groups, and governmental bodies. This does not imply that all civic, service and church groups need have a representative. If there is a council on churches, for example, one representative will suffice.

Two main criteria to be considered:

1. Does the representative have a vested interest in the aging?
2. Is the person or group represented genuinely interested in the needs and problems of the elderly?

If either of these criteria is present, the council should be represented by this type of person or group.

C. What are the purposes and goals of such a Council on Aging?

To attempt a list of priority purposes of a council is not the purpose of this section. Different councils will vary as to what they consider their priority purposes and goals. However, each council will be faced with these basic purposes and goals.

Purposes

1. To be the means for communication among the people, groups, organizations, generations who are concerned with the needs of the aging.
2. To be a voice for the older citizen within the local community, area, state and even to the national level.
3. To study the needs of the aging in a given geographical and socioeconomic area.
4. To see how these needs are being met and if they are not being met develop programs and services to answer these needs.
5. To provide the channel for a coordinated, cooperative effort in planning for and with the aging.

¹"Guidelines for Organizing Local Committees on Aging," North Carolina Governor's Coordinating Council on Aging, Raleigh, North Carolina.

6. To assist local programs and services for the aging in obtaining personnel and financial resources. (These financial resources may be private donations or governmental grants or loans.)

Goals

1. To develop true cooperation among all agencies working with the aging.
2. To involve the older citizen in the life of the community.
3. To provide the means for alleviation of many of the problems that confront the older citizen.
4. To develop community sensitivity to the needs of the aging through public informational programs.
5. To provide the instruments for long-range planning in terms of services for the aging and the problem areas of the aging. (These problem areas are briefly discussed in Chapter III.)

CHAPTER II: HOW TO CREATE A COUNCIL ON THE AGING

A. Decision on area to be served

Since this is a new concern of many of our communities it will be necessary to define the geographical boundaries of an Area Council on the Aging. For assistance in this decision you should contact the State Commission on the Aging, Grimes State Office Building, Des Moines, Iowa 50319. Several counties already are incorporated into existing Area Councils. If your county or community is not involved presently in an Area Council, the State Commission on the Aging can offer suggestions on how to become involved in an already existing council or the creation of a new council.

B. Planning sessions

Any new organization must have very careful planning in its beginning if it is to survive. Planning will not just happen overnight nor will it take place in one or two sessions. There are six basic questions a group must ask of itself when they begin planning for a Council on the Aging.

1. What personnel will be involved from the given geographical area of the council in the planning?

The persons involved should include representatives from the governmental organizations, from the council of churches, if one exists, or from some representative group of the local churches, persons who work with the aging in caring for their health needs, a representative from adult educational system of the public school, a representative from the old age assistance workers in public welfare, selected leaders of the older citizens, a person from the extension office who is involved with the older citizen, and any other persons who have interests in working with the aging.

2. What types of meetings are necessary in the planning sessions?

a. A general meeting. In this general meeting the purposes of an Area Council are discussed. Also, the general problems and needs of the aging are presented to the first meeting.

b. Steering committee meeting. This meeting would be the second meeting of a planning session. At the steering committee meeting a decision would be reached whether to proceed with an Area Council or not. This meeting would nominate a slate of officers for the council. This slate would be selected from a representative group of the entire area within the geographical setting of the council.

c. Community organizational hearings. Leaders within the area would discuss the possibilities of an Area Council on Aging with various community groups within the geographical area of the council. These groups would be civic, religious and governmental organizations. Also, they would meet with the news media for purposes of public information through radio, TV and newspapers.

3. Why have planned agendas for each planning session?

If each planning session is to be creative, there must be a very carefully planned agenda. Within the agenda are carefully stated the purposes of the meeting and the specific goals the meeting wishes to achieve. The agenda also must state the topics to be discussed. This will give direction to the meeting and enable the chairman to keep the discussion moving smoothly.

4. Where are the meetings to be held?

The meeting places of the planning sessions should be in some centrally located community within the area of the council, and also, a place selected which has favorable ventilation and adequate seating.

5. When should the meetings be held?

Depending on the distances to be traveled, they preferably should be held in the afternoon or early evening on a midweek day.

6. When is a steering committee formed?

Following the general planning meeting and community organizational meetings another general planning session is set. Preferably this meeting would be set one month from the time of the first general meeting. At this session a formal decision would be reached whether an Area Council will be created. If the vote is affirmative, a steering committee should be formed. The formation of this steering committee is discussed under No. 2—What types of meetings.

C. Organizational meeting

This meeting should be held within two weeks following the last general meeting at which time it was approved for the formation of an Area Council on Aging. At the organizational meeting the following agenda is suggested.

1. Report of the steering committee. This report shall include the nomination of a slate of officers and suggested committee chairmen.

2. What officers and committees should be selected for the organizational meeting by the steering committee?

a. Executive officers. They should include a president, a vice-president, a secretary, a treasurer.

b. Standing committee chairmen. These chairmen should include finance committee, program committee, membership committee.

c. Special ad hoc committee. These can be selected at the organizational meeting at the discretion of the group and chairmen.

3. Selection of officers.

a. The steering committee report of suggested nominees will act also as a nominating committee report.

b. Open floor nominations. This provides opportunity for anyone desiring to nominate a person for an office who was not included in the steering committee report.

c. Election of officers.

d. Appointment of two special committees by the newly elected president: A committee to write the Articles of Incorporation and a committee to create the By-Laws. (Sample copies of Articles of Incorporation may be obtained by contacting the State Commission on the Aging.)

4. Discussion of any other purposes of the meeting and the setting of the next meeting which will be for accepting the Articles of Incorporation and By-Laws.

CHAPTER III: BASIC CONCERNS OF THE AGING

I remember a few years ago when my dad retired, one of the first questions he asked me was, "Earl, what do I do now?"

He was asking a question of basic concern for his life. This is not too uncommon a question. Each one of us is basically concerned about his future.

There are five basic concerns that we all have, and our sensitivity to them increases as we approach retirement. These are also the concerns of the Council on Aging.

A. Basic concerns of the council

1. Health

If we were to give priority to these concerns, our first concern would be health. Health, the environment within which we live; Health, our mental attitudes toward life; Health, our own physical well being; Health, the facilities which provide necessary services for both the short term and the long term convalescent illness; Health, the professional services available in a given area at a given time; Health, the availability of services at a reasonable cost on the income we will have or do have in retirement; Health, the over-all attitudes of the community towards the elderly; Health, the learning to live with chronic illnesses that are more prevalent in later years.

As each of us is confronted by the fact of retirement, we realize a substantial cut in our economic livelihood. With the financial entrenchment that almost all face in later years, attitudes towards things, self and community change. We

have a tendency to eat less of the foods we have normally eaten. Clothing purchases are less frequent and usually of cheaper quality. Many of us lose incentive for self care and personal grooming under the conditions we once did when actively employed. Pride of appearance, pride of accomplishment, pride in work well done may wane because there is no one to praise us in our retirement years. As a wife of a retired engineer said, "I get tired having him around all the time." Loved ones either move away or die. Fewer and fewer people take a personal interest in the retired individual. All of these factors may create a complete change in the total health picture.

"Health and physical stamina are regarded by both the aged themselves and by the professionals who serve them as the number one problem in being 'old.' The so-called normal physical changes associated with aging constitute a rather lengthy list of examples of body organisms and mechanisms slowing down and wearing out. Body metabolism is seen to slow-up, reflexes become slower, rheumatism or mild joint deterioration takes place, skin becomes drier and less elastic, teeth, hair and taste buds become fewer in numbers, all musculature, including the heart, become weaker and tire more readily, the body regulating temperature mechanism works less efficiently, the kidneys are less efficient in carrying off waste products, hearing losses, arthritis, and visual difficulties are present, balance becomes less secure, etc., etc.

"While the rate of these changes apparently varies greatly from one person to another, the direction of change is the same in all people with advancing years, viz., slowing down and wearing out.

"In addition to these normal physical changes, the 'over age 65' population also has a higher incidence of acute illnesses, accidents and chronic ailments. The chronic ailments bear particular mention. Four out of five people over age 65 have one or more chronic conditions, double the number of such ailments to be found among the younger population. Of those people who have such ailments, half have some limitations in their physical activities because of them. While this limitation ranges from minor to moderate to severe, the striking fact is that it does exist and even when moderate, means that the person cannot walk as much or as far as he did before, etc. By contrast, only one in five younger people who have chronic ailments suffer some limitations of activity because of it. The limitations of activity and the incidence of chronic ailment, of course, increase with the advancing age.

"With lowered physical stamina and complications of chronic illness, any sickness among the older population is to be taken very seriously. Studies show that older people do go to the doctor more frequently than their younger peers, that they are hospitalized two and one-half times more frequently, and that they are in the hospital twice as long for each hospital stay as in the case with younger people. Convalescence too, is likely to be slower and more difficult for the older patient than for the younger one.

"These facts about the health status of older people mean that the oldster who is sick has a more serious problem than does his younger counterpart. Not only is he likely to need the doctor and the hospital more frequently and for a longer period of time, but he is also likely to find that his illness and its resultant debility pose a problem to him as far as the management of his day-by-day living is concerned once he is returned to his own home. During the necessary chores about the house, particularly those which are physically taxing, can be very difficult, and in some cases quite impossible. The oldster is vulnerable in the face of illness, more so than the younger, because he is likely to be living alone (almost 25% do) or likely to be living with a spouse who is also elderly and perhaps physically frail rather than living in a family unit in which some members at least are strong and healthy."²

Closely connected with the concern for good health in our later years is the concern for a good, clean, adequate physical environment in which to carry on our daily activities. Another word for this is: Housing.

2. Housing

Housing, adequate to the needs of our later years; Housing, suitable for one or two persons as the family is usually grown and on its own; Housing, within the financial capabilities of the older person; Housing, easily accessible to the community's services such as church, social, medical, business; Housing, easily

² William J. Turner, Consultant, Department of Social Services, State of Iowa, Des Moines, Iowa.

cared for and pleasant to live in; Housing, wholesome surroundings which assist the individual in creative living within the community.

"Most all oldsters (85%) who live independently, be it hotel room, apartment or house, want to continue living where they are living. Though some do move to town, some do give up home ownership, especially after the death of a spouse, few want to leave the community or the state or go to a retirement home. As many as 6% are residents of nursing and custodial homes; very few choose this as a way of life and those who do live here are doing so out of necessity.

A national survey indicates that 30% of our over-60 population lives in 'substandard' housing, i.e., housing which is structurally deficient and/or does not have indoor toilet and/or does not have hot and cold running water.

Others, their numbers unknown, live in 'inconvenient housing', i.e., quarters which are too small, poorly lighted and ventilated, poorly furnished and, for those with chronic illnesses such as heart conditions, arthritis, etc., second-floor rooms or apartments, living quarters too far from shops and stores, living quarters which extend over two or more floors, etc.

Many communities do not admit to having either poverty or poor housing; the fact is, most all, if not all, communities do have both, the only difference being in degree.

Many people do not admit their own housing is poor — only that it can be improved in such and such ways. Naturally, when something is a part of you so much as is your home and its furnishings, its neighbors and neighborhood, it does seem alright unless it is very bad.

The fact is this; that the housing of at least 30% of our nation's oldsters could be very much improved.

There are other considerations. Among those who own their homes and are poor, remodeling is almost unheard of and repair of the property tends to be based on a scale of necessity. Many of these homes become drab, then run-down and finally a blight on the neighborhood. The 'pensioner's house' contributes to the decay of the community, be it large city or small rural community.

Poverty and housing are related to one another and the plight of the poor homeowner or home buyer becomes the concern of the community. It is hard to develop a sense of civic pride when standing in front of the pensioner's home."³

It cannot be said that there is but one type of housing suitable for all the elderly. There may be great need of several types of housing within a given community. Consequently, the Council on Aging needs to determine what the housing needs of the community's elderly are, know what housing is available for them in the immediate area and seek assistance in housing accordingly. Sources for housing assistance are:

1. Housing and Urban Development, Federal Bldg., Des Moines, Ia. 50309
2. Farmers Home Administration, Federal Bldg., Des Moines, Ia. 50309
3. Commission on the Aging, Grimes Office Bldg., State Capitol, Des Moines, Iowa 50319

3. *Finances (Income)*

Another basic concern of all society, but more especially our elder citizen, is "Finances (Income)".

"How can I afford this? . . . How can I adjust to the new level of income I have in retirement? . . . In what ways can I better use what I have? . . . Using a religious term, "How can I be a better steward of my possessions?"

These are the questions our elderly ask of themselves and the communities. Realizing that a great percentage of our people over 65 are merely existing at the minimal economic level that social security, old age assistance, and many pension funds allow, our communities, state and nation have a very pressing moral obligation to find solutions to the basic problem of inadequate income. If our older citizen is to be a worthy part of the community, if he is not to become a ward of the state, we as actively employed members of our community to maintain his property at an acceptable level, if he is not to become a ward of the state, we as actively employed members of our communities must find new approaches to assist the older citizen.

³ Ibid.

"While there is wide variation in money income and financial worth among retired and aged people, it has also been shown by various surveys of the 'older 65' population that:

- Upon retirement, there is on the average, a 50% reduction in income;
- 30% of the 'over 65' population report that they have a financial problem;
- 40% of all people over age 65, who do not live in care institutions, are 'subject to poverty or are escaping it by living with more fortunate relatives';
- Half of all people over age 65 have less than \$1,000.00 in liquid assets;
- Many people join the poverty class in their old age, for the first time in their lives; and

The majority of retired and older people say they have just enough money to get by and not enough savings to meet real emergencies.

The financial condition of the aged is a matter for social concern. This problem can be alleviated by better employment and earnings in some cases. For the majority of oldsters, that is not a good and workable solution. For the majority, income is relatively 'fixed', i.e., is dependent on the fixed pension and/or the relatively unchanging social security check.

The implications of poor financial circumstances are many. Poor people cannot afford good housing if they must pay the prevailing rentals or prevailing costs of upkeep on property they may own. Poor people feel they cannot afford to spend much on clothing and recreation, they tend to save on food and in doing so often suffer insidious malnutrition. And, they certainly skimp on property remodeling and repair and on the purchase of household conveniences, such as automatic washers, dryers, garbage disposals, etc."⁴

The three aforementioned concerns of Health, Housing, and Finances (Income) are interrelated. A decent level of economic living is essential to maintain good health and an adequate physical, living environment. Without adequate income the anxieties our elderly face mount and "mole hills become mountains".

4. Use of time

"What are you going to do when you retire?"

"I think I will just travel and do a lot of fishing."

However, for those who do not have the resources to travel, or are not fishermen at heart, what do the retirement years have to offer? What will we do with our time?

For years we have had a routine of active employment. We followed a certain schedule of daily events. There was a place we called work and a place we called home. Now that is changed. The office, the factory are closed to us now, except as a visitor. Time is now available to . . . to . . . to do what? This indeed is a very important concern and a cause of even anxiety for our older, retired citizen.

It behooves local communities, industry, churches, social groups, governmental bodies to find some answers to these questions. No longer can we let the experience, the know-hows, the lives of our older, retired friends fall away, atrophy through non-use or non-involvement in the mainstream of life. If we discovered oil in our backyard, we would probably raise quite a shout of joy. There is a resource that is just beginning to be tapped by many communities; the wealth of resources in our older people. They have the time, the talents, and the desire to be used for the good of the community. Should we not shout about this, too?

How are our older useful? What are the best ways to involve them in community useful activities? Through careful, creative planning their use of time can be made a very fruitful, productive experience not only for the older person, but also for the community. "Chapter IV: Filling the Gaps" will describe programs to fulfill this concern.

5. Education and information

One final concern that your Council on Aging would be involved in is "continuing education". Continuing education for both the older population and the total community. There is an urgent need to awaken the community to the needs of the aging; to create an awareness of what is being done to alleviate these needs; and how the community may become involved in creating new programs and services for the aging.

⁴ Ibid.

We cannot emphasize enough the importance of public informational programs. It is through well planned programs in this area of concern that communities will know what the actual needs are and how they can, as individuals and groups, share in satisfying these needs.

B. How does the council concern itself with these specific problems?

1. Study the specific problem within the geographical area of the council.

First, a cooperative, coordinated study of a specific need or problem must be done. How to conduct these studies or surveys will not be discussed here. For further information on this matter the council can contact the Commission on the Aging, Grimes State Office Building, Des Moines, Iowa; or State Department of Social Services, State Capitol, Des Moines, Iowa; or Institute of Gerontology, University of Iowa, Iowa City, Iowa; or Extension Department, Iowa State University, Ames, Iowa.

2. Plan a cooperative community approach to the problem.

After careful study of a specific geographical area and its needs has been accomplished, then a cooperative community approach in the specific problem must be developed.

a. Local resources available. This involves a good knowledge of what local resources are available in personnel, money, material, and equipment. Involved are religious, social, governmental bodies, and private individuals who either are, or know the local resources. One planning rule today is "Seek out all local resources before outside help is sought".

b. Outside resources. After an exhaustive research into local resources has been made, and it is found that more assistance is necessary, then help beyond the local community resources should be sought. These include again individuals, religious, social, governmental bodies, and private foundations. There are many avenues of assistance. Before outside resources are sought, know definitely what are your purposes and goals in seeking this help. Make doubly sure that what you ask seems reasonable, is not already being provided in your area, and is going to serve a very real need of people and the community. Having clearly defined the concerns and needs of the aging within the area of influence of the Council on Aging, then the council must be committed to the task of developing programs and services to answer these needs where the needs are not being met. Remember, as we stated in the beginning, this council must be motivated to action, not just words. Do not let the council talk itself to death. Chapter IV: "Filling the Gaps" attempts to answer this task of the council.

CHAPTER IV: FILLING THE GAPS

A. Types of Services

Having completed studies of a specific geographical area and noted some of the specific needs of the aging, it is now the task of the Council on Aging to fulfill these needs as best possible. Your studies will show what services and needs are being provided at the present time by existing agencies. Following is a brief description of the types of services that may be needed within your council's area.

1. Home-Care Health Services. These types of services provide the necessary assistance to persons who are living alone or are home-bound and with assistance can remain in their own home, rather than be institutionalized.

a. Public Health Nursing. Some counties in Iowa do provide this service. A trained public health nurse supervises an area usually the size of the county. She may provide professional nursing services to the home-bound, may train sub-professional persons, such as homemakers or home health aides, in caring for the lonely and the invalid within their own homes, and may create public informational programs to inform the people of the county in good health care and nutritional programs.

b. Homemaker-Home Health Aide Services. These are sub-professional persons who have been trained, usually by the Department of Social Services, or the public health nurse, or the county extension department. These trained persons assist in the home caring for the aging or homes where the mother or father are temporarily or permanently absent. For further information on this type of service, contact your local health department, social services department or county extension department.

c. Handyman Service. Many of our oldsters need some assistance in caring for their property. This could include keeping the yard, minor repairs to the property, some painting, or a general cleaning of the entire property. The center within a given area could serve as a clearing house for persons who would like part-time employment in assisting in the care of older persons' property. This type of service, not only assists the older person living alone needing assistance in property care, but also provides part-time employment for many retired individuals, as well as many of our youths, who are looking for part-time employment.

d. Visitation Service. Loneliness is a chronic problem with many of our elderly. It has created problems in some of our communities. The lonely, elderly person is an easy mark for the fly-by-night salesman or the out-right fraud or swindler. Through a well organized personal visitational program, many of our elderly, who are living alone and have the feeling of loneliness, will once again become a part of the community's life because someone takes a personal interest in them. This visitation may be on a one-to-one basis in the home, or it may be through the type of service which is called a "telephone reassurance" program. For further information on this type of service contact the Commission on the Aging, State of Iowa, Des Moines, Iowa.

2. Activity Services. Group activities are still a very basic need of our older citizen. Over one hundred Iowa communities have seen this need and created Senior Centers or Multi-Purpose Activity Centers. These centers provide a central meeting place for various types of group activities, such as, recreational programs, both group and individual, fellowship meals, craft programs, educational programs oriented to the older person, and a leisure time center to drop in and visit with friends. Through these centers many of our senior groups plan tours within the state, as well as to other parts of our country.

3. Educational Services. The term "continuing education" has become a common word today. The old concept that once you receive a high school or college diploma education ceases is no longer valid. Many adult educational departments in the public schools, colleges, and universities, are providing specially oriented studies for the older person in the special needs and interests of the retired person. Drake University in Des Moines has a special center called the Pre-Retirement Planning Center. Many persons within the next ten years will spend as much time, if not more, in retirement than they did in active employment. Thus there is created a special need for planning for those years of retirement. This will be a concern of the Council on Aging to see that educational planning involves the older person and the retired person.

4. Employment Counseling. Special emphasis is now being placed on the older worker in our employment security offices, as well as our private employment offices. The Council on Aging should be very concerned with the employment possibilities of persons who are over 55. There is a great need for some creative thinking on employment possibilities for our older people in cooperation with the employment security commission in your area and other employment resources. Plans should be formulated to involve the older person, at least in part-time employment, if the older person wishes this type of employment. Some of our older persons definitely need the financial resources that would be available through part-time or full-time employment but some need it for the mere fact of involvement in community life.

5. Volunteer Services. Almost daily community organizations need volunteers to fulfill their programs. The retired citizens of your area are a very good resource for these volunteers, if we will just ask them. These volunteers can be used in the public school system as teachers' aides, can be used in churches, civic groups and almost any area needing volunteer services. Some older men might even make good little league baseball coaches. Think about that one! With the national emphasis on the use of volunteers becoming involved in creative programs, it is time that we involve our older and retired citizens in such programs.

B. What are the resources for filling the gaps?

To fill the gaps with the necessary services requires both personnel and money. It will be a major task of the area council to find answers to money needs and personnel needs. Following are some suggested resources for these two areas of need.

1. Local resources. Remember one of the first rules of planning today is "Search out all known local resources first before seeking outside help". These

local resources are civic groups, church groups, governmental groups, and individuals within your area who have an interest in working with people. From experience some of us have found that if a program is carefully planned and fulfills a basic need, resources, both personnel and money, can be found to continue the program. Having exhausted local contacts for personnel and money, you may now turn to—

2. Outside resources. For a list of these resources refer to the page in the back of this booklet entitled "Resource Agencies". Any one of these offices can assist you in seeking resources beyond your local area.

C. Conclusion.

It is very important that you keep two things in mind when you are considering providing services for the aging.

1. Be definitely sure that the service is not now provided by some already existing agency.

2. Be definitely sure that the proposed service you are developing is a necessary service for your area.

CHAPTER V: LONG RANGE COMMUNITY PLANNING

"All that we achieve must finally be measured in terms of its effect on the individual. We set out to create a free and just society in which the individual could flourish. But our highly organized society carries its own threats to individuality.

The threats need not materialize. We can't escape size and complexity in our organizations and institutions, but we can design them so that they serve the individual as well as the system. Our goal should be a society designed for people, and if we want it badly enough, we can have it."⁵

A. What are the projections for the immediate area in the next ten, twenty, thirty years?

Within the area of "Long Range Community Planning", we raise the following questions.

According to the knowledge your area leaders have in terms of population trends, socio-economic trends, and other interests; what are the projections for the next ten, twenty, thirty years? Planning must involve what the future tentatively holds for your immediate area. What you do now is going to affect the life of your local community, and in effect the total nation for years to come. Remember, that there is not only the immediate need, but also the long range need. Your planning must take both needs into account.

B. Where do the aging fit into the total planning?

How are the various age groups involved in the total planning? All ages must be challenged to creative community action. Dr. John W. Gardner, former Secretary of H.E.W. said,

"I don't know of any local area without an abundant supply of men and women with the talent, energy and character necessary for leadership. But rarely are those men and women directly concerned with the root problems of their cities or towns."⁶

C. Are all age groups involved in the life of the community?

All ages must be involved in community planning, from the teen-ager to the older citizen. This is a must in planning programs and services with the aging in your local area.

⁵ "Agenda for Americans", John W. Gardner.

⁶ *Ibid.*

D. What groups are involved in the planning?

Are the churches, are the civic groups, governmental leaders at least knowledgeable to what your planning involves? Have their ideas and opinions been solicited? For it is from these groups that many of your resources will come.

Have these various associations been invited to the planning sessions or at least representation on the Council? Has their cooperation been actively committed to the specific task? Remember, the more cooperative involvement, the better the chances are for the fulfillment of your programs' purposes and goals.

E. Has your program been soundly planned?

The North Carolina Governor's Coordinating Council on Aging has stated that sound, long range planning includes the following:

1. Develop community-wide interpretation as to the objectives of the Council.

2. Develop community understanding of the aging process and older people — their potentials, problems, and needs. The local news media can be most helpful in this endeavor.

3. To develop a comprehensive plan covering needed facilities and services through all available local operational and other resources. Again, the news media can serve an important function.

4. To focus on the importance of preparing the young and middle aged for their later years.

5. To bring the community's influence in all of its aspects to bear on local, state and national programs for the aging."⁷

"Some believe that in the interest of humanitarianism we should weave a vast cocoon around everyone in the society so that everyone will be safe and secure and problems will disappear.

"We can't make everyone safe and secure . . . What we can hope for is a society in which every individual has a chance, and no individual is irreparably damaged by circumstances that can be prevented.

"Every individual is of value."⁸

Long range sound planning for the aging in our communities will most assuredly be dedicated to the principle, "Every individual is of value."

CONCLUSION

Having reviewed the reasons for a Council on Aging, how it is formed, the areas of influence that call it forth; the task now remains:

Shall our community or area create a Council on Aging?

It is our hope that after reviewing this booklet your area will be compelled to undertake such a task. Further assistance in this area may be secured by contacting the State Commission on the Aging or the State Department of Social Services.

In a recent speech at Yeshiva University, John W. Gardner said,

"We are now engaged in a great national effort to combat all the conditions that prevent individual fulfillment or stunt human growth. It is an effort that is almost totally unrecognized by the press and the public. It is an effort that is sometimes mismanaged and always seems inadequate.

"But it serves the deepest and truest goals to be conceived by the hearts and minds of the American people — the release of human potential, the enhancement of individual dignity, the liberation of the human spirit."⁹

⁷ "Guidelines for Organizing Local Committees on Aging", North Carolina Governor's Coordinating Council on Aging.

⁸ "The American Commitment", John W. Gardner.

⁹ "The Agenda for Americans", John W. Gardner.

Your work with a Council on Aging is urgently needed today. Will you comit yourself to this great purpose of serving our older citizen through the creation of such a Council on Aging?

Sincerely,

ITEM 4. STATEMENT OF LLOYD R. NELSON, ADMINISTRATIVE ASSISTANT, CHRONIC ILLNESS AND AGING SERVICE, IOWA STATE DEPARTMENT OF HEALTH, LUCAS STATE OFFICE BUILDING, DES MOINES, IOWA

As a representative of the Iowa State Department of Health who feels that Homemaker Health Aide Service programs are appropriate instruments for the extension of medical care services into the homes of the community's elderly I should like to place in evidence statistical data on Homemaker/Health Aide Service agencies of Iowa for the second quarter of 1969.

Attention of the committee is called to "problem identification-hours" section of the statistical report. Reporting programs indicate hours of service rendered in the designated categories according to "Service Category Definitions" which is attached.

Twenty-four of the 41 reporting programs are either certified home health agencies or supply home health aides under contract with a home health agency. Tabulated data shows that medicare is the expected payment source for 36,999 service hours of these 24 programs. Tabulation of service hours delivered by these same 24 programs in the first three categories of problem identification, that is, acutely ill, chronically ill and adult maintenance (most service in these categories is to the elderly) shows approximately 72,180 delivered service hours. Medicare in these 24 programs is then the payment source for about 51.2% of the services to the elderly. Most of the remainder of the 72,180 hours of service are of a preventive maintenance nature to the elderly and must be purchased privately or be paid for from some other fiscal resource.

I urge the committee's consideration and support of H. R. 10296 as an important legislative step in the strengthening of home health care services so that each patient can be supplied services of a kind and in a location suitable to the requirement of his need with the concomitant benefit of the most economical utilization of health care funds.

LLOYD R. NELSON, B.A., M.P.H.

[ENCLOSURES]

IOWA STATE DEPARTMENT OF HEALTH,
STATE OFFICE BUILDING, DES MOINES, IOWA

August 6, 1969

Re: *Service Statistics.*

To: *Homemaker / Health Aide Programs.*

From: *Lloyd R. Nelson, Chronic Illness & Aging Service*

Iowa State Department of Health.

For — State Council for Homemaker Services.

Attached is Program Service Reports for second quarter 1969. Additional copies can be supplied upon request to this Service.

Household determination in this report is households served in first month of the quarter plus referrals accepted in the subsequent months of the quarter.

Individuals served in the four age ranges has been determined by a summing of individuals served as indicated in the monthly reports and a division by the number of months reported. Figures reported are therefore an average number of individuals in a given age range. The average number has been reduced to the nearest whole number.

Number of full and part-time employees has also been reduced to the nearest whole number and represents an average number employed.

SECOND QUARTER 1969.—STATE COUNCIL FOR HOMEMAKER SERVICES PROGRAM SERVICE REPORTS

Program	Service hours	Number house-holds	Referral disposition				Problem identification—hours		
			Number refused	Number accepted	Number new	Number term	Acute	Chronic illness	Adult maintenance
Appanoose County.....	8,403	90	0	26	26	35	2,519	5,754	0
Black Hawk County.....	3,083	47	0	19	19	43	0	1,650	0
Bone County.....	2,598	27	0	11	15	3	95	2,034	236
Cerro Gordo County.....	944	37	0	37	24	5	0	23	307
Council Bluffs County.....	1,442	94	0	30	20	22	42	1,400	0
Dallas County.....	1,281	23	2	11	10	8	376	644	171
Davenport.....	11,937	148	0	54	41	54	201	9,993	1,068
DM-Polk.....	10,838	213	9	185	114	262	447	10,225	5
Dubuque County.....	2,925	—	0	—	—	—	0	891	896
Earlham.....	5,583	56	0	16	16	22	632	4,556	371
Grundy County.....	913	11	0	4	3	5	—	—	—
Hardin County.....	3,344	31	3	16	13	11	24	1,399	239
Jasper County.....	188	10	0	8	8	4	4	23	2
Lakes Area.....	1,576	19	0	7	7	5	152	1,279	54
Linn County.....	6,195	95	0	50	36	54	410	3,415	376
Mahaska County.....	628	9	0	6	6	3	68	396	0
Marshall County.....	2,047	22	0	13	13	14	270	1,366	302
Muscatine County.....	8,115	104	0	45	24	57	3,250	3,760	793
Sioux City.....	2,928	71	6	16	18	28	92	1,463	267
Story County.....	2,511	51	4	29	29	26	267	1,576	403
Van Buren County.....	872	20	0	5	3	3	68	52	36
Warren County.....	1,739	24	0	7	7	4	0	1,697	39
Webster County.....	5,336	91	3	92	23	16	740	4,079	36
Worth County.....	243	5	0	3	9	3	0	7	24
Wright County.....	456	8	0	—	—	2	35	421	0
Clinton County.....	1,183	23	7	23	1	4	0	110	534
Jackson County.....	250	7	0	7	0	2	0	0	108
Des Moines County.....	3,453	89	0	35	35	—	233	2,717	117
Henry County.....	1,558	38	0	7	7	—	58	1,448	3
Lee County.....	2,987	43	0	17	17	—	79	2,785	10
Louisa County.....	837	25	0	7	7	—	155	638	13
Washington County.....	292	11	0	5	5	—	2	207	0
Clarke County.....	1,327	25	3	8	5	8	407	676	207
Decatur County.....	1,004	21	0	13	12	7	14	717	271
Lucas County.....	1,181	21	0	3	3	3	0	816	365
Wayne County.....	1,189	26	0	11	8	5	0	1,001	140
Benton County.....	1,749	28	4	11	9	13	345	595	8
Poweshiek County.....	523	9	0	4	4	4	0	523	0
Tama County.....	1,269	104	10	95	49	28	52	1,079	0
Tatawattamie.....	95	12	0	12	9	0	0	0	0
Montgomery County.....	106	8	0	8	8	1	0	0	76
Totals.....	105,128	1,796	—	—	—	—	11,037	71,415	7,477

1 1 month report. 2 2 months reported. —Nothing supplied, uncertain. 0 Nothing reported.

Source: Departments of Social Service programs report: Crawford—166 hours,

COMPILED BY COOPERATING PROGRAMS TABULATED BY CRONIC ILLNESS AND AGING SERVICE

Problem identification—hours— Continued				Payment source by hours									
Family Rehabilita- tion	Substi- tute home- making	M&CH	Group foster care	Public assist- ance	Medi- care	Medi- caid	General relief	Com- munity agency	Private	Sole relief	Other	Free service	
0	0	0	0	1,916	5,290	63	0	79	847	0	0	208	
932	865	23	0	2,150	550	0	0	0	148	0	236	0	
0	232	0	0	460	729	0	411	0	655	0	0	343	
535	79	0	0	—	—	—	—	—	—	—	—	—	
0	0	0	0	0	1,161	25	0	239	16	0	0	0	
74	0	16	0	466	474	0	0	0	191	0	0	263	
105	569	0	0	878	3,934	0	0	33	6,959	0	0	133	
0	143	18	0	1,735	1,734	0	0	923	5,420	0	0	1,397	
1,190	113	0	0	1,482	0	0	0	1,443	0	0	0	0	
23	0	0	0	353	3,034	0	24	0	2,172	0	0	1,019	
—	—	—	—	0	475	0	0	0	384	0	0	24	
850	853	0	0	2,711	0	0	0	0	378	0	255	378	
0	2	0	0	31	0	0	0	0	0	0	0	0	
91	0	0	0	954	49	0	0	0	106	468	0	0	
135	264	203	1,392	1,148	1,139	0	54	0	2,262	153	1,392	47	
184	0	0	0	342	0	0	64	0	217	0	0	5	
109	0	0	0	109	1,748	0	0	0	190	0	0	0	
12	300	0	0	826	6,682	56	0	19	191	0	0	341	
192	744	70	0	1,230	0	0	168	0	1,446	0	0	138	
75	158	32	0	57	500	0	270	0	1,096	210	146	232	
716	0	0	0	684	0	0	0	0	36	0	0	152	
3	0	0	0	442	0	0	252	0	229	0	779	37	
0	481	0	0	78	2,972	86	0	89	665	0	60	638	
212	0	0	0	229	0	0	0	0	14	0	0	0	
0	0	0	0	398	0	0	0	0	58	0	0	0	
455	0	84	0	0	0	0	0	0	14	0	0	1,169	
152	0	0	0	0	0	0	0	0	0	0	0	250	
107	122	144	0	302	985	0	0	902	833	0	0	433	
18	0	0	0	286	0	0	0	512	522	0	0	238	
88	25	0	0	228	1,588	0	0	667	356	0	0	88	
21	0	10	0	349	0	0	0	0	413	0	0	75	
0	0	33	60	53	0	0	0	15	122	0	0	102	
0	12	24	0	354	0	0	0	0	245	0	300	428	
2	0	0	0	798	153	0	0	0	39	0	0	14	
0	0	0	0	355	786	0	0	0	39	0	0	0	
0	48	0	0	346	530	0	0	0	263	0	0	65	
2	0	0	0	28	1,508	10	0	13	129	0	0	233	
0	0	0	0	0	468	38	0	0	0	0	29	14	
0	0	0	138	0	870	1	0	0	359	8	0	186	
95	0	0	0	0	0	0	0	0	0	0	0	95	
20	10	0	0	0	0	0	0	0	0	0	0	106	
6,398	5,020	657	1,590	21,778	36,999	279	1,243	4,934	27,014	8,851	

Johnson—733 hours., Monroe County—335 hours.

SECOND QUARTER 1969.—STATE COUNCIL FOR HOMEMAKER SERVICES; PROGRAM SERVICE REPORTS, PAGE 2

Program	Members in H/H				Number employed this quarter					Education and training hours			
	0-15	16-44	45-64	65 Plus	Full time	Part time	Salary cost	Transportation cost	Preservice	Case conference	Inservice	Population by 1,000	
Appanoose County	6	3	8	103	0	31	1.44	0.00	0	46	0	15.2	
Black Hawk County	72	33	2	21	0	13	2.29	0.25	40	761	106	125.0	
Boone County	6	3	5	31	2	8	1.59	0.43	40	1743	18	26.5	
Cerro Gordo County	59	21	19	13	2	4	2.73	0.38	0	120	162	14.0	
Council Bluffs	6	11	30	99	5	1	2.50	0.34	40	220	24	53.0	
Dallas County	16	6	2	115	0	8	1.50	0.29	—	137	168	23.3	
Davenport	24	14	67	115	0	46	1.66	0.03	0	0	92	111.5	
DM-Polk	35	21	36	69	0	43	1.45	0.11	0	327	0	272.1	
Dubuque County	160	111	46	32	5	6	—	—	80	0	36	87.9	
Earlham	3	1	8	64	—	34	1.39	0.13	—	103	34	11.9	
Grundy County	—	—	—	—	1	4	1.20	0.09	20	52	8	9.4	
Hardin County	35	9	1	16	0	14	1.46	0.07	27	42	56	21.6	
Jasper County	0	1	7	2	0	2	1.58	—	0	2	10	26.1	
Lakes Area	30	10	12	12	0	14	1.60	—	0	27	58	75.9	
Linn County	53	28	16	50	0	4	1.74	0.11	0	0	320	145.3	
Mahaska County	5	1	3	7	0	4	1.47	—	0	18	12	21.6	
Marshall County	13	4	2	20	0	11	1.18	0.35	55	423	22	37.6	
Muscatine County	4	1	3	95	1	17	1.75	0.12	18	123	99	34.6	
Sioux City	45	16	18	40	1	31	1.96	0.16	18	61	108	79.3	
Story County	16	14	8	37	0	16	—	—	0	96	96	54.4	
Van Buren County	37	15	2	19	3	0	—	—	0	156	0	9.3	
Warren County	4	1	2	19	0	14	1.57	—	—	—	—	21.6	
Webster County	21	13	15	31	5	11	1.46	0.16	30	41	41	47.7	
Worth County	3	3	1	1	0	3	1.56	0.33	0	9	12	8.9	
Wright County	0	0	0	11	0	7	1.46	—	0	—	—	18.7	
Clinton County	33	10	0	17	3	0	2.13	0.58	34	240	36	56.2	
Jackson County	15	2	1	4	1	0	1.95	1.20	36	15	4	20.8	
Des Moines County	—	—	—	—	0	15	1.60	0.17	30	90	62	44.7	
Henry County	—	—	—	—	0	11	1.61	0.19	33	39	42	17.5	
Lee County	—	—	—	—	0	17	1.60	0.12	30	54	68	18.9	
Louisia County	—	—	—	—	0	6	1.61	0.35	29	30	12	10.6	
Washington County	—	—	—	—	0	4	1.60	0.09	0	17	6	18.9	
Clarke County	3	2	2	26	2	3	1.10	0.07	0	17	15	7.6	
Decatur County	1	1	6	20	2	2	1.40	0.16	8	26	28	7.3	
Lucas County	0	0	0	27	0	18	1.17	0.15	0	126	0	10.1	
Wayne County	1	1	3	15	0	8	1.02	0.04	0	—	0	8.7	
Benton County	6	1	6	30	0	10	1.98	0.47	21	38	28	22.4	
Poweshiek County	1	2	2	8	0	3	1.28	0.48	0	32	18	18.1	
Tama County	41	22	23	36	0	8	1.50	0.10	24	66	31	20.3	
Pottawattamie	25	10	0	0	1	0	6.37	0.33	60	6	90	84.5	
Montgomery County	3	2	0	3	2	0	6.79	0.63	30	8	140	13.0	

1 1 month report.
2 2 months reported.

— Nothing supplied, uncertain.
0 Nothing reported.

total service:	Percent
Acute.....	10.4
CI.....	67.9
Adult maintenance.....	7.1
Public assistance.....	20.7
General relief.....	1.1
Medicare.....	35.1
Private.....	25.6

SERVICE CATEGORY DEFINITIONS, REVISED FEBRUARY 1969

1. **Acutely Ill:** Includes such services as are supplied to clients whose household management ability and personal care are seriously curtailed by reason of a health condition or conditions likely to continue for a period of not more than 60 days. This would include, but not be limited to, short-term infections, short-term respiratory and digestive system conditions, injuries, fractures and post-surgical conditions which normally would heal within a *60-day* period or less.

2. **Chronically Ill:** Includes such services as are supplied to clients whose household management and personal care are seriously curtailed by reason of a health condition or conditions likely to continue for an indefinite period in excess of *60 days*.

3. **Adult Maintenance:** Includes such services as are supplied to clients who have no immediate health condition (either acute or chronic) but whose household management ability and personal care are seriously curtailed by reason of increased age and/or senility.

4. **Family Rehabilitation:** Includes such services as are supplied for purposes of education of a responsible family member in budgeting, food purchase and preparation, clothing purchases and mending, effective household methodology and for purposes of improved family function as in cases of child neglect, sociocultural inadequacy, marital, emotional and mental health problems.

5. **Substitute Homemaker:** Services given in lieu of services usually performed by the usual responsible family member. Placement of service in this category is dependent upon absence of the usual responsible person from the household. Reason for absence could be illness, emergency, or simple relief of the usual responsible family member from the burden of providing continuous care to and supervision of dependent family members.

6. **Maternal and Child Health:** Includes such services as are supplied for purposes of pre and post partum assistance to mother and newborn. This would include relief of the mother from her usual role in caring for other family members.

7. **Group Foster Care:** Includes such services as are supplied for purposes of the prevention of or as an alternate to institutional placement of minor and/or mentally retardate dependents.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

SEPTEMBER 16, 1969.

Dear SENATOR HARTKE. If there had been time for everyone to speak at the Committee hearing in Des Moines, Iowa, on the subject of "Older Americans in Rural Areas" I would have said:

CLARENCE G. BARBER, OTTUMWA, IOWA

Thanks for the time and effort, coming to the Midwest to help our program. I know there are hundreds of older people in our city of Ottumwa who have benefitted by the building of the housing and establishing of the Center, and we all want to help. Let us know if there is anything we can do to help raise the living standards of the Older Americans in rural areas.

LILLIAN M. BARBER, OTTUMWA, IOWA

How very interested we are in the program, and grateful for the help being given us by the Senior Citizens Center. I think most of the older people of Iowa would prefer to live in the small towns or cities, but many are no longer able to drive, but there are no hospitals or doctors in the small towns and it is necessary to move for these services. Also, I think Social Security payments should conform to the cost of living. Thanks for any help you will be able to give us in making this possible.

MODEL CITY WORK WITH AGING

MRS. ROSE JOHNSON, DES MOINES, IOWA

Many Senior Citizens having Health Problems -- as:

1. Diabetes
2. Heart
3. Hardening of Arteries
4. Loss of limb, eye, hearing, etc.

1. With adequate income the elderly would be able to survive the economic pressures, inflation and the high cost of living.

2. Transportation would enable many to go to centers for leisure times, social gatherings to dissolve loneliness.

3. Many Senior Citizens are able-bodied and would love to work with our Senior Citizens. Senior Citizens can best understand the problems of the aging.

WILMER JOHNSON, MARSHALLTOWN, IOWA

Whether it be farm, rural, urban, etc., Senior Citizens, elderly or aging do not want someone to tell them they must move to a nursing home, or be confined to housing for elderly. They (who are able-bodied past 65 years to 75 years) want to be independent to do their own thinking and oppose programs dictated by a Federal bureaucrat. Those who are able-bodied would like to keep working; with adequate income they have a feeling of security. If they

are not pushed out of a job because of age. This is the cause of many mental problems.

Homemakers' care service for those needing service is too high for many purses and they live on a limited income.

CLARA E. LEE, DES MOINES, IOWA

The Welfare and Social Security payments are intended to take care of the Elderly. Everything is going up and we still have to pay the same prices as those that have higher incomes.

I am not able to work any more. I sure wish I could.

I worked 20 years at Methodist Hospital as a nurses aide, but had to retire on the account of illness.

I pay \$75.00 rent, \$48.00 home care which don't leave me enough for other expenses, such as utilities.

Why did Congress raise their own wages? When we poor people can't hardly survive, why can't the Social Security be raised? They talk about it, but nothing has ever been done. As we live, we will grow older. May God bless us all.

GERTRUDE K. WILSON, INDIANOLA, IOWA

Why can't the rules which limit earnings of people between age 65 and 72 be eliminated?

Reasons: Many are existing on minimum Social Security. Those who are able to work at all need their Social Security along with supplemental earnings. Even assuming some able to earn \$200 per month still leaves living costs unmet and they are penalized by cut-back in Social Security payment. e.g., Inequities: Those who do not really need Social Security often are receiving maximum payments and also are allowed to have unlimited investment income with no penalty.

Low-rent housing is needed. Many older people are existing on minimum Social Security. Some with small savings. Both inadequate to meet living costs. Many unable to earn. Inability to meet taxes, upkeep, or rent. Creates fear of emergencies, health hazard in poor diet and inability to meet medical needs.

Nursing homes are considered the point-of-no-return.

Low-rent or supplemented rental apartment dwelling could offer social advantages, relief from upkeep responsibilities, and provide more comfortable living for older people. Could also be managed to help overcome the transportation problems existing in rural areas and concerning the aging population; could lessen the fear of the nursing home spector; could lend itself to better diet programs and better medical services.

MRS. MARGARET K. YODER, AMES, IOWA

Older Americans are becoming an increasingly larger proportion of our population. In rural America this is particularly true.

The mobility of the younger generation has left many older people without family support in both city and rural areas.

These older citizens must have many services, which in the absence of family must be supplied by the community. Supportive services in the home for part time home maintenance, meals, home repair, personal services would help many stay in their own homes at less cost than would be the alternatives. Appropriate housing, health facilities, recreation facilities, shopping services and many others can be developed by the community to maintain this group at an optimum level.

The decision makers in the communities need education as to the total needs of this group and the ways many of the needs can be met through community action. There is need for public funds to be spent in developing local facilities of some kinds.

There is also great need for education at the pre-retirement age. To develop awareness of the kind of planning which needs to be done for retirement and to give information to help people do good planning.

The Cooperative Extension Service has been much involved in helping the general population understand the needs of older people and in serving as a resource to local groups who are interested in setting up services such as Homemaker-Health Aide, Mobile Meals, Handy Man, etc.

They have also carried educational programs to prepare people for retirement such as "Family Financial Planning", "Nutrition and Physical Fitness", "Grooming and Clothing Selection"; they have also served as consultants in planning of Housing for the Elderly; and have conducted educational programs for the elderly themselves in nutrition, clothing selection and care, grooming, food buying and preparation for one or two, recreation, housing, and money management.

