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CONGREGATE HOUSING FOR OLDER ADULTS

Assisted Residential Living Combining Shelter and Services

A REPORT

PREPARED FOR USE BY THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NOVEMBER 1975

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Prepared by Marie McGuire Thompson, Commissioner, U.S. Public Housing Administration, 1961–67

PREFACE

President John F. Kennedy, in his "Message on Aid to Elderly Citizens" in February 1963, focused at one point on "a substantial minority" of older people who, "while still relatively independent, require modest assistance in one or more major aspects of daily living." To help them—and to defer their potential need for nursing home or hospital care—President Kennedy proposed group residential facilities "with housekeeping assistance, central food service, and minor nursing from time to time."

Soon after the Kennedy message, several Federal agencies worked cooperatively to establish pilot projects in Georgia, Nebraska, and Ohio. These projects are still very much in existence, and there is much to be learned from each of them.

But the logical next step—a national effort to help assure semi-independent living to older persons with impairments of one kind or another—has been taken only partially.

Congress, in 1970 [1] and again in 1974, enacted legislation authorizing "congregate" units and facilities in federally assisted public housing. One reason for the concern about the elderly in public housing was their fairly large numbers: about 40 percent of the heads of households in such projects are 62 and over. Another is the fact that many residents have lived in such units for many years and have a high ratio of chronic illnesses or disabilities.

For reasons made clear on the following pages, public housing congregate authority has not been widely used. And yet, as the author says so emphatically:

> As could be anticipated, an increasing number of public housing agencies are faced with the fact that either they must evict the more frail or impaired who cannot sustain the shopping, cooking, or heavy housekeeping chores designed for the hale and hearty, or they must develop—on a crash and, perhaps, ill-founded basis—some semblance of the services these aging occupants need to maintain at least semi-independence in a residential setting.

This warning is worthy of immediate examination and, indeed, it recently received attention at a hearing by the Subcommittee on Housing for the Elderly.[2] That hearing, however, was not limited to congregate shelter in public housing, just as this working paper is not. Rather, the public housing situation serves as an early indicator of the extent to which the need for assisted group living will grow unless that need is more fully understood and acted upon.

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[1] Legislation introduced by Senator Williams was incorporated as a section of Public Law 91–609, the Housing Act of 1970.

[2] "Federal Response to Housing Needs of Older Americans: Service Needs of the Elderly in Public Housing," by the Subcommittee on Housing of the Elderly, Senate Special Committee on Aging, Oct. 7, 1975. Washington, D.C., Senator Harrison A. Williams, Jr., presiding.

As the author of this working paper puts it:

> Although particular attention is paid to public housing in this report, the principles underlying the program enacted in 1970 and reaffirmed in 1974 are equally applicable to the development of congregate housing under other public programs or in the private market. Tenant characteristics and basic operations will be similar even though the financing and sponsorship may differ.

Additional perspective on the potential need for congregate housing was provided at the recent hearing by a witness[3] *who estimated that better than 3 million older persons in the United States today can be considered to need assisted housing. Of these, 2.4 million are candidates for residential congregate housing with services. If the services are not provided, said the witness, the entire 3 million may be forced to resort to nursing homes—80 percent of them unnecessarily.*

At a time when there is much talk about so-called alternatives to institutionalization, it would seem that congregate housing should rank high.

At a time when the Federal share of nursing home expenditures is almost $4 billion yearly, the need for less costly alternatives becomes even more obviously urgent.

The Subcommittee on Housing for the Elderly and the entire Senate Special Committee on Aging are in the debt of Marie McGuire Thompson for writing this working paper and for sharing it so generously with members of this committee and the entire Congress. Dr. Thompson has, over a period of decades, insisted that human considerations are at least as essential in housing as are financing considerations and physical design. Moreover, she has backed up her thinking with action. As executive director of the San Antonio Public Housing Authority from 1949–61, she paid special attention to the shelter needs of the elderly. A demonstration project, Victoria Plaza, won national attention and still serves as a model public housing project for gerontologists and architects. She then served as Commissioner of the U.S. Public Housing Administration from 1961 to 1967 and later served the Department of Housing and Urban Development as a specialist on housing for the elderly and handicapped. Since 1973, she has been housing specialist for the International Center for Social Gerontology.

Her working paper is timely and thought-provoking; and her recommendations are worthy of extensive consideration by Congressional units with an interest in housing or aging, or both. In the interest of providing information and ideas needed for full public discussion of the wide range of housing needs of older Americans, the Subcommittee and Committee are happy to offer Dr. Thompson's working paper for review and thought.

FRANK CHURCH,
Chairman, Special Committee on Aging.
HARRISON A. WILLIAMS, Jr., *Chairman,*
Subcommittee on Housing for the Elderly.

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[3] Wilma Donahue, Ph. D., director of the International Center for Social Gerontology, Washington, D.C. Dr. Donahue also gave this definition of congregate housing: "A residential environment which includes services, such as meals, housekeeping, health, personal hygiene, and transportation, which are required to assist impaired, but not ill, elderly tenants to maintain or return to a semi-independent life style and avoid institutionalization as they grow older."

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By Marie McGuire Thompson*
Commissioner, U.S. Public Housing Administration, 1961–67

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

REPORT

INTRODUCTION

The congregate public housing program provides local housing authorities with an opportunity and a challenge to expand the choices now available to low income older persons to select a living environment best suited to their personal and social needs, functional capacities, and financial resources. Enacted in 1970 as part of the Housing and Urban Development Act, the program encourages the development of residential settings to accommodate older people, as well as handicapped and displaced persons, who need some services to sustain independent living but not enough to warrant institutional supervision and care. Statutory authority for the program was retained in the 1974 Housing and Community Development Act (title II, section 201(a)(7)). It is assumed that programs will be funded and activated if they fulfill the goals of the legislation and the related HUD regulations.

Local and county housing authorities have already established a successful record in providing residential environments for older people who can and prefer to live independently. Since 1956, in over 3,000 localities throughout the United States and its territories, they have helped develop some 600,000 specially designed dwellings to assure low-income elderly persons safe, comfortable shelter at rents they can afford. These accommodations also provide tenants with an active environment filled with a wide range of social, recreational, and leisure pursuits to offset loneliness and improve the quality of their retirement years. Even today the number of applicants on waiting lists for these units far exceeds the number of dwellings available.

*For additional biographical details, see preface. Dr. Thompson received editorial assistance in preparing this report from Mr. D. J. Curren.

However, many tenants now in public housing have "aged" in their present quarters as have those in private housing in the community. As could be anticipated, an increasing number of public housing agencies are faced with the fact that either they must evict the more frail or impaired who cannot sustain the shopping, cooking, or heavy housekeeping chores designed for the hale and hearty, or they must develop—on a crash and, perhaps, ill-founded basis—some semblance of the services these aging occupants need to maintain at least semi-independence in a residential setting.

There can be little doubt that the demand and need for residential living with basic services will increase dramatically within the next decade, and probably more markedly after that. The number of "middle-old" and "old-old" aged Americans is growing faster than that of almost any other age group. Given such a trend, there will be greater and greater need for assisted residential living arrangements with services similar to those rendered in a family setting for an older relative.

Congregate housing is one achievable answer to this imminent rise in demand and need. Under the congregate public housing program, local housing authorities can provide residential environments for their tenants who are substantially intact and well eldely, but whose functional capacities are somewhat limited due to diminished physical or mental energy, impaired mobility, or special social or economic conditions. This type of housing resource planning is an alternative to institutional living when that level or extent of supervision and care are not required. Other similarly impaired elderly, already in institutions, might return to semi-independent living if they could relocate in a setting which includes access to services designed to strengthen their capacity for self-support in a living arrangement more attuned to their desire to continue to participate in community life. For other low-income older persons who are becoming frail through advancing age or diminished capacities, congregate public housing could serve as a "next step" program, providing a range of services to sustain their maximum potential for self-management and thus reduce any unecessary dependence on inapropriate, costly institutional care.

The distinguishing characteristic of congregate public housing, and one critical to its success in serving the special needs of this portion of the low-income older population, is the range and quality of services available to sustain independent living among tenants whose functional capacities vary at different stages of the aging process. In the planning, design, and operation of this type of public housing, housing authorities will need to reach out and establish linkages with other local resources, since the provision of coordinated multiple services will require careful planning in order to adapt them to tenant requirements. Together with local service agencies, housing authorities will need to explore ways to coordinate Federal, State, and local support now available to help provide housing and services at costs that tenants can afford. They will also need to study ways in which local and national programs (such as those funded under the Older Americans Act or title XX of the Social Security Act) can help provide reasonable assurance of continuity of services in the future. Finally, housing authorities will need to develop and foster a new kind of management and staff who are trained in general property management and tenant-

landlord relations but also are skilled in relating housing and service support to each tenant's need and capacity to live successfully in a congregate residential environment.

This report is designed to assist public housing officials and others working with them to consider the major factors affecting the design and scope of congregate housing for the elderly. These factors include the particular population and area of need to be served; special features involved in the planning and design of congregate housing; issues which may arise in relation to management and staff responsibilities, such as the meals service and group activities; and sources of support to cover the full costs of providing housing and services to residents on low, fixed incomes.

Although particular attention is paid to public housing in this report, the principles underlying the program enacted in 1970 and reaffirmed in 1974 are equally applicable to the development of congregate housing under other public programs or in the private market. Tenant characteristics and basic operations will be similar even though the financing and sponsorship may differ.

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PART 1

Background

There is no single meaning or definition of the term "congregate housing" upon which all agree. The term is used loosely in this country to describe any type of collective or group living arrangement, supervised or not, ranging from large scale, campus-type developments to small cooperative housing projects or boarding homes sometimes organized by older people themselves.

Nor does "congregate" fully describe the nature and purpose of this type of housing. It is, however, the term used in the 1970 and 1974 Housing and Urban Development Acts to describe housing with food and other services for the elderly under provisions of the low rent public housing program.

One definition of congregate housing is:

> . . . a residential environment which includes services such as meals, housekeeping, health, personal hygiene, and transportation, which are required to assist impaired, but not ill, elderly tenants to maintain or return to a semi-independent life style and avoid institutionalization as they grow older.*

Congregate public housing can be best understood as another residential environment for the elderly which is adapted in design and operation to the realities of the aging continuum. It can be expected to serve those of a more advanced age, those with decreased energy and mobility levels, and those who retain the capacity and desire for as much self-management as possible. In short, such a setting offers aids to continued community living, thus delaying or avoiding premature reliance on institutional care. Congregate public housing is neither a care home nor a medical facility; it is residential in character. The services provided to tenants should be related to and be consistent with this residential atmosphere. They should offer neither continuous supervision nor skilled nursing care, Instead, services should aid tenants in managing the range of activities of daily independent living such as housekeeping assistance as needed, personal aid in special circumstances, and the preparation of nutritious, balanced meals.

The purpose and value of congregate housing for the elderly have been recognized and discussed for more than two decades by government officials, professionals in the field of aging, and older people themselves. But until now little has been done to encourage its development throughout the country, to resolve financing and operating difficulties, or to explore its potential benefits as a residential alternative for large numbers of the frail aged who need housing with basic services in addition to leisure and recreational activities.

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*Developed by Dr. Wilma T. Donahue, director, International Center for Social Gerontology, Washington, D.C.

Early Support for the Congregate Housing Concept

In 1950, the first National Conference on Aging stated that it "felt a definite handicap that complete data are not available on the apportionment of older people by types of living arrangements, such as independent living quarters, homes (shared) with married children or relations, boarding homes, or congregate living quarters."

In 1961, the White House Conference on Aging recommended that "a Federal definition of terms relating to various types of institutions and care be formulated so that there can be a common understanding of term generally used for allocation of funds and financing to meet the continuum of independent-to-dependent living arrangements." The range of types of needed housing was outlined by delegates and firm recommendations were made to proceed with the development of various levels of housing and services.

President John F. Kennedy, in the following excerpt from his message on Aid to Elderly Citizens (issued February 21, 1963, cf. H. Doc. 72), recommended group residential facilities as a complement to Federal provisions for independent living (which had been enacted in the period from 1956 to 1959) and a nursing home program (enacted in 1961):

> ### Group Residential Facilities
>
> For the great majority of the Nation's older people, the years of retirement should be years of activity and self-reliance. A substantial minority, however, while still relatively independent, require modest assistance in one or more major aspects of their daily living. Many have become frail physically and may need help in preparing meals, caring for living quarters, and sometimes limited nursing.
>
> This group does not require care in restorative nursing homes or in terminal custodial facilities. They can generally walk without assistance, eat in a dining room, and come and go in the community with considerable independence. They want to have privacy, but also community life and activity within the limits of their capacity. They do not wish to be shunted to an institution, but often they have used up their resources, and family and friends are not available for support. *What they do need most is a facility with housekeeping assistance, central food service, and minor nursing from time to time. The provisions of such facilities would defer for many years the much more expensive type of nursing home or hospital care which would otherwise be required.* [Emphasis added.]
>
> To meet the special needs of this group, facilities have been constructed in many communities, and many more should be constructed. Such buildings can be small, with facilities for group dining, recreation, and health services; and they should be integrated with the various community resources which can sustain and encourage independent living as long as possible. I am requesting (a) that the Housing and Home Finance Administrator give greater emphasis to the construction of group residences suitable for older families and

individuals who need this partial personal care, and (b) that the Secretary of Health, Education, and Welfare, using the funds under the proposed Senior Citizens Act and other resources already available to his Department, work with communities to assure that health and social services are provided efficiently for the residents of such facilities in accordance with comprehensive local plans.

Early Experiments in Congregate Public Housing

Following this Presidential directive, the Housing and Home Finance Agency, the Public Housing Administration, and the Department of Health, Education, and Welfare coperated in formulating joint policies on housing and services. A formal agreement was signed between the Commissioner of Welfare for HEW and the Commissioner of the Public Housing Administration to work together to support efforts by local housing and welfare agencies to implement a congregate housing program.

Because there was no statutory authority to provide Federal support to cover the costs of central dining rooms and kitchens, equipment, meal preparation, and other services, these early efforts were limited to pilot congregate housing projects in Alma, Ga.; Burwell, Nebr.; and Tolerdo and Columbus, Ohio—all of them communities where State and local support was strong and included contractual guarantees to provide meals and other services. In all cases, local hospitals provided the meals service.

THE TOLEDO AND COLUMBUS, OHIO, DEVELOPMENTS [1]

The two congregate public housing developments approved for Toledo and Columbus, Ohio, accommodated elderly patients relocated from State mental institutions as well as ederly persons from the community. The State accepted responsibility for the additional construction and operating costs of supporting the dining service, provided staff for recreation and health programs, and guaranteed the provision of supportive services for the full 40-year financing period of both developments. These experiments were successful and proved to be economical to the State. In Columbus, the Department of Public Welfare's Homemaker Service is headquartered in the development and is available to tenants at no cost. The homemakers also assist with bathing or dressing upon request. Approximately 50 percent of the tenants avail themselves of the housekeeping service. The Toledo project boasts one dining room while the Columbus project has a series of small dining rooms in different locations in an attempt to simulate a family-size grouping, a concept imported from Sweden and more expensive to operate. (Additional design and operational information on both are provided in appendix 1, p. 41.)

In Toledo, 30 of the 100 residents were dischargees from the Toledo State Hospital and 56 of those in the 256-unit Columbus project were from the Columbus Hospital or from nursing homes. Since more massive services were provided in Columbus, the age of the tenant group

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[1] Program detail was contributed by Patrick J. Feeny, director, Columbus Metropolitan Housing Authority, and by staff and personnel of the Ohio State Mental Hygiene and Correction Department and the Ohio Commission on Aging.

was higher, averaging 84 years at initial occupancy. In each project all staff concurred that without a development of this kind with three essential services—meals, housekeeping, and personal assistance when needed—at least 50 percent of the residents would have to turn to nursing homes. Indeed numerous occupants have been transferred from public housing for independent living to congregate housing as their need for services became essential to continued residential living.

THE ALMA, GA., DEVELOPMENT [2]

The Alma, Ga., project is a one-story development with 40 units of congregate housing (without kitchens) and 12 housekeeping units with kitchens. The tenants in congregate housing are provided a full meal service for $45 per person per month; those in housekeeping units may also participate if notification is made to the kitchen. A strong buddy system exists between the hale-and-hearty older persons and others less able. The development is located next to the county hospital and a nursing home. The meal service (originally provided by the hospital) is now provided under a private contract and prepared in the kitchen of the project. The congregate units with no kitchen do have a small refrigerator and a counter for a hot plate, coffee pot, toaster, et cetera. There are no formal housekeeping services; heavy housecleaning is performed by the maintenance staff. (For further details, see appendix 2, p. 52.)

THE BURWELL, NEBR., DEVELOPMENT [3]

This 50-unit project, occupied in 1967, consists of 30 housekeeping one-bedroom units in five brick builidngs and 20 new housekeeping units in the congregate living area which is part of the community building with recreation room, community living room, and kitchen for tenant gatherings and events. Occupants are provided a living-sleeping room, bath, and storage. Meals are prepared and delivered three times a day, 7 days a week, by Community Memorial Hospital and Nursing Home located a block from the project. Meals cost $2.70 a day. Income limits for occupancy are $3,500 for one person and $4,000 for two persons. Areawide recreation and craft programs are provided under title III of the Older Americans Act. Featured in the community dining room are a double fireplace and round tables with captain's chairs. (Additional details are provided in appendix 3, p. 58.)

Experience in Burwell and in Alma, towns considerably smaller than Toledo and Columbus, evidences the ability of congregate public housing in all sizes of communities to provide a residential environment which includes services required to assist impaired, but not ill, elderly tenants to maintain or return to a semi-independent lifestyle and thus avoid institutionalization as they grow older. As the manager of the Burwell congregate development stated: "All tenants living in the congregate facility would be in a nursing home if it were not for this type of housing and the services provided."

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[2] Information contributed by Wilfred B. Smith, executive director, Alma Housing Authority, 801 12th Street, Alma, Ga.

[3] Contributor: Dorothy Van Diest, executive director, Housing Authority, P.O. Box 899, Burwell, Nebr.

ADDITIONAL EXPERIENCE IN SOUTH DAKOTA AND TEXAS

Two other congregate public housing developments in South Dakota and Texas, while not part of the original experiments undertaken in the mid-1960's, should be noted as well.

The Felix Cohen Memorial Building on the Pine Ridge Indian Reservation in South Dakota is composed of a large community center for many reservation activities and is combined with a limited number of rooms with bath for elderly Indians.[4] Furnishings, art, and sculpture were contributed by friends and associates of the late Felix Cohen. Meals are prepared and delivered by the adjacent hospital. The operation of the facility, which is part of the family public housing on the South Dakota reservation, is more related to the culture of the Oglala Sioux than to the usual congregate concept, but it has served and continues to serve a need.

In Texas the Housing Authority of Mineral Wells leased a number of rooms with bath in a vacation-type hotel typical of the city for the permanent use of low-income older tenants. The room rent is contracted for and the hotel provides a full meal service commensurate with the ability of tenants to pay.

STATUTORY AUTHORITY FOR A NATIONAL PROGRAM

It was not until 1970 that a nationwide congregate public housing program was enacted into law as a supplement to successful low-rent residential developments for independent living for the elderly. Recognition of this gap in housing and its tragic personal consequences for those not needing or desiring institutional care led to the enactment of the program in section 207 of the 1970 Housing and Urban Development Act.[5] Section 114 of this act also provided for congregate housing by private groups under FHA sections 221(d)(3) and 236.

Provisions in the law relating to low rent public housing read as follows:

50 STAT. 895; 42 U.S.C. 1415

CONGREGATE HOUSING FOR THE DISPLACED, ELDERLY, AND HANDICAPPED

SECTION 207

Section 15 of the United States Housing Act of 1937 is amended by adding at the end thereof a new paragraph as follows:

"(12) The Secretary shall encourage public housing agencies, in providing housing predominantly for displaced, elderly, or handicapped families, to design, develop, or otherwise acquire such housing to meet the special needs of the occupants and, wherever practicable, for use in whole or in part as congregate housing: Provided that not more than 10 per centum of the total amount of contracts for annual contributions entered into in any fiscal year pursuant to the new authority granted under section 202 of the Housing and Urban Develop-

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[4] The late Felix Cohen was a distinguished scholar of Indian affairs and a strong advocate of their rights. He is credited with securing voting rights for all Indian tribes.

[5] This section was suggested and sponsored by Senator Harrison A. Williams, Jr., of New Jersey, then chairman of the Senate Special Committee on Aging and a member of the Senate Banking, Housing and Urban Affairs Committee.

ment Act of 1970 or under any law subsequently enacted shall be entered into with respect to units in congregate housing.

"As used in this paragraph, the term 'congregate housing' means low-rent housing (A) in which some or all of the dwelling units do not have kitchen facilities, and (B) connected with which there is a central dining facility to provide wholesome and economical meals for elderly families under terms and conditions prescribed by the public housing agency to permit a generally self-supporting operation. Expenditures incurred by a public agency in the operation of a central dining facility in connection with congregate housing (other than the cost of providing food and service) shall be considered one of the costs of administration of the project."

Statutory authority was now provided for a congregate housing program which included coverage of the costs of the dining facility and equipment. No subsidy, however, was provided to cover any deficit caused by the inability of low-income elderly tenants to pay the full cost of meals and other services. This meant that tenants would have to be selected according to their ability to pay rather than on the basis of their need for housing with services. This fact, as well as a widespread lack of experience in a new kind of housing management which required relating housing and services to the functional capacity of each tenant, probably have made most housing authorities reluctant to enter this field. As a result there has been little production of congregate housing and little encouragement to do so.[6] If responsibility for aspects of service and care were shifted to State and local agencies skilled in these areas, the building or acquisition of appropriate congregate housing facilities would undoubtedly be accepted willingly by local public housing agencies, the majority of which have programs for the well elderly but few local service-oriented facilities in which to relocate tenants who can no longer maintain fully independent living.

After enactment of the program, releases from the Department of Housing and Urban Development emphasized that "congregate housing will serve those who cannot sustain or do not desire independent living in housekeeping units." It was acknowledged that although this type of housing must be free of architectural barriers, its success would be related primarily to the range and quality of services available to tenants. With regard to the meals service, the HUD Management Guide for Congregate Housing (H.M.G. 7460.1) stated that "many of the congregate housing tenants will not be able to afford the entire cost of the food service program. Some sources of regular subsidy—State or local, public or private—will have to be found in order to make the food service in congregate housing financially feasible."

In 1971, as one effort to solve this problem, meetings were held with the Department of Agriculture to obtain permission to use food stamp coupons to pay for meals in congregate housing. Although not prohibited by law, this use was not permitted by departmental policy wihch restricted food stamp use for meals prepared outside the home to those prepared in restaurants. This ruling was changed as of July 1974 to allow elderly persons over the age of 60 to use food stamps as payment for prepared meals in noninstitutional settings and com-

[6] In contrast, housing authorities have responded well to the need for conventional housing for the elderly: 3,511 of these authorities operate in 4,676 localities throughout the United States, with developments especially for the aged operating in more than 3,000 localities.

munal dining facilities if the meals service was approved by the Food and Nutrition Service, was nonprofit, and did not use federally donated food in meal preparation. Part 270.2(m), chapter II, title 7 of the Code of Federal Regulations was amended to include communal dining facilities as consistent with section 10(h) of the Food Stamp Act of 1964, as amended.

In 1972, with the passage of the National Nutrition Program for the Elderly, some public housing developments which had the necessary space began serving free meals to their tenants and to older persons in the neighborhood. However, the scope of this program did not provide the long-term guarantees for food and other services required in congregate housing to assure its financial feasibility. As a result, building or remodeling facilities to accommodate the provision of food and other services could not be justified.

Delegates at the 1971 White House Conference on Aging again called for a national statement of goals on providing a spectrum of housing for the elderly which would respond to the level of assistance they required at various stages of the aging process. These included long-term facilities for the sick; facilities with limited medical care and with food and homemaker services for those who needed continual supervision and assistance; congregate housing with food and personal services for those who required some assistance but not medical care and who sought independence with security; and housing for independent living with recreational and activity programs provided.[7] With regard to the recommendation on congregate housing, Dr. Wilma T. Donahue, director of the International Center for Social Geronotology and one of the planners of the 1971 conference, observed:

> It is significant that these recommendations were made nearly a year after the Congress had passed a bill, which the President signed on December 21, 1970, making provision for congregate housing for the elderly. It is perhaps because there was a long lag in implementing the act that the delegates to the conference in December 1971 did not address themselves to its provisions and possibilities.

Status of the Program Today

The inability of many low-income older persons to pay for food and other services, in addition to rent, remains the major barrier to the nationwide implementation of the congregate public housing program on a grand scale. Despite statutory authority for it, we can today expect little effort to develop this type of housing without local or State support for food and services being reasonably guaranteed. Until this support is assured, imaginative housing agencies should proceed to develop such needed living arrangements by devising ways that State and local service agencies can provide the necessary funds to supplement construction dollars available from HUD.

Whatever final decisions are made on the public housing program the need for congregate housing in one form or another will grow, not

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[7] *Toward a National Policy on Aging,* Proceedings of the 1971 White House Conference on Aging (Washington, D.C.: U.S. Government Printing Office), volume II, p. 32, recommendation IV.

only for elderly tenants in public housing, but also for persons in other income groups. Recognition of this is evidenced by the increasing interest of States, cities, and public and private developers in providing such facilities for a range of income groups. The International Center for Social Gerontology, a nonprofit research organization, has studies underway to more clearly define the congregate housing concept, the potential occupants, and services needed. In November 1975 it will also hold the first national conference on congregate housing, or assisted residential living, to delineate the services needed, the resources to provide them, the costs in relation to incomes available to afford this type of living, and the market and need for this housing program.

Without administrative or legislative action at all government levels, institutional care facilities will continue to be the final living environment for too many older persons who could maintain an independent lifestyle with a minimum of assistance. Yet there is little doubt that the glaring gap in the housing continuum for some of the older population is the need for a program that is residential in nature, provides community orientation for the occupants, and also provides those supportive services that maintain the resident in this living arrangement despite chronic conditions or frailty. Adding years to life but depriving the elderly of the opportunity to remain active in society to the fullest extent of their capacities creates self-pity, apathy, and despair among many older people. It also robs the community of the presence and contributions of its most experienced citizens. Primarily then, the concept of congregate housing should be seen as the most viable solution to premature reliance on institutional care when that level of medical supervision is not required.

PART 2

The Potential Resident Population of Congregate Public Housing

An understanding of the probable characteristics of the potential resident population must underlie the design and operation of congregate housing. It is obvious that no single type of housing will provide an adequate response to the diversity of need among this segment of the older population. Instead, efforts must be made to offer a variety of housing types and residenial settings oriented to consumer need and preference. This chapter identifies some characteristics of the population for whom varying types of congregate housing would be appropriate. Subsequent chapters discuss the planning and design of facilities to accommodate this group as well as factors involved in congregate housing operation and management.

Size, Age, Health, and Income Characteristics of Potential Population

There is no way to assess specifically the current need or demand for congregate public housing except by inference from our experience, observation, and knowledge of the housing needs of older people at various stages of the aging process. Specific numbers, income levels, and housing adequacy alone do not reflect the potential market for congregate housing among the older population who might choose this type of residence if it were readily available. However, given the realities of growing old and considering the early results of surveys undertaken by the International Center for Social Gerontology (referenced in the preceding chapter), a valid assumption can be made that an increasing number of older people will require a supportive environment to offset premature reliance on an institution or to afford them an opportunity to leave one and relocate elsewhere.

POPULATION SIZE

Data are not available from which to predict the number of older people in the United States who need or prefer living quarters that include provisions for both independence and some nonmedical personal services. According to the 1970 census, 593,000 persons aged 60 and older were living in group quarters that did not provide nursing care. Another 238,000 resided in "other" types of group quarters, including mental and other hospitals. Some portion of this latter group might be enabled to live outside these facilities if appropriate shelter and social environments were available. The same might also be true for some portion of the 277,000 persons living in old age homes that offer nursing care even though not all residents may need it. Of the 27 million persons over age 60 living in housing units, it is estimated by one authority that 200,000 to 300,000 would choose to relocate in con-

gregate housing each year. Most of this number would probably be single or widowed women, a group which has demonstrated a strong desire for companionship, independence, personal service, and security in their living accommodations.

Numerous studies of elderly occupants of nursing homes, care homes, and State institutions indicate that a number of them had no choice of any other residence because there were no alternative accommodations adapted to their levels of competence. A recent survey of nursing homes stated that:

> . . . an astonishing number of the people should not be there at all. Every critical student of nursing homes has come to that conclusion, they vary only on the percentage of healthy patients. The U.S. General Accounting Office, after studying a sample of patients in Michigan, concluded that almost 80 percent (297 out of 378) did not require skilled nursing care. A 1971 study of New York City medicaid patients in nursing homes, by the State comptroller's office, found that from 53 to 61 percent of the patients did not need to be there. Daphne Krause of the Minneapolis Age and Opportunity Center, which has studied homes in that area, gave a figure of 30 to 40 percent. In Cleveland, the head of the nursing home medicaid program put the proportion of patients unnecessarily in homes under her jurisdiction at 90 percent.[8]

A study in England determined that 95 percent of the elderly could live independently, i.e., not in institutions, if adequate home care and other services were provided. A Danish study of the aged divided them into three groups: Group 1, representing 80 percent of the elderly, were able to manage fully on their own; the 10 to 15 percent in group 2 needed some help but not that provided by an institution; and only the 3 to 4 percent in group 3 needed institutonal care (this latter group compares with the 5 percent of older Americans in institutions). In Denmark, housing and service programs are designed to remove or prevent difficulties which cause the aged to be classified in group 3. Among the many programs there which bolster independent living are special vacations for those in group 2 to help them avoid any slide into group 3 through a loss of interest in life precipitated by inactivity or withdrawal.

AGE

The 1970 census figures also give us some insight into the current trend toward longevity among older Americans. They should provoke serious analysis of our existing housing programs for the aged and should reinforce our efforts to provide a spectrum of varied living arrangements for this growing number of older people who will live longer and will manifest a greater diversity of housing preferences and functional competencies. Although competence was not a factor in the census statistics, conclusions were drawn which foretell the dimensions of the emerging need for congregate housing with service components:

> From what we know now, we can count on large numbers of elderly in the future. They will be better educated, and prob-

[8] Mary Adelaide Mendelson, *Tender, Loving Greed* (New York: Alfred A. Knopf, Inc., 1974). Distributed by Random House, N.Y.

ably more affluent than today's older people. Fewer will be working. Unforeseen breakthroughs in medicine—especially in the fields of heart ailments and cancer—could mean longer life expectancy.

In the decade 1960–70 there was a 13 percent increase in the total population but a 21 percent increase in the elderly. In just half a century there has been a gain of 20 years of life for the average person. In addition, the average age within the elderly group has also increased. Those 75 years of age and over represent 38 percent of the elderly group.[9]

Another view of the increasing life span among the aged (which speaks to the size, age, and health of the potential occupants of congregate housing) is: half of all people now 65 and older are age 73 or more. Of every 100 older persons today, 63 are under age 75; 31 are between ages 75–84; and six are 85 or more years old. It has been calculated that there has been a 700 percent increase in the population aged 65 and over from 1890 to 1970. It appears that the maximum increase in the elderly population in the years ahead will be in the over 75 and over 80 age categories. Medical research has shown that about 80 percent of persons at about age 85 have some type of disability usually trouble with posture, balance, or mental alertness.

HEALTH

Although a complete health profile of potential occupants of congregate public housing is not possible to document, it may be helpful to consider a national health survey that illustrates some of the health conditions which limit activity among the elderly.[10]

Arthritis ranked second after heart disease as the major cause of activity limitation among older people. About 271,000 arthritics are in nursing homes. Yet only 28 percent of nursing home patients with arthritis were bedridden. A 1962–63 survey showed that over 50 percent of all middle-aged men and women had some degree of arthritis. Of those between ages 65–79, some 50.3 percent of the men and 44.9 percent of the women had moderate or severe forms of arthritis with some limiting effect on mobility. On the basis of these findings we can assume that for many or most, including the nonbedridden in nursing homes, there is sufficient mobility along with general good health to permit occupancy in congregate housing, although extensive arthritis may require some assistance in bathing and provision for the use of mobility aids, an important consideration in physical and program design.

This same survey showed that 3.1 percent of the men and 6.9 percent of the women in the 65–79 age group had diabetes; 47 percent of the men and 55 percent of the women had lost all natural teeth but had satisfactory dentures; 17.7 percent of the men had moderate to severe eye defects, 49 percent had mild defects, and 33 percent had good vision. With respect to orthopedic defects, 17.4 percent of the men and 19.7 percent of the women were affected.

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[9] U.S. Department of Commerce, Social and Economic Statistics Administration, Bureau of the Census, "We the American Elderly" (Washington, D.C.: Government Printing Office, June 1973), pp. 5, 14.

[10] U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, "Health in the Later Years of Life" (Washington, D.C.: Government Printing Office, October 1971).

The problem of incontinence in later years is erroneously thought to be widespread. Yet the survey of occupants aged 65 to 74 in nursing and personal care homes revealed that 77 percent had no problem; 7 percent had a partial problem; and 16 percent had complete disability. In the group aged 85 or older, 68 percent were not affected by incontinence.

Diminished hearing is another characteristic of the older ago group. The rise of impairment in hearing as people age is quite dramatic—the rate of impaired hearing for persons 65–79 is about 40 times that for those 18 to 24 years of age. The percentages of people with some hearing impairment range from about 7 percent for the middle-aged group to 30 or more percent for the older group. Many cases of hearing impairment can be improved by a hearing aid. Among those 45 or older with a hearing loss in both ears, about one in five uses a hearing aid, according to data from household interviews in the survey.[11] This characteristic also has design and operational implications.

Also of significance in considering tenant characteristics is the statement in the survey that:

> . . . the most striking change in recent mortality trends is the widening gap between the death rate for men and that for women in the older age group. For example, among white men at ages 45–64 the death rate in 1940 was about 50 percent higher than for white women. In 1950 it was about 80 percent higher and by 1968 it was more than double the rate for women. A similar but narrower divergence characterizes the rates for men and women of races other than white.[12]

Perhaps the most significant statistic is the walking status of occupants 65 years of age or older of nursing and personal care homes: 61 percent had no walking problem; 17 percent had partial disability only; and 22 percent were completely disabled.[13]

Despite these and other health aspects of persons in the older age category, the health survey report showed that a comparatively small percentage were limited in normal activity due to chronic disease. A full reading of the statistics leads to the conclusion that congregate housing with food and other services could indeed serve a large group of elderly persons who are capable of substantial, though not total, independence, given a housing design and a staff sensitive to their needs. It is only logical to conclude that the benefits of improved medical care and treatment that have resulted in prolonged life should also result in the opportunity for continued independence even with some limits on mobility. If this is to be a reality for low income older persons, congregate public housing is one answer. It should be made available in some relative proportion to the number of dwellings for fully independent living and be located in the same neighborhood.

INCOME

On the subject of income (which relates to the ability to pay for institutional care) the 1970 census indicated that 19.2 percent of the

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[11] HEW Public Health Service, National Center for Health Statistics, "Health in the Later Years of Life," p. 28.

[12] HEW Public Health Service, National Center for Health Statistics, "Health in the Later Years of Life," p. 7.

[13] HEW Public Health Service, National Center for Health Statistics, "Health in the Later Years of Life," p. 51.

7 million elderly heads of households had annual incomes below the poverty level in 1969.[14] The older population had exactly half the annual income ($4,200) of the population as a whole, while older persons not living in families had median annual incomes of only $1,813.[15]

The census also showed that of the Nation's 63.4 million occupied housing units in 1970, 17.5 million were headed by a person aged 60 or older.[16] Of these, 12 million were owner-occupied and 5.5 million were rented. The largest group of the elderly lived in the central cities of metropolitan areas. Proportionately, however, the aged formed a larger segment of the population in small towns than they did in cities, suburbs, or farms. In towns of 1,000 to 2,500 inhabitants the elderly represented 13.6 percent of the population.[17] These figures indicate that in planning housing programs, we should not overlook the need to build in small communities to enable older persons to continue to live among friends and relatives in their own home towns or in towns where they have resided most of their adult lives.

Statistics for New York City reveal yet another profile of the plight of some older Americans in securing housing and services. Out of 947,878 persons aged 65 and over (12 percent of the city's population), one of every three was age 75 or older; three-fourths suffered one or more chronic health ailments; over half had incomes of $3,000 or less; and a third received $2,000 or less a year. In testimony before the U.S. Senate Special Committee on Aging, New York City officials said that older people needed a wide range of services in their homes and neighborhoods, yet such services were almost nonexistent or too expensive. They concluded:

> The kind of environment in which an older person lives out his retirement years, his level of income, and the opportunities for constructive use of leisure time are as essential to positive physical and mental health as are the number and quality of hospitals, doctors, and nurses. Older people, given a decent income and a range of supportive services within the community, have shown that they can live with chronic illness and still function positively as members of society.

Congregate housing with services was recommended, with provisions for these services to be made available to the elderly living in the neighborhood as well as to tenants.

From these statistics and observations on the age, health, housing, and income of the older population, it can be readily inferred that congregate housing programs assisted by Federal, State, and local governments are essential to help meet the shelter and service needs of many low income elderly. These programs serve as a backup to housing for the well and active elderly and help make public housing agencies more responsive to the needs of the growing number of persons living well into the older age categories, at a time when their meager savings are being eroded by inflation and their need for services is increasing. Although there are always costs to consider in launching any comprehensive program, it should be evident that congregate

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[14] U.S. Department of Housing and Urban Development, "Older Americans: Facts About Incomes and Housing" (Washington, D.C.; Government Printing Office, October 1973), p. 7.
[15] U.S. Department of Commerce, "We the American Elderly," p. 12.
[16] U.S. Department of Commerce, Notice to Correspondents, November 16, 1973, on "Housing of Senior Citizens," HC (7)–2.
[17] U.S. Department of Commerce, "We the American Elderly," pp. 6, 7.

housing will help save some of the funds now spent to provide institutional environments for many who do not need that kind of expert care.

Who Can Be Served

No single definition can encompass all applicants for congregate housing, but it can be expected that they will represent various age groups (usually those more advanced in years), different levels of health, and a broad range of functional capacities. Some will be able to maintain an independent life style with only minimal use of supportive services; others more dependent will require a variety of social, personal, and health services to carry out daily activities. Among them there will be successive stages of decline in energy and mobility levels and, as a result, a lesser degree of self-reliance and possibly self-confidence. But most will have consciously selected a congregate living arrangement because they desire to live as independently as they can and are willing to utilize services to sustain that life style. Managers and staff should be aware of this positive motivation for self-reliance and reinforce it regularly, especially to counter any symptoms of withdrawal which may occur among those who become discouraged by advancing age and the limitations on mobility which often accompany it.

Can the robust and vigorous aged be combined with the more limited and successful in a congregate housing development? There is no categorical answer either way. No doubt the less competent aged will apply in greater numbers because they need the kind of services available. Applicants may also include the mentally retarded, the physically handicapped, and those whith one or more chronic health problems, but all of them can be expected to be motivated by a desire to remain active in the community to the limit of their ability. It is suggested that if the hale and hearty elderly are housed with the more frail and impaired, the percentage of the latter should be kept well below that of the well and active. Among applicants there unduobtedly will be a large proportion of widows, some of them just beginning to adjust to living alone and welcoming the kind of warm and stimulating friendships that often flourish in group living situations.

Although this report focuses primarily on congregate public housing for the elderly, it should be noted that this type of housing can also provide the shelter and services needed by the moderately and severely handicapped as well as mildly retarded adults, many of whom are now unnecessarily in institutions. It can offer a familial setting with surrogate parents and services. It can be a resource for professional organizations whose members are skilled in the delivery of services to particular groups and recognize the importance and need for the most normal possible community-based living environment. Provision of this type of housing can be accomplished through leasing arrangements with local housing authorities under which these organizations would retain full responsibility for management functions or through agreements under which the housing authority would contract for or perform the managerial functions. The restraints might be those pertaining to income limits on eligibility as well as occupancy and construction standards. Since the 1974 Housing and Community Devel-

opment Act specifically covers the housing needs of the developmentally disabled, congregate housing would serve those needing assistance with daily living activities. Other physically or mentally handicapped persons could sustain completely independent living arrangements.

It must be emphasized, however, that while many handicapped persons need only the removal of architectural barriers to be able to live in the usual types of housing and environments, the more severely handicapped or retarded would require a more concentrated residential milieu in order to ensure the provision of needed services. The 1974 Housing and Community Development Act now makes it possible for unrelated persons to share rooms and bath in HUD-assisted developments, thus permitting a most sensible solution for meeting the needs of such groups. Group housing programs are usually recommended for the physically or mentally handicapped who need assistance with normal activities. Experience in European countries has demonstrated the social and economical advantages of such housing, especially when its costs are compared to those of institutions. Community-based housing in a normal neighborhood undoubtedly is the preferred solution if training programs for normalization are to yield their expected dividends.

In addition to generating the construction of new facilities, it is suggested that interested organizations or individuals investigate the use of well-located existing housing, including foreclosed or HUD-acquired housing, and encourage local public and private housing sponsors to respond to the special housing needs of these groups as part of the recommendations of the housing assistance plan required as a condition of HUD-financed assistance.

The underlying principle of congregate housing—providing living arrangements with supportive services—is viable for many physically and mentally handicapped persons. Of course, the emphasis in design, operational details, and staff training will require some adaptation and modification.

Guides to Measure Functional Capacity

The functional level of applicants can be measured in part by careful health screening procedures. Their ability to remain independent with an assist from services should be certified by a physician, preferably on a standard form developed by the local housing authority. This is important because the applicant or his or her family may not recognize or acknowledge the presence and influence of seriously diminished capacities which could hinder a successful adaptation to a congregate living environment.

It is obvious that the selection of tenants should be made according to a thoughtful and sensitive plan. In general, the policies and procedures for screening and selecting tenants should be related primarily to the functional capacity of the applicant. Preference may be given to older people whose health is good and whose expectations, as a result, are essentially different from those who are ill. An individual's potential for living harmoniously with others should be weighed seriously.

There are some relatively objective guides to help direct the process of tenant screening and selection.[18] Although developed for use with

[18] For a description of these guides and their development and rationale, see papers in the section, "A Symposium on the Assessment of Functions of the Aging Adult," *The Gerontologist*, Vol. 10, No. 1, Spring 1970, pp. 18–53.

patients in institutions, they suggest practical measures by which to assess a person's level of function and degree of competence. The first of these guides is the Physical Self Maintenance Scale developed at the Philadelphia Geriatrics Center to measure a person's capacity for personal self care. The second, also developed at the center, is the Instrumental Activities of Daily Living Scale which measures the capacity of an elderly person for continued living in the community. The third scale, called the Index of Independence in Activities of Daily Living (ADL), measures the relationship of functional capacity to the accomplishment of daily activities. It provides a means to evaluate functional independence or dependence in six categories: bathing, dressing, toilet performance, transferring (from a prone to an upright position and back again), continence, and eating.

An evaluation process similar to that guided by these three scales, in particular the ADL Index, would be useful in setting standards to guide tenant selection as well as facility design and activity programs in congregate housing. On the highest scale (independence in all six categories) the applicant would obviously be able to live independently but might require congregate housing with services to compensate for a weakness such as impaired vision. Those independent in all but one category might be eligible, but those dependent in all six would require alternative housing arrangements. (These variations underscore the importance of utilizing skilled intake procedures.)

The evaluation of an elderly person's locus on the independence-to-dependence scale could be made in three stages. For example, with regard to bathing, a person would be independent if he or she could bathe alone in a sponge bath, tub, or shower. On the other hand, he or she may need help in bathing only one part of the body, such as a leg or the back, or may need total help to bathe at all. If ranked in these latter two categories, however, he or she still should be considered eligible for congregate housing.

With respect to dressing, a person may be able to get dressed without help; he or she may be able to get fully dressed except for tying shoelaces or fastening a back zipper, or may need total help. Being ranked in the first two categories should not exclude an applicant from congregate housing, but being in the third and final one would. In the third ADL category—toilet performance—it is reasonable to require applicants to be fully independent. When continence is considered as a factor in selection, full independence should be required although an occasional accident might be expected. With regard to transfer ability, a person would be considered independent if he or she can get in and out of bed or a chair alone even with the use of a cane or some other support. If the person is not ambulatory to some degree, he or she should not be in congregate housing. In the final ADL category—eating—complete independence would be required except for such simple aids as cutting meat portions for those with arthritis or temporarily providing meals to an ill person in his or her room.

It is suggested that a doctor or other person attending the applicant (such as a nurse in the care home if he or she resides there, or a home health aide who serves the person who lives in the community) verify his or her competence in performing activities of independent living and identify any other serious health problems he or she may suffer.

Although not measured on the ADL Index, an individual's social and psychological characteristics as well as his adaptive abilities

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should be evaluated in the screening and selection process when they need to be considered in making a thorough, informed determination of suitability. The essential concern in judging these and physical factors is to ascertain what type and how much assistance a person needs to function adequately in congregate housing. In this regard, the sponsoring housing authority should manifest as much, if not more, concern for the individual as for a successful housing operation.

In summary, while exact figures are unavailable, there is a substantial portion of the older population who are able to live independently provided some degree of assistance is readily available. The growing need for the limited assistance offered in congregate public housing is caused by the increasing number of elderly persons who are still relatively healthy but frail, who have low incomes, and who cannot afford to buy the services needed to support independent or semi-independent living. For those elderly persons with some, but not complete, functional impairment, congregate housing should be made available in relative proportion to the number of local dwellings for fully independent living and should be located in the same neighborhood.

PART 3

General Planning and Design Considerations

Allow me to emphasize again that congregate housing for the aged is neither a care home nor a medical facility. It is a residential environment offering services to sustain self-reliance. The services assure not only material comfort but also social, recreational, and cultural activities adapted to a wide range of individual functional capacities. As a result, provisions for a service component should be included throughout the process of planning and designing congregate housing facilities. The range, type, and extent of services to be provided will be determined generally by the characteristics and needs of that portion of the aged population to be accommodated. Some of the types of services that might be matched to tenant needs are listed in the following chart.

NEEDS AND SERVICES FOR CONGREGATE HOUSING RESIDENTS

Needs		Services		
Survival	Satisfaction and social	Supportive	Developmental	Protective
Food, clothing, shelter, income, health, security.	Love, recognition, belonging, creativity, recreation, participation, achievement, meaningful activity, self-respect, self-sufficiency, social status.	Financial, health, housing, nutrition, transportation, information and referral, legal aid, homemaking, counseling, day care, discount services.	Recreation, employment, education, crafts, religion, cultural events, social activities, library services, volunteering, telephone reassurance, friendly visiting, resident organizations.	Service to assist individuals seriously impaired by mental or physical dysfunction. Similar to supportive services.

Although aging people are changing people, their personalities, long established preferences, and psychological need for continuity in social relationshps persist and should be respected in designing any type of living environment for them. Architectural criteria developed for public housing for the well elderly will also be applicable to congregate housing, with special added emphasis on safety from accidents, accessibility for the handicapped, and simplicity of arrangement to ensure minimal housekeeping requirements and compactness for convenience and economy. This chapter discusses other special factors related to site selection, size of the development, apartment kitchens, bathing arrangements, and general spaces which should be considered in the design of congregate housing.

Site Selection

The selection of a site for congregate housing should be based primarily on its proximity to health, social, and recreational facilities, shopping areas, and public transportation. Because this type of hous-

ing is designed to assist less energetic people to continue to participate in the community, it should be in an active area where there is easy orientation to various age groups who reside, work, shop, and play in the area. If shopping is not convenient, serious thought should be given to including the essential commodities in the development. The planner must also remember that because there may be crippled or handicapped residents, excessive slopes and the need for steps should be avoided. Changes in levels should not be included unless they can be negotiated on minimum ramps.

Since the environment must be adapted to those with lessening mobility and a decreasing sense of orientation, the location of structures and spaces becomes more important. There also should be more attention to the exterior social environment to encourage residents to move around outside and not remain sedentary indoors. Attractive walks around the grounds with benches for resting and conversation as well as displays of scheduled events all help offset the tendency to withdraw. Plants, kiosks, open-air restaurants, fountains and basins, aviaries and fish ponds, flower and other markets as well as attractions on the main thoroughfare might be considered. A day center in the building or nearby which attracts older neighbors could be planned as part of the environment to broaden contacts and interests.

All places where tenants gather, indoors or out, should enable them to observe and be stimulated by the ongoing behavior of more active people. The coming and going within a development is as important as activity associated with the street scene. We should expect that congregate housing sites will be clustered near maximum traffic areas rather than in isolated areas even though the latter may be beautifully planned and furnished.

Another important factor in site selection is its proximity to a health facility to handle crises as well as provide convenient access for diagnosis and treatment of residents. This would permit tenants to use the health facility without assistance, would alleviate the necessity for an in-house health component, and would provide a resource to housing and service staff for consultation.

There are two contrary views about the relationship of medical facilities to congregate housing. Some feel strongly that health care is the proper concern of the community and its resources; that geriatric facilities should be used as a base from which to deliver home care services to the community. Why then, they ask, should health-oriented facilities be placed in housing as a potential detraction from the residential atmosphere and as a daily reminder of disease and death? In-house services shared with no one from the outside, they add, may also cause or reinforce a sense among tenants that they are isolated from the community. Some argue that small scattered medical programs in housing facilities would lead to an underutilization of scarce medical personnel and, even if staffed by doctors and nurses, would render only limited care. Proximity to a hospital, particularly one with a geriatrics wing and an outpatient clinic, would serve a range of chronic problems with more expertise, they conclude.

Others counter that, given the chronic health problems of tenants, trained health personnel are essential to handle crises and to provide minimal health-sustaining services such as giving shots, taking blood pressures, supervising or administering medication, and providing

consultation and referral to appropriate health centers when needed, including placement in a skilled nursing facility if required. Podiatry and dental care should be included among these minimal services. It is argued that a medically trained person on the premises would give residents a greater sense of security knowing that competent help is at hand when needed. This assurance alone, benefiting their mental health and often affecting their physical well-being, justifies any extra cost, it is concluded. Dr. M. Powell Lawton of the Philadelphia Geriatrics Center states a general principle with which these proponents agree: "The capacity of the individual to seek medical care or to participate in his own treatment is a critical item in any decision about an appropriate living situation for him." Alternatives to an in-house health component include office space in the development for private physicians or a focal point on the premises rented to a person trained to handle health emergencies.

Development Size

Experience in other countries strongly indicate that small developments of 20 to 30 units are more desirable for residents of congregate housing. Simple scale is essential if each tenant is to be familiar to the manager and staff and to have his or her needs adequately met. This does not mean that congregate housing must be one type only. There can and should be variations from a small planned home to group housing of varying size and design. A concierge plan, enabling the manager to see everyone who comes and goes and to be responsible for each resident, has been used with success abroad. In some places a number of large homes have been remodeled into small bed/sitting room flats. Some older houses have been combined with new structures containing activity and service centers. Through convenient, easily-managed accommodations and through encouragement to do as much for themselves and for others as possible, it has been found that older people gained confidence which led to greater independence and fuller, happier lives. Experience abroad indicates that one housekeeper to seven or eight residents was adequate for managerial duties in several developments.

The British Ministry of Housing has set standards for building old people's homes so that properties containing more than 75 units are very rare. This ruling has the added benefit of dispersing the elderly in small groups rather than packing them into large concentrations. Economic considerations apparently make it increasingly difficult to build such housing in less than 100 units in this country. Yet experience dictates that a set of small buildings is preferable to one structure whose size alone conveys an institutional atmosphere. Studies in Belgium and the Netherlands include mention of a "care home" for the frail elderly surrounded by small units for those who are well. The services of the care home are available to both groups.

In any event, congregate public housing should be "homey" and uncomplicated, putting the least possible demand upon the resident and providing him or her with a world of familiar objects and spaces. Although economy of scale can be justified in housing for the well elderly, the emphasis in congregate housing should be on tenant need, on managerial capability to have knowledge of each tenant, and on

programs which offset any feeling of isolation from society. The impersonal atmosphere often prevalent in large developments could well defeat the purpose of congregate housing. Moreover, the older person who is experiencing some decline in functional competency is more sensitive to change in his or her environment than are middle-aged or fully active older people. A small place where one is known and where one feels a sense of belonging tends to bring happiness, joy, and comfort.

The proven value abroad of small intimate structures or groupings might suggest to this country a wider use of rehabilitated existing dwellings for congregate housing for the aged, when properly located and economically feasible.

Kitchens and Bathing Arrangements

One area of controversy in congregate housing is whether or not to provide individual kitchens or kitchenettes in each apartment. The law governing the program permits them to be in all apartments or in some or in none. Despite the requirement of a central meals service in the development, many social scientists believe that it is important to include at least a minimal kitchen in individual dwellings. They regard it as particularly significant for former housewives, long accustomed to cooking, to be able to prepare some snacks between meals or refreshments for visitors. Thus a semblance of independence is reinforced. The kitchen area is seen as important also because it may include a refrigerator for cold drinks and ice and cabinets for storage of one's own china, glass, and favorite coffee pot. From this viewpoint, the kitchen is a sustaining aspect of everyday life and permits a degree of self-respect, self-management, and personal identity sometimes lost in communal dining.

Others argue that if one is too frail to shop and prepare his or her own meals regularly, one would be ready to release the full responsibility for these tasks to management and rely on staff expertise to assure nutritious balanced diets. In addition, at times there may be danger to the tenant and others by exposure to a stove or hotplate in an apartment kitchen. The gas may be turned on, but not ignited; the electric stove may be on but, if not glowing, may well burn an unsuspecting tenant or guest with diminished alertness and agility. Forgetfulness and temporary disorientation can be expected to occur among tenants from time to time. There has been ample experience of the need to remove cooking equipment from some units as the tenant ages. There may be occasions when the extra costs of kitchen plumbing, space, and equipment in individual quarters will cause congregate housing to exceed feasible limits. Without individual kitchens, the development then becomes a hotel or club living arrangement.

Two solutions to this problem have been developed in Europe. The first is to provide a snack bar (generally related to the dining room) where hot or cold drinks, ice, cookies, fruit, and other pick-up items may be obtained at all hours. Food may be consumed in the immediate area or taken to one's room. This concept has been found to promote sociability among tenants and guests. Snack kitchens located on each floor have not proved feasible primarily because of the problem of identifying and safeguarding the individual's food to prevent its use

and consumption by others. Floor-by-floor kitchens have proved to be a management problem and have not achieved their purpose.

The second alternative is to furnish apartments with small portable equipment that can be easily removed when tenants become too frail or disoriented. Wide fireproof shelves with convenience outlets and a small cupboard are provided to hold hotplates, small ovens, toasters, coffee pots, and refrigerators, with the water supply drawn from the bathroom. Kitchen equipment should be easy to remove or to be disconnected when safety requires it. In Europe small equipment is less expensive than larger models, but in this country we can expect that small equipment produced for special luxury purposes might not represent an economy.

Another area of concern in the dwelling unit is the bathing arrangement. Most older women today prefer a tub. However, if concern is for safety and self-management, a sit-down shower appears essential, given the impaired mobility to be expected among some tenants. If there must be soaking for therapeutic reasons, one tub for general use may be installed. However, this arrangement tends to be institutional and the tub is rarely used unless lifts, operated by an attendant, are available. Every effort must be made to design a bathroom that most can use without assistance.

A 24-hour switchboard is a preferred emergency alert system, but if this is not possible, an alarm bell should be in the bathroom as well as by the bed and should be monitored 24 hours a day. The bell system also should automatically open the apartment or room door.

Finally, it is of the utmost importance that, if a unit is to be occupied by a married couple or by two persons, there must be two connecting rooms to permit privacy from one another due to different time and activity schedules and also to permit isolation during illness.

Dining and Other Spaces

Because the nature of congregate housing differs from that of housing for independent living, the spaces allotted for staff and other activities will differ. There must be room to accommodate managerial and maintenance functions, housekeeping functions, possibly a general laundry and sewing room for clothing repair, a central dining room and kitchen, and possibly one general bathroom with a lift or hoist. If medical facilities or therapy rooms are provided, these add another dimension to consider in assigning space.

In spaces intended for group activity the main concept must be to bring people together and not isolate them from each other, even when different activities are underway. Adequate space is needed for participants and observers alike. All activity spaces should be visible, easy to find, and on the ground floor. Color coding of the walls and floors plus the use of graphics, plants, and other distinctive objects will be helpful in pointing out directions and decreasing disorientation and fear of embarrassment.

Design of the dining area is of particular importance. Large spaces in the room should be broken up either by walls or half-walls, planters, furniture, or other devices. Ten to 15 people in an area encourage social interaction and rapport. Large spaces are more impersonal and lonely. Tables should vary in size, ranging from those accommodating two

persons to those for eight. Small round tables are pleasant for intimate dining and chairs with handles are recommended. Tenants should be allowed to choose their dining companions. Decorations should be gay and cheerful, and be changed occasionally to spark interest. Fresh flowers always are enjoyable. The dining room should be open to natural light, have a view of the outdoors, and be near the lobby or its extension to afford a view of the street scene and to provide a space for waiting before meals. Dining is the main occasion of the day for many, and groups may be expected to form and stay together in the adjoining lobby before and after meals for conversation and other activities. Lobby space also can provide overflow space for dining guests.

Opinion is divided as to whether meals should be served or offered cafeteria style. Many frail elderly, especially the handicapped with mobility aids, may not be able to manage their trays without help. Having meals served at one's table adds a touch of dignity, particularly at the dinner meal, and especially if the waiters or waitresses are teenagers. One achievable combination that provides food selection without having to carry a tray is the popular salad, dessert, and beverage tables with the entree served. (For additional details, see part 4.)

In summary, the ideal to aim for in planning for general spaces as well as other previously mentioned features in congregate housing is to provide the right home, in the right place, at the right time, with the right services. Rightness, as discussed here, means planning the design, location, and interior atmosphere to fit the age, health, and personal preferences of the frail elderly.

Licensure

Another complicating factor is the term "congregate housing" which refers to many different kinds of living arrangements with a wide range of functions, and this creates confusion. Some States may require licensing of housing which provides service elements. State laws vary both in concept and in semantics. If licensing is required, this may entail more construction costs to provide institutional design features even though the Department of Housing and Urban Development stipulates that the congregate housing is to be distinctively residential in character and not instituional. Under licensing regulaions, unnecessary and rigorous qualifications for staff would be required, thus boosting operating costs.

Federal and local building standards should suffice since congregate housing is not conceived of as a "care" or "health" facility as defined by the nomenclature used by most States. The HUD Guide on Congregate Housing Management states on the subject of licensing: "Where licensing requirements are imposed by State or local licensing officials, the sponsor will submit evidence that the proposal will meet the applicable State or local agency guidelines and requirements." Since licensure may make congregate housing infeasible, the sponsor should make clear that its project is a residential development with services and not an institution.

PART 4

Operational Considerations

The success of the day-to-day operation of congregate housing requires attention to several factors: the special relationship and responsibilities of management and staff to the individual tenant; the food and housekeeping services; a mix of group activity programs; and knowledge of and familiarity with local resources to tap in establishing and maintaining linkages for the provision of shelter and services. This chapter touches briefly upon major considerations in each area.

Roles and Functions of Management and Staff

Because congregate housing is designed to provide a residential environment in which older people can receive services to sustain independent living, its management and staff will assume roles and functions different from their counterparts in the management of housing for the well elderly. In addition to their usual responsibilities for the care of property, rent collection, and personnel selection and training, managers will have overall charge of the:

Screening and selection of suitable tenants.

Development and/or supervision of a nutritious food program.

Arrangement and overseeing of housekeeping and personal services delivery.

Provision of leisure time activities related to tenant capacities and local resources.

Arrangements for 24-hour surveillance.

Development of procedures for handling emergencies.

While warmth, understanding, and mutual respect are characteristics of all successful housing management, in congregate housing there is required an additional awareness of the health profile and functional competency of each tenant. Occupants will be further reassured by the ability of the manager and staff to respond to any health or accident emergency due to age or partial disability. In order to know and use nearby medical facilities, managers and staff must establish cordial relations and specific arrangements for assistance with hospitals, nursing homes, and other health resources when these are not available in any in-house medical unit.

It is obvious that 24-year surveillance by the resident manager or an alternate is essential in congregate housing. After office hours the emergency call system should operate in either's quarters. At no time must the alert system be unmanned. Many have found that the 24-hour switchboard is the best solution, with the telephone provided by the development as a utility service comparable to gas, lights, and water. If the manager or the alternate do not have a health services background, training should include some time spent in health or institutional facilities to learn basic approaches to emergency care. Doctors,

nurses, medical corpsmen, and hospital aides may be available to offer this training in emergency care to housing management or even to act as housing managers.

Once a resident's feeling of insecurity in time of need is supplanted by a sense of being secure, needed, and wanted, his or her spirit tends to revive, causing a heightened interest in daily living and a decrease in the scope and volume of daily complaints. All occupants will be relieved of the necessity of daily meal preparation and heavy housekeeping in compensation for their frailty. With their personal possessions retained in a cordial atmosphere, tenants will feel a sense of continuity with their former lives, while the manager and staff will tend to be regarded as an anchor to windward, a strong leadership symbol for security and stability as well as for the stimulation and provision of activity and creativity within an environment free from tension. In performing these functions it is suggested that the manager and staff regard tenants as younger people grown older but retaining the habits, virtues, and failings of a lifetime of working, loving, and living.

To reiterate, by providing various degrees of support, congregate housing should help relieve nursing homes and other care institutions of those who do not require medical or nursing care and should offer another housing resource to sponsors of housing for independent living whose tenants may need a "next step" type of residence. For tenants, congregate housing and its management should provide opportunity to maintain relationships with the community and should serve as a shield from the stresses of intergenerational friction or dependence.

Particularly sensitive areas for management and staff concern are tenant selection and the occasional need to terminate occupancy.

TENANT SELECTION

One area of critical and sensitive concern is the tenant screening and selection process which will be determined largely by the characteristics of the aged population to be served. As factors in the process these charatceristics cannot be neatly defined. Some applicants might be able to sustain themselves in housing for independent living, while others may be closer to the need for a care or medical facility. Tenant selection cannot then be a routine process based solely on age, income, or other legal eligibility criteria. The major determinant instead must be a judgment on the applicant's ability to remain self-reliant with the aid of services offered in the housing development. Since each applicant will see his or her own state of health and competence differently, a careful and objective screening process is required.

Since the characteristics of tenants in congregate housing will vary tremendously, and no precise general definition is possible, we can assume that a housekeeping service, at least once a week for heavy cleaning, should be part of the operating plan for the development. Some tenants may need help with bathing, dressing, and other personal services. As times passes, valet service and care of clothing may be required in addition to meals served in the room during illness. In other countries we find such tasks performed by "matrons" or "wardens" substituting for the services that would be provided in a family setting. Finally, the cost of rent, food, and services must be within the

paying ability of the tenant if the selection of tenants is to continue to give priority to those with the greatest need. Food subsidy or a sharing of food costs may be essential to operational feasibility for the elderly at or near the poverty level.

As has been repeated many times throughout this report, the chief concern of management and staff should be the well-being of each tenant, responsiveness to his or her needs, and measures to ensure his or her safety and comfort. A tenant's life may depend on prompt action by trained staff in the manager's absence. As in all aspects of congregate housing, the management must recognize that for some tenants there will be a thin line between independence and dependence, at least temporarily. But independence should be bolstered and dependence discouraged for any length of time if the residential character of the facility is to be maintained.

Unless housekeeping aid is a traveling service, another staff person may be a "matron" or "housekeeper" who has charge of scheduled housekeeping assistance, whose day and time for work is known to and expected by the tenant. This home aide might also provide the required personal care such as help in bathing or dressing for a temporary period or on a regular basis for some, e.g., those with arthritic arms or backs or the handicapped. Concern for grooming, care of clothing, or help in writing letters might be included as well in staff duties. In any event, the housekeeping aid should be carefully scheduled and understood by the resident.

While such assistance may be minimal or temporary, its need should be anticipated. Some of the "family-type" services could be performed by volunteers, including other tenants organized to offer small services to their neighbors. This buddy system may sometimes be more welcome and acceptable to tenants than aid from staff or volunteers who are strangers. Tenant groups can also be formed to alert management and staff to the needs and problems which arise among the tenants themselves.

As the physical or mental capacity of the tenant lessens, counseling becomes more significant for meeting financial, health, legal, burial, or other needs, with the management substituting for the family if none is available or calling upon local specialists to handle situations as they arise. At least one private counseling room should be provided and be large enough to accommodate family members. If this is not possible, the manager's office should be used to ensure privacy.

The focus of service programs in congregate housing will be on aids to independent living in order to offset reliance on medical facilities except in those cases where the individual's health has deteriorated beyond the capacity of the nonprofessional, in-house health unit or staff to resolve. The type and limitation on services should be clearly outlined to the applicant and his or her family prior to occupancy. Careful handling is needed when a tenant must be removed from congregate housing and transferred to a higher level of care when more intensive services are needed. If possible, the manager should investigate local resources and facilities, as well as associated costs, against the time when temporary or permanent removal may be required, in order to offer appropriate advice. This should be part of the preoccupancy management plan.

TERMINATING OCCUPANCY

Permanent relocation outside the development is a sad and difficult period. Family, friends, ministers, doctors, and others interested should be consulted and involved in the transfer process. This should not be the full responsibility of the housing manager even though he can provide valuable aid. In case of death, the manager can help in the disposition of the tenant's possessions. Most probably a physician should make the final decision on relocation. It should never be necessary to resort to legal eviction.

The housing authority should formulate specific rules to govern temporary removal: how long the apartment or room will be kept vacant awaiting the tenant's return; what rent will be paid during the absence, and by whom; and what procedures should be followed for proper notification when the waiting period is over. If there is a possibility that the tenant may return, 3 months is suggested as a minimum for holding the premises, providing the rent is paid during this period. Keeping his or her home bolsters the tenant's hope of return. If there is a reasonable hope that he or she will return, the peace of mind of the absent ill resident should take precedence over a potential new occupant.

In summary, although there is no sharp line between strength and frailty, the presence of services which characterize congregate housing should not decrease the special residential atmosphere created by such practices as having the key to one's own door, the right to come and go at will, and the right to expect courtesy, cheerfulness, and security. Management and staff will soon be aware that the elderly, despite chronic health problems, possess a variety of strengths and resources for meeting their own needs but too often are not encouraged to utilize them fully.

CONGREGATE MEALS SERVICE

Since congregate dining is a central feature of this type of housing, a full meals service with required tenants participation is recommended whether or not some of the dwellings have kitchens. Whereas housing for the well elderly may include some meals service at the discretion of tenants, it must be remembered that in congregate housing balanced, nutritious meals are one of the essential services provided to maintain health and energy among tenants. As a result, the requirement to participate in the meals service and to meet some of its costs should be fully discussed and understood by the applicant at the time of leasing.

As in all aspects of housing management, it should be possible to have tenant input with regard to meals and the food they enjoy and prefer. Although certain types of food are necessary to provide essential daily nutrients, such expression of dietary preferences should be encouraged. This is obvious for those on specially prescribed diets, those with chewing or digestive problems, and others with lifelong regional or ethnic tastes. During the 1971 White House Conference on Aging, for example, it was noted that many older people of Chinese origin suffered much unhappiness in nursing homes because they were not served the kinds of food they were accustomed to and could not develop a taste for other diets. This may be only one example, but

variations in tastes can be expected and adequate responses should be planned.

Meal preparation and service is a highly specialized profession. It may be contracted for with caterers, may be supplied by other housing developments with expertise in this area, or may be negotiated with hospitals, schools, or other similarly equipped organizations. It should not be perceived as a service which volunteers (including tenants) can provide regularly even though they may be excellent cooks. Continuity of the meals service must be assured as part of the management plan. Food served should meet the standards for required daily nutrients as determined by a dietitian, and the premises should be operated in keeping with local health regulations. Because meals are part of the housing service, tenants have a right to expect them to be handled professionally. Volunteer assistants, however, can be helpful at times. For example, tenant-prepared meals could be planned for those occasions when professionals are off duty or for special events or holidays.

Of course, alternatives should be explored before deciding how to provide the meals service. Will it be less expensive to have meals brought in and perhaps only heated or kept warm in the kitchen? This would offer a savings in space and equipment. In this regard, it is best to consult experienced food handlers who do not have a stake in providing meals to the development. Other housing developments that serve meals might also be an initial contact. Another could be a local hospital which may be willing to provide meals at cost. A fourth alternative would be other local institutions that have learned how to take advantage of the economy of scale in providing food. Probably the largest "institution" serving meals is the United States military; aside from any advantage it may enjoy in food purchasing, its experience would be invaluable. Restaurant associations could also help explore the options, showing which methods would be more successful at less cost. In congregate housing for low income elderly, economy in food costs will undoubtedy be one determinant in choosing a food service method. However, arrangements should be made for the development to be the occasional recipient of delicacies which the food budget would not regularly support, such as gifts of special foods for festive occasions.

Because a cafeteria provides a greater range of choice, is informal, and saves the work and expense of table service, housing managers and some tenants opt for it. However, in making this choice, the probable characteristics of most tenants should be kept in mind as well as the probability that frailty may increase. Some will not be able to handle a tray in addition to a mobility aid. Those in wheelchairs may not be able to see or reach the food, causing an embarrassing dependence on attendants or neighbors. Uncertain steps, ambling gaits, or trembling hands may cause apprehension and spillage. On the other hand, having meals served at individual tables can add a touch of graciousness to dining, especially if the menu offers some room for choice and if, as previously mentioned, the waiters or waitresses are teenagers (at least on weekends). As a compromise, the entree could be served and a buffet table set up for salad, dessert, and beverages.

Too often the hours for serving meals are determined by staff requirements and not by tenant preferences. As a result, meals may

be scheduled too early or too close together. Experience indicates that in most housing developments the main meal is preferred in the evening. This gives tenants something to anticipate, continues a lifetime custom, and enables them to assemble afterwards for socializing. Dinner should be no earlier than 6:30 p.m. Scheduling it between 5 and 6 p.m. is regarded by many as characteristic of an institution and can be embarrassing when guests are invited. People also have fixed patterns about the hour for breakfast. If possible, this should be flexible to accommodate both early risers and late sleepers. A self-service arrangement open from 7 to 10 a.m. is most acceptable and may require only one staff person to oversee and replenish stock. It has also been found that those who eat breakfast late usually do not want lunch but will wait until dinner to eat, thus settling for only two daily meals with small in-between snacks. Others will want three meals a day, and these should be offered, although a light lunch (a sandwich with soup or salad) is acceptable.

The best way to discourage hoarding of food in rooms is to provide an accessible snack bar with fruit, cookies, and drinks open at any and all hours. Vending machines could be set up to offer additional choices. A portion of the dining room may provide a comfortable place to sit and snack and, without question, could become a familiar spot for socializing. It may even become the space most used, with music added to enhance its relaxing qualities. In one development, the dining room is only cleared at 4 p.m. to provide time for dinner arrangements. It is a favorite gathering and sitting place.

From time to time it will be necessary to provide meals to sick or convalescent tenants in their own rooms. The critical decision involved is when to terminate this service. In one housing development, for example, room service is stopped after 3 days unless there is a physician's statement to the contrary. If the tenant does not return to the dining room even though the doctor certifies that he or she can do so, only tea and toast are delivered to the room. A checkoff system at mealtime is a good way to be alert to absenteeism and any possible need for assistance.

Meeting the Costs of Meals and Services

Because the law does not provide a subsidy for food and service costs (although kitchen and dining equipment may be charged to administrative expenses), the local housing authority must select tenants according to their ability to defray food and service costs in addition to rent. Although the legislation foresaw the need for supportive services to sustain the less vigorous elderly in a residential setting, no housing funds are available to provide them. As a result, the local housing authority must rely on local service agencies to ensure the operational feasibility of congregate housing developments.

The title VII nutrition program for the elderly might offer a solution in some locations if the scheduling of completion of congregate housing can be meshed with the availability of nutrition funds and with reasonable assurance that they will continue over the years. Logically, this should be required as a condition for approval of the kitchen and dining spaces. There also may be an added cost for footage and construction because use of nutrition program funds requires serving eligible low income elderly from the neighborhood as well as occupants

in the development. Selective modernization of existing housing with a more reliable estimate of the date of occupancy might prove more feasible in determining food and other service arrangements under Federal programs subject to annual appropriations. State and local funds could help resolve this dilemma particularly if the need is included in the State plan for the use of funds made available under title XX of the Social Security Act.

An increasing number of housing authority developments offer space for use in providing the meals service funded under title VII of the Older Americans Act. In other sites informal arrangements have been made for a part-time meals service (generally, a lunch served 5 days a week) provided by a local service agency.

In a study, completed this year, comparing the operations of public housing for the elderly and those of the 202 direct loan program, Dr. M. Powell Lawton found that meals were less expensive at the former. The mean cost of lunch in public housing (the only meal offered with any frequency) was 58 cents, while in the 202 projects the mean cost of breakfast was 54 cents; for lunch, 88 cents; and $1.41 for dinner. Factors contributing to the lower cost of meals in public housing were the type of personnel preparing meals, the type of meals service, and the subsidy for meals consequent to their provision by local service organizations. Tenants prepared meals at 65 percent of the public housing sites offering them; only 10 percent of the 202 sites had tenant-prepared meals, while 83 percent employed staff or a concessionaire to cook. Cafeteria-style service was utilized in 75 percent of the public housing sites as compared to its use in only 28 percent of the 202 sites. Waitress service was also used more frequently at 202 sites.

The study also indicated that at 94 percent of the public housing sites meals were paid for restaurant style, i.e., at each meal served; at 50 percent of the 202 sites meals were paid for as taken; at 25 percent they were mandatory and their cost was automatically included in the rent; at 6 percent meals were optional but if taken their cost was included in the rent; while at 19 percent there were other arrangements for payment, such as billing once a month for meals taken.

Group Activities

Congregate housing should provide space for group and socializing activities not unlike those spaces provided for the well elderly. Although we can expect that the activities undertaken will be less vigorous and that there will be more observation and less participation, the need of tenants for stimulating activity should prompt serious consideration of the variety of social, mental, physical, and cultural stimulae appropriate to their capacities. There should be opportunities in this environment to perform tasks, to have recreation, and to be self-maintaining. In-house activities should range from those directed toward occupants with considerable potential for independence to those suited for persons with limited personal resources. Dr. M. Powell Lawton puts it very well when he states that "the resident's physical and mental well-being depends on his not being challenged beyond his resources."

Other psychologists have stated that remaining active in some social role affects a person's longevity on physical, psychological, and social

levels, thus improving the quality of his or her life. The richer the program and the more opportunities it offers; the more fully does it satisfy the need for security, affection, and stimulation. Naturally we can expect some programs to be more attractive to the elderly who feel "as young as they ever were" and less so to those who feel entitled to special advantages and treatment because of advancing age or disability. Programs which tend to pacify may alienate residents and block their potential to organize around issues vital to them. Psychologists tell us that artistic, mechanical, and judgmental capacities remain reasonably intact until late in life; verbal and reasoning skills are highly stable; and the facility for long-term recall of information is retained except among a small minority where the lapse is realted to specific physical health problems. As a result, activity programs should provide residents with normal alternatives to their shrinking world which is diminished by change at different points in the developmental processes of aging. In short, residents have needs and desires which they do not have the resources to fulfill alone. Activities help provide a means to achieve this fulfillment and usefulness.

There is little basic data available to differentiate between activities for the vigorous, well elderly and those for older people who require supportive services. Institutions which also serve the well elderly might be the richest resource for guidance. The characteristics of the tenant body will largely determine the type and scope of activities. However, a few general observations are in order.

There should be emphasis on maintaining interest in community affairs to offset isolation. The management should encourage tenants to participate. A preference could be placed on quiet games which do not require sustained energy. The housing development may include an auditorium with comfortable fixed seats since movies, lectures, musicals, church services, plays, and sing-alongs are staple entertainment appealing to many.

Because the youngest of the elderly in public housing (with an average age of 72) were born in the early 1900's, adult education programs on communications, transportation, labor-saving technology, and general life sciences would be of genuine interest to keep them abreast of contemporary and future changes.

Gardening may still interest many. The development could provide a potting room for house plants, a wall garden for those who have difficulty stooping, and small plots (perhaps around trees) for miniature gardens. Garden lectures and shows will also prove popular.

The elderly also need to nourish a continuing sense of adventure. Opportunities for outdoor activity, especially in groups, should be provided, including walks into the community with something to enjoy upon arriving at their destination. Holidays and special occasions, such as birthdays, offer an excellent chance for outings and should be observed through group planning.

Activities such as listening to the radio or watching television may require more restrictive time schedules than in other types of housing. Observance of a quiet nap period may also be indicated, but care should be taken not to develop more than a few essential regulations. Management and staff will be working with experienced adults, not delinquent children who need to be disciplined. One successful housing develop-

ment of this type has only one regulation: "You may not smoke in bed."

Linkages for Housing and Services

Since enactment of the Older Americans Act in 1965 and subsequent amendments, all States and most communities have a number of service agencies concerned with the well-being of older citizens. A knowledgeable local committee or board of professionals in these services is essential in planning and operating congregate housing. Success must be built on a solid base of knowledge regarding the consumer. While aging means change, to live is to function and retain a sense of being a part of the human community as well as retain control of one's own life for as long as possible. Providing this opportunity to older persons is the joint responsibility of the housing and service agencies. This in turn offers a chance for both groups to develop more program integration on behalf of the aging whom both desire to serve well.

The responsibility of service agencies is no small one in congregate housing since neither the local housing authority nor all tenants will be able to defray the total cost of meals and other services. Some local housing authorities may choose to release full operational authority to an agency or agencies following the pattern of many senior centers in housing developments and to their boards and staff who are trained in mobilizing community support resources and in conducting group activities. The directors and staff of local institutions for the care of the aged also represent a valuable, experienced resource in service methodologies at the least cost and with maximum efficiency. Some of these techniques may be applicable to the operation of congregate housing. They are also a potential resource for trained staff or for aid in training staff in the service aspects of congregate housing. Finally these organizations may, as needed, provide the diagnostic expertise to determine the degree of services needed by tenants or the potential time sequence when they must be institutionalized and be helped to adjust to the relocation.

PART 5

Conclusion

Walt Whitman has wisely observed, "It is provided in the essence of things that from any fruition of success, no matter what, shall come forth something to make a greater struggle necessary."

The success of low rent residential developments for the well elderly and the expansion of institutional care facilities for the chronically and terminally ill have led naturally to the exposure of the limitations of both to respond to the entire range of shelter and service needs among the elderly throughout the aging continuum. This gap in housing can and should be filled by congregate facilities for the frail elderly.

The low rent public housing program enjoys the deep subsidy needed to house the elderly with low incomes, and it is to this program that we must look to provide housing developments which offer meals and other servces to sustain an independent life style for the poor and the near poor. Launching a congregate housing program requires local housing authorities to reassess their functions and their potential contributions to the needs of all older persons in the community, including tenants in housing for independent living. It also involves matching facilities and services to needs in a rapidly changing personal and social situation rather than limiting service to a single category, that of the well and active low income elderly. Perhaps because this type of housing is a departure from the traditional concept of landlord-tenant responsibility, only a few local housing authorities have responded to the need and challenge of the congregate housing program enacted in 1970. Although there may be reasons causing them to hesitate, probably the most prevalent one is the awareness that this type of housing depends for its successful operation on firm, contractual linkages with local service agencies.

It is understandable that the ramifications of housing, food and housekeeping services, and personal aids for large numbers of older people not in institutions are virtually unknown in public housing except among a few pioneers. Unless we are more willing to meet this drastic need (and we now have statutory authority to do so), we may never know if congregate housing can offer a viable residential alternative for low income frail elderly. The other alternative is continuation of unneeded institutionalization, whatever the social or economic costs. If the latter should be true, our efforts should be to "residentialize" institutions, a less happy and more difficult goal. On the other hand, just as public housing with its rents related to ability to pay can remove financial apprehension for many low income elderly, so too congregate public housing with its provision of meals and other services can remove anxiety about obtaining help when needed, with

confidence that the individual resident's interest will be paramount in determining the aid sought and received.

The difficulties facing boards and staff at local housing authorities should, however, be recognized, analyzed, and resolved. First of all, we may ask if the responsibility for further development of congregate public housing should remain with existing local public housing agencies with years of experience in providing housing for independent living, or if a new agency should be formed in the community to discharge this task. One city—Holyoke, Mass.—has chosen to set up a geriatrics authority to build and operate any facility with a medical or potential medical care component. This authority enjoys the full powers of a local housing authority and is charged with providing a range of care under established State standards. Congregate housing in this community might be expected to be assigned to the geriatrics authority.

Congregate public housing most certainly is within the province of local housing authorities and other sponsors, not only by statute, but also by the standards of logical and sound social planning, if responsibility is shared with the community in coordinating housing and services. This competency is implicitly acknowledged when constructing housing for the well elderly, all of whom are at least 62 years of age upon occupancy. In housing well elderly persons, however, it is logical to plan alternative housing arrangements as they age and become less active. While most of the harshest human losses and adjustments accompany the later years, none cuts so deeply into an individual's strength of spirit as does the necessity to leave a familiar home and environment, friends and neighbors, and move prematurely to a distant facility where support is provided. How much more sensible it is if, when selecting sites for independent living arrangements, we also plan to locate a congregate housing facility nearby to reduce or alleviate the traumatic experience of uprooting, loneliness, and abandonment. The current HUD policy of limiting the time for holding property excess to the needs of a specific development should, in the case of housing for the well elderly, not only be changed but also logical use of this contiguous land or acquisition of sufficient land for congregate housing should be encouraged and, in time, required. It is significant that the States have special advantages over local sponsors in the section 8 subsidy programs under the 1974 Act. They are given top priority, have less competition to have plans approved, and do not have to go through as much red tape or checking procedures as of this writing. The status of the section 8 program in the movement for congregate public housing is still untested, as are the special advantages awarded the States. However, since housing authorities are creatures of the States, and since all States are seeking suitable alternatives to costly institutions and have control of the distribution of service funds, the climate appears favorable for a close partnership that could relate to both State-Federal financing and State-provided services.

Congregate housing legislation per se does not speak to all the elements needed to achieve a successful program through public or private sponsorship, even though all the elements for a successful national program of congregate housing are both legislated and

funded. The central problem is the fact that a variety of agencies are responsible for pieces and parts of the total. Unless they are brought together, this desperately needed type of living arrangement cannot succeed. Coordination can be commanded by the Congress, by executive departments, and by State governments. Or reliance can continue to be put on voluntary commitments by State and local agencies to achieve a workable program, even at the loss of some autonomy by individual agencies. But for the future, the congregate housing program will be only a limited national resource insufficient to accommodate increasing demands and need for it, unless it is planned and funded as a housing/service program.

Recommendations

CONGRESS

Should make provision for a food and service operating subsidy for congregate housing sponsors if such services are not now available in the community or cannot be programed by service agencies in proposed congregate housing for the low income elderly.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Should explore ways to work with and through appropriate State agencies to encourage and assist local housing authorities to undertake congregate housing programs with services assured.

Should develop acceptable design criteria related to the special occupants in order to assist them to cope with the environment and thus avoid or delay institutionalization (in short, develop standards beyond those dictated by structural considerations).

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Should identify, marshal, and encourage the use of funds now available from all sources to underwrite costs of food and other essential services, specifically in support of planning and funding congregate housing. As an alternative recommendation, funds should be transferred to HUD and earmarked for use in the food and service components of congregate housing when proposals are cleared for construction funds.

STATE GOVERNMENTS

Should catalog the funding and service resources available within the State as well as those from HUD and HEW to enable them to respond to requests from local housing authorities seeking use of resources essential to the success of congregate housing.

Should appropriate funds as needed to supplement service costs of potential low income residents of proposed congregate housing.

LOCAL HOUSING AUTHORITIES

Should plan for congregate housing by identifying potential occupants (some of whom may be now residing in housing for the well elderly), plus the local availability and cost of services required. The

planning and operations budget should set forth local service availability and cost, if any, as well as assurance of continuing support. Knowledge of all local and State program potentials to achieve a feasible operation should be explored.

THE FUTURE

At present the provision of and funding for congregate housing must be the mutual responsibility and goal of Federal, State, and local service and housing agencies, working together to ensure the support needed for food and other services essential in congregate housing. Such coordinated action by housing and service agencies at all levels will decide the future life style of many of the Nation's older persons now deprived of opportunities to retain and enhance their independence as they grow older. What will that future be?

APPENDIXES

Appendix 1

Congregate Housing Developments in Toledo and Columbus, Ohio

The congregate housing developments in Toledo and Columbus, Ohio, have several experimental or exploratory aspects:

To determine the need for and the utility of such developments for the elderly who need or want meals, housekeeping, and other services to maintain residence in a semi-independent "home" setting.

To determine whether community-based public housing for the elderly is a viable alternative for elderly persons unnecessarily committed to the State's mental institutions or released after treatment and rehabilitation.

To explore ways to coordinate Federal-State-local elements of a plan to provide shelter and services to elderly persons in the community and to elderly patients discharged from State mental institutions.

In all three aspects these developments have been and continue to be successful, both socially and financially.

The Ohio effort began with contractual agreements on financing between the Federal Government and the State of Ohio. The two public housing developments for the elderly (100 units in Toledo and 246 in Columbus, both furnished and unfurnished) were designed as efficiency and one-bedroom housekeeping units with kitchens. It was agreed that the allowable community space was insufficient to accommodate the supportive services, in particular, the central dining room and kitchen, as well as the usual space for recreation and leisure pursuits. The State of Ohio, therefore, contributed the land for both projects valued at $376,000 in Columbus and a like amount in Toledo, both parcels in prime locations. The savings in land costs to the housing authority and the Federal Government were then applied to the cost of the additional needed space, primarily the central dining room and kitchen (for the provision of which there was no statutory authority in the mid-1960's when these developments were launched).

As a further contribution, the State accepted responsibility for providing all needed services under a 40-year contract guarantee for occupants in each project. Staff of State mental institutions screen elderly patients and select those whom they feel could adapt to community living and mix comfortably with non-institutionalized elderly tenants drawn from the community. (Hospital dischargees comprise

approximately one-third of the total tenant body.) The housing authority manages the properties in each project, but all services are provided by the State through the Hospital, the Commission on Aging, the Department of Public Welfare, or other State resources.

Rental income goes to the housing authority; the State receives payment for other services including food (two meals a day, 7 days a week, at $45 a month for individuals and $55 a month for a couple). Milk, bread, butter, and fruit may be taken from the dining room for snacks between meals. While all tenants at Worley Terrace in Columbus must pay for their meals whether taken or not, the Toledo plan does not require this (except for dischargees from the hospital who are encouraged to take a full meals service at least during the first month of occupancy). The major food components are prepared at the hospital in each city and then delivered to the project. (Article B of this appendix outlines the additional services provided in the developments and by whom.)

The melding of resources for funding and services has represented an economy to the State and a more wholesome and acceptable living arrangement for older persons.

At the conclusion of a recent survey of these developments by the International Center for Social Gerontology, Washington, D.C., the interviewer summed up the findings as follows: While the frail elderly from the community benefited from these programs, the real focus is on providing an alternative to institutionalization for residents whose mental health requires a supportive environment to enable them to manage independent living. Both developments provide excellent examples of the extensive array of services that can be mobilized from existing community service agencies which, supplemented with basic services, can create an assisted residential living environment that still manages to focus on independence to the maximum extent possible.

In Ohio it appears that sharing responsibility—with Federal support for congregate housing construction and State support for the provision of services—has offered a workable solution to problems encountered in offering congregate housing to older persons as an alternative to institutional living or as a preventive measure making institutionalization unnecessary. Similarly, in smaller towns, such as Alma and Burwell (cited in part 2 and in appendixes 2 and 3), the combined resources of the local housing authority and other agencies willing to underwrite services have helped to make this type of program a workable alternative to institutional living. The congregate concept in housing can also be applied to housing for some of the physically or mentally handicapped now living in institutions.

The Ohio developments, as well as others cited in part 2, are still operating successfully. They can serve as a valuable resource in future efforts to research and evaluate the benefits of congregate housing to low income elderly with some degree of physical or mental impairment and to those agencies that sponsor and support it as an additional community service.

Articles A and B that follow provide a more detailed description of one of the Ohio developments—Worley Terrace in Columbus—

and of the range of services available to residents. Articles C and D present samples of contracts and lease agreements related to the Toledo project.

A. Worley Terrace, Columbus: "A Place With A Plan for Total Living" [1]

THE PLACE

Worley Terrace is a new approach in housing for the elderly. It is a demonstration project—a pioneer venture—in providing surroundings, activities, nutritional meals, services, and programs at a low cost to enrich the lives of older persons; to provide a life of dignity and self respect; to offer an opportunity to alleviate loneliness, and to provide privacy. These are normally available only to persons with much higher incomes.

It will serve as an example for the whole country showing what can be done to help keep residents well and happy by preventing physical and mental problems through suitable housing and availability of varied services.

THE LOCATION

On a broad meadow in a park-like setting south of West Broad Street on the west side of South Central Avenue, Worley Terrace is within walking distance of a number of churches; public transportation and shops are a mere two blocks away in either direction—to the north at Broad and Central and to the south at Sullivant and Central.

THE APARTMENTS

The beautifully designed efficiency and one-bedroom apartments, located in four one-story buildings and in a six-floor building, are owned and managed by the Columbus Metropolitan Housing Authority, and the services are provided through the State of Ohio, Department of Mental Hygiene and Correction. Lounges for the use of the residents are available in each building, and resident dining rooms for meals and facilities for laundering are conveniently located.

Each apartment has a kitchen with electric range and refrigerator, draperies in colors and patterns coordinated with the apartment color scheme, private bath, and ample closet and storage space. Utilities are furnished and on-site parking is available.

THE COMMUNITY CENTER

A center by location as well as by name, the community center is surrounded by the garden areas, pools, patios, and covered walkways that separate it from the dwelling buildings. Here are the craft rooms, the auditorium, the clinics, the meeting rooms, all the facilities necessary for the provision of a total service program for the community.

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[1] Excerpts from a brochure distributed by the Columbus, Ohio, Metropolitan Housing Authority.

THE PLAN

The community services are provided through the State of Ohio Department of Mental Hygiene and Correction. In this exciting concept for a total living plan, these services are provided:

Meals, two nutritious meals a day, lunch and dinner, planned by a dietition.

Health care through a regular program of examinations and medication by physicians, psychiatrists, podiatrists, and dentists in the health clinic.

Barber and beauty shop service.

Social and recreational programs that provide a choice of leisure time activities covering everything from ART to a trip to the ZOO.

Furnished Apartments (optional) including carpeting, plus almost everything else (soap, tissues, mop) needed for total living.

THE COSTS

25 percent of income for rent.
Plus $45 per month for meals, $90 per couple.
Plus $15 per month for furniture, $25 per couple.

YOU ARE ELIGIBLE IF:

You are 62 years of age or older.
You are disabled.
You are a resident of Franklin County.
You receive a net annual income of not more than:
$4,700 for one person,
$5,500 for two persons.
You have assets totaling less than $12,500.
You wish to take advantage of this brandnew plan for total living.

B. STATEMENT OF SERVICES PROVIDED TO WORLEY TERRACE RESIDENTS BY THE STATE OF OHIO, DEPARTMENT OF MENTAL HYGIENE AND CORRECTION, MAY 1, 1970

The Department of Mental Hygiene and Corrections provides personal care services, furniture and furnishings, and meals for occupants of the Worley Terrace, Golden Age Village, as follows:

I. PERSONAL CARE SERVICES

Personal care services are primarily for social orientation, to keep residents well, to give them a feeling of security and well-being, and to enable individuals to live independently longer than would otherwise be possible.

A. *Health services.* A registered nurse or licensed practical nurse is on duty 8 hours a day, 5 days a week, and will give (1) routine health assistance; (2) assistance to residents in procedures prescribed by the doctor; (3) make appointments with a physician or specialist for specific health needs when indicated; and (4) assist the doctor in the health clinic. Clinic service does not include nursing care services.

By appointment with the clinic nurse, the following health care will

be provided at designated times: routine medical visits to the health clinic; routine dental, podiatry, including minor treatment; general physical examination once a year, if necessary or desired; immunizations as necessary and advisable throughout the year; emergency visits to units by nurses as indicated; therapy consultation as need indicates. Screening programs as deemed necessary.

The resident will be responsible for the fee for professional services covered by plan A and/or B of the medicare program and/or title 19 of the Social Security Act.

B. Assistance will be given the resident to help with individual problems, including welfare and social security.

C. *Recreation and leisure time activities.* Residents will be encouraged to participate in a variety of programs designed for their enjoyment and to alleviate loneliness, stimulate interest, improve mental and physical health, and be of general benefit to them.

These will include instruction in arts and crafts, development of hobbies, dances, movies, and other recreation and educational pursuits. There will also be opportunities to help others through community services.

D. *Barber Shop and Beauty Parlor.* The beauty and barber shop will be open on specified days. Service will be by appointment with the beautician and barber in the community facilities building.

Under this agreement, men will receive one haircut every 2 weeks; women may have one hair wash and set every 2 weeks, one hair trim once a month, and two permanents a year. Any additional beauty or barber shop services will be made between the resident and operator and paid for by the resident.

II. FURNITURE AND FURNISHINGS

Furnished units will include adequate and appropriate furniture as well as furnishings such as: sheets, pillow cases, bath and hand towels, and wash cloths. In addition, a pillow, blankets and bedspread will be furnished. Soap, toilet tissue, and detergents for laundry will also be provided and issued on a scheduled basis.

III. MEALS

Two nutritious meals a day, planned by a dietitian, will be provided. Assistance in selection and substitution of foods will be given by the food service personnel to control special diets.

C. Sample of the Contract Executed Between the State of Ohio and the Toledo Metropolitan Housing Authority and Approved by the Federal Government

This Agreement, entered into this —— day of ————, 19—, by and between the Toledo Metropolitan Housing Authority of Toledo, Ohio, herein called the "Local Authority," and the Ohio Department of Mental Hygiene and Correction, Columbus, Ohio, herein called the "State,"

Whereas, the Toledo Metropolitan Housing Authority is a body corporate and politic created, organized and existing by virtue of the laws of the State of Ohio; and

Whereas, the Ohio Department of Mental Hygiene and Correction is a Department of the State, created, organized and existing by virtue of the laws of the State of Ohio; and

Whereas, the Housing Authority and the Department of Mental Hygiene and Correction may enter into contracts with each other by virtue of State law; and

Whereas, the Local Authority has received from the Public Housing Administration approval for a proposed project of one hundred (100) dwelling units for elderly persons of low income and approval of a site for said units which is located near and southwest of downtown Toledo and consists of an area of 7.50 acres bounded by State-owned land on the east and north, the Southland Shopping Center on the west, and Glendale Avenue on the south; and

Whereas, the local Authority proposes to enter into one or more contracts with the PHA for loans and annual contributions in connection with the development and administration of such low-rent housing for elderly persons, all pursuant to the United States Housing Act of 1937, which Act, as amended to the date of this contract, is herein called the "Act," and pursuant to the provisions of the "Housing Authority Law" of Ohio; and

Whereas, the Local Authority is desirous of accomplishing the within project by obtaining the assistance and cooperation of the State in such undertaking; and

Whereas, to obtain such assistance and cooperation, the State must perform certain obligations in accordance with the provisions of the Act to comply with the applicable provisions thereof; and

Whereas, the State has determined that it would be advantageous in furtherance of the program to provide for elderly persons in Community facilities, in conjunction with and in cooperation with the Local Authority in the mutual development of the within referred to project on the within referred to site; and

Whereas, by said mutual development, the PHA, through the Local Authority, will contribute financially to the development of the Community Facilities to the fullest extent provided by the rules and regulations of the PHA;

Now, therefore, in consideration of the mutual covenants and promises set forth in this agreement, the Local Authority hereby agrees to the following:

SECTION I

1. Acquire the necessary site for the construction and development of not less than one hundred (100) low-rent dwelling units to house elderly persons and for the Community Facilities, which site is set forth and described in the approved plans on file in the office of the Local Authority and referred to as an area 7.50 acres, more or less bounded by State-owned land on the east and north, and Southland Shopping Center on the west, and Glendale Avenue on the south.

2. Construct and develop on the site area not less than one hundred (100) dwelling units to house elderly persons and construct and develop community facilities on said site, all in accordance with Public Housing Administration and the Toledo Metropolitan Housing Authority approved plans and specifications on file in the office of the Local Authority; provided, however, that all plans and specifications used as a basis for contract award shall be submitted by the Local Au-

thority to the Director of the Ohio Department of Mental Hygiene and Correction, Columbus, Ohio, for his approval prior to any solicitation of bids for the construction contracts by the Local Authority; and that all proposed changes in plans and specifications involving areas outlined in Exhibit "A" must first be submitted to said Director for his approval prior to the operation of the changes.

3. Provide furniture and equipment for the community space to a maximum cost of $10,000.

It is further promised and covenanted by and between the parties as follows:

SECTION II

1. That the Local Authority will assume and bear all costs and expense for the construction and development of the low-rent dwelling units to house elderly persons, and other facilities, to the maximum extent permitted by PHA regulations and standards, and that the State will assume and bear all costs and expenses for the construction and development in excess of the above provided amount as provided by the following distribution:

	Square feet
Total square feet in nondwelling facilities building	8, 550
Total square feet in the lounge areas (497 square feet times 4)	1, 988
Total (actual)	10, 538
Local housing authority can provide:	
Management	500
Clinic	500
Maintenance	800
Community facility space	2, 250
Total square feet on nondwelling facility space (allowed)	4, 050
Total square feet in nondwelling facilities building and lounges (actual)	10, 538
Total square feet provided by local housing authority (allowed)	4, 050
Total square feet to be provided by the State	6, 488

	Cost
Total estimated cost, 10,538 square feet times $16.50	$173, 877
Structures, $173,877 times 6.16 percent	$107, 108
Administration, $40,507 times 6 percent	2, 430
Planning, $102,023 times 6 percent	6, 121
Site improvement, $54,800 times 6 percent	3, 288
Total	$118, 947
State will also provide:	
Community facility kitchen equipment	$25, 000
Community facility air conditioning	10, 000
Community facility furniture and equipment (additional)	10, 000
Change in 50 efficiency dwelling units (increasing glass area; door to exterior patio; outside patio; exterior dwelling unit division wall): Increase ($500 per dwelling unit times 50 efficiencies)	25, 000
Total state will also provide	$70, 000
Estimated grand total State will provide	$188, 947

The above estimated State cost is 11.5 percent of the total project development cost of $1,638,378.

2. That the Local Authority will lease to the State, certain areas as indicated on the attached exhibit "A" for a term of *forty-four (44) years or the term of the Authority's bond financing, whichever is longer*, with an option to renew upon the same terms and conditions as set forth in the lease agreement, a copy of which is attached, marked "Exhibit A," and made a part of this agreement as though fully re-written herein.

SECTION III

A. The State, in consideration of the mutual covenants of the parties herein, will pay the funds necessary for the performance of the State's part or parts of this agreement in accordance with the following schedule:

The total payments by the State shall be made in thirteen installments of which twelve installments shall be equal. Each of the twelve equal installments shall be determined by dividing the total State's payment by thirteen. The total State payment shall be as provided for in Section III herein, based on the construction contract award amount for the total project. The thirteenth and final installment shall be the above amount adjusted to the cost or credit of all changes in the plans and specifications as approved by the Director of the Ohio Department of Mental Hygiene and Correction, Columbus, Ohio, the Local Housing Authority and the Public Housing Administration.

The first installment shall be due and payable upon the award of the construction contract with succeeding installments due and payable upon written request to the Director of the Ohio Department of Mental Hygiene and Correction, Columbus, Ohio. Final payment to be due upon the completion and acceptance of the Project from the contractor.

B. *Termination or Failure to Complete Construction:* In the event the Authority for any reason discontinues, or fails to complete construction of the Project, the State shall have the right to receive a refund of its funds advanced under the provisions of this contract. The completion of the transaction fulfilling the election shall mutually release each party from the provisions of this contract.

SECTION IV

Prior to the use of any of the non-dwelling space by the State, and before construction is completed, the Local Authority and the State will submit to PHA for its review and approval the following:

A. The occupancy policy to govern tenant selection. Said policy will be the same one now being used by the Toledo Metropolitan Housing Authority for all other projects under its jurisdiction.

B. A service plan for food, health, medical, recreational, social and educational services.

SECTION V

A. Special Conditions

1. *Non-discrimination.* There shall be no discrimination by reason of race, creed, color, or national origin, against any employee or applicant for employment qualified by training and experience for any work under this contract.

2. *Prevailing Salaries or Wages.* Any contracts entered into or arising from this contract shall provide for the payment of not less than the salaries or wages prevailing in the locality of the project, as predetermined under applicable federal, state, or local law.

3. *Officials Not to Benefit.* No member or delegate to the Congress or resident commissioner of the United States of America shall be admitted to any share or part of this contract or to any benefit to arise therefrom.

4. This agreement shall not become effective until it shall have been approved by the Public Housing Administration.

5. This agreement shall bind and inure to the benefit of the successors and assigns of the parties hereto.

In witness whereof, The Ohio Department of Mental Hygiene and Correction has caused its name to be signed to this instrument by ————, Director, and the Toledo Metropolitan Housing Authority has caused this instrument to be executed on its behalf by ————, Chairman, and ————, Secretary, on the day and year above mentioned.

OHIO STATE DEPARTMENT OF MENTAL HYGIENE AND CORRECTION

By ————————————————
Director

TOLEDO METROPOLITAN HOUSING AUTHORITY

By ————————————————
Chairman

By ————————————————
Secretary

D. SAMPLE OF THE LEASE AGREEMENT BETWEEN THE STATE AND THE LOCAL HOUSING AUTHORITY (TOLEDO)

This Instrument of lease executed this ——day of ————, 19—, by and between the Toledo Metropolitan Housing authority, hereinafter known as the "Local Authority", and the Ohio Department of Mental Hygiene and Correction, Columbus, Ohio herein called the "State," Witnesseth:

Now, Therefore, the Local Authority, in consideration of rents, covenants and agreements hereinafter stipulated and performed by the State, does hereby lease to the State the following described property:

The Community Center Section known and referred to as the Community Facilities of Project OHIO 6–13 and five lounge areas, accessory grounds and site improvements, all of which are set forth on the approved plans and specifications on file in the office of the Local Authority.

To have and to hold the above described premises with all the appurtenances thereto for and during a term of forty-four (44) years, commencing on the —— day of ————, 19—, at a rental of one dollar ($1) per year; said lease for the term of forty-four (44)

years to be automatically renewable forever for successive terms of one (1) year each, unless terminated by the State upon written notice of one hundred eighty (180) days prior to termination.

The State as Lessee further agrees and covenants with the said Lessor, its successors and assigns as follows:

1. That it will conduct and operate the aforementioned Community Facilities and appurtenances thereto for recreation, educational and social purposes, primarily for the benefit of the tenants occupying the adjacent housing units. The Local Authority may periodically (not less frequently than one year) review and evaluate the program and services being provided, and the State will in all ways reasonable and consistent with its facilities, adjust and adapt its program in accordance with such findings.

2. The Lessee will pay gas, electric and water charges for the Community Facilities and will provide ordinary Maintenance and all janitorial services in all areas assigned under this lease.

3. That Lessee will not assign this lease, or underlet said premises, or any part thereof, without the written consent of said Lessor.

4. The Lessee will at all reasonable times permit said Lessor or its agents, to inspect and examine said premises, or any part thereof.

5. That the Lessee shall not discriminate against any employee or applicant for employment, not uses of the Community Facilities, because of race, creed, color or national origin. This provision shall be included in all subcontracts.

6. The the Lessee shall comply with the provisions of the Anti-Kickback Act (Title 18, U.S.C.A., Section 874, and Title 40, U.S.C.A., Section 276c) as amended.

7. That no member of or delegate to the Congress of the United States of America or Resident Commissioner shall be admitted to any share or part of this contract or to any benefit to arise therefrom.

8. That it is understood and agreed that this agreement shall not become effective until it shall have been approved by the Public Housing Administration of the Department of Housing and Urban Development of the United States Government.

It is further stipulated and agreed by and between the Parties that, in case of damage to the Community Facilities from an insured peril, the amounts received in payment of such damage shall be expended in repairing, rehabilitating or restoring such facilities.

It is further agreed by said Lessee that failure to substantially comply with any of the foregoing covenants or conditions shall at the option of said Lessor void this lease, and render the same null and void and shall constitute a ground of forfeiture and ejection.

The Local Authority, for itself and its successors and assigns, hereby convenants and agrees that the State, paying the rents and keeping and performing the convenants of this lease on its part to be kept and performed, said State shall peaceably and quietly hold, occupy and enjoy said premises during the term of this lease and all renewal periods thereof, without hindrance or molestation by said Local Authority.

In Witness Whereof, the Toledo Metropolitan Housing Authority has caused its corporate seal to be affixed and its name to be signed to this lease by its Chairman and Secretary, and the State has caused

its name to be signed to this lease by its Director on the day and year above written.

Signed and Acknowledged in the presence of:	TOLEDO METROPOLITAN HOUSING AUTHORITY
______________________	By ______________________ Chairman
______________________	By ______________________ Secretary

Signed and Acknowledged in the presence of:	OHIO DEPARTMENT OF MENTAL HYGIENE AND CORRECTION
______________________	By ______________________ Director
______________________	

STATE OF OHIO } ss:
COUNTY OF LUCAS }

Before me, a Notary Public, in and for said County, personally appeared , Chairman, and , Secretary, who acknowledged that they did sign said instrument as such Chairman and Secretary of the Toledo Metropolitan Housing Authority, and on behalf of said Toledo Metropolitan Housing Authority, and that said instrument is their free act and deed as such Chairman and Secretary of the said Toledo Metropolitan Housing Authority and their free and corporate act and deed of said Toledo Metropolitan Housing Authority.

In Testimony Whereof, I have hereunto subscribed my name and affixed my official seal this —— day of , 19 .

Notary Public, Lucas County, Ohio
Commission Expires

Appendix 2

Congregate Housing, Alma, Ga.[1]

A. PROJECT DESCRIPTION

Sun City Courts in Alma is a pilot project of elderly congregate housing. The congregate facility consists of 40 apartments, each with a living room, bedroom, and bath. These apartments are arranged around open courts and connected to each other and to the community building by covered walkways. Also in the same project are 12 elderly units designed as a contiguous related element. The 12 elderly units are not connected to the congregate facility by covered walks. Each apartment in the elderly units includes a complete kitchen, as well as living room, bedroom, and bath.

The community building is centrally located and contains the administrative offices, the dining facilities for all congregate units, a large lounge, a library area, an activity room, and a kitchen. Mail is delivered to this building where each tenant has a private locked mail box. Also in the project are two laundry-lounge buildings that contain a room which can be used for family gatherings and special occasion parties. Each is equipped not only with washer, dryer, ironing board and drying yard, but also a lounge and a small kitchenette. The community building, as well as the laundry-lounge buildings, are air conditioned year round, and each dwelling unit and other facilities are connected to a central television antenna system. Color television is provided in the library-lounge.

The site for the development was chosen because it is in the block next to the hospital, county health facility, and a nursing home. The congregate development was arranged so that each occupant can maintain his individuality and privacy, but still be part of a closely ordered community.

The units are equipped with special features for elderly persons such as lever-handled hardware, no steps between porches and interior spaces, showers with seats and safety glass, individual heating units, and a signal light system on the exterior to be used if help is needed. Also, each congregate unit has a plastic topped counter in the bedroom on which a hot plate can be used for heating soups and beverages.

The community building has an office for the Sun City Courts Director (who lives in the development) and offices for the Executive Director of the Housing Authority of the City of Alma.

B. RANDOM OBSERVATIONS

Congregate units with no kitchens are equipped with small refrigerators and a snack unit, i.e., a counter (under which a small refrigera-

[1] This appendix includes excerpts from materials submitted by Wilfred B. Smith, executive director, Alma Housing Authority, 801 12th Street, Alma, Ga. 31510.

tor can be placed) for toaster, coffee maker, etc. The maintenance department keeps all units sprayed for infestation control. The cost of this mandatory service is 50 cents a month. This amount is collected with the rent.

Residents in units with kitchens are not eligible for meals in congregate units unless they are ill and unless prior arrangements have been made. Residents in congregate units may have guests for meals if advance notice is given. The charge involved in this case is $1 per person. Meals are served at 8 a.m., noon (the main meal time), and 5 p.m. (on Sundays and major holidays this meal is a sack lunch with a sandwich, milk, and fruit).

The State department of health will not permit tenants to work in the kitchen unless they have a health certificate. Therefore, we have a contract with a qualified person to be responsible for the food preparation and planning of meals. (A copy of this contract is included in article C that follows.)

Residents seem to enjoy helping with fresh vegetables for the meals or freezer, such as shelling peas, snapping beans, shucking and grating corn, cutting okra or anything that can be done in the community building. Youth workers in the CETA (Concentrated Employment and Training Act of 1974) program perform the garden work and gather vegetables. This is at no cost to us for 32 hours per week.

Applicants are advised that if they are on a special diet, the meals program cannot prepare special food for them; however, if they are selective in the cafeteria line, they can select food that will meet their requirements. We do not employ a dietitian, though we are careful about highly seasoned food and sweets. Meals vary from day to day. Each day of the week there are different meats (usually a choice of two), vegetables, and dessert. Offering a choice among foods has helped reduce complaints.

No housekeeping service is furnished except for heavy work, such as window washing and polishing floors. This is done by the maintenance department when needed. If a resident has a short-term illness, help is offered; only at this time would meals be sent to the bedside. If a tenant becomes ill during the night, an alarm system can be used to ring a warning in the adjacent apartment and to switch on a red light on the front porch. This is another aspect of the "buddy system"—neighbor helping neighbor. Each apartment also has a telephone in case a doctor or an ambulance must be summoned.

Applicants for congregate housing must be ambulatory and not on a special diet. In case of doubt, a doctor's certificate is requested. Otherwise, it would be left to the applicant to choose what type of unit he or she prefers.

When a tenant becomes ill or is otherwise unable to care for himself or herself, we contact a member of the family or a doctor. In most cases, he or she would be admitted to a nursing home. We will hold the apartment until the person's ability to return to congregate housing is determined by the doctor. However, the apartment rent and meal charges would have to be paid during this absence.

Combining the hale and hearty with the frail is one of the most pleasant features of the elderly program. Tenants seem most happy to help one another when needed. They enjoy the fellowship and programs together. Tenants in congregate housing are paying for meals

and other services, therefore, we see no feeling of lesser status among them or on the part of other tenants.

In our opinion the occupants of congregate housing live a happy life after they become unable to prepare a well-balanced meal by taking advantage of congregate housing. Otherwise they would have to resort to a nursing home. The most difficult time is the adjustment period for an elderly person who has for many years lived with his or her family and now must adjust to our rules and regulations, meal schedule, and new neighbors.

The many programs for the elderly have been most helpful. The Older Americans Act was utilized for social services for the elderly as long as funding was available. We have continued this service under the model cities program and now under the financing of title VI programs of the Social Security Act (title VI has now been folded into provisions of title XX of the same act). We have two fulltime workers for social services and activities. SSI (the supplemental security income program) has helped tenants meet the need for cost of living increases in many areas, even though our meal cost has not increased. Rent adjustments have been made according to income. Rent has averaged $40 per month, exclusive of food and services.

The incomes of the 56 tenants in residence are derived from a variety of sources: 7 received only social security (SS); 17, SSI only; 13, a combination of both; 6 received SS and income from interest; 4, SS and a VA pension; 1, SS and a private pension; 3 received railroad retirement; and 1 each received the following alone—an annuity, a government pension, a VA pension, SS and earnings, and income derived from sale of home.

The oldest resident was born in 1886 and the youngest in 1927. Ten of the original residents (1967) are still in the project.

C. MEALS SERVICE CONTRACT BETWEEN THE ALMA HOUSING AUTHORITY AND AN INDEPENDENT CONTRACTOR

STATE OF GEORGIA }
COUNTY OF BACON }

This Contract and Agreement, made and entered into this —— day of ————, 19—, by and between Housing Authority of the City of Alma, Georgia, of the first part, hereinafter referred to as the "Housing Authority," and ————, of the second part, hereinafter referred to as the "Contractor."

Witnesseth:

That *whereas*, the Housing Authority operates what is known as Project Ga–133–4, designed and used specifically as living quarters for elderly low income families and individuals wherein centralized feeding facilities are provided, and

Whereas, the Housing Authority owns and has ready for use the requisite tables, chairs, stoves, tableware, pots, pans, and all other equipment and supplies and equipment necessary to prepare food for the residents of such project, and

Whereas, the Contractor is an experienced, well trained person, well skilled in the preparation and service of food and regular meals, who will utilize the Housing Authority's facilities and prepare meals for residents of such project,

Now, therefore, it is mutually covenanted and agreed by and between the parties as follows:

1. The Housing Authority will make available to the Contractor for her use and the use of her employees, those portions of Project Ga–133–4, Alma, Georgia, now designated and used as a kitchen and dining area located in the central building, together with all necessary kitchen and dining room furniture, fixtures, equipment, supplies, and other personalty as is necessary in the premises.

2. The Housing Authority will at its expense furnish to the Contractor all of the foods, meats, soaps, cleaning materials, and other supplies and groceries, together with a menu or bill of fare describing in detail the various meals to be prepared by the Contractor.

3. The Housing Authority shall be responsible for the payment of all utilities necessary for the preparation of food and meals in the described kitchen, including but not limited to heat, lights, electricity, and such other forms of energy as are necessary and usual in the premises.

4. The Contractor, by the use of such facilities, will prepare the foods furnished by the Housing Authority, according to the menu furnished not less than 30 days in advance, and will daily make three nourishing meals available to all residents of the Housing Authority's Project Ga–133–4, regardless of number. She shall at all times keep the kitchen and dining area assigned to her care in a clean condition, carefully cleaning and storing all dishes and cooking utensils after each meal. Meals will be prepared under such conditions and in such manner as meet the requirements of the Health Department of Georgia and the Housing Authority.

5. The Contractor shall, at such times and upon such forms as the Housing Authority shall furnish, report the use and disposition of foodstuffs furnished her for preparation.

6. The Contractor shall personally prepare such food or shall personally supervise its preparation. She shall, at her own expense, employ such cooks, aides, and assistants as are necessary for the prompt preparation and service of such meals, and shall pay for herself and employees all taxes and assessments for Federal and State taxes and unemployment compensation, and all other legal charges against her compensation or the compensation or wages paid her said employees.

7. In consideration of the preparation and service of such food and meals and other services performed under the terms of this contract, the Housing Authority will pay the Contractor, promptly at the end of each calendar month wherein such services are performed the sum of One Thousand and Fifty Dollars ($1,050) per month.[2] Should this contract terminate at any time prior to the end of any month, there shall be an accounting between the parties, and the Housing Authority shall pay the Contractor the sum of $34.52 for each day performed under this contract, not previously compensated.

8. In addition to the consideration named in paragraph 7 and elsewhere in this contract, the Housing Authority will pay to the Contractor the sum of One Hundred Sixty Seven Dollars ($167), and shall thereafter annually commencing on March 15, 1975 and on March

[2] Raised to $1,100 in 1975.

15 of each year thereafter so long as this contract remains in effect, pay to the Contractor One Hundred Sixty Seven Dollars ($167).

9. It is expressly understood and agreed that the payment of such sum annually is reimbursement by the Housing Authority to the Contractor for Workmen's Compensation and Products Liability Insurance Premiums, which insurance is required by the Housing Authority. It is further expressly understood and agreed that should such insurance terminate during the policy period in any manner so that a return premium shall be payable, the Contractor will pay an amount equal to such return premium to the Housing Authority.

10. This contract may be terminated with or without cause by either party upon 60 days' written notice to the other. Unless earlier terminated, this contract shall terminate on the —— day of ————, 19—.

11. It is expressly understood and agreed that this contract does not create a relationship of landlord and tenant, employer-employee, or master and servant between the parties. The second party is an independent contractor. She covenants and agrees to hold the Housing Authority harmless from any and all claim, demand, damage, and liability in any way arising from the use of such kitchen, dining room, and premises used by her, or from the preparation and service of food and meals to residents of the described project and others served by her on the premises. She shall, from time to time, as required by the Housing Authority, account for all cookery and tableware and other items of personalty used by her in the preparation of food and tables. Representatives of the Housing Authority shall at all times have the right to enter upon premises used by the Contractor for the purpose of inspection and examination, and otherwise.

12. No agreement between the parties hereto shall be binding or have legal effect unless contained in this contract or endorsed hereon in writing.

In Witness Whereof, the Housing Authority has caused its duly authorized officers to affix the name and seal of the Authority, and the Contractor has hereunto set her hand and seal, the day and year first above written.

Housing Authority of the City of Alma, Georgia (L. S.)

By: ______________________________

Chairman of the Board

Attest: ______________________________

Executive Director

______________________________ (L. S.)

D. COST SAMPLES, CONGREGATE MEALS FACILITY, HOUSING AUTHORITY OF THE CITY OF ALMA, ALMA, GA.

Charts on the following pages include:

Balance Sheet at December 31, 1974.

Statement of Operations for the Year, January 1, 1974–December 31, 1974.

Reconciliation of Changes in Congregate Meals Trust Advances Held by the Housing Authority of the City of Alma, Year Ended December 31, 1974.

COST SAMPLES—CONGREGATE MEALS FACILITY, HOUSING AUTHORITY OF THE CITY OF ALMA, ALMA, GA.

Balance sheet at Dec. 31, 1974				Statement of operations for the year Jan. 1, 1974, to Dec. 31, 1974			
Assets		Trust advanced by city and county		Income		Expense	
Advance to housing authority.	$21,089.76	Total advances, Jan. 1, 1974.	$21,552.20	Meals for tenants.	$22,329	Management costs.	$11,767.00
Inventory—food	801.43	Add: 1974 interest income.	1,076.29	Meals for others.	268	Food costs	11,057.28
Inventory—supplies.	237.06	Deduct: Deficit from feeding operation.	(500.24)	Total	22,597	Miscellaneous supplies.	263.74
						Other costs	9.22
Total assets	22,128.25	Total trust advances, Dec. 31, 1974.	22,128.25			Total	23,097.24
						Net deficit for year.	500.24

RECONCILIATION OF CHANGES IN CONGREGATE MEALS TRUST ADVANCES HELD BY THE HOUSING AUTHORITY OF THE CITY OF ALMA, YEAR ENDED DEC. 31, 1974

	Cash	Investments	Congregate feeding accounts payable	Net trust advances held
Balance Jan. 1, 1974	$84.62	$21,243.30	($847.97)	$20,479.95
Transfer to investments, February 1974	(308.90)	308.90		
Interest income for year		1,076.29		1,076.29
Net deficit for year	(500.24)			(500.24)
Decrease in inventories	33.76			33.76
Decrease in feeding accounts payable	(11.24)		11.23	
Balance Dec. 31, 1974	(701.99)	22,628.49	(836.74)	21,089.76
Adjustment required: Transfer from investments	500.24	(500.24)		
Balances as adjusted	(201.75)	22,128.25	(836.74)	210,89.76

Appendix 3

Park View Plaza,[1] Burwell, Nebr.

A. PROJECT DESCRIPTION

This 50-unit housing project was financed and built by the Burwell (Nebraska) Housing Authority in cooperation with the Public Housing Administration. It was completed in March, 1967; partial occupancy was obtained earlier, and the first occupants moved in on January 12. There are 30 modern, attractive apartments, each with three rooms (living room, kitchen, and bedroom), plus a tiled bathroom and adequate storage. These are situated in five brick buildings located south of the city park and within walking distance of the business district. All apartments are furnished with drapes, electric stove, and a refrigerator.

The housing project also has the congregate living area, which houses an air-conditioned recreation room, community living room equipped with kitchen facilities for the use of all residents for social affairs, family gatherings, and entertainment, and the executive director's office. The congregate building also has 14 units, consisting of living-sleeping room combinations with private bath and adequate storage. There are six units with living room, bedroom, bath, and storage; persons living in these apartments are able to eat in a centralized dining room, where meals are brought in from the hospital and served family style. The daily cost of the meals is: breakfast, 90 cents; lunch, 85 cents; and dinner, 95 cents. All units are furnished with drapes. There is a master television antenna which is connected to each apartment.

Special features for the elderly include handle-type doorknobs, bathroom grab bars, and an emergency alarm switch in each unit.

Eligibility

To be eligible to rent an apartment, the applicant must meet the following requirements:

(1) Age: One member of the family must be at least 62 years of age.

(2) Income limits: Maximum income for one person is $3,500 per year; for two persons, $4,000 per year.

(3) No asset limit.

Rental

The project conists of 10 modified one-bedroom units (smaller), 10 one-bedroom units (large), and two 2-bedroom units.

Three factors determine the rent: (1) size of apartment; (2) number of persons in family; and (3) income. The rent, based on 25 per-

[1] The description of Park View Plaza with combined congregate and housekeeping units for the elderly and random observations on its experience were contributed by Dorothy VanDiest, executive director of the Burwell (Nebraska) Housing Authority.

cent of adjusted income, includes all utilities such as heat, electricity, water, garbage service, maintenance, and free laundry facilities, but does not include telephone. A maintenance man is hired by the housing authority for the care of the lawns, and to keep the walks and drives free from snow.

Management

The owner of the project is the housing authority of the city of Burwell. Commissioners are: B. W. Wagner, Sr., chairman; O. W. Johnson, secretary-treasurer; Leo F. Clinch, attorney; and William R. Beat, Floyd E. Demaree, and W. W. Bristol, directors, Frank Lindsey is maintenance man. The office is in the community building and is open Monday through Friday, 9 a.m. to 5 p.m.

Recreation and Community Programs

Recreation centers around the large community room in the community building and in the new recreation building northeast of the apartments. The housing authority has received $7,500 from the title III program to be used for an areawide recreation and craft program for all persons 60 years of age and older. Headquarters for this program is Park View Plaza.

About Burwell, Nebr.

Burwell, the county seat of Garfield County, has much in common with other midwestern county seat towns of similar size. It has a modern medicare-approved, 30-bed hospital, and two doctors who serve the area. A new 40-bed nursing home is under construction, joining the hospital on the north. This health unit is one and one-half blocks from the housing project. Burwell has a good public library, an efficient volunteer fire department, six churches, a modern swimming pool, a well-kept park and picnic facilities, and an active Wranglers Club. Burwell is the home of Nebraska's Big Rodeo.

B. RANDOM OBSERVATIONS

The incomes of tenants in the congregate living area range from $1,117 to $3,801 a year. Rents, based on 25 percent of adjusted income, range from $21 to $71.

Some tenants miss the kitchen but would not be able to cope with it or maintain a balanced diet. The community room has a refrigerator for the use of all congregate tenants. Some keep snacks in their rooms, but they are responsible for control of any insects these may attract.

Tenants in housekeeping units may dine in the congregate dining room by notifying the kitchen in advance. The kitchen, in turn, orders the amounts required from the hospital.

The hospital breaks even on the meals. As the costs of food and labor rise, so too does the price of meals. Special diets are provided if ordered by the doctor.

Tenants seem to enjoy the meals: they are varied and are served in a pleasant atmosphere on good china attractively arranged.

For those who are unable to do their own housekeeping but who can afford to pay to have it done, a housekeeping service is available. Payment is by the hour and is handled between the tenant and the housekeeper. For those who qualify (those with an annual income under

$1,500), a homemaker service is available through the welfare office.

All tenants have their own linens. The laundry is located in the building and tenants are responsible for it.

The homemaker helps bathe one tenant who is crippled by arthritis. Tenants help one another in fastening zippers when needed. This is one example of tenants aiding each other. They seem concerned about those who are frail or ill, and run errands for them and visit them.

None of the tenants need nursing service. Congregate tenants are not thought of as frail. They are seen as elderly persons needing a friendly hand.

When applications are accepted, the person states what type of apartment he or she prefers. Three tenants moved from housekeeping to congregate units when it became apparent that they could no longer cope with the demands of shopping and cooking, etc. Most go to the nursing home of their own accord. Some have had to stay there for an extended period, but if their rent is paid, the apartment is held for them. This has been the case with five tenants. When they are ill and must go to the hospital, most tenants worry about keeping their apartments until they are able to return.

If a tenant needs a doctor at night, he or she rings the alarm and another tenant telephones the doctor. The doctor, inturn, summons the emergency unit which operates free for all residents of Garfield County. This unit is equipped with short wave radio for contact with the doctor and the hospital and is staffed by volunteer firemen with first aid training. This type of alarm and alert system has been less expensive to operate than one requiring a "live-in" monitor. The emergency telephone number is posted on all telephones so that tenants can dial for help from their rooms to a radio dispatcher who can then contact the doctor, the fire department, and the emergency unit.

Outside organizations are also involved in the life of the facility. Ladies from the Methodist church bring homemade pies once a month for dinner in the congregate dining room. Other groups hold parties and bingo, and the schools and 4–H clubs provide programs. The Future Homemakers of America have adopted a tenant as a foster grandparent, a reverse on the usual notion of a grandparent adopting a child with special needs. Talking books are provided for those with visual impairments. A local volunteer provides transportation to the local doctor or beauty shop for any elderly person in the city limits. Church services and Bible study are held once a week. Movies are shown once a month. The projector was purchased in 1968 with funds provided under title III of the Older Americans Act. There is also a library in the congregate lobby. Books for it are exchanged with the county library by the same volunteer who provides transportation to the doctor, and so forth.

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