

PART 2—APPENDIXES
DEVELOPMENTS IN AGING: 1979

A REPORT
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 65, MARCH 7, 1979

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



FEBRUARY 28 (legislative day, JANUARY 3), 1980.—Ordered to be printed

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(II)

LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., February 28, 1980

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

DEAR MR. PRESIDENT: Under authority of Senate Resolution 65, agreed to March 7, 1979, I am submitting to you the annual report of the Senate Special Committee on Aging, *Developments in Aging: 1979, Part 2.*

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

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

Sincerely,

LAWTON CHILES, *Chairman.*

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PART 2—APPENDIXES
DEVELOPMENTS IN AGING: 1979

FEBRUARY 28 (legislative day, JANUARY 3), 1980.—Ordered to be printed

Mr. DOMENICI (for Mr. CHILES), from the Special Committee on Aging, submitted the following

REPORT
APPENDIXES

Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON
THE AGING

JANUARY 23, 1980.

DEAR SENATOR CHILES: Attached is a copy of the annual report of the Federal Council on the Aging for inclusion in "Developments in Aging."

Please accept our apologies for the delay in getting the report to you. Also, we appreciate the time extension to get it completed.

Thank you very much.

N. ALAN SHEPPARD,
Special Assistant to the Chairman.

Attachment.

PREFACE

As we move into the 1980's, our Nation has the opportunity to guarantee for every elderly person adequate retirement income, decent housing, appropriate health care, a job for those who would like to continue to work, and a more purposeful life.

These goals can only be achieved through a partnership between the older people themselves and their families and communities, voluntary organizations, and government at every level.

The Federal Council on the Aging has the responsibility to bring to the attention of the President and the Congress the concerns and needs of older people. I know that each member of the Council will work to see that our goal of a better life for all older people will be translated into action.

We invite and welcome the counsel of the older people of America. We are eager to work with voluntary and governmental organizations which involve older people and amplify their voices.

We look forward to the day when the elderly citizens of this Nation will find their place in the mainstream of society, when age-specific programs may no longer be needed and when the elderly people will be respected and fully accepted for who they are and for what they contribute to society.

JAMES T. SYKES, *Vice Chairman.*

PART 1. INTRODUCTION

COUNCIL MANDATES

The Federal Council on the Aging was created by the Congress under provisions of the 1973 amendments to the Older Americans Act of 1956, Public Law 93-29, for the purpose of advising the President, the Secretary of the Department of Health, Education, and Welfare, the Commissioner on Aging, and the Congress on matters relating to the special needs of older Americans. The establishment of the Council was an effort to respond to a broader range of problems affecting the elderly.

The Comprehensive Older Americans Act Amendments of 1978 directs the Council, as was mandated in the 1973 amendments to the Older Americans Act, to perform the following functions:

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

SUMMARY OF COUNCIL CHANGES AS A RESULT OF THE 1978 AMENDMENTS

Some of the Council's functions and responsibilities have been re-defined in the 1978 amendments to the Older Americans Act, Public Law 95-478. Section 205 (parts a, c, e, and g) of the amendments provides that rural and urban sectors of the society shall be represented on the Council; that no full-time officer or employee of the Government shall be a Council member; that the Secretary of Health, Education, and Welfare and Commissioner on Aging shall not be ex-officio members of the Council; that staff may be appointed by the Council Chairman to assist the Council in carrying out its activities; that the head of each Federal department and agency shall make available to the Council such information as it may require to carry out its activities; that a thorough evaluation and study of programs under the Older Americans Act will be undertaken by the Council; and that such sums as may be necessary be appropriated to carry out the provisions of the section pertaining to the Council for fiscal years 1979, 1980, and 1981.

The above changes affected the Council's autonomy, representation and relationship with other Federal agencies. However, the Council's major responsibility is still advisory. It conducts no programs of its own nor does it fund program activities by others.

Funds appropriated for the Council are a line item in the overall appropriation of HEW. These funds are used to underwrite meetings of the Council; to support the activities of a small professional and administrative staff in Washington, D.C., to conduct special project activities; and to "contract out" for special research activities.

The Council has worked closely with both the administration and the Congress, and has shared with each the results of its public hearings, research, and special analyses of issues and policies affecting older Americans.

The legislative authority for the Council will expire in 1981.

COUNCIL MEMBERSHIP

The Council is composed of 15 members appointed by the President with the advice and consent of the Senate so as to be representative of rural and urban older Americans, national organizations with an interest in aging, business, labor, and the general public. Seven members of the Council are themselves older persons.¹ The President designates the chairman from among members appointed to the Council. The current chairman also serves the President as Counsellor on Aging.

MEMBERS

Chairman, Nelson H. Cruikshank, Counsellor to the President on Aging, Washington, D.C.

Vice Chairman, James T. Sykes, director, public service, The Wisconsin Cheeseman, Madison, Wis.

Bertha S. Adkins,² former Under Secretary, DHEW, Oxford, Md.

¹ Legislation requires five members to be older persons.

² Former Chairperson, resigned February 1979.

- Cyril H. Carpenter, president, Minnesota Farmers Union; and member, Governor's Council on Aging, Bloomington, Minn.
- Dorothy L. Devereux,³ former member, Hawaii State House of Representatives, Honolulu, Hawaii.
- Fannie B. Dorsey, retired teacher; chairperson, Kentucky Institute for Aging, Owensboro, Ky.
- Rev. Msgr. Charles J. Fahey, director, All-University Gerontology Center, Fordham University, New York, N.Y.
- Aaron E. Henry, Phar. D., chairman, board of directors, National Caucus on the Black Aged; and member, Mississippi State Legislature, Clarksdale, Miss.
- Harry S. Holland,³ retired from Social Security Administration; chairman, Governor's Task Force on Retirement and Aging, Phoenix, Ariz.
- Mary A. Marshall, member, House of Delegates, Commonwealth of Virginia, Arlington, Va.
- John B. Martin, legislative consultant, National Retired Teachers Association and the American Association of Retired Persons; former Commissioner on Aging, Chevy Chase, Md.
- Rev. Walter L. Moffett, director, Nez Perce Tribal Housing Authority; and former area vice president, National Congress of American Indians, Kamiah, Idaho.
- Mary C. Mulvey, Ed. D., vice president, National Council of Senior Citizens; and president, National Senior Citizens Education and Research Center, Providence, R.I.
- Bernice L. Neugarten, Ph. D., professor, University of Chicago; and deputy chairperson, 1981 White House Conference on Aging, Chicago, Ill.
- Frell M. Owl,³ retired from the Bureau of Indian Affairs, Cherokee, N.C.
- Jean J. Perdue, M.D., director, Office of Health Services; member, Florida Council on Aging, Dade County, Fla.
- Fernando M. Torres-Gil, Ph. D., Special Assistant to the Secretary of DHEW, former White House Fellow, Washington, D.C.
- Wesley C. Uhlman, attorney at law; former mayor of Seattle, Seattle, Wash.
- Nat T. Winston,³ Jr., M.D., vice president in charge, government and professional relations, Hospital Affiliates International, Nashville, Tenn.

PART 2. MAJOR COUNCIL RECOMMENDATIONS TO THE ADMINISTRATION, CONGRESS, AND FEDERAL AGENCIES

OVERVIEW

The older people of this Nation are no longer looked upon as "the forgotten many" of society, but as a valuable human resource—and an ever-increasing one. Therefore, this sixth annual report of the Council consists of a series of continuing issues and projects which extend beyond a narrow interest or the 1-year span of an annual report. The

³ Term expired, replaced November 1979.

report identifies and addresses the emerging and long-term issues affecting older Americans. There follows a number of recommendations which were made by the Council this year pertaining to the immediate and future well-being of the elderly.

A. AGE DISCRIMINATION

The Council made the following recommendations with respect to the Age Discrimination Act:

(1) The Federal Council on the Aging endorsed as national policy a prohibition against the use of age as a basis for the denial of services or benefits financed in whole or in part with Federal funds.

(2) The Council urged the Secretary of Health, Education, and Welfare:

(a) To issue final regulations which fully affectuate the protective and remedial intent of the act, and which reflects a real national commitment to eradicate age discrimination and to arrest any further growth of its adverse consequences for citizens;

(b) to issue final regulations governing section (304)(b) of the act which are consistent with the well-established rule that civil rights laws are generally construed narrowly as to their exceptions but liberally as to their protective and remedial purpose;

(c) to adopt the strictest possible standards and definitions for judging whether an age discriminatory action qualifies for an exception under section 304(b)(1) of the Age Discrimination Act;

(d) to restrict interpretation of the phrase "under authority of law" of section 304(b)(2) to mean that only Federal statutes which authorize the provision of any benefits or assistance on the basis of age or age-related factors will be exempted under the Age Discrimination Act;

(e) to resolve the issue of State and local statutes by issuing final regulations which will enable such statutes, if designated specifically to open up opportunities for persons to obtain available services and benefits or to protect members of certain age groups will not conflict with the Age Discrimination Act; and

(f) to issue final regulations as soon as possible so that the other Federal departments and agencies may proceed to develop their own regulations as required by the act and so that the business of eliminating the barriers that have impeded older persons and others from receiving a fair share of available federally-financed benefits and services can begin.

Note

Within days after the Council took the above action and submitted its recommendations to the Secretary, the Department of Health, Education, and Welfare issued on June 5, 1979, Government-wide regulations banning age discrimination in all federally-financed programs from housing to jobs to schools.

The HEW regulations allow State and local governments as well as Congress to approve exceptions to the law. However, it was not specified whether State and local government laws could supersede the

Federal statute. The Council, several members of Congress, and aging organizations had urged HEW to allow only Federal laws to provide exceptions, however, the final decision was that any statute passed by a State or local government would qualify for an exemption.

B. CONTINUING EDUCATION

(1) The Federal Council on the Aging and the National Council on Extension and Continuing Education jointly requested that the Department of Health, Education, and Welfare and the U.S. Office of Education (USOE) assign more staff time and put forth greater effort to continuing education for older citizens.

(2) The Secretary of the Department of Education was requested to give priority to the needs of older adults in the new department. Specifically, the focus of concern should be directed toward:

- (a) Education of persons who are older adults;
- (b) training needs of persons who serve older adults;
- (c) inclusion of aging materials into the content of educational curricula and programs at all levels; and
- (d) preretirement and second career training/education.

C. ENERGY

The Federal Council on the Aging urged the Congress to appropriate not less than \$400 million for the energy crisis assistance program; and requested that HEW, FmHA, DOL, HUD, DOE, and CSA cooperate with each other so that programs, developed to help people during this energy crisis period, will be effectively coordinated so that needed services and funds are delivered in a timely fashion.

D. HOUSING

The Congress was requested to insure that sufficient section 8 funding be available for linkage with section 202 so that the program may be targeted for meeting the housing needs of the most vulnerable, the low-income elderly—those most in need; and establish special mortgage limits which reflect the true cost of housing for the elderly and handicapped, thereby eliminating the need for sponsors to make contributions in excess of the capital requirements set by law.

E. INCOME MAINTENANCE

The President and Congress were requested to authorize and appropriate sufficient funds so that the benefit level in the Federal supplemental security income program for the aged, blind, and disabled be brought up to the Federal Government's official poverty line; increase the nominal entitlement ceiling of title XX of the Social Security Act each year at a rate that would at least keep the real ceiling constant over time; make provisions to ensure that eligibility criteria for participation in the supplemental security income program will give equal treatment to all asset holdings including those potentially capable of being converted to disposable income; and assist the Federal supple-

mentary security income program by encouraging the use of certain types of assets for income supplementation such as:

- (1) Reducing the basis benefit-reduction rate on nonearned income from 100 percent to 75 percent;
- (2) eliminating the one-third benefit reduction for living in the home of a relative; and
- (3) developing "requests for proposals" to stimulate the development of home equity dissaving plans, and to study the treatment of such income by income-conditioned government benefit programs.

F. MENTAL HEALTH

The Council expressed to the administration and Congress its support of the intent of the Mental Health Systems Act, though it recognized that modest funding may thwart that intent. Furthermore, the Council felt the intent would be thwarted unless there were concomitant modifications in the appropriate medicare, medicaid, and SSI statutes and regulations; to wit:

- (1) More liberal medicare benefits, particularly for outpatient services;
- (2) the enabling and requiring of mental health services medicaid patients in nursing homes (and by extension for all patients); and
- (3) the development of minimum standards for facilities supported in whole or in part by SSI payments.

The Council felt that State and local plans envisioned in the act should demonstrate the integration of all federally-supported programs that affect frail persons (such as titles XVI, XVIII, XIX, and XX of the Social Security Act, title III of the Older Americans Act and the Community Mental Health Centers Act) as a condition of Federal participation. Furthermore, the Council suggested that the mental health needs of the elderly will be addressed adequately only when mental health services fully integrated into the provision of general health services and programs.

G. MINORITY ELDERLY

The Council's continuing concern for the well-being of the Nation's minority elderly promulgated its 1979 efforts to further investigate policy issues which extended beyond those undertaken by the Human Resources Corporation.⁴

The Council employed various methods to compile the needed information. These included: (1) Written reactions from key informants and minority aging organizations; (2) census reports; (3) public hearings in Jackson, Miss., and San Francisco, Calif.; and (4) an on-site tour of the Makah Indian Tribe Senior Center (Neah Bay, Wash.).

⁴The Council contracted with the Human Resources Corporation in October 1977 to conduct a major policy study on issues concerning the minority elderly: Black Americans, American Indians, Hispanics, and Pacific/Asian Americans.

As a result of the above mentioned investigative efforts, 15 policy recommendations were approved by the Council. The recommendations are:

1. Cultural Diversity

The Secretary of Health, Education, and Welfare and other Federal agencies were requested to take into account the variation of lifestyle and cultural diversity among differing population groups in developing regulations and policies affecting the elderly.

2. Program Access

The Secretary of HEW and the Commissioner on Aging should review reporting mechanisms of State and area agencies on aging in order to determine whether they accurately reflect the involvement of minority elderly in programs and services, permit evaluation of program impact and allow accurate determination of the extent to which minority elderly are being served.

To insure the above, the Administration on Aging needs to examine among other indicators whether:

- (a) Its coding and reporting requirements take into account a breakdown of minority elderly by ethnic identity and age groups;
- (b) its program planning utilizes statistical methods reflecting regional concentration of minority elderly; and
- (c) its information gathering instruments are standardized to insure that data are useful not only for the Administration on Aging but for other agencies, groups, and researchers.

3. Minority Employment

The Secretary of HEW and the Commissioner on Aging and other Federal agencies serving the aging should:

- (a) Examine the number of positions of minority persons in decisionmaking, administrative, and advisory positions within programs supported by the Older Americans Act as well as other federally-supported aging programs;
- (b) encourage the active recruitment of minorities to such positions; and
- (c) insure adequate representation of minorities in aging programs by requesting that information be gathered on a systematic basis about the placement of minorities, as a means of determining the places and positions for which there should be active recruitment.

4. Training and Research

The Secretary of HEW and the Commissioner on Aging should request an increase for the amount of funding under title IV of the 1978 Older Americans Act for training and research to minority institutes and public and private nonprofit organizations to meet the critical shortage of trained minority personnel and conduct research in the field of minority aging.

5. Outreach

The Congress, the Administration on Aging, the Department of Health, Education, and Welfare, the Department of Housing and Urban Development, the Department of Transportation, and other Federal, State, and local agencies providing services to the aging should:

- (a) Involve minority elderly groups in policymaking and the development and implementation of aging programs; and
- (b) encourage the participation of minority elderly in the decisionmaking process through intensive outreach by means of bilingual and bicultural:
 - News media (radio, television, and newspaper).
 - Flyers.
 - Word of mouth.
 - Community leaders, places of worship, and schools.
 - Senior centers.
 - Local chapter, national organizations for minority elderly.

6. 1980 Census

The Department of Health, Education, and Welfare, the Administration on Aging, and other Federal agencies responsible for aging programs, conduct research projects in conjunction with the 1980 census to assure the accuracy of information on the diverse groups of minority elderly.

7. Health

The Department of Health, Education, and Welfare, the Administration on Aging, and the National Center for Health Statistics conduct a national health survey on the Nation's minority elderly groups residing both in and out of institutional settings.

8. Health/Social Services

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

- (a) Allow flexibility in the 1978 Older Americans Act regulations regarding the integration of health services with senior centers; and
- (b) introduce the above integrated services, as a core delivery system in a network of support services for minority elderly.

9. Data/Race

The Administration on Aging and other Federal agencies providing services to minority elderly use age and race simultaneously as important control variables in the construction of descriptive tables, in their statistical reports and data base policy development.

10. Housing

The Commissioner on Aging in conjunction with the Secretary of Housing and Urban Development exert every effort in insuring that public housing be:

- (a) Located within older minorities familiar surroundings;

(b) designed flexibly to accommodate the single elderly, as well as those members of extended families, and assure the elimination or lack of architectural barriers; and

(c) planned and developed in conjunction with the elderly minority groups, as well as State and local government officials.

11. Research/Natural Support Networks

The Administration on Aging and/or the National Institute on Aging make funding available for:

(a) Research on the socio-cultural factors and institutional barriers affecting the utilization of services; and

(b) the effect of the natural support network as a coping mechanism to aging associated problems.

12. Employment/Natural Support Network

The Administration on Aging work in conjunction with other Federal agencies to insure that:

(a) Supplemental security income benefits are not reduced when an older person lives with his or her family; and

(b) when a child receives income for the care of an elderly member, this should not preclude the child or the parent from being eligible under a means-tested program.

13. Crime Prevention

The Administration on Aging, the Department of Health, Education, and Welfare, the Department of Justice, and the American Bar Association work together toward developing bilingual and bicultural:

(a) Crime victim assistance programs;

(b) legal assistance, telephone hotlines; and

(c) tape recorded messages for telephone use carrying information on crime prevention, crisis center, consumer issues, landlord/tenants rights, crime assistance to victims, legal procedures, and small claims court.

14. Transportation

The Administration on Aging work with the Department of Transportation to:

(a) Coordinate regulations affecting transportation programs for older minorities to eliminate gaps or duplication in service delivery; and

(b) maximize the utilization of community resources, by encouraging the use of their various transportation systems.

15. Frail Elderly

The administration should press for Federal policy for the frail elderly that gives strong consideration to use of age with functional and psycho-social assessment to determine eligibility.

H. TITLE VI—OLDER AMERICANS ACT AMENDMENTS OF 1978

The Council recommended that Congress appropriate an amount of \$25 million for title VI, "Grants for Indian Tribes for Community Programs and Multi-Purpose Centers," section 608; and that such appropriations be for 1980 and 1981.

PART 3. COUNCIL ACTIVITIES

Following a description of the committees and task forces, around which the Council conducted its work, the primary Council activities in 1979 will be presented.

STANDING COMMITTEES—1979

LONG-TERM CARE

Chairperson: Charles J. Fahey. Members: Mary A. Marshall and Nat T. Winston, Jr.

This committee had responsibility for appraising existing and future personnel needs in the field of aging, and for the development of recommendations for long-term care needs and services for the elderly.

POLICY DEVELOPMENT AND PROGRAM EVALUATION

Chairperson: Wesley C. Uhlman. Members: John B. Martin and Bernice L. Neugarten.

This committee was responsible for evaluation, research, and policy analysis. It assisted in the development of the scope for the Council's mandated study.

SENIOR SERVICES

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

This committee had the major task of reviewing policy issues affecting older people in such areas as housing, social security, welfare reform, and employment.

SPECIAL AGING POPULATIONS

Chairperson: Fernando Torres-Gil. Members: Dorothy L. Devereux and Walter Moffett.

This committee was concerned with those segments of the aging population having unique life problems—access to resources, distinctive culture, and various problems requiring unusual social and economic support.

TASK FORCE AND/OR SPECIAL AD HOC COMMITTEES

TASK FORCE ON RURAL ELDERLY

Chairperson: Fannie B. Dorsey. Members: Walter Moffett and James T. Sykes.

This task force was concerned with the identification and study of policy issues faced by older persons in rural America. The task force

recommended several directions in which the Council might take action.

TASK FORCE ON SOCIAL SECURITY

Chairperson: Mary A. Marshall. Members: John B. Martin, Bernice L. Neugarten, and James T. Sykes.

This task force investigated issues related to sex differences in eligibility for social security benefits and other related issues as a result of changing family structure and increased participation by women in the labor force.

PERSONNEL COMMITTEE

Chairperson: Fernando Torres-Gil. Members: Mary A. Marshall and John B. Martin.

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

During this reporting year, the Council in addition to its specific recommendations has been involved in a number of activities affecting the well-being of older people. These include:

ASSET STUDY

When the Federal Council on the Aging was established under the 1973 amendments to the Older Americans Act, the Congress charged it to: "... undertake a study of the interrelationships of benefit programs for the elderly operated by Federal, State, and local government agencies."

This study was transmitted to the President on December 29, 1975. One recommendation was a decision by the Council to formulate an approach for determining the manner in which government benefits should most equitably be distributed.

In November 1977, a volume of technical papers was issued as a Council publication entitled: "The Treatment of Assets and Income from Assets in Income-Conditioned Government Benefit Programs" (copies available).

As followup, the Council developed recommendations and options for change in existing Federal policies on asset testing so that equity considerations may be enhanced. They included:

- (1) Reduce the basic-reduction rate on nonearned income from 100 percent to 75 percent;
- (2) set \$35,000 per couple as the limit of all assets, including an owner-occupied house, for benefits under all federally-assisted programs;
- (3) define "countable income" to include net imputed rent of an owner-occupied house;
- (4) eliminate the one-third benefit reduction for living in the home of a relative;
- (5) adjust asset limits annually for changes in the Consumer Price Index (CPI); and
- (6) encourage investigation into federally-guaranteed housing annuity plans.

The Council decided that adequacy topics should be considered and slightly modified recommendations regarding the disposition of the asset study at the Council's March 29 and 30, 1979 meeting. The recommendations were adopted by the Council, in principle, and made known to the appropriate members of the administration and Congress. It was the intent of the Council that the recommendations be used to provide guidance when issues of equity are considered in other income-conditioned government benefit programs (see recommendations in part 2).

EMPLOYMENT ISSUES

At its March 1979 meeting, the Council decided to undertake a study of policy issues in providing for the employment of older workers. Preliminary investigation was undertaken and the Council prepared a document outlining the problems and issues to be addressed by an analysis of Federal manpower programs that impact on elderly citizens.

Substantial progress was made in determining the scope and issues involved in the employment study by the September 1979 Council meeting. Members received copies of the preliminary outline of the study and were updated on the policy study areas that had been identified for treatment via commissioned papers.

At the December 1979 meeting of the Council, members were presented with a summary of the preliminary findings and recommendations of the policy study, entitled "Toward a National Policy on Older Workers." After discussion, the Council agreed to continue working toward a final report.

ENERGY

At the September 1979 Council meeting, members discussed various aspects of the energy crisis and the ways in which it will affect older Americans. Attention was centered on current developments in several Federal programs that could be of assistance to elderly households in meeting their energy and winterization needs. A lack of coordination among the several Federal agencies administering these programs was also discussed.

The Council decided unanimously to co-convene an energy working session that would bring together the Federal agencies and departments administering energy programs, national aging organizations, and other representatives. The purpose of the work session would be to share information, develop consumer hints for energy conservation, and update the implementation of spending plans for energy assistance appropriations.

The work session was convened on November 20, 1979. The Council will monitor developments in the area and take action as necessary.

LONG-TERM CARE

The Council convened a series of meetings/work sessions on a continuous basis in 1979, with 18 representatives who have programmatic and policy-working responsibilities for long-term care from the Department of Health, Education, and Welfare, the Department of Agriculture, Department of Housing and Urban Development, De-

partment of Transportation, Veterans Administration, ACTION, and Community Services Administration. The purpose of these work sessions was to obtain advice and consultation in the formulation of the issues. The Council assumed responsibility for developing the issues and recommendations. Consequently, no votes were taken and no consensus was sought.

The committee also met with HEW research staff with responsibilities for long-term care. In addition, meetings/work sessions were held with representatives from non-Federal agencies and organizations as well as with appropriate congressional staff to obtain their perspectives on the issues.

Presentations on the issues were made by Council members and staff at meetings and conferences (these issues are identified and discussed in appendix A).

THE MANDATED STUDY

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

- (1) An examination of the fundamental purpose of the programs and their effectiveness in attaining those purposes;
- (2) an analysis of the means to identify accurately the elderly population in greatest need of the programs;
- (3) an analysis of numbers and incidence of low-income and minority participants in the programs;
- (4) an exploration of alternative methods for allocating funds under the programs to State, State agencies on aging, and area agencies on aging in an equitable and efficient manner which will accurately reflect current conditions and insure that the funds reach the areas of greatest current need and are effectively used for those areas;
- (5) an analysis of the need for area agencies on aging to provide direct services within the planning and service area; and
- (6) an analysis of the number of nonelderly handicapped in need of home delivered meals.

The Congress has requested this study in order to gain some insight into how well the programs under the Older Americans Act are working. Members of the Congress are concerned as to whether and to what extent the programs are reaching those in the greatest need of services the programs provide.

The Federal Council on the Aging considers the study an opportunity to complete work that will improve programs under the act and accepts this assignment as consistent with its oversight responsibilities for programs in aging throughout the Federal Government.

At the request of the Council, the Assistant Secretary for Planning and Evaluation of the Department of Health, Education, and Welfare has been providing assistance in defining the scope of the study. The Administration on Aging has also assisted.

The project team has been studying the extent of agreement on realistic measurable objectives and specific indicators of program performance on which the programs can fairly be held accountable. This was done through interviews, site visits, and a review of documents. To date over 85 interviews have been completed.

The study has divided AoA programs into four major purposes. They are:

- (1) National policy development and issues advocacy;
- (2) community services system development;
- (3) financing social and nutrition services for the elderly; and
- (4) applied research, demonstration, evaluation, and education.

Work is underway to identify all major evaluations, studies, and evaluation research on AoA programs. Some areas where studies are ongoing or completed are: State and area agencies, nutrition, transportation, legal services, senior centers, long-term care, and access services. These studies are being reviewed and will be evaluated. The Council will avoid duplication of creditable evaluation efforts. An area where limited study effort is ongoing is the area of in-home services.

A work group from the Council is reviewing progress in defining the scope of the study. Work plans have been completed for studies on:

- (1) Senior community service employment programs;
- (2) an analysis of low-income and minority participants in AoA programs; and
- (3) the means to identify accurately the elderly population in greatest need for AoA programs.

Preliminary findings indicate that several elements of AoA's four programs are managed for results and are ready for program evaluation. Some of the findings include:

A. FINANCING NUTRITION SERVICES FOR THE ELDERLY

(1) In general, AoA manages the title III formula grants program for compliance with the law and regulations.

(2) From the national level, the nutrition services program is managed for results. AoA sets 18-month performance targets for each State to achieve specific changes in the following output indicators: *number of meals served, average cost per meal, percent of low-income and minority participants, and unliquidated balances*. State performance in meeting these targets has been tracked quarterly as a part of the Secretary's major initiatives tracking system (MITS). Two major evaluation studies of this subprogram are in process:

- (a) A longitudinal study of its impact; and
- (b) a study of cost variation, and standards for quality of food services.

B. NATIONAL POLICY DEVELOPMENT, ISSUES ADVOCACY, AND SYSTEM DEVELOPMENT

1. Measurable Progress in Resource Development

The reported amounts of non-AoA resources pooled by State and area agencies taken at face value, indicated measurable progress toward the expected result—obtaining and holding non-AoA program dollars from other Federal, State, and local sources. AoA has traditionally managed with an emphasis on this indicator although program management has not set specific targets of expected levels of performance at either the State or the area level. In general, policymakers agree that non-AoA resources pooled is a measure of AoA's program

success. At the same time, there is much greater interest, in moving beyond such intermediate process-type measures to more outcome-oriented measures of success.

2. Interagency Agreements

AoA has negotiated 28 interagency agreements with other Federal agencies. These are measurable results of AoA's advocacy function and can be examined in detail as sources of documentation measuring progress toward intermediate results expected of AoA. The agreements are also mechanisms for program development and often provide a framework for AoA to help States and local agencies achieve changes that foster the evolutionary development of the desired system at the community level.

3. State Advocacy Assistance Grants

AoA has made a series of modest grants to the States to foster the development of legal services for the elderly and of the long-term care ombudsman program. An AoA evaluation study of advocacy assistance is now underway. The first major report of this study will be delivered to the Congress in September 1980. The full study will be completed in September 1981.

4. National Clearinghouse on Aging (Title II)

An indepth review was not conducted, but some conclusions can be drawn from the interviews and documents reviewed. General observations are that:

- (a) The program appears to be managed for results;
- (b) AoA's plans for tracking service use, product utilization, and obtaining feedback about user/consumer satisfaction are good information options; and
- (c) the usefulness of SCAN and other clearinghouse subprograms for "practitioners" (i.e., staff in the State and area agencies) was questioned by a number of those interviewed in the field by the study team. Those interviewed believe that the clearinghouse was only marginally useful to them and was primarily aimed at the "research community."

The older people in the samples lived in Cleveland, Ohio; Lane County, Oreg.; and the Gateway Health District (northeastern), Kentucky. Using U.S. Bureau of Census definitions of rural and urban, data from Cleveland, Ohio were classified as urban; the data from Lane County, Oreg., as rural and urban; and the data from northeastern Kentucky as rural.

Analysis of the more general questions demonstrated that:

- (1) The overall well-being of persons residing in rural northeastern Kentucky was significantly lower than for other older persons;
- (2) medical treatment was the greatest unmet need at all locations except Cleveland;
- (3) the predominant source of help to older persons in rural areas comes from family and friends compared to combinations of family and friends and agencies in urban areas; and

(4) many elderly persons who need help in performing their daily activities receive none.

Additional information was also provided for issues regarding transportation, housing, sources of income, and employment. All data presented appear to indicate that differences do exist in the well-being of older persons based on place of residence. The data do not allow statements at a national level because the results of GAO's work are not generalizable to the entire country. Yet, GAO has demonstrated that the conditions of older Americans can be measured, they do change, and they can be improved.

C. COMMUNITY SERVICE SYSTEM DEVELOPMENT (TITLES II, III, AND IV)

(1) Over the years, AoA's title IV-C demonstration and model projects program has successfully developed a basis for changes in community service programming. (For example, the nutrition program started as a model project; the long-term care ombudsman program also started as a model project.)

(2) AoA has allocated approximately one-third of its title IV research and demonstration (R & D) resources to foster service system development. Many of these grants assist States and local communities to test innovative approaches to system development. The products and the dissemination of information about them are measures of intermediate results. Other R & D grants support the development of training and technical assistance products which are then used to assist State and area agencies in program development.

The major elements of the four programs, other than the exceptions listed above, are not presently ready for useful national program evaluation. Four factors account for this result: (a) Measurable objectives have not been set; (b) expectations are unrealistic; (c) conceptual work is still required to define expectations, set measurable objectives, and identify performance indicators; or (d) information is needed about what to do with technical information being collected.

A large amount of work has been completed in defining the scope of the study. Work is continuing on the fundamental purposes of programs under the act and a review of training, research and evaluation programs. The many major studies underway have been identified and arrangements are being made for the findings to be made available to the Council. The work to date has raised a number of unresolved issues and options that require FCA study and resolution.

Time is an important item since the Council wants the study to be useful to Congress during reauthorization hearings for the act (spring 1981) and for 1981 White House Conference consideration. The schedule provides for completion of the study by March 1981 and presentation to the Congress. The Council believes the study will be of major value in legislative consideration.

MENTAL HEALTH PUBLICATION

The Council as a public service, and in recognition of the importance of the subject to the health and well-being of the Nation's elderly, is publishing "Mental Health and the Elderly: Recommendations for Action." The publication contains in one document the

reports of the two major public advisory bodies which existed from 1976-78: The Secretary's Committee on the Mental Health and Illness of the Elderly and the Presidential Commission on Mental Health.

While publication of the two reports does not entail endorsement by the Council of the individual recommendations, the Council believes the overall thrust of the recommendations provides the framework for a comprehensive national policy on mental health and the elderly. The Council is pleased to present this report as part of an ongoing policy of publishing and disseminating documents of vital importance in the field of aging.

PUBLIC HEARINGS

On March 26, 1979, the Council conducted a hearing in conjunction with the 29th annual conference of the National Council on the Aging (NCOA) in Cincinnati, Ohio. A panel of Council members, consisting of Jim Sykes, Fannie Dorsey, and Walter Moffett listened to the advice, opinions, and recommendations of 21 individuals from various private and public organizations regarding the problems facing older Americans residing in rural areas.

In recognition of its continuing concern of the problems facing older minorities, the Council also held two hearings on policy issues concerning the minority elderly. The first was held in conjunction with the National Caucus on the Black Aged Conference on May 14, 1979, in Jackson, Miss. Council members attending the hearing were Fernando Torres-Gil, Dorothy Devereux, Walter Moffett, and Fannie Dorsey.

Representatives of various subgroups of the minority elderly populations were present including the Choctaw Indian Tribe, the Asociacion Nacional Pro Personas Mayores, the Cuban Activity Center, the National Caucus/Center on the Black Aged, and approximately 30 other witnesses representing national, State, and local concerns. They testified on issues of employment, housing, training of minority personnel, nursing homes, census and data information, cultural diversities, natural supportive networks, and accessibility/acceptability of services.

The Council convened a second hearing on "Policy Issues Concerning the Minority Elderly," June 29, 1979, in San Francisco, Calif. Statements were given by representatives and/or providers of services from the following ethnic minority groups: Japanese, Chinese, Black Americans, Hispanic, and American Indians.

The primary focus of both hearings was to identify the unique socioeconomic-educational needs of elderly minorities. The policy areas attracting most of the attention were Federal income-maintenance programs, providing direct services to the minority elderly, the paucity/nonexistent research on minority participation in aging programs, health care, and housing.

RURAL ELDERLY

In October 1978, the Council formally approved the establishment of a special task force that would devote attention to the unique needs and special problems of the rural elderly. Since that time, the task force on the rural elderly has been involved in gathering information and identifying the major areas of concern in order to make recommendations

that will lead to the development of a national policy. Accordingly, on July 19, 1979, the Council chairman sent a letter to the Comptroller General of the United States seeking assistance in obtaining relevant information. Having previous knowledge of the data base available, two sets of questions were prepared for which the General Accounting Office (GAO) was to provide all pertinent data.

At the December 1979 Council meeting, a GAO representative provided the Council with a description and analysis of data generated by GAO to answer the questions previously posed by the Council regarding the well-being of persons by place of residence.

The data used for the analysis came from three separate studies which included information on noninstitutionalized people 65 years and older.

SMALL BUSINESS OPPORTUNITIES

The Council has been very active in the development of an initiative that brings together several public and private sector interest groups to jointly address the unmet problems of limited economic opportunities for older persons, and develop strategies and methods to facilitate future utilization of the skills, talents, and experiences of older persons in the resource market. The focus of the initiative will be on the development of opportunities within the small business sector.

In the past, there has been no concerted effort to bring together the Federal agencies and the private sector interests that control the financial backing of business to address collaboratively the problems facing older persons who wish to utilize their skills, talents, and experience in the marketplace. Furthermore, until recently the merits of focusing attention on opportunities within the small business sector had been ignored. This occurred despite the availability of reports and studies showing that the small business sector offers the most potential for future innovation and job creation.

The initiative is currently in the planning and negotiation stages and the Council expects that substantial progress will be made during 1980.

SPECIAL WORKSHOP

The Council convened a special workshop for project directors of programs for older people at the Western Gerontological Society meeting (San Francisco, Calif.) on May 1, 1979. The workshop titled "An Examination of Programs Under the Older Americans Act—Past, Present, and Future," was chaired by Council member Wes C. Uhlman, with participation by members Bernice Neugarten and John Martin. The workshop was well attended by over 100 participants.

Six project directors (most of whom are service providers) gave short presentations which covered various aspects of their programs relative to how well they serve older people. Many questions and/or issues were further raised by Council members and the audience relative to the consolidation of titles III and VII as an improvement in providing services and reducing administrative costs; problems of AAA in providing technical assistance; and the concern of too much program consolidation and not enough regulations and monitoring on the part of the Federal Government.

1981 WHITE HOUSE CONFERENCE ON AGING

As reported in the 1978 annual report, the Council forwarded a series of recommendations to the Secretary of HEW with respect to the White House Conference on Aging. A primary recommendation was that the conference address issues which are broad in scope and have implications for all persons by addressing the broader issues arising from the Nation's aging society. The Council further recommended that the conference's theme be "The Aging Society." The decision for the conference theme had not been made at the time of this report.

It was also recommended in 1978 that each Council member be named to the advisory council of the conference. While all 14 members were not named to the advisory council, three were appointed to represent the Council. They are: Msgr. Charles J. Fahey, Dr. Bernice Neugarten, and Mr. James T. Sykes. In addition, Dr. Neugarten was appointed as one of four deputy chairpersons.

Throughout the year, the Council made the 1981 White House Conference on Aging one of its primary agenda items. The Commissioner on Aging, Mr. Robert E. Benedict, and Mrs. Martha Keys, Special Assistant to Secretary of Health, Education, and Welfare, discussed the planning, procedural, and content aspects of the conference at various Council meetings.

The Council will continue to participate and monitor activities related to the 1981 White House Conference on Aging.

PART 4. LOOKING AHEAD

1980 AGENDA

During 1980, the Council will continue working in a number of areas which have been its special concern as well as inviting attention to emerging issues of importance to the elderly of the present and future. The Council's agenda will also be affected by actions concerning the elderly by the executive and legislative branches of government.

The following description of the 1980 Council work plan is centered around activities of the four standing committees:

A. LONG-TERM CARE

This committee will continue its 1979 work on the development of long-term care policy recommendations. Specifically, the committee will study further the questions of costs of long-term care and who should bear them; it will look at the effect of demographic assumptions on long-term care planning and policy development; and will continue its "convening role" with representatives from Federal and non-Federal agencies and organizations to assist in identifying the questions and issues of long-term care.

The themes identified in the progress report point to the development of a federally-supported system of social care designed to enhance informal and natural supports. Such an approach is predicated

upon humanitarian and fiscal considerations. Having made these observations, there remains the very vexing question of costs and who bears them. The Council's hypothesis is that the social care approach is inherently less costly per unit of service, though there are as many concerns about it as there are about ambulatory health care, utilization patterns, etc. These concerns are linked to the difficulty of monitoring the utilization of services in relation to need. This is an area for further inquiry.

Since this is such a pervasive concern, it must be faced in regard to services which are "health" oriented and those which are "social." The committee plans to initiate a process of "convening" in this issue area; i.e., the responsibility for payment of all long-term care services. This will entail consideration of the political and ethical questions attending various schemes touching the reciprocal responsibilities of individuals with families and between individual families and government as well as the responsibilities of various government levels.

It is recognized that these questions are "political" in nature. The committee proposes to frame the questions in such a way that policy decisions take into consideration the various political processes and thus provide a framework which allows for and indeed encourages discussion of the issues, particularly as they interact with one another.

A related area of inquiry is the effect of demographic assumptions on long-term care planning and policy development; i.e., can it be assumed that planning and policy development based on current utilization rates and current population characteristics will meet future needs for services and programs? The committee proposes to continue its "convening role" in this issue area as well as calling upon the expertise of representatives from the Federal and non-Federal sectors to assist in identifying the questions and issues.

B. RESEARCH, MANPOWER, AND TRAINING

This committee will review major past, present, and proposed evaluative research on programs conducted under the Older Americans Act. The areas for review include: State and area agencies, transportation, nutrition, legal services, senior centers, ombudsman, and the National Clearinghouse on Aging. Presentations on findings will be made to the Council.

The committee will examine the efficacy of having occasional reports developed and distributed on the well-being of older persons in America. The reports would include health status, economic status, and other social indicators of the well-being of older persons.

The committee will also be prepared to assist the Commissioner on Aging in assessing the Nation's existing and future personnel needs in the field of aging as required by section 402 of the Older Americans Act.

C. SENIOR SERVICES

The primary focus of this committee will be in three areas: (1) Employment of older workers; (2) small business initiatives; and (3) income maintenance.

1. Employment Study

The committee's ongoing study, entitled "Toward a National Policy on Older Workers," will be completed and presented for Council consideration and comment at the March 1980 meeting.

2. Small Business Initiative

The committee will continue to participate in the development of an interagency agreement among the Council, the Administration on Aging, the Small Business Administration, Farmers Home Administration, and the Economic Development Administration to: (1) Jointly address the current problems of limited economic opportunities for older persons; and (2) develop and test strategies and methods to facilitate future utilization of the skills, talents, and experiences of older persons in the marketplace. This activity will focus on the development of opportunities within the small business sector. The committee will provide periodic update as changes occur.

3. Income Maintenance

Given the current debate over the adequacy of retirement income—social security, private pensions, etc.—in an inflationary time, the whole issue of income generation, public or private, its uses, and its taxation must again be explored by the Council. The question of whether assets matter in the determination of eligibility for participation in income-conditioned government benefit programs and receipt of such benefits must be reopened. The committee will follow up on the previous research undertaken in the FCA asset study and determine the extent to which modifications should be made and additional issues considered.

D. SPECIAL AGING POPULATIONS

This committee will continue to have as its major concern those segments of the aging population that have unique cultural and life patterns which affect their access to resources.

Specifically, the committee will follow up on several recommendations from the Council's minority elderly project; monitor the progress of that portion of the mandated study focusing on the incidence and numbers of low income and minority participating in programs under the Older Americans Act; examine policy issues concerning the urban elderly and continue its efforts in studying the special problems and needs of the rural elderly.

In addition to the work of the standing committees, the Council's task force on social security will develop recommendations and proposals concerned with issues regarding women and social security arising from the changing patterns of the work force and family structure.

Finally, the Council's planning group on mandated study will plan, monitor, review and evaluate all aspects of the Council's mandated study.

Task forces or special ad hoc committees will be established on a temporary, as needed basis, to conduct a specific program of work as a means of accomplishing an identified goal and/or objective.

APPENDIXES

APPENDIX A

Issues in Long-Term Care

At its December 1979 meeting, the Council received the report of the long-term care committee as "work in progress" for inclusion in the annual report, and further recommended that it be circulated and be the basis for further study and consideration. Below are the key issues that the Council and 18 representatives have identified as prelude to the development of a national policy on long-term care and which must be thoroughly debated and studied:

A. Person At-Risk

Understanding the at-risk individual with a multiplicity of health and social needs is basic to any consideration of long-term care. The present task or fiscal-orientation in the planning and delivery of services should be changed to a person-oriented focus.

Discussion:

At present, health and social care programs are mainly task-oriented, level of care-oriented or financing-oriented and are designed around a single service. Long-term care should be designed around the persons. If a long-term care program is to be adequate, it must have the flexibility to follow through with the individual.

B. Age-Relatedness

It is difficult to establish societal responsibility predicated on age alone. Ethically and programmatically, it would seem that society has a responsibility to at-risk persons whatever their age. Within an overall governmental response to this obligation, individual programs which are age or condition-related can be appropriate.

Discussion:

This issue was debated at length. There is consensus that neither morally nor professionally should public policy on long-term care be age-related—that it really doesn't make any difference whether it be a handicapped child or a dysfunctional adult who needs care, the public commitment is the same. However, within a policy, there should be age-related programs that are specific in nature and circumstances. It is probably true that in the political realm, an age-related program would be easier to enact than a functionally related program.

Public policy should be age-irrelevant and address itself to the mentally and physically impaired who need support services for extended periods of time. In meeting the needs of at-risk individuals, considerations must be given to their differing needs as well as to the adequacy of long-term care services.

C. Disability of an Individual

Disability can stem from any one of many factors: physical/mental/social. These impairments frequently become disabling to the degree that there is a reduced ability to cope with the vicissitudes of life in a satisfactory manner. Many at-risk individuals are functionally impaired and, as a consequence, are dependent physically on others for

regular assistance in the performance of essential activities associated with normal maintenance of life. Generally speaking, functional limitation stems from disability. However, not all the disabled are unable to cope satisfactorily.

Discussion :

An inability to cope with the requirements of daily living, rather than a particular diagnosis, triggers involvement with long-term care. The history of the individual as well as the available informal supports are equally significant in determining functional ability.

In this approach to long-term care, it becomes apparent that various disciplines must be brought to bear as appropriate. On the health side of the question, it is central that both mental and physical health be recognized and professional resources be involved. Sometimes the involvement is brief and sometimes it is extensive and prolonged. In all events, the overall life situation must be supported and enhanced—calling for the close coordination of the medical and social systems.

D. Natural Community Supports

Family care should be the primary of first level of assistance to sustain the at-risk persons. The second level of support should come from people helping each other through neighborhood and voluntary efforts. When these levels of aid are inadequate or unavailable to meet need, public and professional services should be based on the lack of informal supports and not alone on the disability of the individual. Public policies and professional services must enhance existing, and encourage additional, natural community supports.

Discussion :

Studies indicate that for every person in a long-term care medical institution, there are two persons with similar disabilities managing in the community. While there are a number of uncertainties and while much study should be given to this area, there seems to be a fairly widely held conviction that these informal supports will continue to be normative and that public policy must reflect this reality by actively enhancing them and by doing nothing to destroy or inhibit them.

E. Social Care

A social care system parallel to the health care system is essential to the delivery of long-term care. Social care should be linked to the health care system and available to all who need long-term care.

Discussion :

Long-term care is, to a large extent, a problem of living. The person who needs long-term care is vulnerable and unable to live well without assistance. Both the physical health system and the mental health system attempt to deal with the whole person and thus impact on the living scene. The culture of health, both physical and, to a lesser degree, mental, generate high costs to deal with income-maintenance, building, and social care.

The long-term care system has evolved within the medical structure largely because that is where States could find Federal support for such programs. Unless a conscious effort is made to develop alternatives to meet the long-term care needs of at-risk persons, there will be continued pressure to expand title XIX (medicaid).

Any consideration of long-term care should start with the preception that there are many people who cannot be cured in a physical sense but who require care. If social care is not available, then acute care often is inappropriately used.

F. Voluntary Effort

Voluntary agencies are essential to the delivery of long-term care and their participation should be encouraged.

Discussion :

Voluntary hospitals and nursing homes (whether that voluntarism be out of profit motive or philanthropic intent) provide a large part of the care needed by at-risk persons. The care provided through voluntary initiatives, whether it be part of the franchise system or outside the publicly sanctioned system, is essential. Public policy should enhance and encourage these efforts rather than ignoring or even destroying them.

G. Local Flexibility in Combining Entitlement/Eligibility Programs

If the poor and vulnerable are to be served, then various entitlement and categorical program benefits must be coordinated around the individual at the local level. Combining titles XVI, XVIII, XIX, and XX of the Social Security Act and title III of the Older Americans Act would allow flexibility at the local level in the provision of appropriate health, mental health and social care to at-risk persons. Entitlements and categories can be barriers to flexibility. Although the pooling of funding from these titles is a desirable goal, there is no consensus on how to accomplish it.

Discussion :

There is an almost universal longing to utilize social security titles XVI, XVIII, XIX, and XX and title III of the Older Americans Act in a more flexible and creative way at the local level so that programs are more responsible to individuals and their cultural and social milieus. However, there is a skepticism about leaving decision-making at the local level, since in the past vulnerable groups have not always been included. The dilemma is to permit more flexibility at the local level and to use the medical/social entitlements more creatively but still ensure that no one is unserved.

H. Need for Long-Term Care is Unrelated to Income

The evolution or development of long-term care should ensure its availability to persons of all economic levels.

Discussion :

While the poor are particularly at-risk, debilitating conditions are no respecter of persons. This is not to say that all services should be free. The next phase of the Council's "agenda building in long-term care" will consider the multiple issues around payment for services.

I. Essential Services at the Local Level

The three basic long-term care services are: (1) An *assessment* which is primarily psychosocial in nature; it may trigger a more intensive diagnosis by more competent people when indicated; and it is an ongoing service; (2) *eligibility* determinations which should be an integral part of the assessment process; (3) *case management*

which assists the individual in all areas where disability interferes with functional capacity.

Discussion :

Eligibility determinations should be clustered; i.e., at present at-risk individuals have to go from one place to another for eligibility determinations for services—an enervating experience. The absence of common eligibility determinations creates another barrier for services. Clustering of essential services does not mean a single place but rather that various service providers, under the auspice of a communitywide program determine eligibility for all program; i.e., income, health/mental health, social services, etc. Techniques must be developed to determine various services eligibilities at one time.

There is consensus that, in the area of eligibility determination/assessment, there should be a true assessment of need and that individuals should be screened into programs rather than screened out. Programs should be developed with case-management functions that follow through with people whether they are screened in or out of programs.

There are many questions which remain unanswered: How can programs be simplified? How can individuals be helped to understand themselves and the resources available to them? How can access be encouraged? Where should professional skills fit into the delivery of long-term care?

J. Locus of Responsibility

It is generally recognized that physical health, mental health, and social care services are delivered in a fragmented way. In order to coordinate the multiple health and social needs of at-risk persons, a single unit should be established which has responsibility for developing a system of long-term care, overseeing its implementation, gathering data, allocating resources, etc. On the delivery level, a pluralistic approach should be maintained.

Discussion :

There are a number of experiments currently being funded or in the planning stage to study the question of the locus of responsibility; i.e., congressional initiatives, HEW long-term care channeling agency demonstrations, AoA and HCFA long-term care demonstrations, Robert Wood Johnson Foundation demonstration project, as well as projects such as Triage in Connecticut, alternate health services project in Georgia, Monroe County project in New York State, community care in Wisconsin, etc.

There is general consensus that local communities should have the responsibility for developing long-term care centers and that responsibility should be fixed.

Unanswered questions are: Should the locus of responsibility be a government activity? should it be located in an area agency on aging? should it be located in the local social service agency? should it be located in the community mental health center? or is its location something yet to be created? There is consensus that a system cannot be developed unless this issue is debated.

Unanswered questions on the location of a long-term care unit are:

- (1) Should the locus be at the county government level or at a local nonprofit agency?
- (2) What might be the geographic service unit in which to locate such a unit?
- (3) Where should the decisions be made on the location of the unit?

K. Systemic Accountability

Quality assurance is essential to the provision of appropriate, effective and efficient services to the at-risk elderly. Quality care should provide the degree of care needed by the individual to remain as independent as possible. It also should establish minimum standards of care.

APPENDIX B

ISSUES OF CONCERN IN 1980

Some of the important issues in 1980 that the Council will likely become involved directly and/or indirectly include:

A. ISSUES RELATING TO CHANGES NEEDED IN THE OLDER AMERICANS ACT

The Council was mandated by the 1978 amendments to the Older Americans Act to examine the fundamental purposes of programs under the act and the effectiveness of those programs.

The study completion date is the spring of 1981. This is when Congress will begin considering reauthorization of the act.

The Council may want to begin an examination of proposed changes in the act to meet the priority needs of older persons. Such an examination would include the following:

- (1) Should the objectives of the act be specific rather than general?
- (2) Should the approach be need related?
- (3) What should national priorities be for services under the act?
- (4) What problems can and cannot be alleviated through the act?
- (5) How can the experience and knowledge of older persons be utilized in the most productive, effective and satisfying manner?

B. ISSUES RELATING TO EDUCATIONAL OPPORTUNITIES

Many older Americans have been isolated socially, denied opportunities for educational growth or cultural and recreational enrichment. A large percentage of older Americans is desirous and capable of engaging in a wide range of activities and pursuits. The necessity for growth does not end at age 60 or 65.

Increased life expectancy permits more people to reach old age. The recognition of older persons as a vital force in our society serves as a challenge for educational institutions to utilize their resources to address the needs of older Americans. The following concerns are raised:

(1) What should be the role of the Federal Government in the expansion of educational opportunities for older Americans on a national scale?

(2) To what extent can the Federal Council on the Aging impress upon the media, the educational system, and the community organizations the need for increased public awareness about the process of aging and characteristics of the aged?

(3) How can efforts be more effectively directed toward overcoming such barriers as limited income, transportation, physical constraints, and "redtape" which limit an older person's access to education and leisure activities?

(4) To what extent should public policy encourage and promote opportunities for older people to contribute to the educational enterprise?

C. ISSUES RELATING TO THE FUTURE ELDERLY

The older population in the United States continues to increase in numbers and percent. At present, every ninth American is age 65 or over. By 2050, it is projected that every sixth American will be over age 65. An aging society has many implications for changes from today's society. Many aging experts predict that generations of elderly will have different needs from today's. They will be in better health, have higher educational levels, higher income and different expectations. Today's programs may be totally inappropriate for the needs of older persons and society in the future:

(1) What planning is being done for the appropriate role of government in meeting the needs of the future generations of older persons?

(2) What additional planning should be done and who should do it?

D. ISSUES RELATING TO HEALTH CARE

(1) What should be the responsibility of government in the planning and delivery of health care?

(2) How should health care be paid for?

(a) What should the older persons be expected to pay for care?

(b) What services should be paid for with health dollars?

(3) Would the integration of health and mental health care improve the delivery of these services to older persons?

(4) What would be the impact of national health insurance proposals on older persons?

(5) What linkages, if any, should there be with social support services?

E. ISSUES RELATING TO HOUSING AND LIVING ARRANGEMENTS (SPECIAL EMPHASIS ON LOW INCOME AND MINORITY ELDERLY)

(1) With an increasing older population and an existing housing shortage, what types of program initiatives should the Federal Government sponsor to encourage the development of housing alternatives for older persons?

(2) With an apparent inward movement of the younger population toward the inner cities resulting in the displacement of the urban elderly:

- (a) Where are the displaced elderly moving?
- (b) Are these movements being monitored by the Bureau of the Census or HUD? or another Federal agency?
- (c) What types of Federal, State, or local assistance, if any, are they receiving?

F. ISSUES RELEVANT TO THE MINORITY ELDERLY

(1) With respect to the most effective methods of service delivery, should Federal policies and programs designed to benefit the elderly, including the poor and minority elderly, have or not have minority—specific legislation or set-asides?

(2) Should eligibility for benefits/services such as social security be based solely on age or other functional criteria?

(3) As currently defined, to what extent will or will not the definition of “those in greatest need” under title III of the Older Americans Act Amendments of 1978 adequately address the needs of the low income and minority elderly?

G. ISSUES RELATING TO SOCIAL SERVICES

(1) The Older Americans Act mandates that older persons with the greatest economic and social needs receive preference in aging programs.

- (a) How should the target group be defined?
- (b) What services are needed by the target group?

(2) How can comprehensive and coordinated social service programs be planned and implemented?

- (a) What changes are indicated to improve service delivery?
- (b) What should be the components of a comprehensive and coordinated social service program?
- (c) What coordinating mechanisms should be created with health and mental health care?

(3) Should social services for the elderly be age-related?

- (a) How can access be assured in age-integrated programs?
- (b) Would age-related programs better serve the elderly?

H. GENDER-BASED EQUITY AND ADEQUACY ISSUES UNDER SOCIAL SECURITY

Due to a growing diversity in the traditional roles of women as life-long homemakers and men as lifelong paid workers, an increase in the labor force participation of married women, and an increase in divorce and remarriage rates, the question of how women are treated under social security has come under intense discussion. The central issues involved in this debate are listed below:

(1) The large number of years used to compute average indexed monthly earnings (AIME) results in low average benefits for married women who spend time out of the paid labor force in child care and homemaker activities.

(2) A divorced woman has no social security protection from a marriage that lasted less than 10 years, and dependent's benefits provided for divorced spouses may duplicate protection they obtain as paid workers.

(3) Aged widows may need additional protection.

(4) Benefits are not provided for nondisabled surviving spouses under age 60 unless they have children under age 18 in their care.

(5) Because some married women workers spend time out of the paid labor force, they do not meet the recency-of-work test to qualify for disability benefits.

(6) Benefits are not provided for disabled homemakers.

(7) Benefits are not provided for disabled widows and widowers under age 50, and the benefits of those age 50 and over may be inadequate since the benefits may be reduced by as much as 50 percent.

(8) Benefits are not provided for survivors of deceased homemakers.

(9) To the extent married women are employed and pay social security taxes, their benefits as paid workers largely duplicate their benefits as dependents.

(10) Different benefit amounts may be paid to married couples with the same total AIME.

(11) Different benefit amounts may be paid to the survivors of married couples with the same total AIME.

(12) Married workers have greater social security protection than single workers.

APPENDIX C

1979 MEETING DATES

A. COUNCIL

The Council held four quarterly meetings, as required by the Older Americans Act. All meetings were in Washington, D.C., on March 28 and 30; May 31; June 1; September 12, 13, and 14; December 10, 11, and 12.

B. COMMITTEES

Committee meetings were held as follows: Senior services, March 26 and 27, Cincinnati, Ohio, and June 28, Phoenix, Ariz.; long-term care, January 12, March 20, April 17, May 15, June 21, August 6, September 5, and October 24, all in Washington, D.C.; special aging populations, May 14, Jackson, Miss., June 29, 30, San Francisco, Calif.; and July 1, Neah Bay, Wash.; policy development and program evaluation, May 1, San Francisco, Calif.

All regular Council and committee meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations, to staff of various Federal agencies and to congressional members and committees with a special interest and responsibility in the field. Representatives of these groups and the general public usually attend Council meetings.

The "Aging Magazine," published by the Administration on Aging, regularly reports activities of the Council. Documents pertinent to the Council's official actions are maintained in the Office of the Council Secretariat and are available to the public.

TENTATIVE SCHEDULE
OF
FEDERAL COUNCIL ON THE AGING
MEETINGS FOR 1980

March 17-18, 1980

June 16-17, 1980

August 25-26, 1980

December 1-2, 1980

APPENDIX D

LIST OF AVAILABLE FCA PUBLICATIONS

- (1) Federal Council on the Aging annual reports.
- (2) "Public Policy and the Frail Elderly."
- (3) "The Treatment of Assets and Income from Assets in Income-Conditioned Government Benefit Programs."
- (4) "The Interrelationships of Benefit Programs for the Elderly."
- (5) "The Impact of the Tax Structure on the Elderly" (limited supply).
- (6) "Mental Health and the Elderly" (limited supply).

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

JANUARY 21, 1980.

DEAR BENTLEY: Enclosed is input from the following USDA agencies for inclusion in the "Developments in Aging" report: (1) Science and Education Administration; (2) Food and Nutrition Service; (3) Economics, Statistics, and Cooperatives Service; (4) Rural Electrification Administration; (5) Office of Equal Opportunity; and (6) Farmers Home Administration.

We appreciate your extension of the deadline.

Sincerely,

JOYCE BERRY, Ph. D.,
Rural Aging Specialist.

Enclosures.

EXTENSION, SCIENCE AND EDUCATION ADMINISTRATION¹

INTRODUCTION

Extension, Science and Education Administration, USDA is a party in two of AoA's working agreements for older people: (1) Working agreement on information and referral for older people, (2) working agreement on energy conservation actions for the elderly; Extension, in addition, has a (3) memorandum of understanding with AoA to improve the quantity and quality of nutrition, health, and other supportive services to older persons, (4) educational programs to meet the above needs and the myriad other needs and interests of the elderly are provided by national, State, and county Extension professionals, Extension homemaker club members and 4-H and other youths. Some programs examples from home economists, community resource development specialists and 4-H agents are indicative of the scope and outreach of the Cooperative Extension Services commitment to help improve the quality of life for older Americans.

(1) SELECTED EXAMPLES OF INFORMATION AND REFERRAL PROGRAMS

One Extension, USDA, staff member participates in the Interagency Information and Referral Task Force's 10 meeting annually. At these meetings, representatives of the signing agencies provide an update on new programs or new dimensions of programs to benefit all people with special emphasis on elderly. Pertinent information gained and publications are shared in a newsletter to the State extension aging contact at the land grant institution and with counterparts in Extension.

Extension, USDA staff members worked with AoA staff on the 1979 health fairs that were coordinated with the American Red Cross. Some State/county extension home economists operated booths at the sites to inform older Americans of Extension's educational programs and to encourage their participation. A combined Russell and Lee County Fair in Alabama contained an exhibit on food, money management and budgeting. Over 250 older participants viewed slides and publications and discussed the above topics with the home economists.

¹ Compiled for the Senate Special Committee on Aging by Milton Boyce, 4-H; Kathy Rygasewicz, Food and Nutrition; Emily Wood, CRD; and Jeanne Priester, Family Education, SEA-Extension, Jan. 8, 1980.

A majority of the States have a newsletter that is developed at the State extension office and bulk mailed to counties who send it to senior citizens. Information on other agencies' programs that are available statewide is included. Examples are Nebraska's "Prime Time," Mississippi's "The Time of Your Life," and Delaware's "Thoughts for You."

Recently over 1,100 persons participated in 18 area programs in Georgia on "You and Your Aging Parents." In addition to lectures and keynote speakers, community agencies such as Social Security Administration, area agencies on aging and food stamps had exhibits, publications and personnel to share information with the attendees.

Most county extension staff members disseminate information via radio and weekly news columns.

Maine State staff members conducted a 3-day training program for 15 central Maine Indian Association outreach workers. Included were sessions on information and referral of social services, budgeting and nutrition.

One aide was employed by CES in Maine to help families improve housing conditions. The aide has referred 17 people to social security, 56 families referred to Bureau of Taxation for tax relief for the elderly (all received assistance,) 39 were referred to FmHA for grants/loans for home repairs (7 have received assistance already) and 59 were referred to the weatherization program.

(2) SELECTED EXAMPLES OF ENERGY PROGRAMS

In a mass media approach in New York State 3½ million fact sheets were distributed, 35,000 copies of "Save Energy/Save Dollars" manuals were sold, 18,000 airings of radio tapes reached 18 million and a 5 part series on prime TV time reached 27½ million and a total of 72 newspapers supplements reaching into half the homes of the State; and energy exhibits were seen by an estimated 500,000 people.

Kentucky reported the first edition of an energy newspaper reached one home in three in the State. The second edition reached 400,000 homes. A third is currently being planned. A form was printed in the newspaper for consumers to complete and mail to the University of Kentucky to obtain a computer printout of the cost benefit of additional weatherization. Approximately 8,000 computer printouts were made the first year.

Iowa is taking a computer terminal to scheduled locations in shopping centers to assist families.

Energy audits, conducted by Cooperative Extension Service's trained and supervised CETA workers going door-to-door, have been successfully used in Massachusetts. In the first year of the program, 70 CETA workers were trained and performed 3,514 home energy audits. At the end of the first year, a survey was taken of half of the 3,514 participating homes to determine how they responded to the energy audit. On the basis of the survey, it is estimated, as a result of the project, home owners spent \$831,000 on energy-conserving home improvements and that these improvements save about \$327,000 worth of fuel per year at current fuel prices. Eighty percent of the families have followed recommendations or have plans to follow through.

Mississippi reported holding 165 meetings on energy conservation reaching low income, elderly, students, homemakers, and general public. An exhibit on energy conservation at the Statewide Home Builders show reached 5,000, a display at the Delta Expo reached 6,000. A statewide energy cost cutting project was launched through the homemaker organization in cooperation with the Electric Power Association, and a contest for energy conserving demonstration homes was initiated. The Mississippi staff trained other professionals, who in turn were multipliers of information.

Arkansas home economists trained 76 volunteer leaders to serve as advisers to the elderly who live in a retirement area in the State.

Six adults and five 4-H teen leaders presented an energy demonstration at a senior citizen center in Arkansas.

Alabama conducted 35 meetings on low-cost home weatherization techniques for senior citizens at nutrition sites. "Sources for Low Interest Weatherization Loans" publication was distributed to 1,500 families in 12 counties.

(3) FOOD AND NUTRITION

The food and nutrition program of the USDA's Science and Education Administration-Extension provides educational assistance to both youth and adults in the United States and its territories through a team effort of approximately 5,000 Federal, State and local professional nutritionists, food scientists, dietitians, and county home economists. Extension programming helps people from all backgrounds to evaluate food choices available to them; determine adequate meals for themselves; and manage whatever money and energy resources are available to procure and prepare safely the foods they choose to eat. In many areas of the country, especially in the rural areas, the local Extension office is the only direct source helping persons interpret information related to nutrition and the only source providing recent, research-based information so necessary to forming sensible, daily decision—decisions on how to eat adequately and improve health by selecting foods wisely.

Outreach to the elderly with health and nutrition information is an assistance priority of SEA's food and nutrition programming. Information pertinent to an elderly rural audience—nutrition information and publications released from USDA's Human Nutrition Center, publications and program information from USDA's Food and Nutrition Service, food science research information from the USDA's Food Safety and Quality Service, and kitchen and home safety information from the USDA's Farmers Home Administration—are disseminated from the SEA-Extension Food and Nutrition staff to State cooperative extension food and nutrition staff.

Along with information, the Federal staff gives review and guidance to support the activities of State staffs as they plan teaching and media materials for elderly audiences, as well as training for local staff presenting these materials. Many home economists working in local extension offices act as consultants to the title III programs (congregational programs as set up by the Older American Act). These home economists also serve on various advisory committees as well as cooperate on educational programs and media campaigns at the local level. They consult the State staff, extension food and nutrition specialists, for information and direction.

Over half the State food and nutrition specialists do train home economists. Sometimes Extension staff and title III staff are trained together. A few States have trained consulting dietitians of the food service personnel at these meal sites. State food and nutrition specialists often travel to rural areas themselves giving talks and sharing materials they have written for the elderly; they also participate in radio and television programs that are received in rural areas.

Some States teach single lessons; others teach series of lessons at elderly meal sites and centers. Over half the States developed special materials for use with elderly audiences. Some States have developed just simple flyers or bulletins dealing with cooking for one or two; other States have developed slide sets or elaborate media campaigns (one State, a nutrition bingo game) and have tackled information on exercise, weight control, and special diets.

The extension food and nutrition specialists and home economists often develop materials (such as fact sheets, radio spots) that explain other Government services that offer health and nutrition assistance. For instance, the food stamp program (from USDA's food and nutrition service)—eligibility for it, how the program works, and benefits from it for the elderly—is often spotlighted in talks at congregate meal sites and mentioned in newspaper columns, newsletters, and radio programs developed by Extension specialists and home economists.

Over half the State extension services at some time have worked with volunteer organizations for older people: meals on wheels, the American Association of Retired Persons, church groups, the National Association for Retired Teachers, the retired senior volunteer programs, Vista volunteers, or the Retired Federal Employees. Sometimes this cooperation means coordination with other State agencies—State public health or State councils and advisory committees on aging—to plan better programs for the elderly.

More and better evaluation of elderly programming, both rural and urban, is needed to improve and continue efforts already made. Such evaluation will require additional funds. Some State Extension Services indeed have received funds from USDA to work on elderly programs in their States. Future Extension work with elderly will also require greater cooperation with other agencies, both inside and outside of USDA.

(4) EXAMPLES OF OTHER EXTENSION PROGRAMS THAT BENEFIT THE AGING

A. Home Economics

Many home economists serve on county senior citizen boards of directors i.e. Calhoun County, Fla., and area agencies on aging advisory committees.

State staff members assisted in planning and making presentations at the Governors' Conference on Aging, i.e., Kansas, Montana, and Arkansas where 6,000 attended.

Clothing programs help older people dress more attractively, comfortably, warmly, and economically. Six Arkansas home economists conducted classes for 956 elderly and handicapped on "Fashions for the Elderly and Handicapped." Minnesota specialists conducted workshops for 35 homemaker health volunteers on "Clothing Problems in the Aging Process."

Health and safety programs are varied. In Arkansas safety in the home information was provided through workshops on "Handle Yourself with Care." Ophthalmology students from the University of Alabama and a faculty member conducted visual screening for 45 older persons and 214 youth in a rural county. Eight adults were referred to further vision care and two for immediate attention. A health fair in New Hampshire was sponsored by the Extension homemakers council. Most of the 550 participants who had vision, blood pressure, hearing and other screening were elderly. St. James and St. Johns, La., staff cooperated with area agency on aging in conducting two "Better Living for Senior Citizen" forums. Since 144 Bienville Parish senior citizens learned how to conduct a hazard hunt in the home and how to eliminate hazards and did so, no accidents have occurred in their homes. In Texas, 4,500 seniors benefited from health screenings. Some 3,500 Texas senior citizens have benefited from programs on safety on the streets and at home, self defense, and self survival.

Attractive, safe, comfortable housing and furnishings is a desire of many elderly. "Age-Proofing the Home" contains these elements and one-fourth of the South Carolina counties had such programs at congregate meal sites. Of the 12,444 people who participated in home furnishing seminars in South Carolina, 746 were senior citizens. In Texas 3,000 aging gained skills and information from housing programs on home security, energy conservation, and adapting the house for safety and convenience for retirement living. In Alabama, 162 persons participated in sessions on "Housing Tips for the Elderly" which included information on lighting, color, handrails, and floor coverings.

Many programs were conducted to help the elderly manage resources. "Stretching the Food Dollar," "Going Metric Without Going Mad," and "Hypothermia" were some of the themes of a monthly newsletter that was received by 7,500 Montana seniors. Jackson Parish conducted programs on stretching the food dollar for 60 older homemakers. It is estimated that each acquired skills that would reduce the food budget by \$30 a month. In Missouri, 28 service providers and home economists participated in specialists conducted senior purchase power workshops on health, energy, legal services, etc. Participants will serve as resource persons and aid older Missourians in self-help consumer programs. In Texas 4,800 seniors participated, in educational programs on managing resources including wills, organizing valuable papers, avoiding gyps and frauds, etc.

Programs in the human relations/human development area meet some of the unique needs of older people. In Louisiana, about 12,000 seniors, through the Parish councils on aging, participated in Extension programs on "The Art of Getting Along," "Dealing With Stress," and "Effective Communications." Missouri State staff members have conducted an inservice education conference for county staff on "Intergenerational Relations." In Texas, 350 seniors were trained in the care and understanding of older adults through adult sitters clinics. Over 100 participants have been employed to care for the frail elderly and the remainder have applied new skills in caring for frail elderly relatives. Aging, widowhood, communication, and adjustment to retirement programs were attended by 2,500 older Texans.

College days/school days provide a selection of educational, social and cultural programs for older people. Several CES's like South Carolina, Georgia, Mississippi and Alabama cosponsor such programs. Alabama reports that in fiscal year 1979, 27 counties were involved in 13 college/school days for retirees programs with an attendance of about 1,200 older men and women. This is an increase from fiscal year 1978 when 17 counties were involved in 8 programs.

A followup survey showed that all 41 persons who answered the survey shared what they had learned with a total of 786 others. After attending a college days program for retirees, one woman found that she had cancer and had to be treated with chemotherapy. She said the only thing that had kept her sane was the oil painting and horticulture therapy she learned at this program. Within that year of illness, she painted 40 oils and had her own exhibition. Her husband built her a greenhouse for plants.

Other programs to alleviate loneliness and isolation are conducted in many States. In Alabama, one county coordinated an educational tour to New Orleans for 86 older people. Another county coordinated a similar tour to Williamsburg for 85 aging. In Texas, 42,000 seniors benefited from group activities such as game parties, luncheons, picnics, parades, festivals, etc. Fifty Texas counties have direct involvement in the organization and maintenance of senior clubs. One example is the hospitality house program in Kaufman County. There are four hospitality houses in different sections of the county. Each has 2 meetings a month with one program that is educational and the other that is for fun and recreation. Three-hundred-fifty seniors participate monthly. In Louisiana, 15,000 older people participated in fairs, festivals, family days, and the Governor's Conference on Aging.

Arts and crafts workshops are conducted to help oldsters develop and expand salable skills, to combat loneliness and to make items for own homes and for gifts. As a result of crafts workshops in Louisiana an elderly low-income homemaker has more orders for Christmas ornaments than she can fill from the Dallas Gift Mart. In Texas 1,250 seniors participated in crafts workshops and earned \$22,000 from the sale of crafts.

Extension staff members cooperate with many other agencies and organizations in efforts to meet the interests and needs of the elderly. At the national level major coordination is with AoA, National Endowments for the Arts and Humanities, AARP/NRTA, NCOA, the National Safety Council and the National Extension Homemakers Council.

Alabama reports that county programs have become actively involved with at least 40 other resource groups, agencies and organizations working in the area of family life including aging programs. These include: physicians and nurses, hospital personnel, dietitians, department of pensions and security, State rehabilitation service, mental health department, county health department, intercommunity service council, parks and recreations department, county commissions, social security, CETA aides, forestry service, headstart, Parent Teachers Association, churches, junior colleges, universities, public schools, civil groups, senior citizen activity centers, department of pensions and security homemaker service, Extension homemaker club volunteers, family living councils, foster parents, low-income neglectful mothers, FDCH providers, day care centers, county Government officials, area planning commissions, AARP, NRTA, RSVP, AAA, business and industry, insurance firms, Farmers Home Administration, Farm Bureau, local banks and merchants.

B. Community and Rural Development

A senior citizens day was planned in Georgia by the Cooperative Extension Service, Heart of Georgia Council on Aging, and Middle Georgia College. Seven counties participating in the program, approximately 275 senior citizens and community leaders attended. In addition to a social program, classes were offered on such subjects as using what you have to get what you want in today's economy, cooking for one or two, senior citizens protect yourself, etc. The majority of attendants requested a program planned for the next year.

The utilization of weatherization grant funds in conjunction with housing rehabilitation grant funds provided basic housing improvement assistance to homeowners in approximately 30 communities in the Big Lakes region of Kansas. Type of assistance ranged from the installation of ceiling insulation and storm windows to major repairs on homes below local standards for homeowner safety and health. The programs were available to all homeowners with incomes below established income eligibility levels; however, a major portion of the assistance benefited elderly homeowners in the region.

The Missouriana "Handskills and New Idea Development" (H.A.N.D.) crafts development and marketing project was formed in Missouri as a result of the need for a coordinated statewide effort to promote the production and marketing of quality arts and crafts, especially by retired people and crafts producers who were restricted by the lack of a viable local market. The project is a result of the combined efforts of the Extension community development program, the Rural

Development Office of the University of Missouri-Columbia, the Missouri aging system, and concerned people throughout the State. In 1976 a grant was obtained from the Missouri Office of Aging, in order to examine the feasibility of a statewide crafts cooperative. The group contracted with the Rural Development Department at the University of Missouri to carry out the feasibility study.

Based on the findings of the feasibility study, Missouriana H.A.N.D. was incorporated as an education and development organization for crafts marketing. There is no age restriction, although the special needs of older and handicapped members are kept in mind. Forty-seven counties were involved in the initial organization in 1978, and by July 1979 membership increased to 400 people in 73 counties.

After a year's operation without any finances, under ongoing assistance from extension and the rural development department, funding was received in the fall of 1979 from the Ozarks regional commission to employ a small staff and expand the organization.

Missouriana is an economic development effort designed to optimize the utilization of native skills and resources, involve a presently underemployed population, and take advantage of Missouri's growing tourist trade and active urban marketing opportunities.

Many Arkansas counties have inadequate medical facilities, doctors, and medical staff to serve the health needs of its citizens. Rural areas find it hard to recruit and keep doctors and other medical personnel. In Franklin County, Extension worked with the community development executive committee to develop plans for securing additional doctors and medical services. Plans were made to reorganize doctor search committee, secure more community support, and develop long range plans for securing adequate medical facilities and services. Through the efforts of the committee, three physicians have announced that they will build a clinic in Ozark and will begin practice July 1980. The county extension agent-staff chairman assisted the committee and also assisted in obtaining a Farmers Home Administration loan to build the clinic. Construction began in October 1979.

It is expected that with the great influx of retired people into Arkansas, large numbers of people who will benefit from these services and facilities will be the elderly who reside in Ozark and the surrounding area.

In Allegany County, Md., Extension assisted the HELP program coordinator to receive funds to continue to expand training programs for household services. Forty-one persons were placed in new jobs and 20 additional persons received training in housekeeping, child care, and care for the elderly.

In 1970 the city of Ashland, Boone County, Mo., had a population of 769 people. The census indicated that over 300 people in Cedar Township were aged 65 or over. A member of the city council and a former mayor of the city mentioned the need for a place for the senior citizens to meet to talk, recreate, and conduct group activities. Extension assisted the local citizens in exploring possibilities and the feasibility for a senior citizens' center in southern Boone County. A "not-for-profit" organization was formed and they began raising funds to cover local share of possible grant. An opportunity became available to rent a building in the community, with option to buy.

The center is now operating daily with over 115 memberships. Several health, education and service programs are being offered, as well as scheduling many social activities. The group appears to have faith in themselves to manage and support the facility and present plans are to take up the option to purchase the building.

Publications on planning and developing transportation systems for older rural Americans have been prepared by the University of Minnesota extension and research.

A session on family transportation needs, including the elderly, was part of USDA's annual agricultural outlook conference, November 7, 1979. Topics were: "Outlook for Mass Transit," "Rural and Small Urban Transportation Outlook" and "Public Transportation Facilities in Rural Areas—Current Conditions and Available Solutions." Participants were from USDA, Extension, DOT and the Transportation Institute of North Carolina A & T State University.

C. 4-H Youth Programs

In all States, senior citizens are serving as 4-H volunteer leaders for local 4-H units, assisting 4-H members in their educational projects. Many senior citizens are also serving as resource persons for local 4-H groups, providing information on their respective areas of interest and training.

Of the 600,000 4-H volunteer leaders, approximately 10 percent are senior citizens.

For several years, 4-H has been cooperating with AARP on the generations alliance program (GAP) with as many as 50 local GAP programs in operation. Members of the SEA-Extension 4-H staff have served on several AARP advisory committees on intergenerational programing, such as USC-Sears foundation program, Educational TV materials, and GAP.

Last year, an intern was co-sponsored by 4-H and AARP to conduct a national survey on current 4-H intergenerational programs. Results of this study will be presented in a forthcoming AARP report. Several local 4-H staffs have been involved with model development for AARP focused upon intergenerational programing on mutual concerns such as transportation, crime prevention, citizenship, etc. This cooperation between 4-H and AARP is expected to continue to a greater degree in the years ahead.

A 4-H intergenerations project was piloted in Prince Georges County, Md., last year, designed to bring together senior citizen groups, 4-H clubs and county agencies as a planning group to develop programs for senior citizens and 4-H members. This study project, conducted by a 4-H volunteer intern, concentrated on setting a foundation for senior citizen and 4-H programs through one-on-one projects such as adopt-a-grandparent; senior citizens as leaders and sharing their skills; and older adult groups getting together with 4-H clubs to cooperate on community service projects. The Texas Extension 4-H special project materials, "Seniors and Kids Involved in Learning Life's Skills," were utilized. Conclusions from the pilot project are being shared with other counties in Maryland as well as State 4-H staffs throughout the country.

Eleven counties in Mississippi reported involvement of 4-H youth in programs to improve the quality of life for many elderly people last year. Most of the programs were conducted in local nursing homes. Two counties reported 4-H clubs that planted gardens and provided fresh vegetables for the elderly living at home. Three counties reported adopt-a-grandparent programs. Others conducted regular visitation and recreation programs. The program is linking the elderly with concerned adults and youth.

Programs are expanding in scope in the participating counties and additional counties are getting involved. Future plans include preparation of program materials in cooperation with professional gerantologists.

These programs which benefit the elderly, youth and volunteers require only minimum financing.

Senior citizens from a cooperative food buying club in Ypsilanti, Mich., are volunteering to help 4-H'ers gain business skills through involvement in the cooperative. An added dimension is the production of vegetables which was made possible by a retired black couple's donation of 3 acres of land. Senior citizens advise youth on the gardening component of the program. Because of the depth of experience provided these youth (food production, food preservation, product purchasing, test marketing, bookkeeping, and produce marketing), the school system is giving school course credit to the youth involved. Target area for this program was a low income, racially integrated community.

The most popular type of 4-H community pride project in Idaho last year involved helping the elderly, handicapped or other special groups. Approximately 2,852 youth participated in these activities. Examples of projects undertaken include: Providing errand service to elderly living alone or in nursing homes; giving obedience training to new puppies belonging to elderly citizens; planting bedding plants at senior citizen housing units; visiting with residents of nursing homes, and senior citizens in their own homes; adopting grandparents and helping with activities such as painting, mowing the lawn, and including them in 4-H club activities; helping senior citizens raise money by including their handmade items at fair actions.

Also in Idaho, approximately 1,540 4-H members were involved with adults in community health and safety activities. An example is the vial-of-life program in which 4-H members working with other community organizations placed more than 1,000 small bottles containing essential medical information in the homes of senior citizens during 1 year.

In a 3-month pilot demonstration, "Project H.O.M.E." in Ohio, under 4-H leadership, teens were trained to repair and improve the safety of 115 elderly persons' homes. The project met another need—the high unemployment rate among teenagers—by recruiting and training teenagers to do home repairs for the elderly in the four pilot counties. Retired persons with home improvement skills were hired to train the teens. After the pilot demonstration was completed, one county

council continued the program, making 270 repairs to elderly people's homes over a 12-month period.

In Alabama, 175 4-H'ers shared their nutrition knowledge with the elderly at nutrition feeding sites. In addition, 215 4-H'ers visited elderly in nursing homes, and assisted the elderly living alone with grocery shopping and food preparation.

4-H groups in New Mexico are working with senior citizens to improve community centers and compile a community history. In Grant County, N. Mex., 4-H members collected tape recordings and written data from senior citizens on the history of the community.

In one county in Wisconsin, 4-H members helped prepare ground and plant a garden plot for the Dunn County nutrition program Knapp site. Vegetables from the garden were used in the meals served to senior citizens in the Knapp area.

Heritage programs are being conducted in many Wisconsin counties through 4-H clubs. Members are interviewing the elderly to learn about their heritage. In one county, 4-H'ers are using the interviews in an historical pageant, and in another, the interviews formed the basis for a film about the community's history. At least 800 4-H'ers are involved in the project. One benefit of the project is that young people and the older ones get to know each other in new ways, was the comment of one volunteer working with the project. New understandings are generated as a result.

In Hood County, Tex., 4-H clubs are conducting a creative arts skills project with senior citizen groups including weaving and pottery crafts. Funds generated by the 4-H members themselves are being used to assist with this program. This activity is an outgrowth of the special Texas project, "Seniors and Kids Involved in Learning Life Skills," designed to strengthen relationships between youth and senior citizens in the community.

In New York State, work is being done in several counties on intergenerational relationships through the GAP program and through heritage projects. Members of the 4-H are also participating in recreational programs for the elderly, as readers, doing errands, shopping, home tasks, providing activity with individuals or in homes for the aged in recreation, crafts, sewing, music.

Much 4-H effort in all South Dakota counties has been expended in behalf of helping senior citizens make and keep their centers cleaner and neater. Youth keep the grass mowed, plant trees and flowers, paint buildings, shovel snow off walks and in general have adopted many senior citizen centers as club community service projects.

In Louisiana, local 4-H clubs in one parish have conducted programs on "Cooking for Two" with the council on aging. In another parish, junior leaders answered questions and distributed literature to 2,000 persons attending a statewide meeting of the council on aging. A booth on "Stretching Your Food Dollar" was erected and contained information on wise food purchasing, special food needs of the elderly and how these needs can be met on a limited budget. An estimated 1,000 people made changes in their food buying habits as a result of this thrust.

In Orleans Parish, 4-H nutrition programs have been conducted with three senior citizens groups to teach them better nutrition habits through simpler recipes. These senior citizens are in the low-income category—one group consisting of blind senior citizens. Approximately 50 senior citizens participating in the program have learned how to shop for "good buys" and how to plan and prepare simple well balanced meals. Planning for special diets is also emphasized since many of these senior citizens are on special diets.

Two Wyoming counties capitalized on experience in leadership by enlisting help from senior citizens and retired school teachers. Senior citizens were resource leaders in traditional 4-H project areas while a retired teacher organized and supervised the school 4-H special interest programs.

In Clay County, Ala., 4-H members noting the large proportion of elderly in their county, initiated a project on "Adopt a Grandparent." Purpose was to help Clay County teens develop an appreciation for senior citizens in the county as well as provide a service for them. Each member agreed to adopt a grandparent for a 6-month period. During this time, he or she visited the person on a regular basis, assisted with small jobs, transportation, and other needs of senior citizens. In another Alabama county, 4-H members conducted an "Adopt a Nursing Home" project, providing special services and companionship for the elderly in the Home.

Maine is continuing to have excellent results with its 4-H geri-kid program, in which youth between the ages of 12 and 15 serve a minimum of 3 hours per week as volunteers in the nursing and boarding homes, performing duties such as assisting with feeding, reading, writing letters, exercise programs, special activities, and rehabilitation. This year, the 4-H geri-kid program was given the "Good Practices

in Mental Health" merit award from the Governor's Committee on Mental Health. It was chosen from among more than 120 entries and was one of the few programs recognized sponsored by an agency not specifically targeted for mental health services.

RESEARCH ON AGING IN THE ECONOMIC DEVELOPMENT DIVISION (ESCS)

A. OLDER AMERICAN HOUSEHOLDS IN UNITED STATES

Cooperating institution(s): Agricultural experiment stations in the northeast, and Economic Development Division/ESCS/USDA as represented by Dr. Nelson LeRay, Institute of Natural and Environmental Resources, University of New Hampshire.

Data from the 1975 annual housing survey were used to document housing and household characteristics of the estimated 14.3 million households headed by individuals 65 years of age and over—approximately 1 in 5 U.S. households. The population of households headed by older persons is increasing faster than the older population. Approximately one-third of the elderly households were in nonmetro areas. Housing of the nonmetro rural elderly is in general of lower quality than that of the urban elderly. In terms of household energy utilization for heating, nonmetro rural areas had a relatively high dependence upon fuel oil and kerosene, bottled gas or LP gas, and wood.

PUBLICATIONS

Robert A. Bylund, Charles O. Crawford, and Nelson L. LeRay, "Housing Quality of Rural Elderly Households," Department of Agricultural Economics and Rural Sociology, Penn State University cooperating with EDD, ESCS, USDA, paper presented at annual meeting of Gerontological Society, Dallas, November 16-20, 1978, 15 pages.

Robert A. Bylund, Nelson L. LeRay, and Charles O. Crawford, "Household Energy Utilization by the Elderly," Department of Agricultural Economics and Rural Sociology, Penn State University cooperating with EDD, ESCS, USDA, paper in clearance for publication.

B. OLDER FARM OPERATORS IN THE UNITED STATES

Cooperating institution(s): Economic Development Division/ESCS/USDA, Dr. Nelson LeRay, study director.

Data from the 1974 census of agriculture were used to describe selected characteristics of older farm operators and their farms. Elderly farmers were involved in a significant portion of the agricultural activity in the United States. Approximately 421,000 (18 percent) of all U.S. farms were operated by individuals 65 years of age and over. Older farmers sold \$7.2 billion in agricultural products or 9 percent of all U.S. farm sales. They owned 14 percent of all U.S. farm land, 142 million acres. Their land and buildings on it were valued at \$43.2 billion. Many older farmers are at an age where they are making decisions about retirement from farming. The intergenerational transfer of agricultural land impacts upon individual elderly farmers, their families, their communities, and the structure of American agriculture.

PUBLICATIONS

Janet W. Coffin and Nelson L. LeRay, "Older Farm Operators and Their Farms," EDD, ESCS, USDA, manuscript in final stage of clearance, December 17, 1979, 31 pages.

C. ANALYSES OF PROGRAMS FOR THE ELDERLY IN WESTERN ARKANSAS

Cooperating institution(s): Department of Agricultural Economics and Rural Sociology, University of Arkansas, Dr. Mary Jo Schneider, study director. The study addresses the ability of several program elements to reduce use of medical care and premature institutionalization of the elderly. It is a 3-year (longitudinal) study begun in 1977, involving a sample of 500 people. Funding involved \$95,000 from Arkansas State office on aging, \$8,000 by Economic Development Division/ESCS/USDA, and \$7,000 by the Arkansas agricultural experiment station for a total of \$110,000.

Preliminary results (final reports available in late 1980) indicate that senior citizen programs were effective in reaching those with poverty-level income, those who lived alone, and those who felt that they could not rely on family support. Programs were less effective in reaching a high proportion of those in ill health and who were social isolates. Such persons might benefit greatly from senior citizen center activities, but more intensive efforts are needed if more of them are to participate. The best predictors of self-perceived well-being/life satisfaction were education and sex. More highly educated persons in the sample had higher levels of life satisfaction, as did females. As the present generation of better-educated middle-aged people grows older, they will likely report improved levels of life satisfaction.

PUBLICATIONS

Mary Jo Schneider, Martha K. Leatherman, and Donald E. Voth, "Characteristics of Participants at Senior Centers in Crawford County," *Arkansas Farm Research*, vol. XXVII, No. 3, May-June 1978, p. 9.

Mary Jo Grinstead Schneider, Diana Danforth, and Donald E. Voth, "Well-Being as Perceived by Elderly People," *Arkansas Farm Research*, vol. XXVIII, No. 1, January-February 1979, p. 16.

D. NUTRITION AND HEALTH OF THE ELDERLY IN ARKANSAS

Cooperating institution(s): Department of Agricultural Economics and Rural Sociology, University of Arkansas. Ms. Michelle Fryar, researcher, supervised by Dr. Donald Voth and Dr. Mary Jo Schneider. The statewide study considered the relationship between health status and participation in title VII nutrition programs. It was a 1-year study, 1977, utilizing data from two main sources. The first involved 1,829 individuals aged 60 and over who were part of a random sample of 12,556 persons who participated in the 1973 Arkansas health interview survey. The second sample group consisted of 426 title VII program participants. Funding involved \$5,000 from Economic Development Division/ESCS/USDA, and \$20,000 by the Arkansas agricultural experiment station for a total of \$25,000.

Comparisons of the general public group (1,829 elderly individuals) with the participant group (426 elderly title VII participants) provided several insights. The PG tended to be older and poorer and were more likely to be female and black. Educational levels were about the same. The health status of the two groups differed significantly for only two health status measures: times in the hospital, and disability days. The PG had more hospital admissions per year, but fewer days of restricted activity. Thus, little evidence was found to support the commonly held belief that participation in nutrition programs improves the health status of elderly persons. However, there may be many other benefits such as an improved self-image, social contacts, information and referral services, and assistance with transportation, errands, and everyday life problems. Also, the programs may result in socializing participants to use the medical system in a more rational way.

PUBLICATIONS

Michelle Davis Fryar, Mary Jo Schneider, and Donald E. Voth, "The Impact of Nutrition Programs on the Health Status of Elderly Arkansas," *Arkansas agricultural experiment station cooperating with Economic Development Division, ESCS, USDA, Bul. 839, October 1979.*

RURAL ELECTRIFICATION ADMINISTRATION (REA)

REA-financed electric and telephone systems must provide service to all residents of the areas they serve. Upon request REA does provide the REA borrowers with information about Federal financing and technical assistance available to help the elderly.

The most recent community development survey reveals that a number of the electric and telephone systems which are financed by REA are working with other community leaders on various projects for the elderly, i.e., housing, medical, transportation and food distribution.

Although REA does not have the exact number, many elderly citizens are receiving home energy audits and other assistance from the electric cooperative to help save energy.

Attached is an article about how the Lumbee Rural Electric Cooperative in North Carolina is helping the low income elderly.¹

¹ Retained in committee files.

OFFICE OF EQUAL OPPORTUNITY (OEO)

The enclosed report is in response to the HEW requirement under section 90.34 (agency reports) of the HEW governmentwide regulations. The report provides a brief summary and the status of actions USDA has taken to carry out the provisions of the Age Discrimination Act and to develop implementing regulations in accordance with HEW guidelines prohibiting discrimination on the basis of age in federally assisted programs and activities.

Based on the current status of these actions, the Department anticipates publication of the proposed draft regulations in the Federal Register by January or February 1980.

The Department of Agriculture has completed preliminary steps required for developing implementing regulations prohibiting discrimination based on age in USDA assisted programs and activities.

Overall responsibility for development of these regulations is assigned to the Office of Equal Opportunity, Civil Rights Division. Additional information on the status of proposed USDA implementing regulations can be obtained from Carolyn Moore, Civil Rights Division, Office of Equal Opportunity, Room 4119, Auditors Building, U.S. Department of Agriculture, Washington, D.C. 20250, (202) 447-5114.

The actions discussed detail specific steps the Department has taken to carry out the act and to develop implementing regulations.

Impact analysis and draft impact statements: The Department has conducted an impact analysis to examine the effects of selected alternatives for implementing the proposed action.

Concurrent to conducting the analysis, the Department has developed a draft impact statement. The statement provides written explanation of the alternatives considered and provides justification for the recommended option(s).

OEO is now awaiting final approval of the draft. Upon approval, the draft statement together with public comment will provide the basis for a final decision. A final impact statement will be developed and maintained on file with OBP&E. Copies will be available to the public upon written request to: Director, Office of Equal Opportunity, Room 242-E, Administration Building, U.S. Department of Agriculture, Washington, DC 20250.

Public participation plan: In keeping with the preliminary rulemaking process, the Department has developed a public participation plan to encourage public comment and participation on the proposed rulemaking. The plan outlines specific steps the Department will take to solicit comment and participation. These steps include:

- (1) Development of a list of major organizations concerned with age discrimination and requesting their comments on the proposed regulations;
- (2) preparation of a press release at the time of the proposed rulemaking; and
- (3) possible use of USDA radio spots to publicize the proposed rulemaking on age discrimination.

OBP&E and OEO will maintain copies of the plan on file.

Prenotice of proposed rulemaking: In accordance with HEW directive, the Department has published a notice at 44 Federal Register 70450 (December 7, 1979) to inform recipients of USDA financial assistance and the general public of the Department's intent to publish regulations to carry out the provisions of the ADA and that it is operating under HEW governmentwide regulations until such time as it publishes its final regulations to implement the act.

The notice further informs recipients and the public of the July 1, 1979, effective date of the HEW regulations and that complaints alleging discrimination on the basis of age in USDA assisted programs can be filed with the Director, OEO as of that date. The notice also states that mediation of complaints by the Federal Mediation and Conciliation Service will begin November 1, 1979.

Notice to agency civil rights coordinators: The OEO provided written notice on October 10, 1979 to each agency civil rights coordinator to announce the effective date of HEW general regulations and to inform agencies that until the Department's final regulations to implement the act are published, the Department will operate under HEW guidelines. Coordinators were also advised that complaints alleging discrimination on the basis of age in USDA funded programs and activities are to be sent to the Director, OEO, immediately for preliminary review and subsequent forwarding to FMCS for mediation. Coordinators were further informed that complaints unresolved by FMCS within 60 days will be returned to

OEO for formal investigation as provided for under the Department's title VI complaint procedures.

Briefing of civil rights coordinators: At the November 16, 1979, meeting of the Department's civil rights coordinators, Carolyn Moore, OEO, briefed the attendees on the general provisions of the Age Discrimination Act and the HEW guidelines. At this time, coordinators were advised of the general responsibilities of the Department and USDA program recipients for compliance with the act.

USDA proposed draft regulations: A preliminary draft of USDA proposed regulations has been completed. During the week of December 2, 1979, Carolyn Moore met with Virginia Kort, Office of the General Counsel (OGC), in a working session to discuss the draft regulations and necessary revisions. OEO is now in the process of making the appropriate revisions. Upon completion and final approval by OGC, USDA draft regulations will be published in the Federal Register. Public comment will be invited during a 60-day comment period. During this time, the Department will also implement provisions of its public participation plan.

The Department anticipates publication of its proposed draft regulations in the Federal Register in January or February 1980.

Status of age discrimination complaints: Since the July 1, 1979 effective date of ADA regulations, HEW governmentwide regulations and the subsequent November 1, 1979, effective date of mediation by the Federal Mediation and Conciliation Service, the Department has received one complaint alleging discrimination on the basis of age in a USDA assisted program. This complaint has been forwarded by the Department to FMCS and is still under the 60-day mediation period.

Although the Department has investigated complaints of discrimination based on age in USDA assisted programs and activities prior to the respective effective dates, no patterns or practices of discrimination have been substantiated at this time.

FARMERS HOME ADMINISTRATION (FmHA)

1. SECTIONS 502 AND 504 RURAL HOUSING LOANS

Section 504 rural housing loans are available to qualified low-income applicants to make basic repairs necessary to remove health and safety hazards. This includes such items as roof repair, storm windows, and doors, insulation, water systems, and waste disposal systems. The maximum loan is \$5,000 and the interest rate is 1 percent. For the fiscal year 1980, \$24 million is available for 504 loans. For elderly applicants who do not have repayment ability for a 1 percent loan, grant funds may be available for necessary improvements. Twenty-four million dollars are available in fiscal year 1980 for the grant program. This compares with \$19 million available in 1979.

Elderly applicants may also be assisted under the section 502 loan program. Such loans are available to build, purchase or rehabilitate modest homes that are adequate to fit the needs of the applicant. The interest rate on section 502 loans is currently 10 percent, with a maximum repayment period of 33 years. For low-income applicants, reduced interest rates are available to as low as 1 percent depending on income, number of people in the household, amount of loan installment, real estate taxes, and property insurance. Seventy-two percent of \$3.080 billion available for section 502 loans in fiscal year 1980 is allocated to applicants who will qualify for the reduced interest rates.

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

2. SECTION 515 RURAL RENTAL HOUSING

RURAL RENTAL HOUSING

The section 515 rural rental housing program provided approximately 36,100 units for \$868 million in loan obligation during fiscal year 1979. Of this amount, it is estimated that 30 percent was expended to house the elderly. Many of these units were subsidized with FmHA rental assistance or by Department of Housing and Urban Development (HUD), section 8 assistance payments. As of this writing, FmHA have not completed its program evaluation relative to assistance impact. Therefore, the figures given are solely estimates and should be considered as such. Under these programs, low-income elderly households pay up to 25 percent of their adjusted income for housing, including utilities. If their adjusted

income is too low for them to pay the established rent, these subsidies make up the difference.

For fiscal year 1980, FmHA has budgeted another \$868 million for rural rental housing coupled with an additional \$393 million for rental assistance. FmHA also expects to receive from HUD 10,000 units of section 8 set-aside funds to be used with the rental housing program.

The FmHA State Directors will be working on a State by State basis with their HUD counterparts to determine the ratio of elderly units to family and large family units to be subsidized by section 8 assistance.

CONGREGATE HOUSING FOR THE ELDERLY AND HANDICAPPED

Farmers Home has authority under the section 515 rural rental housing program to build congregate housing for the elderly and handicapped. Congregate housing is an alternative for the elderly who need an assisted residential living environment. It offers the functionally impaired or socially deprived but not ill elderly residential accommodations with supporting services to assist them in maintaining, or returning to independent or semi-independent life styles to prevent premature or unnecessary institutionalization as they grow older. The regulations provide for the establishment of the following mandatory services: meals, personal care and housekeeping services, transportation and social and recreational activities. Developers who apply to Farmers Home for loans to build congregate facilities must demonstrate their ability to provide these minimum services. In most instances, developers are coordinating with social service agencies to obtain support in the provision of services.

The congregate housing for the elderly and handicapped program has been launched through a joint demonstration effort with the Administration on Aging of the Department of Health, Education, and Welfare (HEW). Farmers Home set aside \$10 million for the construction of a congregate facility in each of the 10 HEW regions and the Administration on Aging provided \$850,000 for the support services named in the regulations. Sites were chosen based on the percentage of persons 60 years of age and older, income factors, and poor housing conditions. Housing will be constructed in Port Gibson, Miss., Mayville, N.Y., Baldwin, Mich., Onancock, Va., Truth or Consequences, N. Mex., Lamoni, Iowa, Wagner, S. Dak., Beaumont, Calif., Baker, Oreg. and Carroll County, N.H. Funding from the Administration on Aging for services will be available each year of the 3-year demonstration period after which the appropriate area agencies on aging have made commitments to continue the established services.

Farmers Home and the Administration on Aging have received technical assistance from the International Center for Social Gerontology (ICSG) through training and consultation to national and field office staffs. Farmers Home has funded ICSG to evaluate the project through a subcontract to the American Institute for Research. The Administration on Aging has provided funds for on-going technical assistance to the projects over the demonstration period.

States such as West Virginia and Missouri have begun to replicate the demonstration effort through cooperative activities between social services agencies, FmHA State Offices and the developers.

RURAL HOUSING SEC. 502 SENIOR CITIZENS, EMERGENCY, AND SELF-HELP LOANS OBLIGATED, FISCAL YEAR 1979 THROUGH SEPT. 30

State	Senior citizen loans				Emergency loans				Self-help loans			
	Initial		Subsequent		Initial		Subsequent		Initial		Subsequent	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
U.S. total.....	953	23,488,690	288	1,366,160	10	264,810	8	75,070	878	25,887,927	336	1,118,730
Alabama.....	78	1,894,640	11	29,470	1	25,950	0	0	30	741,840	14	31,500
Alaska.....	0	0	0	0	0	0	0	0	0	0	0	0
Arizona.....	4	114,310	4	38,500	0	0	0	0	52	1,395,820	36	122,040
Arkansas.....	53	1,158,490	24	116,080	4	90,170	0	0	27	724,870	1	7,570
California.....	46	1,438,400	9	86,420	0	0	0	0	162	5,018,290	101	356,890
Colorado.....	4	58,390	1	900	0	0	0	0	74	2,151,290	4	15,800
Connecticut.....	0	0	0	0	0	0	0	0	23	778,760	2	4,400
Delaware.....	0	0	0	0	0	0	0	0	0	0	0	0
Florida.....	31	730,000	3	3,700	0	0	0	0	61	1,443,390	29	61,210
Georgia.....	14	284,540	9	33,390	1	28,530	0	0	0	0	20	70,480
Hawaii.....	15	587,350	2	19,580	0	0	0	0	0	0	0	0
Idaho.....	2	61,000	3	6,160	1	2,300	3	5,500	22	794,330	0	0
Illinois.....	7	211,980	3	7,880	0	0	0	0	1	23,000	0	0
Indiana.....	2	62,630	1	860	0	0	0	0	0	0	0	0
Iowa.....	14	427,260	8	17,000	0	0	0	0	0	0	0	0
Kansas.....	11	185,170	3	7,160	0	0	0	0	0	0	0	0
Kentucky.....	22	534,060	2	1,900	0	0	0	0	0	0	0	0
Louisiana.....	46	1,262,370	6	13,340	3	117,860	0	0	7	207,730	14	61,800
Maine.....	1	36,600	1	8,300	0	0	0	0	0	0	0	0
Maryland.....	1	19,000	2	3,990	0	0	0	0	0	0	0	0
Massachusetts.....	2	35,700	0	0	0	0	0	0	43	1,263,480	2	31,570
Michigan.....	4	48,900	2	4,800	0	0	0	0	0	0	0	0
Minnesota.....	3	41,200	1	7,400	0	0	0	0	19	658,400	2	5,800
Mississippi.....	162	4,016,730	32	101,520	0	0	0	0	18	468,240	9	15,840
Missouri.....	39	793,100	9	43,250	0	0	1	2,550	0	0	0	0
Montana.....	3	77,300	0	0	0	0	0	0	0	0	0	0
Nebraska.....	3	63,000	0	0	0	0	0	0	0	0	0	0
Nevada.....	0	0	0	0	0	0	0	0	0	0	0	0
New Hampshire.....	0	0	0	0	0	0	0	0	7	267,500	6	15,800
New Jersey.....	4	96,300	4	9,010	0	0	0	0	0	0	1	1,000
New Mexico.....	7	123,800	0	0	0	0	0	0	46	1,408,487	14	28,250
New York.....	6	112,580	29	136,460	0	0	1	800	0	0	1	1,400
North Carolina.....	56	1,542,750	24	92,030	0	0	0	0	24	600,850	12	40,640
North Dakota.....	1	35,800	0	0	0	0	0	0	0	0	0	0
Ohio.....	6	169,050	0	0	0	0	0	0	0	0	0	0
Oklahoma.....	37	829,950	5	31,600	0	0	0	0	68	1,479,700	29	57,410
Oregon.....	7	256,930	3	56,960	0	0	0	0	19	661,820	0	0

RURAL HOUSING SEC. 502 SENIOR CITIZENS, EMERGENCY, AND SELF-HELP LOANS OBLIGATED, FISCAL YEAR 1979 THROUGH SEPT. 30—Continued

State	Senior citizen loans				Emergency loans				Self-help loans			
	Initial		Subsequent		Initial		Subsequent		Initial		Subsequent	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Pennsylvania.....	4	92,700	2	17,900	0	0	0	0	6	170,300	0	0
Rhode Island.....	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina.....	13	317,550	4	22,910	0	0	0	0	0	0	0	0
South Dakota.....	1	1,500	0	0	0	0	0	0	70	2,228,180	8	73,660
Tennessee.....	53	1,035,180	10	71,300	0	0	0	0	2	54,700	0	0
Texas.....	90	2,143,960	11	60,190	0	0	0	0	2	39,260	0	0
Utah.....	8	200,450	4	41,050	0	0	3	66,220	1	18,000	0	0
Vermont.....	0	0	1	11,900	0	0	0	0	26	884,300	1	5,700
Virginia.....	37	984,120	24	124,050	0	0	0	0	1	31,450	0	0
Washington.....	6	181,360	5	16,630	0	0	0	0	34	1,062,370	14	67,450
West Virginia.....	28	714,490	6	19,110	0	0	0	0	0	0	0	0
Wisconsin.....	11	283,630	7	16,360	0	0	0	0	32	1,281,670	13	31,320
Wyoming.....	5	111,230	0	0	0	0	0	0	0	0	0	0
Puerto Rico.....	5	108,740	0	0	0	0	0	0	1	29,900	0	0
Virgin Islands.....	1	4,500	13	87,100	0	0	0	0	0	0	3	11,200
Western Pacific Territory.....	0	0	0	0	0	0	0	0	0	0	0	0

RURAL HOUSING LOANS—USE OF FUNDS, SELECTED DATA AS TO FAMILY INCOME, NET WORTH, AND AGE OF BORROWERS, OCT. 1, 1978, THROUGH
SEPT. 30, 1979: DIRECT INITIAL SEC. 504 LOANS

Code	State	Total number	Family income				Net worth				Average age	Age of borrowers				
			Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 and over	Under \$3,000	\$3,000 to \$4,999	\$5,000 to \$6,999	\$7,000 and over		Under 40	40 to 49	50 to 59	60 to 69	70 and over
01	Alabama	190	1	4	44	141	29	50	36	75	60.6	13	21	45	57	54
02	Arizona	10	0	0	1	9	29	0	2	7	57.9	0	1	3	6	0
03	Arkansas	208	1	3	56	148	66	38	28	76	61.7	19	18	39	67	5
04	California	57	0	0	2	55	29	5	7	16	51.9	15	7	12	19	4
05	Colorado	20	1	0	6	13	4	4	3	9	56.3	3	2	5	8	2
06	Connecticut	1	1	0	0	0	0	1	0	0	78.0	0	0	0	0	1
07	Delaware	9	0	0	1	8	8	0	1	0	61.4	0	1	4	2	2
09	Florida	22	0	1	4	17	5	5	7	60.7	1	2	5	10	4	
10	Georgia	86	1	1	23	61	35	21	13	17	59.8	10	6	21	25	24
12	Idaho	17	2	0	0	15	2	0	0	15	66.8	0	2	2	6	7
13	Illinois	78	2	0	10	66	27	9	7	35	59.2	6	14	14	23	21
15	Indiana	40	0	0	2	38	14	3	5	18	61.1	5	3	9	11	12
16	Iowa	92	1	2	15	74	15	6	7	64	65.0	7	3	11	35	36
18	Kansas	22	0	1	3	18	5	2	4	11	62.0	0	3	5	8	6
20	Kentucky	134	0	0	20	114	20	30	24	60	55.8	16	25	32	44	17
22	Louisiana	180	1	6	70	103	62	43	21	54	63.6	10	21	25	57	67
23	Maine	207	1	2	16	188	50	27	19	111	51.6	68	16	44	55	24
24	Maryland	31	0	0	2	29	9	4	0	18	62.3	1	3	10	9	8
25	Massachusetts	7	0	0	0	7	2	0	1	4	47.4	3	1	1	2	0
26	Michigan	88	1	0	9	78	27	7	6	48	59.5	11	10	18	21	28
27	Minnesota	29	1	0	5	23	9	1	2	17	58.0	6	3	4	8	8
28	Mississippi	403	2	10	108	283	88	82	58	175	63.3	18	36	77	141	131
29	Missouri	133	0	1	14	118	48	27	15	43	58.4	19	14	25	47	28
31	Montana	6	0	0	2	4	3	1	0	2	59.8	1	1	1	1	2
32	Nebraska	23	1	2	4	16	10	0	6	7	64.0	1	2	2	10	8
33	Nevada	4	0	0	0	4	3	1	0	0	70.8	0	0	0	3	1
34	New Hampshire	7	0	0	0	7	0	0	0	7	62.0	0	1	2	2	2
35	New Jersey	27	0	1	1	25	4	5	1	17	52.6	5	6	5	8	3
36	New Mexico	52	1	5	8	38	22	7	8	15	53.7	11	9	12	12	8
37	New York	70	0	1	2	67	16	9	3	42	56.6	11	9	15	22	13
38	North Carolina	153	0	4	43	106	46	42	20	45	62.3	10	9	28	65	11
40	North Dakota	25	0	1	1	23	4	3	2	16	63.0	2	3	2	12	6
41	Ohio	28	0	1	5	22	11	5	2	10	50.4	6	7	7	6	2
42	Oklahoma	72	0	3	14	55	22	13	9	28	61.5	4	5	22	22	19
43	Oregon	30	0	0	1	29	3	2	1	24	59.2	5	2	5	10	8
44	Pennsylvania	89	0	1	6	82	25	4	5	55	57.6	9	10	30	21	19
45	Rhode Island	2	0	0	1	1	0	0	0	2	63.5	0	0	0	2	0
46	South Carolina	54	0	1	13	40	14	9	6	25	65.7	0	2	12	18	22
47	South Dakota	10	0	0	0	10	3	1	0	6	56.9	2	2	1	3	2

RURAL HOUSING LOANS—USE OF FUNDS, SELECTED DATA AS TO FAMILY INCOME, NET WORTH, AND AGE OF BORROWERS, OCT. 1, 1978, THROUGH
SEPT. 30, 1979: DIRECT INITIAL SEC. 504 LOANS—Continued

Code	State	Total number	Family income				Net worth				Average age	Age of borrowers				
			Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 and over	Under \$3,000	\$3,000 to \$4,999	\$5,000 to \$6,999	\$7,000 and over		Under 40	40 to 49	50 to 59	60 to 69	70 and over
48	Tennessee.....	32	0	3	8	21	7	7	3	15	58.9	3	2	13	8	6
49	Texas.....	235	1	5	76	153	86	63	36	50	65.1	12	19	36	69	99
52	Utah.....	5	0	0	0	5	1	1	0	3	62.6	1	0	0	2	2
53	Vermont.....	8	0	0	1	7	3	0	0	5	51.4	2	1	3	2	0
54	Virginia.....	30	0	1	6	23	8	5	5	12	60.1	2	4	7	11	6
56	Washington.....	40	0	0	5	35	4	3	4	29	50.4	12	8	10	4	6
57	West Virginia.....	104	0	0	11	93	16	17	18	53	57.9	15	10	27	30	22
58	Wisconsin.....	57	0	0	1	56	20	1	5	0	60.7	8	0	13	23	13
59	Wyoming.....	6	0	0	1	5	1	0	0	5	53.3	1	1	2	2	0
61	Hawaii.....	207	8	8	14	177	201	5	0	1	52.9	47	35	39	60	26
62	West Pacific Territory.....	421	5	24	54	338	132	85	65	139	41.9	190	114	75	37	5
63	Puerto Rico.....	391	6	35	80	270	98	107	52	134	45.7	154	85	73	55	24
64	Virgin Islands.....	4	0	0	1	3	2	0	0	2	45.3	1	1	0	2	0
National total.....		4,256	38	127	770	3,321	1,320	761	515	1,660	56.6	746	560	853	1,183	914

RURAL HOUSING SEC. 504 GRANTS OBLIGATED, FISCAL YEAR 1979

State	Rural housing sec. 504 grants				
	Total amount	Initial		Subsequent	
		Number	Amount	Number	Amount
U.S. total.....	18,999,980	6,407	18,494,240	435	505,740
Alabama.....	519,890	288	505,010	19	14,880
Alaska.....	37,020	8	37,020	0	0
Arizona.....	124,320	32	122,650	4	1,670
Arkansas.....	651,200	215	628,260	20	22,940
California.....	356,380	106	348,130	5	8,250
Colorado.....	387,750	102	368,350	15	19,400
Connecticut.....	41,840	12	41,840	0	0
Delaware.....	105,840	29	103,560	4	2,280
Florida.....	301,210	83	297,910	2	3,300
Georgia.....	589,470	157	571,130	10	18,340
Hawaii.....	160,000	43	156,400	3	3,600
Idaho.....	89,650	35	82,130	5	7,520
Illinois.....	771,670	311	711,760	60	59,910
Indiana.....	239,360	100	229,170	10	10,190
Iowa.....	236,120	169	228,150	12	7,970
Kansas.....	151,730	70	145,820	7	5,910
Kentucky.....	629,660	150	627,040	2	2,620
Louisiana.....	594,240	183	594,160	1	80
Maine.....	469,770	134	456,250	9	13,520
Maryland.....	296,590	82	289,150	6	7,440
Massachusetts.....	130,580	39	125,010	5	5,570
Michigan.....	342,800	119	336,470	8	6,330
Minnesota.....	281,940	89	276,780	4	5,160
Mississippi.....	1,140,830	545	1,102,460	24	38,370
Missouri.....	659,750	277	634,970	22	24,780
Montana.....	61,170	17	58,170	2	3,000
Nebraska.....	154,290	75	148,990	9	5,300
Nevada.....	48,190	20	43,640	3	4,550
New Hampshire.....	116,380	32	113,020	4	3,360
New Jersey.....	200,830	50	193,900	3	6,930
New Mexico.....	730,310	185	710,130	11	20,180
New York.....	433,500	171	419,790	15	13,710
North Carolina.....	813,320	275	803,920	8	9,400
North Dakota.....	256,930	87	241,900	14	15,030
Ohio.....	450,530	111	436,480	11	14,050
Oklahoma.....	442,000	168	431,630	10	10,370
Oregon.....	337,210	98	327,590	10	9,620
Pennsylvania.....	604,020	197	588,680	16	15,340
Rhode Island.....	44,370	13	44,370	0	0
South Carolina.....	385,620	136	384,060	2	1,560
South Dakota.....	132,970	55	129,870	3	3,100
Tennessee.....	344,680	110	339,070	4	5,610
Texas.....	1,049,500	308	1,035,370	13	14,130
Utah.....	43,430	23	43,430	0	0
Vermont.....	190,520	53	183,560	4	6,960
Virginia.....	360,200	92	359,700	1	500
Washington.....	185,410	56	178,030	5	7,380
West Virginia.....	376,510	121	369,850	5	6,660
Wisconsin.....	363,240	136	352,520	6	10,720
Wyoming.....	119,770	35	117,640	3	2,130
Puerto Rico.....	1,221,140	352	1,198,120	15	23,020
Virgin Islands.....	27,520	6	24,420	1	3,100
West Pacific Territory.....	196,810	47	196,810	0	0

FOOD STAMP PROGRAM

Primary among the concerns of Congress, the Department, State and local program administrators, and community groups has been the low participation of the elderly in the food stamp program. Many believe the elderly have substantial problems which include lack of transportation, complex and confusing program rules, and restrictive income and resource limitations. In addition, welfare stigma is considered by many to deter program participation. Because of the concern expressed by so many, in 1977 Congress adopted several provisions in food stamp legislation to raise the low participation rate of the elderly in the program including the elimination of the purchase requirement, demonstration projects, and additional requirements for outreach. In the Food Stamp Act Amendments of 1979, Congress again recognized the elderly population by reinstating a medical deduction and expanding the excess shelter deduction for the elderly and handicapped.

ELIMINATION OF THE PURCHASE REQUIREMENT (EPR)

The first major change as a result of the Food Stamp Act of 1977, EPR, has been accomplished. Before EPR, participation among elderly persons eligible for the program was relatively limited compared to that of other groups. Studies suggested that this was due at least in part to their inability to afford the cash requirement. Preliminary data are now available from two characteristics surveys conducted by the Department in February 1978 before EPR, and in April 1979 following its implementation. As compiled in the Department's October 1979 report, the number of households headed by an elderly person (65 or over) increased by approximately 32 percent in this time period. In contrast, the number of nonelderly households increased only by about 14 percent over the same period of time. It is believed that this change can be linked directly to the impact of EPR.

JOINT PROCESSING

The 1977 Food Stamp Act also includes provisions allowing SSI applicants and participants to apply for food stamps at the social security office at the same time they apply for SSI benefits. Regulations for implementing joint processing are being developed in conjunction with DHEW. Proposed rules, intended to facilitate program accessibility for SSI applicants and beneficiaries, were published in the Federal Register for public comment on December 7, 1979.

SSI CASH OUT

The Food Stamp Act of 1977 authorized the Secretary to conduct a demonstration project under which cash, rather than food stamps, is provided to elderly and SSI households. This project will enable the Department to ascertain whether the low participation rate among this target population is due to the welfare stigma allegedly associated with the use of stamps and whether the diets of this population are significantly affected by their receiving nonemarked benefits.

The cash out project will be conducted in eight demonstration project sites. The selection of States and localities will be made by the Department based on the applications submitted by State welfare agencies wishing to participate in the project. Project operations are tentatively scheduled to begin on or about April 1, 1980, and will be operational for a period of 1 year. Regulations which will govern the operation of the project and a notice of intent which solicits the participation of State welfare agencies in the demonstration project were published in the Federal Register on October 12, 1979. The results of the study will be forwarded to Congress for consideration in determining the feasibility of implementing the cash out procedure for handicapped and elderly households nationwide. Knowledge gained through the project will aid decisionmakers in the implementation of congressionally proposed welfare reform legislation which, if passed, would cash out food stamps for SSI recipients nationwide.

OUTREACH

Outreach has continued to be an important part of the new program. The new law requires States to inform low-income households, including the elderly, about the availability, eligibility requirements and benefits of the food stamp program. The Department recently issued revised regulations, based both on previous experience in conducting outreach and on implementing the Food Stamp Act of 1977. These regulations specify two types of outreach—informational and non-informational. Informational outreach includes conveying information about the program through such means as publications, telephone hotlines, films, media, and face-to-face contacts. However, it is believed that noninformational outreach is especially beneficial to the elderly. This includes providing transportation to certification and issuance offices, or similar physical program support. The outreach provisions were published in the Federal Register on November 6, 1979 as a final rule.

THE FOOD STAMP ACT AMENDMENTS OF 1979

The Food Stamp Act Amendments of 1979 also include measures to provide additional benefits for the elderly. The legislation allows households containing a member who is 60 or older or who receives SSI benefits or disability payments under the Social Security Act to deduct all medical expenses that exceed \$35 a

month for its elderly or disabled members. Another provision removes the cap on excess shelter deductions for the same households when all applicable deductions have been allowed and the amount expended for shelter still exceeds 50 percent of the household's monthly income. An emergency final rulemaking covering these medical and shelter deductions was published in the Federal Register on September 25, 1979.

ONGOING PROVISIONS AFFECTING THE ELDERLY

Food stamp participants aged 60 and over and their spouses may use food stamps to purchase meals from certain public and private communal dining facilities, meal delivery services and commercial dining facilities (including restaurants). However, only those private establishments that are nonprofit or that have a contract with a State or local agency may be authorized to participate in the food stamp program. As of September 30, 1979, there were 1,660 nonprofit meal delivery services, 3,813 nonprofit communal dining facilities and 1,034 commercial dining facilities.

In addition, the food stamp program still contains many administrative provisions designed to improve services to the elderly and disabled, such as the assignment of 12-month certification periods to households consisting entirely of elderly or disabled persons and the use of mail service, telephone interviews, and home visits in certifying persons who are unable to reach a certification office because of age, disability or transportation problems.

The Department will continue to work to eliminate barriers to participation in Federal food programs for elderly citizens in 1980.

FOOD DISTRIBUTION PROGRAM

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

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

With the enactment of Public Law 95-478, October 18, 1978, social service functions and the title VII congregate feeding program were integrated under an expanded title III program. In addition to the consolidation of services under this title, emphasis was included in the law to provide meal delivery services to the home bound elderly along with the continuation of congregate feeding. Both of these meal services are eligible for food donations or cash-in-lieu payments at the new legislated level of 30 cents a meal for fiscal years 1979, 1980 and 1981 as adjusted annually in the food-away-from-home series of the Bureau of Labor Statistics. Based on this adjustment, food donations or cash-in-lieu payments were provided on the basis of 38½ cents a meal in fiscal year 1979. In fiscal year 1979, 26 States elected to receive their entitlement in all cash payments, 6 elected donated foods, and 24 elected to receive a combination of the two. Approximately \$42 million in cash payments and \$18 million in donated foods were provided to some 1,000 elderly feeding projects with over 10,000 sites serving an estimated 160.1 million meals. In fiscal year 1980, the programmed level of assistance will be 43 cents per meal.

In addition to the elderly feeding programs administered by the Administration on Aging, USDA makes a limited variety of foods obtained through price-support activities available to public or private charitable institutions which may be serving senior citizens. Among the institutions which are eligible to receive food to the extent of the number of needy persons served are nursing homes, senior citizens centers and meals on wheels programs not participating under the Older Americans Act. As of fiscal year 1978, there were over 7,000 institutions receiving food donations for an estimated 800,000 needy persons.

ITEM 2. DEPARTMENT OF COMMERCE

JANUARY 11, 1980.

DEAR MR. CHAIRMAN: Thank you for your letter of October 5 cosigned by Senator Domenici. Enclosed are 3 copies of the report on activities relative to aging which are conducted within the Department of Commerce.

As requested, this year's report also includes fiscal year 1979 expenditure levels for these programs. The total identifiable expenditures for the Department of Commerce are \$7,246,000 for fiscal year 1979.

Sincerely,

PHILIP M. KLUTZNICK,
Secretary.

Enclosure.

1979 REPORT FOR AGING

The Department of Commerce presently has 5 bureaus that have programs that either directly or indirectly affect the elderly. Details of these programs are listed below by bureau:

BUREAU OF THE CENSUS

Statistical Research, Data, and Reports

The Bureau of the Census issued a special report, Series P-23, No. 85, consolidating current data on the social and economic characteristics of the older population in the United States. In addition to this report dealing entirely with the elderly population, the following reports containing substantial amounts of data on older persons were issued by the Bureau of the Census in its "Current Population Reports" and other publications series during 1979. The reports contain information about the demographic and socioeconomic characteristics of the population. Many of the "Current Population Reports" will be updated in 1980. Funding for these series is subsumed under general program expenditures and are not specifically identified.

Current Population Reports

Series P-20:

<i>Title</i>	<i>No.</i>
Geographical Mobility: March 1975 to March 1978.....	331
Demographic, Social, and Economic Profile of States: Spring 1976....	334
Marital Status and Living Arrangements: March 1978.....	338
Persons of Spanish Origin in the United States: March 1978 (ad- vance report).....	339
Household and Family Characteristics: March 1978.....	340
Voting and Registration in the Election of November 1978.....	344
School Enrollment—Social and Economic Characteristics of Students: October 1978.....	346
Persons of Spanish Origin in the United States: March 1979 (ad- vance report).....	347

Series P-23:

The Future of the American Family; Prospective Trends in the size and Structure of the Elderly Population, Impact on Mortality Trends, and Some Implications. This report presents 2 statements that were submitted as parts of testimony before congressional committees in May 1978 and have been issued as a special report....	78
Illustrative Projection of World Population to the 21st Century.....	79
The Social and Economic Status of the Black Population in the United States: An Historical View, 1790-1978.....	80
Reasons for Interstate Migration.....	81
Social and Economic Characteristics of the Older Population.....	85

Series P-25:

<i>Title</i>	<i>No.</i>
Estimates of the Population of States, by Age: July 1, 1977 and 1978...	794
Illustrative Projections of State Populations, by Age, Race, and Sex: 1975 to 2000.....	796
Estimates of the Population of the United States, by Age, Sex, and Race: 1976 to 1978.....	800
Projections of the Number of Households and Families: 1979 to 1995.....	805
Estimates of the Population of the United States, by Age, Sex, and Race: 1976 to 1979.....	870
Series P-27:	
Farm Population of the United States: 1978.....	52
Series P-60:	
Money Income in 1977 of Families and Persons in the United States.....	118
Characteristics of the Population Below the Poverty Level: 1977....	119
Money Income and Poverty Status of Families and Persons in the United States: 1978 (advance report).....	120

Current Housing Reports

Series H-150-77:

Annual housing survey:	
General Housing Characteristics for the United States and Regions: 1977.....	<i>Part A</i>
Financial Characteristics of the Housing Inventory for the United States and Regions.....	<i>C</i>
Housing Characteristics of Recent Movers for the United States and Regions.....	<i>D</i>
Urban and Rural Housing Characteristics for the United States and Regions.....	<i>E</i>

Series H-170-76:

Housing Characteristics for Selected Metropolitan Areas.....	41-60
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Other Reports

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

A member of the Census Bureau's social research staff presented results of research on utilization of long-term care institutions by the elderly at the NIA conference on demographic and health information on the elderly: resources and needs.

Members of the social research staff presented results of a study of characteristics of elderly populations to the Groves Family Conference, American Statistical Association, and the American Psychiatric Association. The topic was "Geographic Patterns in Selected Aspects of the Living Arrangements of the Elderly: 1970 Census Data for States, HEW Regions, and the United States".

Members of the social research staff presented results of the study, "Factors Related to State Differentials in the Use of Long-Term Institutional Health Care Facilities by the Elderly: 1970," at the Southern Regional Demographic Association meetings.

A profile analysis of Minnesota counties.

Members of the population division made a presentation on "Demographic Aspects of Older Blacks" at the forum on aging at Howard University.

The paper, "Recent and Prospective Demographic Trends for the Elderly Population and Some Implications for Health Care," was edited for publication in the proceedings of the second conference on the epidemiology of aging, sponsored jointly by the National Institute on Aging and the National Heart, Lung, and Blood Institute. Publication is scheduled for January or February of 1980.

The paper, "Demographic Background for International Gerontological Studies," is being edited for publication.

The Census Bureau is conducting research on ways of projecting mortality trends in the United States.

A new report on the "Demographic Aspects of Aging in the United States" is in preparation for publication in "Current Population Reports," Series P-23.

Members of the population division addressed the aging data and information workshop, sponsored jointly by the National Retired Teachers Association and

the American Association of Retired Persons. The topic was "The Bureau of the Census as a Data Resource for Studies of Aging in the United States."

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

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

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

The National Oceanic and Atmospheric Administration's assistance to the aged is normally by indirect means. During fiscal year 1979, the related programs and estimated expenditure levels were (in thousands of dollars):

	<i>Fiscal year 1979 expenditures</i>
Programs:	
Regional weather trends—local weather dissemination, air pollution weather services, climatic data services, environmental documentation and information.....	\$2, 852
Recreational guides—nautical chart services, Marine Recreation Fisheries.....	1, 205
Fish food guidelines—economics and commercial fisheries statistics, increasing use of resources, fisheries product quality and safety....	1, 369
Total.....	5, 426

There were no precedent setting court decisions rendered during this period nor are any pending.

PATENT AND TRADEMARK OFFICE

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

Patents issued on some compositions or devices having a useful or beneficial effect on diseases or other medical problem have a greater impact on the aging than on the general population. The copies of patents which were issued in 1979 that we feel will be beneficial in your report are listed below:

No. 4,133,603.....	Extra hand magnifying glass.
No. 4,134,990.....	Composition of matter and method of use to treat arthritic disease.
No. 4,143,889.....	Large print books and methods for producing the same from regular size books.
No. 4,145,416.....	Novel agents and novel methods for treatment of climacteric disturbances.
No. 4,155,468.....	Vehicle mounted access ramp assembly for wheelchair users.
No. 4,156,116.....	Hearing aids using single side band clipping with output compression amp.
No. 4,156,423.....	Coronary atherosclerosis diagnostic method.
No. 4,156,718.....	Control and reversal of the immunological senescence.
No. 4,157,720.....	Cardiac pacemaker.
No. 4,159,110.....	Folding wheeled walker.

No. 4,161,065.....	Method for making readily reshapable dentures.
No. 4,162,122.....	Zonal bifocal contact lens.
No. 4,162,544.....	Safety railing.
No. 4,163,292.....	Hip prosthesis.
No. 4,163,790.....	Method for increasing coronary blood flow in mammals.

Information on expenditures associated with the specific programs listed above is not available in that these programs are a byproduct of the total patent examination process.

NATIONAL BUREAU OF STANDARDS

Consumer Product Technology

A study was performed in fiscal year 1979 comparing the differences in detection criteria as employed by electronic sphygmomanometers and medical professionals.

Fire Research and Safety

A fire safety evaluation system for health care facilities has been developed to determine if a hospital or nursing home has the level of fire safety protection prescribed in the National Fire Protection Association Life Safety Code. The value of this system is that it permits the provider to have more flexibility in selecting the fire protection features to use in attaining the required fire protection as compared with meeting each specification in the code. Use of the fire safety evaluation system permits the achievement of required fire protection at less cost, especially in upgrading existing buildings. It also gives the architect more flexibility in designing a building that better serves the needs of the residents, especially in new buildings and major renovations. It is hoped that this will mean less institutional-appearing nursing homes in the future.

A fire safety evaluation system for community based group homes for the developmentally disabled is currently being designed. There are no fire safety regulations that were designed for group homes where the residents are mildly or severely disabled. This system will fill a well recognized void. The target population is composed mainly of mentally retarded citizens, with or without physical disabilities.

Dental Materials

The work the Bureau has carried out over the past 50 years on dental materials and methods impacts the elderly, particularly the more recent work on polymer composite restorative materials. Other dental research at NBS which will yield major benefits for the elderly are: the development of new alloy ceramics and their fusing to base metals, corrosion testing of base metals, and research into the deterioration of dental amalgams. The overall goal of these programs is to provide materials of greater durability and wear resistance and improved base metal alloy alternatives to the costly gold prostheses.

Synthetic Implants

Work in this program has produced the first implant standard for acrylic bone cements, three standards for new implant metals, reference materials for tissue compatibility, several ASTM recommended test procedures, as well as major conferences on implant retrieval and analyses.

Listed below are the expenditures during fiscal year 1979 for these programs (in thousands of dollars):

	<i>Fiscal year 1979 expenditures</i>
Programs:	
Consumer product technology.....	\$75
Fire research and safety:	
Health care facilities.....	380
Group homes for developmentally disabled.....	250
Dental.....	855
Synthetic implants.....	260
Total, NBS.....	1,820

NATIONAL TECHNICAL INFORMATION SERVICE

The National Technical Information Service is not involved in any programs for the elderly at this time but does publish three documents which do pertain to

this subject. These publications primarily involve topics on social services, health, housing, and transportation problems. These documents are:

"Transportation for the Elderly or Physically Handicapped" (NTIS-PS-78/0828).

This document contains abstracts of reports on transportation difficulties and designs as they relate to the aged and handicapped population. The source documents were submitted to NTIS by both Federal and non-Federal organizations.

"The Elderly (Social Health and Transportation Problems and Services)" (NTIS-PS-77/0672—volume I and NTIS-PS-78/0888—volume II).

These documents primarily treat topics on social services, health, housing, and transportation problems.

ITEM 3. DEPARTMENT OF DEFENSE

JANUARY 7, 1980.

DEAR MR. CHAIRMAN: This is in reply to your recent letter requesting information on Department of Defense actions and programs for the aging.

The Department of Defense continues to adhere strictly to the provisions of the Age Discrimination in Employment Act of 1967, as amended by Public Law 93-259, and operates one of the most comprehensive retirement planning programs for civilian employees in the Federal Government. Integrated into the overall personnel management process, our program is designed: (1) To maintain the physical and mental fitness of current employees of all ages; (2) to assist employees in their adjustment to retirement; and (3) to assist management in planning for workforce replacement needs. It encompasses extensive preretirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance, and includes trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age.

Currently, the Department of the Army is participating in the Office of Personnel Management's interagency cooperative task group which is evaluating the effectiveness of the early retirement programs that are provided for law enforcement, firefighter, and air traffic controller personnel. The study was recommended by the Subcommittee on Compensation and Employee Benefits of the House Post Office and Civil Service Committee.

The military departments and defense agencies, in cooperation with community health officials, have continued to provide multiphasic occupational health programs and service to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorders, immunizations and treatments. Since the programs within this Department which impact on the elderly are integrated into the overall personnel management process, expenditure level data are not identifiable as separate budget and reporting items. Recent court decisions do not impact on programs for the elderly nor are pending court actions expected to affect such programs.

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

In summary, the Department of Defense has operated a comprehensive retirement planning program for civilian employees, provided extensive health care services to employees, and carried out an ongoing, affirmative action program to preclude discrimination based on age. These program efforts will be continued in 1980.

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

Sincerely,

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

ITEM 4. DEPARTMENT OF ENERGY

FEBRUARY 4, 1980.

DEAR MR. CHAIRMAN: In response to your letter requesting an update of Department of Energy (DOE) activities in 1979 affecting older Americans, we are pleased to submit the following report. The wide ranges of DOE activity affecting older Americans during 1979, will be organized into five categories: Policy initiatives; service delivery programs; information collection and dissemination activities; public participation activities; and research on the biological and physiological aging process.

Before detailing the Department's activities in each of the above categories, an overview of the Department's efforts should be considered. The immediate and long-term objectives of the Department are the assurance of adequate, available, and reasonably priced energy supplies for U.S. consumers. The Department remains sensitive to the impact of energy cost and supply on older Americans and low-income households whose resources are strained to meet their basic energy needs. Energy conservation, the development of renewable domestic fuels, utility regulatory reform, energy development impact assistance, and conservation incentives through tax credit are some of the activities the Department has been involved in that have had significant implications for older Americans. The following will be a description of activities and programs in each of aforementioned categories:

POLICY INITIATIVES

The Department's single highest priority in 1979 was the implementation of the National Energy Act. The Department has undertaken vigorous efforts to implement the major provisions of the legislation. Several provisions of the act have and will affect the lives of older Americans. DOE has made every effort to assure that the energy-related needs of older Americans are adequately and equitably met. The following are examples of policy initiatives that have been taken to respond to the issues concerning older Americans:

Utility regulatory reform activities of the Department will encourage each public service commission to address all of the equity and efficiency implications of rate structures and certain regulatory practices. The standards regarding termination of utility service and the required consideration of lifeline rates are reform issues that directly affect senior citizens. DOE addressed the potential hardships for the elderly which may result from service termination by issuing a voluntary guideline on the issues and procedures that should be addressed when considering the termination standards. The guideline states that a utility's termination of service policy shall take into account the need to include reasonable provisions which consider the unique problems of the elderly. The guideline provides for the utility's personal contact with an elderly consumer and notification to the appropriate regulatory authority, or designated alternate agency, at least 2 working days prior to any service termination. These provisions allow the elderly, living alone, to have ample opportunity to avoid termination or to obtain assistance in making other arrangements. DOE has begun an indepth review of a series of lifeline electric rate programs to determine their impact on elderly and low-income families, other customers, and the utility companies.

Energy crisis assistance program and energy allowance program.—The Department of Energy actively supported the administration's efforts to secure passage of these two programs. These programs, administered by the Community Services Administration and the Department of Health, Education, and Welfare, respectively, will provide \$1.6 billion in assistance to low-income families this winter. Much of this assistance will go to the elderly; \$400 million of the energy allowance program funds are specifically earmarked for recipients of supplemental security income, who are predominantly elderly.

Weatherization program.—The Department of Energy, in cooperation with the Community Services Administration and the Department of Labor, initiated an action plan to speed delivery of weatherization services. The elderly and handicapped are given priority under this program, which provides grants for the installation of insulation, weather stripping, storm windows, and other energy-saving measures.

Residential conservation service.—During 1979, the Department of Energy issued final rules for the residential conservation service. This program requires utilities to offer energy audits and to offer to arrange for the installation and financing of energy conservation measures. This program, while available to all customers of

covered utilities, should be of particular benefit to the aged by providing objective information on energy conservation investments and assistance in finding qualified contractors for installation and in obtaining financing.

New residential energy conservation initiatives.—During 1979, the administration has proposed a number of new residential energy conservation initiatives. One of the major new initiatives is the Energy Conservation Bank, which will provide subsidized financing (up to a 30-percent subsidy) for significant energy conservation improvements. The financing available from the Energy Conservation Bank is designed to provide a positive cash saving to the consumer, that is, payments on loans obtained from the bank will be less than the cost of the energy saved through the consumer's conservation investment. This program will be of particular benefit to the elderly, who have the highest rate of homeownership of any age group.

Impact of energy prices and policies on socioeconomic groups.—The Department of Energy has been analyzing the impacts of energy policies and rising energy prices on various socioeconomic groups. Additional studies are planned for 1980.

SERVICE DELIVERY PROGRAMS

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

Weatherization program.—In 1979, the weatherization assistance program awarded over \$197 million in grants to States and 24 Native American tribal organizations for the weatherization of homes of low-income persons. Reports for the period that ended October 31, 1979, indicate that 213,780 low-income homes were weatherized and that the majority of those dwellings were occupied by the elderly.

Publications.—Many pamphlets produced by Public Affairs are distributed to the elderly by agencies working with people on fixed or low incomes. Two brochures dealing with energy conservation are requested most frequently—"Tips for Energy Savers" (available in both English and Spanish) and "Winter Survival".

The following agencies are just a few of the many organizations that regularly provide DOE conservation publications to older citizens:

Region I:

- Office of Energy Resources, Maine.
- Lowell, Mass., Housing Authority.
- Action for Boston Community Development, Boston, Mass.
- Office of Energy Conservation, Community Development for the State of Massachusetts.
- Self-Help, Inc., Brockton, Mass.
- Park Family Life Center, Jamaica Plain, Mass.
- On-Board, Inc.: Crisis intervention program working with fuel for elderly and low-income residents.
- Mystic Valley Elder Home Care, Mass.

Region II:

- New York Statewide Coalition for the Elderly.

Region III:

- Philadelphia, Pa., Housing Authority.
- Baltimore, Md., Housing Authority.

Region IV:

- Office of Aging, State Department of Human Resources—Alabama, Georgia, Florida, Mississippi.

Region V:

- Council on Aging, Chicago, Ill.
- Chicago, Ill., Department of Consumer Sales.

Region VI:

- American Association of Retired Persons.
- Regional Energy Information Center, Dallas, Tex.
- Community Action Agency.

Region VII:

- Kansas City, Kans., Citizen/Labor Energy Coalition.
- Greater Omaha, Nebr., Community Action, Inc.
- Upper Des Moines, Iowa, Opportunity, Inc.
- St. Louis, Mo., Community Development Agency.

Region VIII:

Mountain Plains Congress of Senior Organizations.
 CSA Energy Advocacy Programs, Helena, Mont.
 Mile High United Way.

Region IX:

Department of Community Services, San Bernardino, Calif.

INFORMATION COLLECTION AND DISSEMINATION ACTIVITIES

The Energy Information Administration conducts analyses of the expenditure impact of changing energy prices and other energy policy issues of various population groups, including the elderly. These analyses are conducted using the "Micro Analysis Transfers to Household/Comprehensive Human Resources Data System (MATH/CHRDS)" computer model.

During 1979, the Energy Information Administration prepared two reports which contain information concerning expenditures for energy by the elderly. First, the Energy Information Administration "Annual Report to Congress, 1978," volume 3, contains projections of annual expenditures for energy by the elderly from 1975 to 1990, in dollars and as a percentage of disposable income, and presents 1975 estimates for energy expenditures by fuel type.

The second report, "Applied Analysis Service Report," contains estimates of expenditures for energy by fuel type for 1975 and 1985. Entitled "Disposable Income and Expenditure Estimates for 125 Percent of Poverty Households" (SR/EU/79-12), the report is limited to households whose income is below 125 percent of the official poverty level, and provides both national and regional level estimates.

Both of these reports are available at the Energy Information Administration, Office of Applied Analysis, 12th and Pennsylvania Avenue NW., Room 4530, Washington, D.C. 20461.

PUBLIC PARTICIPATION ACTIVITIES

In its efforts on behalf of citizen participation, the Department developed the DOE citizen participation manual to guide other units of DOE in developing and implementing citizen participation efforts and held workshops for representatives from those units to instruct them in effective use of the manual; coordinated over 70 National Energy Act hearings/meetings for other program and regulatory units of DOE; published and distributed six issues of the "Energy Consumer/Consumer Briefing Summary" focusing on energy topics of major interest to the Nation's consumers; upgraded and maintained a name mailing list of over 400,000 names; and conducted public hearings and meetings relating to the National Energy Plan II and the 60-day coal study.

In conjunction with HUD, DOE conducted a nationwide series of 31 workshops for over 4,000 low-income and senior citizens community leaders to assist them in gaining access to Federal energy assistance programs. For distribution at these workshops, OCA developed a resource guide on Federal energy assistance programs entitled "Activate Communities Today/Organize Now for Energy (Act/One)" along with a supporting audiovisual representation. The Act/One publication is currently being revised for public distribution through Federal and State agencies and local community action agencies.

A central purpose of this workshop program was to develop a dialog with low-income Americans and to gain information about their particular energy needs, information which could be used to guide energy policy decisions. In order to facilitate this energy information gathering and policy process, OCA commissioned the TransCentury Corp. to prepare a report studying the relationship between escalating energy costs and the hardships of the poor and elderly. Information for this report was gathered at the workshops, in the field, and from existing literature. The report, "The Impact of Rising Energy Prices on Low Income Consumers: A Test of American Standards of Social and Economic Justice" is available in draft form and is being completed. Information and experience gained at the workshops and the detailed analysis of the TransCentury report were important sources of information to the White House Domestic Policy Staff in developing comprehensive energy assistance options for low-income citizens with particular consideration for the needs of senior citizens.

RESEARCH ACTIVITIES

The Department of Energy field laboratories conducted two categories of studies related to biological aging during 1979. Those categories were:

- (1) Studies that produce data on physiologic and pathologic changes occurring in aging human and animal populations; and
- (2) Studies directly concerned with clarifying the biological basis of aging.

A complete description of these research activities is appended as enclosure 2. We are pleased to contribute to your annual review of Federal actions and programs related to aging.

Sincerely,

JOHN C. SAWHILL,
Deputy Secretary.

Enclosures.

Enclosure 1

REGIONAL ACTIVITIES RELATED TO THE AGED DURING 1979

REGION I

Liaison with region I Administration on Aging.—We have continued our excellent working relationship of prior years with the region I Administration on Aging. AoA sits on the Consumer Impact Work Group of the New England Energy Task Force (NEETF) along with other Federal agencies which are concerned about the human aspect of rising energy costs. Region I DOE recently contributed to a regional workshop on energy assistance resources for the elderly attended by several State and Federal agencies which are dealing with such issues as winter fuel assistance and weatherization.

Guide to Federal consumer energy assistance.—State and area agencies on aging and other organizations serving the elderly throughout New England are among the recipients of this catalog. For the fifth consecutive year, DOE region I is coordinating the collection of material for this guide which has served as the single source of information on all types of assistance available to consumers to help them meet rising energy costs.

REGION III

In 1979, \$24,249,900 was awarded for weatherization in this region. Emphasis, as in the past, has been placed on service to the elderly. There were 18,495 elderly occupants in the 24,761 homes weatherized.

The energy extension service as implemented in the District of Columbia benefited the elderly. The program will be extended to the other five regional entities in 1980.

The regional impact was made by the consumer affairs officer, who testified before a Subcommittee on Aging convened this year in Pittsburgh by two Pennsylvania Congresspersons.

The Department is represented on the FRC Subcommittee on Aging's Energy Committee.

Presentations were made and literature was distributed to groups inclusive of the elderly.

Referrals were made in cases where elderly were among those who called for emergency assistance.

REGION IV

Region IV has exerted its efforts and resources in assisting, expanding, and encouraging Federal, State, and local agencies to provide energy-saving opportunities, information, and priority status for the region's elderly citizens.

Region IV has responded to the increasing needs of its senior citizens by addressing three areas that aid in satisfying some of those requirements. In each of the areas listed below, region IV has provided energy experts and speakers; conducted regional, State, and local training and workshop conferences; and has attempted to facilitate a networking system of Federal, State, and local agencies in order to relay relevant energy information to the elderly.

In the first area, coordination, this office has cooperated and provided leadership in coordinating Federal and State agencies toward addressing the special needs of the elderly. Specific conferences, workshops, and networking systems have resulted in these efforts. Federal interagency cooperation has occurred among HUD, HEW, CSA, DOE, and DOT. At the State level offices on aging and economic opportunity offices have also participated. Specific conferences have been held in Georgia, Florida, Mississippi, Tennessee, and Alabama.

In the second area, workshop/training, the series of sessions have been directed at improving services, providing training and support, and making State officials and senior citizens aware of energy assistance programs and practical do-it-yourself projects. These sessions include speakers, slide presentations, distribution of pertinent information, identification of various agency programs, and provide a feedback mechanism for the elderly. Meetings of this type have been held in North Carolina, Georgia, Tennessee, and Alabama.

In the third area, information/dissemination, region IV has established itself as a regional referral service to each Federal and State agency. It also provides direct access to senior citizens. This referral information/dissemination service is an integral part of our senior citizens approach, for we are able to network information through State and Federal agencies thereby reaching large numbers of senior citizens while still being able to respond to individual requests.

REGION VIII

Region VIII obtained the participation of a representative of the Montana Senior Citizen Association on a panel for a NEP II public meeting.

Senior citizen organizations have been regularly notified and assisted with participation in public meetings and hearings held in the region, particularly those relating to the Public Utility Regulatory Act and the National Energy Conservation Policy Act.

Region VIII staff maintained a referral service to assist elderly with utility-related problems, including crisis intervention funding.

Meetings were periodically held with representatives of groups representing elderly to provide information on DOE policies and programs relating to their constituency.

DOE staff have worked extensively with region VIII CSA energy advocacy project, which has a major part of its constituency, the low-income elderly, to provide information on DOE policies and programs relating to and providing assistance for those programs.

REGION IX

The most direct response to senior citizens has been the weatherization program which provides insulation and other improvements to low-income homes to protect them from winter's cold or the searing heat of the Arizona and Nevada desert. It is estimated that by the end of 1979, over 10,000 homes will have been weatherized in region IX under this program which began in 1977. The program gives preference to senior citizens.

Assistance has been given in the area of crisis intervention through referral to other Federal agencies (HEW and CSA) and applicable State and local agencies. Regional staff has also participated in workshops sponsored by these agencies providing advice and information on energy conservation.

The regional Energy Resource Center provides printed material on energy conservation to individual senior citizens and public interest groups representing the elderly. Many seniors and their representatives also receive the regional newsletter.

An active campaign was begun in 1979 to solicit input for DOE policy decisions from seniors and their representatives. Notices of key hearings are mailed to them and, in some cases, they are called and background material sent. As a result, many have appeared at public hearings on nuclear power, solar energy, and the pricing and allocation of fuels.

The Enforcement Division (ERA) has responded to complaints from seniors on gasoline and propane pricing.

REGION X

Appropriate technology small grants program drew considerable attention from the elderly with approximately 25 percent of the 1,255 proposals received during the 1979 program coming from senior citizens, with 2 out of 41 proposals selected for grants going to this group. Assistance was given all elderly respondents in helping them seek out other private and government sources who might be interested in their proposals.

Weatherization assistance program gives a high priority to elderly and handicapped persons. Of the money spent within this region, from 25 to 30 percent went to the weatherization of homes occupied by low-income elderly people.

The Washington Energy Extension Service operated during 1979 was a pilot program in this region. The extension service, which is oriented to local community needs, offers workshops and classes on energy conservation and alternative sources

of energy. Of particular interest to senior citizens who may be less mobile, the extension service has a dial-extension system with about 30 prerecorded tapes on energy matters ranging from "how to keep you home energy efficient" to "tool lending." Calls on this system average some 500 per month; some 20 percent from elderly people.

Approximately \$1,315,000 went to preliminary energy audits and energy audits in this region. Grants to nursing homes and hospitals indirectly assist senior citizen users of these public institutions by curbing rising energy costs of operation.

The external relations office worked together with HUD in cosponsoring a regional 3-day community development-energy training workshop. The workshop's aim was geared to programs affecting minorities, the elderly, the handicapped, and the poor.

Senior citizens are a large portion of the many callers to the public affairs office seeking general and specific energy information. The office assists them by answering questions directly, disseminating energy pamphlets, or by referring citizens to other agencies who are responsible for handling specific energy-related matters.

Senior citizens became a part of the participation process during public hearings held in the region on the northern tier study and the residential conservation service program which drew interest from this group.

Speech requests continue to come from senior citizen groups such as the Retired Teachers Association and the American Association of Retired Persons (AARP)

Enclosure 2

RESEARCH RELATED TO BIOLOGICAL AGING

As in previous years, the Office of Health and Environmental Research (OHER) has administered a major program of research aimed at identifying and characterizing health impacts of the energy-producing technologies. In assessing energy-related health impacts, it is particularly important to determine long-term and late-appearing health effects induced by chronic exposures to low levels of hazardous chemical or physical agents. Since health effects induced by chronic low-level exposures to toxic agents typically develop progressively over the entire lifespan or a significant fraction thereof, it is essential that such effects be clearly differentiated from functional decrements, morbidity patterns, and mortality that occur as a result of the aging process. To make a statistically valid differentiation between induced health effects and spontaneously occurring aging effects, detailed information on pathophysiologic changes occurring throughout the lifespan must be collected for both exposed and unexposed (control) populations of adequate size. Pathophysiologic data are collected from human populations whenever possible but primarily from controlled studies of animal populations. Studies conducted in this manner inevitably generate data describing age-related changes that occur in unexposed populations and in populations exposed to specific toxicants. Such data not only help to characterize the aging process but also define how sensitivity to hazardous agents may change with age. Given the importance of biological aging in the study of late-appearing health effects, additional studies are conducted in order to obtain a better understanding of the aging process itself. Thus, although the Department of Energy does not sponsor an organized program of research on the aging process, two categories of studies related to biological aging were conducted during 1979: (a) studies not directly concerned with biological aging but that produce data on physiologic and pathologic changes occurring in aging human and animal populations, and (b) studies directly concerned with elucidating the biological basis of aging.

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

was established in September 1977 to evaluate small vertebrates as animal models for research on aging.

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

Summarized below is research on or related to aging that the Department sponsored in 1979:

LONG-TERM STUDIES OF HUMAN POPULATIONS

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

The Radiation Effects Research Foundation (RERF), which is sponsored jointly by the Governments of the United States and Japan, continued work on a large-scale lifetime followup of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study. Detailed clinical and laboratory studies as well as the collection of mortality and autopsy data are performed on both irradiated and control populations in order to identify diseases that have contributed to elevated morbidity and life shortening among survivors. An important feature of the RERF program is the acquisition of valuable quantitative data on dose-response relationships. Useful data on genetic effects are also being collected. From time to time studies specifically concerned with age-related changes are conducted. Based on extensive data, it was recently reported that the "effects of ionizing radiation on mortality are specific and focal, and principally carcinogenic."

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. The clinical followup has continued on a semiannual basis. Thyroid pathology, which has generally responded well to therapy or surgery, has been prevalent in individuals heavily exposed to radioiodine. There is a possibility that the population of Likiep Atoll, currently 400 to 500, may have to be added to the study because of an alleged increase in thyroid pathology.

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

At the Los Alamos Scientific Laboratory, an epidemiologic study of plutonium workers, past and present, at six Department of Energy facilities is in progress. This study involves a lifetime surveillance of worker health and causes of death. An estimated 15,000 to 20,000 workers will be followed in the study of mortality

data and at least one-third of these will also be studied further by collecting detailed morbidity and personal history data periodically via questionnaires. Data on internal dosimetry are routinely collected in order to study dose-response relationships. Autopsy data are obtained through the U.S. Transuranium Registry (see below). Valid conclusions are not yet possible but so far there is no excess mortality due to any cause in 224 males with the highest plutonium exposures; the possibly higher than normal incidence of cancer of the lymphatic and blood systems is no longer occurring; the higher than normal incidence of digestive tract cancers in both males and females is more likely due to cultural and socioeconomic factors; and 26 males exposed to plutonium mostly by inhalation under extraordinarily crude conditions during World War II yield no evidence yet that adverse health effects exist 32 years after exposure.

A population of some 170,000 past and present contractor employees at Department of Energy production and laboratory facilities is being analyzed in an epidemiologic study designed to assess health effects produced by long-term exposure to low levels of ionizing radiation. Worker populations at the Hanford (Washington) and Oak Ridge (Tennessee) plants plus a smaller group of contractor employees at the Mound Laboratory (Miamisburg, Ohio) are the subjects of the study, which is directed by the staff at the Oak Ridge Associated Universities (ORAU) with assistance in data collection and processing from teams at each of the facilities that house the workers' records. The study involves the statistical analysis of work records, medical records, and vital statistics (including mortality data and causes of death). Radiation dosimetry as well as exposures to other toxic agents in the work environment are carefully evaluated.

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

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

LIFETIME STUDIES IN SHORT-LIVED MAMMALS

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

Small rodents with lifespans of 2 to 3 years (rats, mice, hamsters) provide lifetime data in a minimum of time and at low cost. Because of these advantages, rodent populations have been extensively used in large-scale studies of late somatic and genetic effects induced by low doses of ionizing radiation. For example, at the Argonne National Laboratory and the Oak Ridge National Laboratory combined, more than 50,000 mice have been exposed to various doses of externally applied ionizing radiation delivered in different daily increments in order to characterize radiation-exposure regimes. These studies, in which both gamma and

neutron radiations have been employed, continue to yield valuable information on the importance of dose rate and radiation quality as variables affecting mammalian responses to radiation stress. In addition, the careful study of control (unexposed) populations is providing valuable data on lifespan, morbidity patterns, and causes of death in unstressed animals. Additional lifetime studies of tumorigenesis and other late-appearing somatic effects of ionizing radiation in rodent populations have been carried out at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Los Alamos Scientific Laboratory, the Battelle-Pacific Northwest Laboratories, the University of Utah, and the Lovelace Inhalation Toxicology Research Institute. These studies have included work with various types of ionizing radiation delivered to the animal body from external radiation sources and from internally deposited radionuclides. Approximately 30,000 rodents are currently under observation in lifetime studies at the above-mentioned laboratories. Included in the ongoing effort are studies involving external sources (neutrons, gamma radiation, and heavy ionizing particles), actinide isotopes that are present in nuclear fuels (plutonium-239, uranium-232, uranium-233, and others), radium isotopes and products of nuclear fission (including tritium and krypton-85).

Rodent populations are also utilized in lifetime studies of health effects associated with exposures to energy-related chemical agents. In view of the large number of potentially hazardous materials requiring toxicological evaluation, such studies are conducted as part of a systematic multitiered screening and testing program. The number of ongoing lifetime studies has been increasing as short-term toxicological studies have continued to identify additional requirements for long-term testing. These studies are now producing data related to chronic disorders including cancer.

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

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

A number of lifetime health-effects studies are conducted in connection with technologies concerned with the conversion of coal to secondary fuels and the extraction of oil from oil shale. Studies are underway to assess the cancer incidence and lifespan reduction caused by exposure to polynuclear aromatic hydrocarbons produced or released as a consequence of coal gasification and coal liquefaction. Argonne National Laboratory conducts a program which emphasizes research on the role of cancer-promoting agents in the enhancement of tumor yield and reduction of the latent period for malignant tumor production in skin, lung, and liver. At the Oak Ridge National Laboratory, lifetime animal studies are evaluating on a comparative basis skin, lung, and nonspecific cancer caused by various classes of compounds found in coal liquefaction products. A related project has

begun to assess the chronic toxicity of various classes of chemical agents found in effluents and waste products from coal liquefaction operations. Lifetime studies in rats and hamsters now in progress at the University of Connecticut, Farmington, are defining chronic toxicity and carcinogenic risks associated with the ingestion and inhalation of nickel-containing materials present in waste streams of coal gasification facilities. Health risks associated with the solvent refining of coal to a solid fuel (SRC I product) and to a liquid fuel (SRC II product) are being defined at the Pacific Northwest Laboratories, where long-term studies of rodents chronically exposed by inhalation or dermal application to components of process streams and fugitive emissions are in progress. Also in progress at the Los Alamos Scientific Laboratory is a project designed to assess chronic pulmonary toxicity of raw and spent oil shale and to define the pulmonary carcinogenicity of crude shale oil fractions.

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

LIFETIME STUDIES WITH LONG-LIVED MAMMALS

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

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

RESEARCH MORE DIRECTLY CONCERNED WITH AGING

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

Ongoing studies at the Argonne National Laboratory are primarily concerned with developing an evolutionary comparative paradigm of aging and longevity. This effort seeks to explain differences in lifespan of animal species on the basis of the natural selection of genetically determined traits. The Argonne investigators favor the view that longevity in mammalian species has evolved from a selection of traits conferring on individuals a lifespan and vigor that results in something approaching an optimum of growth, development, and reproduction for a particular ecological niche.

Over the years, extensive work on molecular, cellular, and physiologic aspects of biological aging have been conducted at the Oak Ridge National Laboratory. For

example, Oak Ridge investigators completed a substantial number of studies that have helped define age-related changes in the immune system of irradiated and unexposed rodent populations. Although age-related changes in immune function remain of interest from the point of view of tumor induction, the chief focus of ongoing research at Oak Ridge is directed toward molecular and cellular aspects of aging. Work continues on the multispecies comparative study of correlations that may exist between longevity of organisms and cellular capacity for the repair of damage in DNA molecules that encode genetic information. Additional work has been completed on the study of the error theory of aging, according to which the fidelity of amino acid incorporation into large protein molecules declines progressively with animal age. The magnitude of error has been determined by measuring the extent to which an amino acid analog is inserted by mistake into the mouse hemoglobin molecule. Errors were found to increase with age and with certain treatments to which mice were subjected.

TRENDS AND PROSPECTS

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

SUMMARY OF RESEARCH SUPPORT

Table I provides a summary of Department of Energy support of research related to aging for fiscal year 1979.

TABLE I.—RESEARCH RELATED TO AGING SPONSORED IN FISCAL YEAR 1979 BY THE DEPARTMENT OF ENERGY

Research category	Number of projects	Fiscal year 1979 funding (in thousands) ¹
Research directly related to aging:		
(a) Cellular and molecular systems.....	2	\$332
(b) Organs and tissues.....	1	50
(c) Organisms.....	1	100
Research indirectly related to aging:		
(a) Lifetime studies of short-lived animals (nuclear).....	12	4,250
(b) Lifetime studies of short-lived animals (nonnuclear).....	15	3,511
(c) Lifetime studies of long-lived animals.....	13	6,295
(d) Lifetime studies of human populations (nuclear).....	11	6,263
(e) Lifetime studies of human populations (nonnuclear).....	2	157
Total.....	63	20,958

¹ Total operating dollars.

Backup Information for Table I Submitted to Senator Chiles in January 1980 as Part of OHER's Annual Report on DOE-Supported Research Related to Aging

[Fiscal year 1979 obligations (in thousands)]

(1) Research directly related to the aging process:		Fiscal year 1979 (operating)
(a) Cellular and molecular systems:		
Regan/ORNL, #287, HA 0202020 (25 percent).....		240
Popp/ORNL, #173, HA 0202020 (25 percent).....		92
Subtotal (2 projects).....		332
(b) Organs and tissues: Perkins/ORNL, #190, HA 0202010 (40 percent).....		50
Subtotal (1 project).....		50

See footnotes at end of table.

Backup Information for Table I Submitted to Senator Chiles in January 1980 as Part of OHER's Annual Report on DOE-Supported Research Related to Aging—Cont.

[Fiscal year 1979 obligations (in thousands)]

	<i>Fiscal year 1979 (operating)</i>
(1) Research directly related to the aging process—Continued	
(c) Organisms: Sacher/ANL, #104, HB 0100000.....	100
Subtotal (1 project).....	100
Category total.....	482
(2) Research indirectly related to the aging process:	
(a) Lifetime studies of short-lived animals (nuclear):	
Thomson/ANL, #101, HA 0202010.....	1, 200
Reilly/ANL, #103, HA 0202010 (5 percent).....	25
Carsten/BNL, #34, HA 0202020.....	150
Anderson/LASL, #120, HA 0202010.....	750
Ullrich/ORNL, #143, HA 0202010.....	405
Muggenberg/ITRI, #2666, HA 0202010.....	360
Lundgren/ITRI, #477, HA 0202010.....	350
Sanders/PNL, #1406, HA 0202010.....	525
Cross/PNL, #393, HA 0202010 (50 percent).....	300
Book/Davis, #1399, HA 0202010 (50 percent).....	30
Kirk/Offsite, #7194, HA 0202010.....	88
Burns/Offsite, #6064, HA 0202010.....	67
Subtotal (12 projects).....	4, 250
(b) Lifetime studies of short-lived animals (nonnuclear):	
Reilly/ANL, #102, HA 0202010.....	290
Peraino/ANL, #4011, HA 0202010.....	258
Shellabarger/BNL, #1846, HA 0202010.....	300
Holland/ORNL, #146, HA 0202010.....	380
Slaga/ORNL, #1562, HA 0202010.....	405
Witschi/ORNL, #2362, HA 0202030.....	350
Ragan/PNL, #1979, HA 0202030.....	115
Sanders/PNL, #4110, HA 0202030.....	115
Kariagenes/PNL, #1975, HA 0202030.....	140
Ballou/PNL, #1988, HA 0202030.....	40
Renne/PNL, #1993, HA 0202030.....	100
Mahlum/PNL, #2710, HA 0202010 (50 percent).....	522
Mauderly/ITRI, #2675, HA 0202030.....	300
Warren/Offsite, #6060, HA 0202010.....	96
Sunderman/Offsite, #6062, HA 0202030.....	100
Subtotal (15 projects).....	3, 511
(c) Lifetime studies of long-lived animals (nuclear):	
Reilly/ANL, #103, HA 0202010 (5 percent).....	25
Fritz/ANL, #109, HA 0202010.....	1, 150
Park/PNL, #1460, HA 0202010.....	850
Dagle/PNL, #1407, HA 0202010.....	380
Cross/PNL, #393, HA 0202010.....	300
Muggenberg/ITRI, #2665, HA 0202010.....	800
Hahn/ITRI, #1435, HA 0202010.....	525
Mays/Utah, #3119, HA 0202010.....	219
Goldman/Davis, #428, HA 0202010.....	1, 040
Goldman/Davis, #443, HA 0202010.....	232
Jee/Utah, #3114, HA 0202010.....	305
Jee/Utah, #3115, HA 0202010.....	389
Jee/Utah, #3245, HA 0202010.....	80
Subtotal (13 projects).....	6, 295
(d) Lifetime studies of human populations (nuclear):	
Allen/RERF, #424, HA 0201010.....	500
Stehney/ANL, #302, HA 0201010.....	2, 600
Conard/BNL, #32, HA 0201010.....	565
Voelz/LASL, #1879, HA 0201010.....	485

See footnotes at end of table.

Backup Information for Table I Submitted to Senator Chiles in January 1980 as Part of OHER's Annual Report on DOE-Supported Research Related to Aging—Cont.

[Fiscal year 1979 obligations (in thousands)]

	<i>Fiscal year 1979</i>
(2) Research indirectly related to the aging process—Continued (<i>operating</i>)	
Breitenstein/HEHF, #409, HA 0201010.....	190
Holmes and Narver, #472, HA 0201010.....	¹ 170
Holmes and Narver, #1168, HA 0201010.....	580
Health and mortality study:	
Gilbert/PNL, #2131, HA 0201010.....	110
Tompkins/ORAU, #2493, HA 0201010.....	700
Bigler/Mound, #474, HA 0201010.....	28
Kirklin/HEHF, #408, HA 0201010.....	² 335
Subtotal (11 projects).....	6, 263
(e) Lifetime studies in human populations (nonnuclear):	
Winkelstein/LBL, #1866, HA 0201010.....	82
Rudnick/LASL, #3005, HA 0201010.....	75
Subtotal (2 projects).....	157
Category total.....	20, 340
(3) Totals for fiscal year 1979: Total operating costs (63 projects).....	\$20, 958

¹ Ship declared unseaworthy. Leasing another, expensive.

² Response to pressure to study low-level radiation.

NOTE.—A new study by Makinodan, #7591, HA 0201010, involved comparing immunologic parameters in different age groups. It is funded at about \$320K.

ITEM 5. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JANUARY 18, 1980.

DEAR MR. CHAIRMAN: I am responding to your letter requesting our cooperation in providing information for your publication of a new edition of "Developments in Aging." We are pleased to assist in this effort. Staff in my office have coordinated the reports which you requested from each component of this Department. We are enclosing them with this letter. I apologize for the slight delay in submitting the materials to you.

At present, it seems that there are two major types of action at the departmental level which might be of interest to the committee and others who read your report. The first is our development and promulgation of regulations required by section 304 of the Age Discrimination Act of 1975. On June 12, 1979 the Department issued final Government-wide regulations to implement the Age Discrimination Act of 1975. We issued proposed regulations governing HEW recipients on September 24, 1979, and expect to release final regulations early in 1980. Second, as you suggested in your letter, we are reporting on significant litigation during 1979 which affects HEW programs for the elderly. The General Counsel of this Department has prepared a report on these developments. It is enclosed with the other materials that you requested. I am sending a similar letter to Senator Domenici.

Sincerely yours,

PATRICIA ROBERTS HARRIS,
Secretary.

Enclosures.

OFFICE OF HUMAN DEVELOPMENT SERVICES ADMINISTRATION ON AGING

FISCAL YEAR 1979

This report highlights the activities of the Administration on Aging in fiscal year 1979. The report provides information on finances, programs, and interagency activities as they are translated into advocacy and services for older persons.

The Administration on Aging serves as the Federal focal point and advocate for the elderly. As such AoA is mandated to coordinate programs, influence and

develop policies and generate resources to meet the needs of the increasing numbers of older persons in this country. AoA seeks to provide leadership and support through its State and community programs for the development and operation of community-based service systems. These systems draw on the combined resources of Federal, State, local and private sector agencies. In the effort to serve the Nation's older persons better, AoA also sponsors research, demonstration, education, training, and a National Clearinghouse on Aging to expand on the knowledge base needed to design and implement more effective programs.

The agency listens to, speaks out for, and acts on behalf of a population of 33 million Americans 60 and over—about 1 in every 7 Americans. AoA's headquarters in Washington reaches out to its constituents through 10 regional offices of aging across the Nation, 57 State agencies on aging (including the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Samoa, the Pacific Islands Trust Territories, and the Northern Marianas). At the local level, this network includes 586 area agencies on aging, 1,162 nutrition projects, 11,771 nutrition sites and multiple ties with senior centers throughout the country.

AoA's budget and programs have grown dramatically since 1965 when the agency was first established under the Older Americans Act. That first year (fiscal year 1966), AoA's budget was \$7.5 million; in fiscal year 1979 its budget was \$543 million. Major amendments in 1972, 1973, and 1978 strengthened and expanded AoA's role. The 1972 amendments established the nutrition program for the elderly. The 1973 amendments laid the foundation for the national network of State and area agencies on aging. The 1978 amendments greatly expanded AoA's and the network's service and advocacy responsibilities to assure that adequate social, nutrition, health, and long-term care services are available to older persons in each community within an environment that preserves their independence and dignity.

WHOM DO WE SERVE? HOW DO WE SERVE THEM?

A new concept of aging and older persons is emerging. A Lou Harris survey in 1975 found that, in the eyes of the public, older Americans today represent a more independent and resourceful group than did older Americans 10 or 20 years ago. As a group, people over 65 are seen as healthier, better educated, better off financially, and a larger segment of the population today than they were in the 1950's and 1960's. Furthermore, the public recognizes that more older people can expect to enjoy greater longevity than in the past and, according to a majority of the public surveyed, are more likely now than before to live out that longer life in their own homes.

The public perceptions of aging and life in later years reflect the fact that vigorous and educated older people are developing new attitudes toward meaningful use of their time. They are engaging in a variety of activities for their own self-enhancement and for the benefit of their communities and for society. What a wonderfully rich contribution this can be to community life.

Evidence of the new perspectives on aging is all around us. Nearly 2.5 million of the persons 65 and over were working in 1978. According to a survey of the Academy for Educational Development, one of three colleges and universities now offers learning opportunities for older persons; 28 States have passed legislation permitting older persons to enroll in regularly scheduled classes free or at reduced tuition rates. A variety of other organizations and institutions have started educational programs for older persons. Some 100 museums, for example, now make special efforts to reach older persons.

Older Americans are a great resource. We must help them to promote their own unique and positive role. Public policy must move forcefully to fight the negative stereotypes of the aged. As advocates for older persons we must see that their fundamental rights are restored and protected. It is not just a question of meeting basic needs but also of affording older people the right to anticipate the future with hope and dignity. We must assist older people to become fully integrated into the life of their communities. We must both respect their need for services, and help preserve their dignity and independence.

At the same time we must focus on the very special needs of those older persons who are poor, disabled, isolated, frail, and vulnerable. Currently, about 40 percent of the over 65 population are 75 and older, and this proportion is expected to increase to 45 percent by the year 2000. Of the 24.1 million Americans aged 65 and older in 1978, the Census Bureau reports that 30 percent lived alone and 6 percent were institutionalized. About 3.2 million of those over 65 had incomes below the poverty level.

We realize the difference that help with meals and personal care, transportation, shopping, and health needs can make to the older person who lives alone or is homebound. The mandates of the Older Americans Act give us the framework for working toward a comprehensive system of services for the elderly. That system must be community-managed and operated; it must also span the entire range of needs which the elderly confront. Similarly, this system must draw on both public and private resources to build the caring communities which can help all Americans effectively respond to the problems and opportunities of the later years.

OLDER AMERICANS ACT: 1978 AMENDMENTS—NEW DIRECTIONS

The "Comprehensive Older Americans Act Amendments of 1978" (P.L. 95-478) were signed into law on October 18, 1978. These amendments brought about extensive changes in the Older Americans Act. Some of the major modifications effected by the 1978 amendments include the following:

MANAGEMENT AND ORGANIZATION

State and area plans will cover 3-year periods.

State plans will be based on area plans.

Each State must develop an intrastate formula for distributing title III-B and C funds.

Area agencies must assume program planning and management responsibilities for all title III-B and C services.

ADVOCACY

The Administration on Aging, as well as the State and area agencies, have been assigned specific advocacy responsibilities at their respective governmental levels.

COORDINATION

AoA has been given additional responsibilities for coordinating non-Older Americans Act programs affecting the elderly.

SERVICES

State agencies have been given new responsibilities for assisting patients in long-term care facilities.

Each area agency must assure that at least 50 percent of its title III-B allotment is spent on the following priority services:

- Access services, including transportation, information and referral, and outreach;
- legal services;
- in-home services (homemaker and home health aide, visiting and telephone reassurance, and chore maintenance).

A separate program of home-delivered meals was added.

TARGET POPULATIONS

Title III now gives explicit recognition to the need to "provide a continuum of care for the vulnerable elderly."

State and area agencies must assure that preference in service delivery is given to the elderly "with the greatest economic or social needs."

States must assure that additional sums are expended in rural areas (above the amounts expended in fiscal year 1978) unless the Commissioner waives the requirement.

ELDERLY NATIVE AMERICANS

A new title VI now authorizes direct grants to qualified Indian tribal organizations for services to elderly Native Americans.

TRANSITION

Because of the far reaching implications of these and other changes, the 1978 amendments authorized a 2-year transition period (fiscal years 1979-80) during which AoA and the State agencies can waive certain requirements of the amended legislation. However, all the provisions of the 1978 amendments are to be fully implemented no later than the beginning of fiscal year 1981.

IMPLEMENTATION OF THE 1978 AMENDMENTS

During the transition period AoA has undertaken several major efforts to insure that the 1978 amendments are implemented successfully. AoA initiated the process of developing regulations for title III as soon as President Carter signed the new legislation on October 18, 1978. Nationwide consultations, including a working national conference conducted November 8-11, 1978 in Arlington, Va., were held with congressional Members and staff, Governors and their staffs, State legislators, county and city governments, State and area agencies on aging, major aging organizations, grass roots advocacy organizations, other Federal agencies—and a broad spectrum of other persons and organizations throughout the United States. The process culminated in publication of draft title III regulations in the Federal Register on July 31, 1979. Since that date more than 100,000 copies of the draft regulations have been distributed and public hearings have been held in each of the 10 regions and in the State of Hawaii. More than 1,600 statements commenting on the proposed regulations were received as a result of these efforts. AoA has analyzed these extensive statements working towards the publication of final regulations early in calendar year 1980.

The title VI regulations had to draw to a substantial degree on the regulations developed for title III. Accordingly, AoA delayed publication of the draft regulations for title VI until the title III draft regulations were published. The draft title VI regulations appeared in the Federal Register on December 5, 1979. AoA intends to pursue an intensive round of hearings and assessment of reviewer comments similar in scope to the review process conducted for the title III regulations.

Finally, AoA was rigorously pursuing implementation of the law at the same time that the new regulations were under development.

Even before the 1978 amendments were enacted, AoA began alerting Governors of pending changes in the act which would affect their 1979 State plans.

After the legislation was passed, AoA took the following steps to initiate the implementation effort:

- Meeting with the General Counsel in November 1978 to determine what sections of the act required immediate implementation and what could be waived, as stipulated by the law.
- Detailed information to Governors in December 1978, including waiver options and instructions to amend 1979 State plans to be in compliance with the law.
- Allotments to the States in January 1979 and further guidance for implementation under the continuing resolution.

Near the end of January 1979—3 months after the amendments became law—all fiscal year 1979 State plans were amended, and all waivers were in and approved. Thus the States, according to approved plans, were in a position to be in compliance for those sections which required immediate implementation.

AoA has continued to provide the State with technical assistance to comply with the new law:

- In April 1979, following further questions about implementation of the new act raised by the States, AoA issued additional clarification and guidance, identifying section-by-section those areas which required immediate compliance, those which could be waived, and those which were dependent upon the pending regulations.
- In May, guidance went out to the States for their 1980 State plans.

All fiscal year 1980 State plans were approved by September 30, 1979. AoA is, however, continuing to analyze the progress of implementation of the 1978 amendments. The comparison of waivers originally requested for fiscal year 1979 with those requested for fiscal year 1980 provides one measure of such progress. A preliminary assessment revealed the following developments which indicate that the States are well on the way toward full implementation, even before the end of the 2-year transition period:

- The number of States requesting *all* optional waivers dropped from 13 in fiscal year 1979 to 1 in fiscal year 1980.
- The number of States requesting a waiver of the 3-year State plan requirement dropped from 42 to 24.
- The number of States requesting waiver of the long-term care ombudsman requirement dropped from 36 to 22.
- The number of States requesting waiver of the legal services requirement dropped from 41 to 21.

Complete lists of the 13 waivers which States could request in fiscal year 1979 and the 10 which could be requested in fiscal year 1980 may be found in attachment A in the attachments at the end of this report.

Following the publication of the final title III and title VI regulations, AoA will continue to provide indepth assistance to Governors and to State and area agencies on aging to achieve full implementation by fiscal year 1981 and to identify ways in which the act, the resources it makes available, and the program authorities it represents, can be used to improve services to older persons.

Fiscal year 1979 was, therefore, a year of transition to the system of services and advocacy which Congress envisioned when it passed the "Comprehensive Older Americans Act Amendments of 1978." The following sections of this report will indicate the nature and scope of the activities which AoA, the State and area agencies and a host of service providers and knowledge builders undertook during fiscal year 1979 as part of the effort to achieve full implementation of the new legislative mandates. The discussion begins with a review of the activities authorized under title III. Next, various discretionary grant activities are reviewed. The final sections deal with the National Clearinghouse on Aging, the AoA Public Information Office, and the 1981 White House Conference on Aging.

TITLE III OF THE OLDER AMERICANS ACT: A NATIONAL NETWORK FOR SERVICE AND ADVOCACY FOR OLDER AMERICANS

STATE AND AREA AGENCY ACTIVITIES

Like the Administration on Aging at the Federal level, State and area agencies at their respective levels identify, assess, and address the needs and problems of the elderly. Special concern is given to older persons with the greatest economic or social need. The Administration on Aging, the State agencies on aging, and the area agencies on aging are linked together through a series of planning and technical assistance relationships. The State plans referenced previously provide the Administration on Aging with an indication of what the States intend to do with the resources they receive through the Older Americans Act and other programs to plan and manage services and undertake advocacy on behalf of older persons. Approval of the State plan by the Administration on Aging is required before AoA can release the State's share of the formula grant funds authorized under title III.

In accordance with the requirements of the 1978 amendments, each State plan must be based on area plans compiled by the area agencies on aging within that State. Approval of area plans is required before the area agency can receive its share of the State's formula grant funds.

The 1978 amendments require that State and area plans cover 3-year periods. States have been allowed to obtain waivers of this requirement through fiscal year 1980. Thus, the 3-year plan requirement will not be fully implemented until the fiscal year 1981-83 period.

In addition to the approval of plans and distribution of formula grant funds, the relations among the various components of the network on aging also involve the provision of training and technical assistance. Every year AoA provides each State agency with funds from the title IV-A appropriation to conduct inservice training for State personnel and others responsible for service planning and delivery. AoA also publishes a wide array of technical assistance memoranda, information memoranda and program instructions to inform State and area agency personnel and service providers about new program directions, opportunities, and requirements. Central and regional office personnel are frequently in the field offering assistance as are their counterparts at the State and area agency levels.

The above introduction to the elements of the aging network and the relationships among them should provide a general context for better understanding the specific roles of State and area agencies. These roles and responsibilities are examined in more detail below.

STATE AGENCY OPERATIONS

Federal funds are awarded through formula grants to each State with an approved State plan on aging under title III. State agencies develop a single State plan for social services including multipurpose senior centers, and nutrition services. The funds are used by State agencies to pay up to 90 percent of the cost for services implementing the 3-year plan. Moreover, title III funds may be used to

pay up to 75 percent of the costs of the following administrative activities on the part of the State agency:

- Establishing priorities for State and area planning;
- mobilizing public and private resources to carry out program plans;
- negotiating interagency cooperative agreements with public and private agencies to enhance and coordinate services;
- providing leadership, funding, and technical assistance to area agencies on aging in the continuing development of community service systems;
- monitoring the performance of area agencies on aging;
- serving as the chief advocate for the elderly within the State by reviewing and commenting upon plans, budgets, and policies which affect the elderly;
- establishing and operating a long-term care ombudsman/advocacy assistance program; and
- assuring the obligation of at least 105 percent of the amount expended in fiscal year 1978 for services to the rural elderly.

See attachment B accompanying this report for a table of State agency administration allotments.

Each State agency is required to establish an advisory council to make recommendations about policy, to conduct hearings, and to review and comment on State plans, budgets, and programs that affect the elderly. At least 50 percent of the council members must be 60 years of age or older. Among those council members who are 60 or older must be some who are consumers of the services made available under the Older Americans Act.

AREA AGENCY OPERATIONS

Area agencies on aging serve "planning and service areas" designated by the State agency. The job of an area agency is to understand the needs of older people in the community and to organize community resources to meet those needs. They must also involve older people themselves in this process of seeing that public and private agencies and organizations are responsive to the service needs of the elderly within their respective planning and service areas.

Area agencies on aging develop area plans for a 3-year period, with annual adjustments as necessary. The plans provide for needs assessment, evaluation of effective use of resources, coordination of service delivery, and strategic investment of Older Americans Act funds to achieve the best possible services.

Area agencies are responsible for managing the planning and development of community service systems which will constitute a full range of services—in home services, community and neighborhood services, supportive services, alternative living arrangements, and services to older persons who are in institutions.

In order to discharge these responsibilities, area agencies:

- Serve as the advocate and focal point for the elderly within the area for monitoring, evaluating and commenting on all policies, programs, hearings, and community actions which affect the elderly;
- assume planning and management responsibility within the planning and service area for the senior centers program (under title V prior to the 1978 amendments) and the nutrition program (under title VII prior to the 1978 legislation);
- assure that at least 50 percent of the area agency services and centers funds are used for access services, in-home services and legal services;
- determine the need for social services, nutrition services, and multipurpose senior centers within the area and fund service providers to meet these needs;
- provide access to information and referral services;
- develop resources from other public and private sources for services for older persons; and,
- monitor service providers funded under title III.

Under the provisions of section 306(a)(6)(G) each area agency must establish an advisory council consisting of older individuals who are participants in, or who are eligible to participate in, programs assisted under this act, representatives of older individuals, local elected officials, and the general public, to continuously advise the area agency on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

TITLE III SUPPORT FOR THE INDEPENDENCE AND PRIDE OF OLDER AMERICANS

Title III of the Older Americans Act requires that "State and local agencies" be assisted in developing "comprehensive and coordinated service systems to serve older individuals." The specific services which the State and area agencies

plan and manage are designed to support these "comprehensive and coordinated systems" which, in turn, will:

"(1) Secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;

"(2) remove individual and social barriers to economic and personal independence for older individuals; and

"(3) provide a continuum of care for the vulnerable elderly" (section 301(a)).

These "purposes" on which title III programs focus are themselves supportive of the broad, overall goals of the Older Americans Act, as stated in title I.

In order to promote the delivery of services to achieve these goals title III of the Older Americans Act authorizes formula grants to States for social services (including senior centers and long-term care ombudsmen) as well as nutrition services (for both congregate and home-delivered meals). These programs are discussed in more detail in the following sections.

TITLE III-B—SOCIAL SERVICES

In fiscal year 1979, \$196,307,027 in title III-B funds were awarded by formula grants to States with AoA-approved plans to pay up to 90 percent of the cost of social services and of establishing or operating multipurpose senior centers. Attachment C is a table of allotments for title III—social services.

State agencies on aging award funds to area agencies based on State-approved area plans. Area agencies coordinate and implement these plans, and where needed, purchase services to help older people cope effectively with the tasks of daily life. Title III funds purchase a wide range of services to fill gaps in what the community itself can provide. These services may include, but are not limited to:

- Health, continuing education, welfare, information and referral, recreational, homemaker, counseling;
- transportation to nutrition sites or to social and health services;
- outreach to encourage older persons to use the services and resources available to them;
- services designed to help older persons find or maintain adequate housing, such as residential repair and renovation projects which help meet housing standards or adapt homes to meet needs of impaired older residents;
- services to help vulnerable elderly persons avoid needless institutionalization by providing for preinstitutional evaluation, home health care, homemaker services, shopping, escort, reader and letter writing services, and other forms of support services that make it possible for more frail older persons to continue living independently in a home environment;
- services to provide legal and other counseling assistance such as tax and financial counseling, and to provide information about or protection of older persons' rights and benefits;
- services which help older persons maintain physical and mental well being;
- health screening to detect or prevent illness, especially those that affect older persons most often;
- preretirement and second career counseling for older individuals; and
- State-level ombudsman services for residents of long-term care facilities.¹

See attachment D for program performance data relevant to title III-B social services.

TITLE III-B—MULTIPURPOSE SENIOR CENTERS

Potential Focal Points for Service Delivery

Title III-B gives recognition to the unique value and role of senior centers as part of the national network of organizations serving the needs of older persons. III-B provides assistance for the financial support of facilities and for the day-to-day operation of senior centers. In fiscal year 1979 funds were awarded by State and area agencies to support the establishment and operation of senior centers. The many thousands of senior centers throughout the country represent major community resources already in place which can be effective means in helping realize the goals of the Older Americans Act. The Administration on Aging encourages State and area agencies to work with senior centers to fulfill their mutual roles in organizing community concern for the well being of its older citizens. AoA is also encouraging senior centers to strengthen the effort to serve

¹ This list is taken from section 321(a) of the Older Americans Act. As indicated above, these services are directly supportive of the title III goals stated in section 301 and the overall OAA goals discussed in section 101.

the impaired older person. Some senior centers make special efforts to assure that isolated, handicapped older persons, including the institutionalized, are served by senior center programs and activities.

Senior centers can constitute a highly visible community or neighborhood operational focal point for aging services and activities readily identifiable by older persons. Through a senior center, an older person can often receive, at a single location, services which address a variety of social, health, recreation, housing, employment, nutrition, and educational needs. While most older persons do not need or use all the services available at any one time, the fact that they are there when needed may be a critical factor in helping maintain an elderly person's independence in the community. As a grass roots movement, senior centers began emerging in the United States during the 1940's to meet the social needs of older persons. Since that time, senior centers have grown steadily in numbers and in program capacity. Local need, resources, and community planning and participation determine the scope of each center's program. Older persons are encouraged to become actively involved in the development and delivery of senior center services. It is estimated that more than 2,000 senior centers have been assisted in their programs by grants from the Administration on Aging since the Older Americans Act was passed.

TITLE III-B—LONG-TERM CARE OMBUDSMAN SERVICES/ADVOCACY ASSISTANCE

As indicated above, title III-B funds provide support for long-term care ombudsman services on behalf of the elderly. The 1978 amendments require each State to set aside 1 percent of its title III-B allotment or \$20,000 (whichever is greater) to establish a State-level ombudsman whose responsibilities include investigation and resolution of complaints by, or on behalf of, older residents of long-term care facilities regarding "administrative actions" harmful to "the health, safety, or welfare" of the residents. Other duties include, but are not limited to, helping community ombudsman programs get started, monitoring statutory developments at the State level that impact on long-term care services, and establishing statewide reporting systems regarding complaints about conditions in care-providing facilities.

AoA's support for programs on behalf of nursing home residents and others in need of advocacy assistance predates passage of the 1978 amendments. Using model projects resources, AoA has followed up on ombudsman demonstration projects and for several years provided grants to States to support "developers" in both the legal services and nursing home ombudsman fields. These developers have been responsible for facilitating establishment of nursing home ombudsmen and legal services programs which could offer help to older persons at the community level.

As indicated in the fiscal year 1978 "Developments in Aging" report, a new strategy was developed during that year to maximize the capacity of the aging network to provide broad-based advocacy services to older persons. In June 1978, the Administration on Aging issued guidelines to the States for applying for funds under the older Americans advocacy assistance program which combines the objectives of the legal services and nursing home ombudsman programs into a coordinated framework. The Administration on Aging's experiences with the legal services and nursing home ombudsman programs led to the conclusion that a comprehensive system of State and community-based advocacy services was needed to secure:

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

The older Americans advocacy assistance program is a national and State program of funds and technical assistance to the aging network to develop or expand a wide range of activities which help older persons protect or secure their existing rights or benefits or effect changes in the law to provide new rights and benefits. The focus is on both advocacy for individuals (personal advocacy) and advocacy that affects large numbers of older persons (issues advocacy). Special attention is given to the problems of older people who are most vulnerable to abuse and exploitation in both institutions and in communities.

The advocacy assistance program is still funded through AoA's discretionary grant resources. Most States receive annual grants of \$50,000, although some awards are much larger depending on the size of the State's aged population. Attachment E shows the awards for the advocacy assistance program in fiscal year 1979.

In addition, AoA is in the process of awarding contracts to support a network of biregional centers and a national center to provide resource and support services to help State and area agencies and other community organizations in providing for more effective advocacy in behalf of older persons. Advocacy services can often be the key to helping older persons in need of access to rights or benefits essential to their daily survival. Consumer rights in and out of institutions, displacement in housing, entitlement to benefits, and questions of guardianship are vital concerns to older persons, especially those with few personal resources.

During fiscal year 1979 AoA awarded three contracts for biregional centers as well as the contract for the national center. The two remaining biregional center awards will be completed in fiscal year 1980.

TITLE III-C—NUTRITION PROGRAM—MORE THAN MEALS

The nutrition program is a highly accessible resource for serving older persons and receives the largest single allocation of financial support under the Older Americans Act. In fiscal year 1979, \$277,046,000 was appropriated to provide congregate and home delivered meals for older persons; of this amount \$262,812,710 was awarded to States. Funds under this program are awarded by formula grants to each State with an AoA-approved State plan to pay up to 90 percent of the cost of establishing and operating nutrition services. These funds were combined with funds appropriated for this purpose in previous fiscal years, USDA entitlements and other Federal resources, and State and local resources. A total of 1,162 projects managed 11,771 nutrition sites which were in operation at the end of the fiscal year and served an average of 587,865 meals daily. Many of these sites provide a variety of services and activities in addition to offering hot nutritious meals. These sites operate under the leadership of highly trained and dedicated workers. Older persons themselves are closely involved in the development and delivery of meals and services. This program is quite important to the older persons it serves. The nutrition site may be the first contact point with other needed services. Many sites try to provide nutrition education, health screening, and information about community services and benefits, along with meals and social activities.

As indicated above, the 1978 amendments established a separate authorization for home-delivered meals. To the older person who is homebound the delivery of hot meals can make an essential contribution to maintaining well being and independence. Home-delivered meals also provide a unique opportunity to identify other services needed by older persons who are ill or suffer disabilities. No funds were appropriated under the separate home-delivered meals authority in fiscal year 1979. As in past years, however, each State was permitted to use a portion of its nutrition allocation to provide home-delivered meals. The amount devoted to home-delivered meals was determined by each State, in accordance with long-standing AoA policy. Nationally about 20 percent of the meals provided in fiscal year 1979 were home-delivered.

Each congregate or home-delivered meal served must meet one-third of the daily minimum recommended dietary allowances. Congregate and home-delivered meals are provided at least once per day, 5 days a week. In fiscal year 1979, 124,582,029 congregate and 30,614,381 home-delivered meals were served with funds available from all sources. Total nutrition program participation increased from 2,744,781 persons in fiscal year 1978 to 2,948,562 persons in fiscal year 1979. Minority participation increased from 23 percent in fiscal year 1978 to 26.7 percent in fiscal year 1979 while low-income participation remained stable at 64 percent. See attachment D for additional nutrition program data. Refer to attachment F for the table of allotments of III-C funds to State agencies.

COOPERATION AND COORDINATION THROUGH INTERAGENCY AGREEMENTS AND ACTIVITIES

Since its establishment in 1965, the Administration on Aging has vigorously pursued interagency coordination and cooperation as evidenced by the numerous interagency or interdepartmental agreements, informal arrangements, and lines of communication which were in place at the time Robert Benedict became Commissioner in February 1978.

Since becoming Commissioner, Mr. Benedict has worked to extend or update existing agreements or understandings, where appropriate, and to negotiate new arrangements in order to meet the changing needs of a society with a population that is growing older.

AoA has agreements or informal arrangements with almost every Federal agency which either directly or indirectly provides services to older persons. This includes program administrations within the Office of Human Development Services of which AoA is a part, other agencies within the Department of Health, Education, and Welfare, and a full range of other Federal agencies from Labor, Agriculture, and Transportation to the Community Services Administration and many others. Attachment G provides a complete list of current AoA interagency agreements.

The principal technique which AoA employs is that of the formal, signed interagency agreement or memorandum of understanding with one or more agencies. AoA currently has 25 such agreements which serve to:

- Insure that the elderly participate in service programs in proportion to their needs;
- combine the resources of two or more programs for more efficient and effective delivery of services, thus expanding the impact of the resources available under the Older Americans Act; and
- pool areas of expertise for more effective research and development.

Some of those interagency agreements have been updated and now include definite commitments of resources, often including funds, for specified periods of time to accomplish clearly defined goals. For example, AoA entered into an arrangement with the Farmers Home Administration (FmHA) in the U.S. Department of Agriculture to undertake a congregate housing demonstration program. Under this agreement one demonstration project will be funded in each Federal region. FmHA is providing loan funds to support construction costs. AoA agreed to award funds to appropriate area agencies on aging to support the service components of these facilities.

AoA's joint undertaking with the Health Services Administration (HSA) is another example of what interagency agreements can produce. The AoA-HSA agreement is designed to increase access of older persons to the health care services available through HSA-sponsored facilities. AoA's funding will be used to expand the services being offered at the 10 demonstration sites, improve the quality of services, or to increase the number of persons served.

A third example relates to a joint effort involving the American Red Cross and the National Health Screening Council. In conjunction with these two organizations AoA sponsored "health fairs" for older persons in 339 locations across the country in May 1979. A series of basic health checks were provided to some 60,000 participants along with information and referral guidance about available health services.

AoA's interagency efforts are not limited to activities which take place within the context of ongoing formal agreements, but also include cooperative ventures. AoA works with many different agencies, some with human service missions and programs similar to its own and others whose programs differ markedly.

There are several undertakings in which AoA has joined with other agencies to address the broad ranging social changes which must occur if our country is to assimilate our rapidly growing population of elderly persons into the mainstream of society. These include:

- A joint venture with NASA to explore the application of space technology to the needs of the handicapped and the elderly;
- funding of four research projects which supplement the Civil Rights Commission's current study, required by the 1978 amendments, on racial and ethnic discrimination in federally assisted programs and activities affecting the elderly; and
- funding of data collection efforts associated with the work of the President's Commission on Pension Policy.

TITLE IV ACTIVITIES—KNOWLEDGE FOR ADVOCACY AND SERVICE

Aging is a field of great diversity and continuing change. Nowhere are these developments more evident than in the expanding knowledge base on aging issues to which the research community, the policy planners, the service practitioners and the elderly themselves are adding new insights and new understanding every year. As the decade of the 1980's begins, we confront several key issues regarding the rapidly growing knowledge in the field of aging:

- How do we effectively translate newly acquired insights into more coherent and effective policies?
- How do we insure that the practitioners who will plan and deliver services on behalf of the elderly are best equipped to do so?

—How do we insure that research and demonstration activities will be effectively targeted on the key problems facing the elderly and the field of aging in the next decade?

The AoA discretionary grants program, authorized in title IV of the Older Americans Act, does not presume to address all these questions in an exhaustive or completely definitive manner. Nevertheless the efforts in training, education, research, demonstrations, and evaluation are designed to continue to add to our knowledge in such a way that improvement in program effectiveness and efficiency will result. The major activities undertaken in each of these program areas in fiscal year 1979 will be discussed below.

EDUCATION AND TRAINING

The 1978 amendments require the Commissioner on Aging to develop and implement a national manpower policy for the field of aging, a policy that reflects present and future needs for trained personnel in all programs serving the elderly. This manpower policy is to be implemented through the Older Americans Act training and education programs. The following section describes the Administration on Aging's education and training activities for fiscal year 1979 supported by \$17 million in Older Americans Act funds.

PROFESSIONAL CAREERS IN AGING

AoA supports training programs at institutions of higher education to assist students in acquiring knowledge and skills needed to serve the elderly. In fiscal year 1979 the AoA gerontology career preparation program intensified its focus on specific occupations and careers closely related to the needs of Older Americans Act programs and priorities. AoA funded projects at the baccalaureate, masters, and doctorate levels to prepare students in areas directly related to implementation of the Older Americans Act programs such as:

- Policy formulation, planning, and management;
- supervision or practice in service management; and
- administration and/or delivery of services to special populations such as minority elderly, rural elderly, urban elderly, or developmentally disabled older persons.

During fiscal year 1979, AoA awarded 79 grants to universities and other institutions to carry out the objectives of the gerontology career preparation program. The awards are shown in attachment H.

REGIONAL EDUCATION AND TRAINING PROGRAM

The cornerstone upon which most of AoA's new education and training initiatives are built is the regional education and training program. The goal of this program is to foster a coordinated approach to education and training by promoting greater understanding and linkages among educational institutions, State and area agencies, and service providers.

Over time it is expected that this regional approach will result in the most economical and effective use of limited training and educational funds as it encourages more efficient organization of available resources under the Older Americans Act and those from other sources. Consortia building is a primary concept of the program. Examples of the kinds of activities the program fosters are:

- Regional conferences convening representatives from higher education, State and area agencies and service providers to explore training needs and problems;
- regional research utilization conferences;
- joint regional State agency training needs assessment of current staff and practitioners;
- preparation of regional inventories of available education and training resources and, with State agencies, planning better use of these existing resources;
- provision of a regional clearinghouse for educational, training and technical assistance materials uniquely suited to regional needs; and
- development of formal and informal networks among academics and practitioners for training, technical assistance, and educational activities and programs.

The regional education and training program will operate in conjunction with a national continuing education and training program devoting special attention to implementation of the 1978 Older Americans Act Amendments.

STATE EDUCATION AND TRAINING PROGRAM

The Administration on Aging provided \$6 million in fiscal year 1979, as shown in attachment I, for use by State agencies on aging to support capacity building efforts at the State and substate levels. State agencies are expected to focus all training and technical assistance activities on the implementation of the requirements of the Older American Act Amendments and are required to consult with area agencies on aging and State advisory councils in determining training needs. In fiscal year 1979 State agencies requested support for technical assistance and training to upgrade the skills of State and area agency staff and service providers and for planning, resource development, and administrative projects designed to promote interstate and intrastate consortia building in the field of aging.

NATIONAL CONTINUING EDUCATION PROGRAM

The national continuing education program provided approximately \$500,000 as shown in attachment J in an effort to assist continuing education systems in the redesign of curricula and approach to delivery of education and training for personnel working with older people. Projects undertaken consider the differences in organization in State educational systems; the resources and mix of higher education institutions; community colleges and vocational institutions; the needs and resources of professional organizations at State and national levels; State departments concerned with education, health, social services, and aging; other staff development personnel of agencies and organizations who provide continuing education for their service personnel; and various types of training organizations.

MINORITY RECRUITMENT PROGRAM

The Administration on Aging initiated a minority recruitment program in fiscal year 1979 by awarding a contract of \$165,000 to increase recruitment, training, and placement of minority students, to improve the personnel resources and services, both quantitative and qualitative of the minority groups, who have historically been underrepresented. The program is both career- and service-oriented. Participants, graduates or undergraduates, will not only have a career focus in their academic training but also render services upon completion of their training relating to aging. Thus the program will benefit minority elderly, directly or indirectly, with services provided by well trained minority professionals.

NATIONAL CONFERENCE PROGRAM

In order to develop policies and programs to meet the needs of a fast-growing older population and those of a changing society, we need to find innovative approaches to gathering new information, developing new ideas, and exploring policy issues. The national conference program is one way the Administration on Aging seeks to accomplish these tasks. The program focuses on the development and dissemination of information related to the social, economic, political, scientific and technological policies, and priorities of an aging society. Institutes, workshops, conferences, and symposia are supported so that policy makers, business and labor leaders, scientists, educators, service providers, and practitioners can meet to exchange ideas, consider policy issues and think creatively in planning for a graying America. Conferences supported in the 1979 fiscal year focused on issues of long-term care, the impact of inflation and energy shortages and the White House Conference on Aging.

GERIATRIC FELLOWSHIP PROGRAM

With rare exceptions, undergraduate and postgraduate training of today's primary care physicians does not include exposure to and competence in the growing body of knowledge concerning clinical and case management problems that occur frequently with older patients. While medical schools and professional organizations have shown increased interest and attention to this matter during the past few years, the fact remains that there is a critical need to develop medical school faculty, trained and experienced in geriatric medicine, who will serve as educators and leaders in the training of current and future physicians and other health care providers.

The geriatric fellowship program is an effort to improve the quality of medical care and to encourage new professionals to enter the field of geriatric medicine. The Administration on Aging is supporting a selected number of geriatric fellowships which will offer future medical professionals exposure to the special body of

knowledge related to geriatric medicine, to the special ethical issues related to the care of older persons, to the social, economic and psychological problems which interact with health problems, and to new approaches to long-term care in the community and/or institutions.

During fiscal year 1979, the Administration on Aging awarded six grants (see attachment J) to support the development of multiyear programs to train physicians for faculty leadership roles in geriatric medicine. Each award is for a period of approximately 6 years, during which time it is expected that 3 physicians will have completed, at a minimum, the following 3-year sequence: 1 year of specialized residency training in geriatrics and a 2-year faculty appointment during which the physicians will assume full time geriatric teaching and clinical responsibilities. These geriatric physicians will become members of medical school faculties for the purpose of training practicing geriatric physicians and exposing medical students to geriatric issues. They will also supervise and encourage research and practical experience related to geriatric care.

MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

Multidisciplinary centers of gerontology are established and supported for a number of purposes. In fiscal year 1979, \$3,800,000 was available for awards for such support. Primarily such centers are located at institutions of higher learning to help develop educational and training programs on aging, in order to recruit and train personnel as required by the Older Americans Act in concert with development and implementation of a national manpower policy. These centers conduct research, serve as consultants to other organizations, and encourage the incorporation of information on aging into the broad spectrum of college or university curricula. Centers also seek to create opportunities for innovative, multidisciplinary efforts in teaching, research and demonstrations.

A new AoA direction in fiscal year 1979 was support for gerontology centers of special emphasis. They will be focal points for carrying out integrated programs of multidisciplinary training and practice, basic and applied research, and technical assistance. Each center, when fully established, should contain a complex of professional and academic components appropriate to its special subject area.

Top priority has been given to establishment and development of long-term care gerontology centers which focus on health and social service systems for the chronically ill and disabled elderly. Twenty-two awards were made in fiscal year 1979 to support the planning and development of such centers. In fiscal year 1980 there will be additional funding for full-scale operational long-term care gerontological centers. The program will also support centers with other subject emphasis of major significance to older people, such as income maintenance, employment, retirement, and housing.

RESEARCH AND DEMONSTRATIONS

AoA supports research and demonstrations which are related to building on the knowledge base needed for implementation of the 1978 Amendments to the Older Americans Act. Research projects provide knowledge needed by decision-makers, managers and practitioners at national, State and local levels to improve services and benefits for the elderly. AoA supports research designed to provide new knowledge and direction in the development of public and private programs and policies as they affect the aged. Demonstrations or model projects test new and improved methods of coordinating and delivering services. Both programs serve the common cause of promoting comprehensive community based services and enhancing the lives of older people.

In fiscal year 1979, \$8.5 million was available for research. Fifteen million dollars were available for demonstrations. The following sections present a few examples of the types of projects and findings funded by these programs. (See complete listing of research and development projects in attachment K. Model projects awards are listed in attachment L.)

RESEARCH: TO IMPROVE THE CIRCUMSTANCES OF LIFE FOR OLDER AMERICANS

Research activities respond to AoA's goals of improved services to all elderly persons, particularly the most vulnerable elderly, and the development of a community-based service delivery system. The research program is directed toward building adequate knowledge responsive both to meeting the national goals established in title I of the Older Americans Act, and the specific program responsibilities of AoA, State and area agencies, and other providers of services and advocacy for older Americans.

The research and development program has two broad areas: (1) Expansion of knowledge as to the obstacles to the development of local comprehensive service systems to meet the needs of older persons, and techniques for overcoming the obstacles; and (2) policy-oriented research to assist other Federal agencies to move toward accomplishment of the objectives set forth in title I of the act. Grants are made to any public or nonprofit private agency, organization, or institution. Contracts are made with any agency, organization, or institution or individual.

Within these two broad research and development areas of concern, the following three priority areas have been identified:

- The older person, family and society: Research to provide basic information about (a) the characteristics, needs and resources of older people for use in planning and advocacy; (b) the family, neighborhood and community and how these groups provide support and assistance to older people; and (c) the nature of societal conditions which affect the situation of older people.
- Public and private policy related to the achievement of national objectives: Research on meeting the objectives found in title I of the Older Americans Act in such areas as income, employment and retirement, continuing opportunities, housing and living arrangements, health needs and medical care and treatment, etc., to assist in working toward improved public and private policies which will result in better lives for older people.
- Community-based services: Research on services, with an emphasis on: the vulnerable elderly and the role of the aging network in assisting the development of a continuum of care for older people; the effectiveness of alternative methods of care; and techniques and systems developed to provide this care.

Furthermore, within these three global priority areas, studies on rural and minority older persons receive emphasis.

Also included are national impact activities in the following areas: congregate housing, primary health care, and older workers.

The results of AoA-founded research can have major impact on improving services to the elderly and in changing negative attitudes toward older persons, as the following examples indicate:

- The nursing home information project conducted by the Urban Institute developed techniques by which citizen volunteers can survey nursing homes in their communities and publish consumer guides to these nursing homes. These techniques were used in over 20 communities, and a complete package of materials was developed for use by volunteer groups. Additional local groups are organizing to conduct surveys and publish guides using these materials. Several national organizations are promoting the use of these materials. As it is replicated in other communities, this project will help individuals who need information on institutional care to identify and assess local resources.
- The aging within television project at the University of Pennsylvania analyzed the portrayal of older persons on prime time network television programs. The study found that older persons were grossly underrepresented and that the image shown is a negative one. These findings were presented to representatives of the networks, government, and interested organizations at a special conference, and have stimulated recognition and discussion of this issue nationally in newspaper articles and other forums. We look forward to a positive change in media representation and portrayal of older persons because of the findings of this research project.
- The national survey of the aged provides nationwide information on the current health, income, family life, work, and retirement characteristics of the older American population, as compared to those characteristics of this age group in 1962. Findings from the survey indicate that:
 - The health status of the elderly in the community has not changed appreciably between 1962 and 1975, in spite of the implementation of medicare in 1966;
 - family relations between the elderly and their children are more reciprocal in 1975 than in 1962; adult children are also found to be the main social support of aged parents;
 - most retired persons report that they retired voluntarily and that they were enjoying their free time; and
 - the proportion of older persons receiving more than half their income from government programs increased from 1962 to 1975; half of all elderly, however, were found to have less than \$6,068 income for couples,

less than \$3,564 for unmarried men, and less than \$2,712 for unmarried women.

These and other results of the survey have major policy and program implications for addressing the problems of the older American population.

DEMONSTRATIONS: TO ENHANCE THE SCOPE AND QUALITY OF SERVICES PROVIDED TO OLDER PERSONS

Model projects serve to enhance the scope and quality of services provided older persons, and, in general, to demonstrate ways of promoting the well being of older persons. The program seeks to test and demonstrate new systems and approaches that can be used promptly, effectively, and efficiently to improve the coordination and quality of social and other services for older persons, particularly the vulnerable elderly, and to facilitate the exchange of information to stimulate improved approaches and assist in the national use of project findings.

Grants are made to public agencies and private nonprofit organizations, and contracts are executed with various organizations, for model projects which will demonstrate methods to improve services or otherwise promote the well-being of older individuals. Model projects have included the development of a statewide management information system, and demonstrations on housing alternatives for the elderly.

Model project grants awarded in fiscal year 1979 are listed in attachment L.

Activities supported build upon prior research or significant experience; give evidence of potential success; and directly relate to the needs of the Nation at large. Activities in the following areas are supported:

- State services and systems: Projects which bring more effective administrative coordination to planning and implementation of aging service programs, reduce fragmentation of service delivery at substate and local levels, and seek to develop uniform specification standards for services and facilities regulated by more than one State agency.
- Local community care systems: Projects which contribute to the full development of long-term care alternatives needed to enable more of the chronically impaired elderly to remain in their homes and communities.
- Community care services: Projects address improvement in the quality and delivery of traditional services; development and testing of levels of services uniquely needed by older persons who have formed a household for reasons of finances and mutual support, as well as other housing problems; counseling regarding volunteer and employment services; rural problems; health and educational issues; and services to the terminally ill.
- Family and natural supports: Projects which seek to develop, test, and demonstrate how to strengthen and sustain the natural support systems; and assure appropriate linkage to one or more services available from formal support systems.
- Long-term care demonstrations: Projects which assess the needs of long-term care patients, match those needs with appropriate services, coordinate the provision of long-term care services, and assist in planning for long-term care needs in the community.
- Advocacy assistance: Projects which extend to the elderly the opportunity to secure access to existing rights, benefits, and entitlements under Federal, State and local laws essential to the freedom and enjoyment of a full life; and favorable changes and/or development of new rights, benefits, and entitlements.
- Support for national aging organizations: Projects which seek to support service development and advocacy activities of a number of major national organizations, including several which represent the four major minority groups.
- Disaster assistance: Grants which provide or arrange for the delivery of social services that give immediate aid to elderly individuals whose lives are affected by a natural disaster.

Funds are also awarded to support national impact activities in the following areas: congregate housing, primary health care, and older workers.

Like the research effort, AoA's model projects and demonstration program has contributed to improvement of service delivery and management. The following are examples of model projects which have made this kind of positive impact:

- The National Association of State Units on Aging is assessing selected State and area agencies' information systems in order to design a new management information system. One of the products of this project will be a self-assess-

ment guide for State and area agencies on aging. The self-assessment guide will enable these agencies to measure the adequacy of their data bases and management information systems and assist them to adjust their individual systems to satisfy national reporting requirements.

—The national aging organization projects program is building on the successful results of previous AoA demonstration project support of national organizations. The results obtained from previous model project grants to national organizations will enable AoA to enter into a new type of cooperative funding agreement with these organizations which will: (1) Help minority and underserved populations share fully in the benefits of programs for the elderly as well as those for which they might otherwise qualify, and (2) improve services administration, management, and delivery to the chronically impaired, the underserved and elderly Americans in general.

In addition, 5 percent of model projects funds are set aside to reimburse States for funds that they make available to area agencies for delivery of social services during a major disaster. When the President declares a major disaster, State and area agencies on aging work closely with the Federal Disaster Assistance Administration to ensure that elderly disaster victims are linked to appropriate services. This means that State and area agencies on aging can arrange for services that give immediate aid to elderly disaster victims. These services—escort for medical care, clean up of affected homes, evacuation in danger, nutritional services, transportation, temporary shelter, etc., lessen the trauma and hasten the return home. A total of \$207,294 was disbursed in fiscal year 1979 to assist flood victims in Arizona, West Virginia, Mississippi, Florida, and to aid tornado victims in Missouri and Iowa.

EVALUATION

Evaluation projects measure and examine programs authorized by the Older Americans Act to determine their effectiveness in achieving stated goals. Two new evaluation projects were funded in fiscal year 1979. Summaries of the two projects are provided below.

EVALUATION OF ADVOCACY PROGRAMS FUNDED UNDER TITLE III OF THE OLDER AMERICANS ACT

This project will examine both legal services and the nursing home ombudsman program, recognizing the similarities and differences between the two programs. The study is designed to meet the statutory mandate for a report on legal services but it will also include the nursing home ombudsman program. The first part of the study will document the objectives of the two advocacy programs as seen by Federal policymakers and program managers, State and area aging officials and advocacy project leaders. The second phase of the study will identify and examine the activities conducted under both these programs. The project will conclude with a peer review of a sample of cases from various projects to determine the effectiveness of the services provided.

ANALYSIS OF FOOD SERVICE DELIVERY SYSTEMS USED IN PROVIDING NUTRITION SERVICES TO THE ELDERLY

The longitudinal evaluation of the nutrition program which has been ongoing for several years indicated that meal costs among projects vary depending on which method of meal delivery was used. However, the findings were inconclusive. Therefore this study was developed to examine food service and the delivery systems currently used in providing nutrition services to the elderly. Costs of providing meals through different types of systems (for profit contractor, non-profit contractor and project-prepared) will be analyzed as well as the nutrient composition and microbiological content of the meals. Findings from this study will be made available to the providers of nutrition services to assist them in determining the most suitable mode of food service delivery in their particular circumstances and to help them to identify potential areas where cost containment measures may be introduced.

EVALUATION OF OLDER AMERICANS ACT PROGRAMS BY THE FEDERAL COUNCIL ON THE AGING

The 1978 amendments to the Older Americans Act require the Federal Council on the Aging to undertake a broad ranging study of the programs operated under the act. The law requires the study to include at least three parts:

- (A) An examination of the fundamental purposes of such programs, and the effectiveness of such programs in attaining such purposes;
- (B) An analysis of the means to identify accurately the elderly population in greatest need of such programs; and
- (C) An analysis of numbers and incidence of low-income and minority participants in such programs.

In partial fulfillment of these requirements, the Council formed a joint study team of staff from the Council, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration on Aging to conduct an exploratory evaluation of AoA and its program conducted under the Older Americans Act. One purpose of the exploratory evaluation was to provide the initial basis for the Council's examination of the fundamental purposes of the programs conducted under the act and the effectiveness of the programs in attaining those purposes.

The exploratory study was initiated in fiscal year 1979. Results of the exploratory effort were published in December 1979. The next phase of the evaluation is continuing during fiscal year 1980.

NUTRITION EVALUATION

Finally, the report of the first segment of the longitudinal nutrition program evaluation was published during fiscal year 1979. A summary of the report is in appendix M.

NATIONAL CLEARINGHOUSE ON AGING

The National Clearinghouse on Aging was established by Congress in 1973 to respond to the growing interest and need for information about older persons and the field of aging. The Clearinghouse is an integral and important part of the Administration on Aging. In fiscal year 1979, \$2 million was appropriated to support Clearinghouse activities. Staff reply to hundreds of inquiries from individuals and organizations every day. NCA collects, analyzes and disseminates information and statistics about older people and distributes publications and statistical data on aging along with information on project funding. Another vital function of the Clearinghouse is the establishment of policy on the information and referral services now available to older people throughout most of the country to apprise them of social, health and other services in their communities. Clearinghouse staff provide leadership and support for the 16-member Interdepartmental Task Force on Information and Referral which publishes a widely disseminated annual report.

NCA also runs the computerized information service known as SCAN to facilitate use of the growing body of gerontological literature and research findings. SCAN was being implemented on a national basis during the past year through a central control facility and three resource centers (biomedical; behavioral/social sciences; and social practice). SCAN is designed to assist those working in the field of aging in research, program and policy development, and service delivery.

PUBLIC INFORMATION OFFICE

Public information functions are now concentrated in the Office of Public Information. The emphasis of this office's activities is on increasing public awareness of the circumstances, needs and contributions of the older population. Some means of doing this are brochures, fact sheets, provision of material on the elderly to national magazines, exhibits at national conferences, arranging for speakers at meetings and seminars, and arranging for television and radio appearances by the Commissioner. This office also distributes media material such as the increasingly popular general audience film "Don't Stop the Music." This is an 18-minute film for general audiences which describes problems of older persons and ways communities can help.

This past year "Aging Magazine" entered its 29th year of continuous publication. It reports on aging programs, innovative developments, new proposals, legislation, and studies in the field of gerontology. During fiscal year 1979, issues of the magazine devoted articles to such themes as the isolated elderly, health care, advocacy for the elderly, inflation and the elderly, and education for the institutionalized. During the past year the Office of Public Information has also contributed to "Aging News."

During the past year the Office of Public Information continued to cooperate with the National Clearinghouse on Aging in expanding their activities to meet

the growing demand for information helpful in research and practice in service and advocating for older Americans.

WHITE HOUSE CONFERENCE ON AGING

Congress realized that the unmet needs of the aged in the context of rapidly changing social and economic conditions required a comprehensive reexamination of issues and policies. Therefore, the 1978 amendments authorized a White House Conference on Aging to be convened by the President in 1981. The Conference will bring together some of the Nation's best minds and future-oriented thinkers representing the financial, governmental, health, voluntary, educational, social, political, scientific, and other sectors of society to consider future directions in social and governmental policy development to improve the life circumstances of older Americans. During fiscal year 1979, White House Conference staff consulted with a wide range of organizations and individuals to plan the Conference theme format and develop issue areas to serve as a framework for the Conference.

The White House Conference on Aging to be held in Washington, D.C., in December 1981, will be the culmination of a series of equally important statewide and local conference related events held throughout the United States during the next 2 years.

The final report of the Conference will propose a comprehensive national policy on aging. This policy statement and recommendations for implementation will be submitted to the President and will be made available to the public.

ATTACHMENTS

ATTACHMENT A.—STATE PLAN PROVISIONS FOR WHICH STATES CAN REQUEST WAIVERS: FY 1979

<u>REQUIREMENT FOR WHICH STATE REQUESTS A WAIVER</u>	<u>AMENDMENT NUMBER</u>	<u>STATE PLAN AMENDMENT</u>
		STATE ALLOTMENT
()	II-1	<p>Sec. 304(d)(1)(B)</p> <p>The portion of the State's allotment* not used for paying the cost of administration of area plans will be available only for paying such percentage as the State determines, but not more than 90 percent of the cost of social services and nutrition services authorized under Title III, Parts B and C, in planning and service areas for which there is an area plan approved by the State agency.</p> <p>*Excepting the provision of funds for the long-term care ombudsman program (Sec. 307(a)(16))</p>
		STATE AGENCY RESPONSIBILITIES
()	II-2	<p>Sec. 305(a)(1)(E)</p> <p>The State agency will, in accordance with guidelines issued by the Commissioner, take into account the need for nutrition services, multipurpose senior centers and legal services in dividing the State into planning and service areas.</p>
()	II-3	<p>Sec. 305(a)(2)(C)</p> <p>The State agency will, in accordance with guidelines issued by the Commissioner, develop, publish and submit to the Commissioner for review and comment a formula for the distribution of Title III funds within the State.</p>
()	II-4	<p>Sec. 305(a)(2)(E)</p> <p>The State Plan contains proposed methods of carrying out the preference to older individuals with the greatest economic or social need in the provision of services.</p>

ATTACHMENT A--Continued

REQUIREMENT FOR WHICH STATE REQUESTS A WAIVER	AMENDMENT NUMBER	STATE PLAN AMENDMENT
		STATE PLANS
()	II-5	Section 307(a) The State agency will submit a State plan for a three-year period with such annual revisions as are necessary.
()	II-6	Section 307(a)(1) The State plan will be based on area plans developed with the State by area agencies on aging.
()	II-7	Section 307(a)(1) The State will prepare and distribute a uniform format for use by area agencies in developing area plans under Section 306.
()	II-8*	Section 307(a)(2) Each area agency will develop and submit to the State agency for approval an area plan which complies with Section 306 of the Act.
		*The Commissioner will waive this requirement only if the State demonstrates that it is taking steps towards meeting the consolidation requirements of this title. Part of this demonstration must be an assurance, as provided in Amendment I-6, that the State agency will waive for FY 1979 and, if necessary, FY 1980, new area plan requirements relating to consolidation only when the State determines that the area agency cannot meet them because of consolidation, and that the area agency is taking steps to meet the requirements of the Act as soon as feasible. By separate Program Instruction, the Commissioner will identify those new area plan requirements that he interprets as waivable.

ATTACHMENT A--Continued

REQUIREMENT FOR WHICH STATE REQUESTS A WAIVER	AMENDMENT NUMBER	STATE PLAN AMENDMENT
		STATE PLANS (cont'd.)
		Section 307(a)(3)(B)
()	II-9	The State agency will spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this title, an amount equal to not less than 105 percent of the amount expended for such services (including amounts expended under Title V and Title VII) in FY 1978.
		With respect to the long-term care ombudsman program, the State assures that:
		Section 307(a)(12)
()	II-10	The State agency will --
		(A) establish and operate, either directly or by contract or other arrangement with any public agency or other appropriate private nonprofit organization which is not responsible for licensing or certifying long-term care services in the State or which is not an association (or an affiliate of such an association) of long-term care facilities (including any other residential facility for older individuals), a long-term care ombudsman program which will -
		(i) investigate and resolve complaints made by or on behalf of older individuals who are residents of long-term care facilities relating to administrative action which may adversely affect the health, safety, welfare, and rights of such residents;
		(ii) monitor the development and implementation of Federal, State, and local laws, regulations, and policies with respect to long-term care facilities in that State;

ATTACHMENT A--Continued

REQUIREMENT
FOR WHICH
STATE REQUESTS
A WAIVER

AMENDMENT
NUMBER

STATE PLAN AMENDMENT

Sec. 307(a)(12) (cont'd.)

(iii) provide information as appropriate to public agencies regarding the problems of older individuals residing in long-term care facilities;

(iv) provide for training volunteers and promote the development of citizen organizations to participate in the ombudsman program; and

(v) carry out such other activities as the Commissioner deems appropriate;

(B) establish procedures for appropriate access by the ombudsman to long-term care facilities and patients' records, including procedures to protect the confidentiality of such records and ensure that the identity of any complainant or resident will not be disclosed without the written consent of such complainant or resident, or upon court order;

(C) establish a statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities for the purpose of identifying and resolving significant problems, with provision for submission of such data to the agency of the State responsible for licensing or certifying long-term care facilities in the State and to the Commissioner on a regular basis; and

(D) establish procedures to assure that any files maintained by the ombudsman program shall be disclosed only at the discretion of the ombudsman having authority over the disposition of such files, except that the identity of any complainant or resident of a long-term care facility shall not be disclosed by such ombudsman unless -

(i) such complainant or resident, or his legal representative, consents in writing to such disclosure; or

(ii) such disclosure is required by court order.

ATTACHMENT A--Continued

REQUIREMENT FOR WHICH STATE REQUESTS A WAIVER	AMENDMENT NUMBER	STATE PLAN AMENDMENT
STATE PLANS (cont'd.)		
		Section 307(a)(16)
<input type="checkbox"/>	II-11	From funds allotted under Section 304(a) for Part B of Title III (relating to social services), the State agency will use an amount equal to 1 percent of this allotment or \$20,000, whichever is greater, for the purpose of carrying out the long-term care ombudsman program /Section 307 (a)(12)/ unless for any fiscal year, a State spends from State or local sources an equivalent amount for this purpose. (This assurance is not required of American Samoa, Guam, Virgin Islands, the Trust Territory of the Pacific Islands and the Northern Mariana Islands). With respect to nutrition services, the State assures that: Section 307(a)(13)(c)(ii)
<input type="checkbox"/>	II-12	Charges for meals will be used to increase the number of meals served by the project involved. With respect to legal services, the State assures that: Section 307(a)(15)
<input type="checkbox"/>	II-13	(A) Area agencies on aging will (i) enter into contracts with providers of legal services which can demonstrate the experience or capacity to deliver legal services; (ii) include in any such contract provisions to assure that any recipient of funds under division (1) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under

ATTACHMENT A--Continued

REQUIREMENT FOR WHICH STATE REQUESTS A WAIVER	AMENDMENT NUMBER
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STATE PLAN AMENDMENT

Section 307(a)(15) (cont'd.)

such Act and governing membership of local governing boards) as determined appropriate by the Commissioner; and (iii) attempt to involve the private bar in legal services activities authorized under this title including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis; (B) no legal services will be furnished unless the grantee -

(i) is a recipient of funds under the Legal Services Corporation Act; or

(ii) administers a program designed to provide legal services to all elderly individuals with social or economic need and has agreed to coordinate its services with existing Legal Services Corporation projects in the area in order to concentrate the use of funds provided under this title on individuals with the greatest such need but who are not eligible for legal assistance under the Legal Services Corporation Act; and the area agency makes a finding after assessment, pursuant to standards for service promulgated by the Commissioner, that any grantee selected is the entity best able to provide the particular services;

(C) the State agency will provide for the coordination of the furnishing of legal services to older individuals within the State, and provide advice and technical assistance in the provision of legal services to older individuals within the State and support the furnishing of training and technical assistance for legal services for older individuals.

ATTACHMENT A--Continued

FY 1980 STATE PLAN REQUIREMENTS THAT MAY BE WAIVED

<u>Require- ment No.</u>	<u>Description of Requirement</u>	<u>Applicable Provision of Older Ams. Act</u>
B-1	The portion of the State's allotment not used for paying the cost of administration of area plans will be available only for paying such percentage as the State determines, but not more than 90 percent, of the cost of social services and nutrition services authorized under Title III, Parts B and C, provided in the State as part of a comprehensive and coordinated system in planning and service areas for which there is an area plan approved by the State agency.	Sec. 304(d)(1)(B)
B-2	The State agency must divide the State into planning and service areas in accordance with guidelines issued by the Commissioner.	Sec. 305(a)(1)(E)
B-3	The State agency must develop, publish, and submit to the Commissioner for review and comment a formula for the distribution of Title III funds within the State.	Sec. 305(a)(2)(C)&(D)
B-4	The State plan must contain proposed methods of carrying out the preference to older individuals with the greatest economic or social needs.	Sec. 305(a)(2)(E)
B-5	The State agency must submit a State plan for a three year period with such annual revisions as are necessary.	Sec. 307(a)
B-6	The State plan must be based on area plans developed by area agencies on aging within the State.	Sec. 307(a)(1)
B-7	Each area agency must develop and submit to the State agency for approval an area plan which complies with Sec. 306 of the Act.	Sec. 307(a)(2)
B-8	The State must assure that new requirements of the Act concerning long-term care ombudsman services will be met.	Sec. 307(a)(12)
B-9	State plan must provide assurances that new requirements concerning legal services will be met.	Sec. 307(a)(15)
III.3	State plan must provide assurances that State agency will spend in each fiscal year for rural elderly services not less than 105 percent of the amount spent by it for rural elderly services during FY 1978.	Sec. 307(a)(3)(B)

ATTACHMENT B

FY-1979 State Allotment Amounts under Title III-A, State Agency Administration of the Older Americans Act of 1965, as amended after Reallocation (Available for Obligation through September 30, 1979 - Reallotted amounts must be obligated by September 30, 1980.)

Attachment-A
Aaa-FI-79-26

13.633	Allotment FI-79-23	Amount Reallotted	Amount Released	Final Allotment after Reallocation
TOTALS				
57 States	\$22,500,000	112,000	112,000	22,500,000
Alabama	300,000	8,227		308,227
Alaska	300,000	9,363		309,363
Arizona	300,000			300,000
Arkansas	300,000			300,000
California 1/	1,547,073	2,247		1,549,320
Colorado	300,000	3,121		303,121
Connecticut	300,000	4,682		304,682
Delaware	300,000	643		300,643
Dist. of Col.	300,000	6,242		306,242
Florida	938,446			938,446
Georgia	321,628	6,042		327,670
Hawaii	300,000		(110,000)	190,000
Idaho	300,000			300,000
Illinois	842,400			842,400
Indiana	384,577	4,370		389,047
Iowa	300,000			300,000
Kansas	300,000			300,000
Kentucky	300,000			300,000
Louisiana	300,000	2,871		302,871
Maine	300,000	6,741		306,741
Maryland	300,000	1,561		301,561
Massachusetts	475,928	4,994		480,922
Michigan	504,065	9,363		513,428
Minnesota	307,476	5,279		312,755
Mississippi	300,000	1,248		301,248
Missouri	415,640			415,640
Montana	300,000	4,370		304,370
Nebraska	300,000			300,000
Nevada	300,000	624		300,624
New Hampshire	300,000			300,000
New Jersey	577,858			577,858
New Mexico	300,000			300,000
New York	1,461,291			1,461,291
North Carolina	377,128			377,128
North Dakota	300,000			300,000
Ohio	778,941			778,941
Oklahoma	300,000			300,000
Oregon	300,000			300,000
Pennsylvania	1,015,355	17,484		1,022,839
Rhode Island	300,000			300,000
South Carolina	300,000			300,000
South Dakota	300,000			300,000
Tennessee	323,615	3,121		326,736
Texas	857,202	1,121		858,323
Utah	300,000			300,000
Vermont	300,000			300,000
Virginia	328,722	3,595		332,317
Washington	300,000	3,745		303,745
West Virginia	300,000			300,000
Wisconsin	367,957	1,873		369,830
Wyoming	300,000			300,000
American Samoa	75,000		(2,000)	73,000
Guam	75,000			75,000
Puerto Rico	300,000	1,873		301,873
Trust Territory	75,000			75,000
Virgin Islands	75,000			75,000
N. Mariana Is.	75,000			75,000

- 1/ California's allotment for State Agency Administration funds to be reduced by \$34,796 due to audit exceptions.
2/ \$112,000 released for reallocation.

Administration on Aging
Office of Human Development Services
Department of Health, Education and Welfare
September, 1979

ATTACHMENT C

FY-1979 State Allotment Amounts under Title III-B, Social Services of the Older Americans Act of 1965, as amended, after Reallocation (Available for obligation through September 30, 1979 - Reallocated amounts must be obligated by September 30, 1980.)

13,633	Allotment FY-79-23	Amount Reallocated	Amount Released	Final Allotment after Reallocation
TOTALS	\$ 195,000,000	\$ 1,307,027	0	\$ 196,307,027
57 States				
Alabama	3,131,353	54,261		3,185,614
Alaska	975,000			975,000
Arizona	1,962,993	8,985		1,971,978
Arkansas	2,170,916	9,691		2,180,607
California 2/	17,490,326			17,490,326
Colorado	1,795,881	16,853		1,812,734
Connecticut	2,743,802	6,741		2,750,543
Delaware	975,000	8,427		983,427
Dist. of Col.	975,000	12,640		987,640
Florida	10,609,536			10,609,536
Georgia	3,636,148	60,134		3,696,282
Hawaii	975,000			975,000
Idaho	975,000	6,741		981,741
Illinois	9,523,700			9,523,700
Indiana	4,348,945	26,544		4,375,489
Iowa	2,843,269	5,467		2,848,736
Kansas	2,236,363			2,236,363
Kentucky	2,979,920			2,979,920
Louisiana	2,875,815	21,067		2,896,882
Maine	1,007,057	12,893		1,019,950
Maryland	2,961,325	8,427		2,969,752
Massachusetts	5,380,552	42,134		5,422,686
Michigan	6,829,213	126,401		6,955,614
Minnesota	3,476,147	21,572		3,497,719
Mississippi	2,022,788	16,853		2,039,641
Missouri	4,698,984			4,698,984
Montana	975,000	5,899		980,899
Nebraska	1,502,664			1,502,664
Nevada	975,000	12,640		987,640
New Hampshire	975,000	2,107		977,107
New Jersey	6,532,934	62,947		6,595,881
New Mexico	975,000	22,752		997,752
New York	16,520,572	147,467		16,667,994
North Carolina	4,263,589			4,263,589
North Dakota	975,000			975,000
Ohio	8,801,738	191,700		8,993,438
Oklahoma	2,665,491			2,665,491
Oregon	2,174,061	101,087		2,275,148
Pennsylvania	11,429,022	84,267		11,513,289
Rhode Island	975,000	4,211		979,211
South Carolina	2,006,550			2,006,550
South Dakota	975,000			975,000
Tennessee	3,658,606	42,134		3,700,740
Texas	9,691,043	8,427		9,699,470
Utah	975,000			975,000
Vermont	975,000	4,211		979,211
Virginia	3,716,348	26,797		3,743,145
Washington	3,026,726	84,267		3,110,993
West Virginia	1,760,490	16,853		1,777,343
Wisconsin	4,159,910	253		4,160,163
Wyoming	975,000			975,000
American Samoa	121,875	-6,320		128,195
Guam	487,500			487,500
Puerto Rico	1,986,038	16,853		2,002,891
Trust Territory	487,500			487,500
Virgin Islands	487,500			487,500
N. Mariana Is.	121,875			121,875

1/ \$1,307,027 reallocated from amount originally earmarked for evaluation.

2/ California's allotment for Social Services funds to be reduced by \$160,553 due to audit exceptions.

3/ Additional funds have been awarded to American Samoa in order to provide funding at the FY-1978 level. These funds will be made available from the amounts withheld for evaluation.

Administration on Aging
Office of Human Development Services
Department of Health, Education and Welfare
September, 1979

ATTACHMENT D.--NATIONAL SUMMARY OF PROGRAM OPERATIONS UNDER OLDER AMERICANS ACT

Title III-A and III-B Information:

State Agency Operations/Staffing

Pooling of Untapped Resources

Area Agency Operations/Staffing

Area Agency Participation

Estimated Participation in Social Services
under Title III Programs

Title III Programs Outside Area Agencies

Title III-C Information:

Staffing Descriptions

Nutrition Projects and Sites

Nutrition Program Participation

Nutrition Program Meals Served Data

Average Cost Per Meal

ATTACHMENT D.—NATIONAL SUMMARY OF PROGRAM OPERATIONS UNDER OLDER AMERICANS ACT
FISCAL YEAR 1979

TITLE III-A AND III-B INFORMATION

STATE AGENCY OPERATIONS

I. Staffing Data:

A. Total Professional Staff		<u>1,240</u>
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. 60+	<u>121</u>	(10%)
. Minority	<u>215</u>	(17%)
. Female	<u>620</u>	(50%)

B. Total Clerical Staff		<u>506</u>
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. 60+	<u>54</u>	(11%)
. Minority	<u>126</u>	(25%)
. Female	<u>465</u>	(92%)

II. Pooling of Untapped Resources^{1/}

Total Resources Pooled		<u>437,081,401</u>
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. Local	<u>\$123,258,528</u>	(28%)
. State	<u>\$65,744,348</u>	(15%)
. Federal	<u>\$248,078,525</u>	(57%)

^{1/} Ohio, Colorado, South Dakota, Oregon and Washington provided no data

ATTACHMENT D--Continued

TITLE III-A AND III-B INFORMATION--Continued

Area Agencies on Aging Program Operations

I. Program Agencies and Planning and Service Areas:		
A. Total Number of Area Agencies		<u>586</u> ^{1/}
B. Total Number of Planning and Service Areas		<u>612</u>
II. Staffing Data:		
A. Total Paid Staff		<u>7,490</u>
. 60+	<u>1,867</u> (25%)	
. Minority	<u>1,315</u> (18%)	
. Female	<u>5,217</u> (70%)	
B. Total Volunteer Staff		<u>24,785</u>
. 60+	<u>20,975</u> (85%)	
. Minority	<u>4,548</u> (18%)	

Persons Served Under Approved Area Plan

I. Total Participation		<u>9,704,471</u>
. Low Income	<u>4,620,002</u> (48%)	^{2/}
. Total Minority	<u>1,851,036</u> (19%)	
American Indian	<u>63,517</u> (04%)	
Asian Pacific Islander	<u>136,584</u> (07%)	
Black American	<u>1,147,521</u> (62%)	
Hispanic	<u>477,673</u> (26%)	
Other Minority	<u>25,741</u> (01%)	^{3/}

^{1/} 13 State Agencies are Single Planning and Service Areas

^{2/} Washington did not provide a breakdown by Racial/ethnic categories

^{3/} 4 Regions reported this category

ATTACHMENT D--Continued

TITLE III-A AND III-B INFORMATION--Continued

Estimated Participation In Social Services Under Title III Program

	Total Served	Minority	Low Income
Transportation	<u>2,218,822</u>	<u>444,595</u> (20%)	<u>1,154,233</u> (52%)
Total Home Services	<u>677,584</u>	<u>155,440</u> (23%)	<u>404,111</u> (60%)
Home Maker	<u>153,287*</u>	<u>30,181</u> (20%)	<u>97,048</u> (63%)
Home Health	<u>106,300*</u>	<u>27,207</u> (26%)	<u>65,354</u> (61%)
Other	<u>291,360*</u>	<u>81,224</u> (28%)	<u>186,154</u> (64%)
Legal	<u>300,097</u>	<u>62,776</u> (21%)	<u>162,280</u> (54%)
Residential Repair and Renovation	<u>70,141</u>	<u>18,510</u> (26%)	<u>41,710</u> (59%)
Information and Referral	<u>2,596,687</u>	<u>496,714</u> (19%)	<u>1,268,235</u> (49%)
Escort	<u>242,885</u>	<u>64,969</u> (27%)	<u>142,078</u> (58%)
Outreach	<u>1,575,573</u>	<u>297,287</u> (19%)	<u>785,581</u> (50%)
All Other	<u>3,207,358</u>	<u>551,916</u> (17%)	<u>1,638,103</u> (51%)

Weighted Average of Minority Participants 20%
 Weighted Average of Low Income Participants 52%

*New York did not provide this breakout

ATTACHMENT D--Continued

TITLE III-A AND III-B INFORMATION--Continued

Title III Programs Outside Area Agencies

I. Total Projects	<u>149</u>
II. Total Persons Served	<u>368,338</u>
III. Title III Funds Allocated	<u>\$5,848,987</u>

ATTACHMENT D—Continued

TITLE III-C, NUTRITION SERVICES TO THE ELDERLY ^{1/}I. Staffing Description

A. Total Paid Staff		<u>27,337</u>
. Age 60+	<u>9,438</u> (35%)	
. Minority	<u>7,445</u> (27%)	
. Female	<u>20,735</u> (76%)	
B. Total Volunteer Staff		<u>183,976</u>
. Age 60+	<u>153,314</u> (83%)	
. Minority	<u>32,076</u> (17.8%)	

II. Nutrition Projects and Sites

	<u>FY 79</u>	<u>(FY 78)</u>
A. Total Number of Projects	<u>1,162</u>	<u>(1,101)</u>
B. Total Number of Sites	<u>11,771</u>	<u>(10,681)</u>
C. Types of Nutrition Sites		
. Senior Center	<u>3,507</u> (29.8%)	
. Religious	<u>2,590</u> (22%)	
. School	<u>564</u> (4.8%)	
. Housing	<u>1,559</u> (13.2%)	
. Restaurant	<u>316</u> (2.7%)	
. Other	<u>3,235</u> (27.5%)	
D. Nutrition Sites' Days-of-Service		(Total Sites - 11,771)
. Seven Days	<u>98</u> (.8%)	
. Six Days	<u>60</u> (.5%)	
. Five Days	<u>9,801</u> (83.3%)	
. Four Days	<u>264</u> (2.3%)	
. Three Days	<u>707</u> (6%)	
. Less Than Three Days	<u>841</u> (7.1%)	
E. Nutrition Sites Serving More Than One Meal Per Day		<u>(FY 78)</u>
. Percentage of Total Sites	<u>FY 79</u> 297 2.5%	<u>(202)</u> (2%)

^{1/}The Virgin Islands (Region II) did not submit a Fiscal Year Report, so their 3Q79 data are included. The Trust Territory (Region IX) has not submitted any reports since 1Q79 and that data are included.

ATTACHMENT D—Continued

TITLE III-C, NUTRITION SERVICES TO THE ELDERLY—Continued

III. Nutrition Program Participants

	<u>FY 79</u>	<u>(FY 78)</u>
A. Total Participants	2,948,562	(2,744,781)
. White, not Hispanic (Percent)	2,160,855 (73%)	(2,119,809) (77%)
. Low Income (Percent)	1,885,658 (64%)	(1,769,223) (64%)
. Minority (Percent)	787,717 (26.7%)	(624,972) (23%)
B. Minority Breakout	(Total Minority) <u>787,717</u>	(Total Participants) <u>2,948,562</u>
. Alaskan/Native American	<u>51,796</u> (6.5%)	(1.7%)
. Asian/Pacific Islander	<u>86,408</u> (11%)	(3%)
. Black, not Hispanic	<u>429,998</u> (54.8%)	(14.6%)
. Hispanic	<u>195,560</u> (24.7%)	(6.6%)
. Other	<u>23,955</u> (3%)	(.8%)
C. Low Income Minority 435,055	(Of Minority) 55.9%	(Of Low Income) 23% (Of Total Elderly) 14.8%

IV. Nutrition Program Meals Data

	<u>FY 79</u>	<u>(FY 78)</u>
A. Total Number of Meals Served From All Sources	<u>155,196,410</u>	<u>(134,418,121)</u>
. Catered Meals Percent	<u>90,203,540</u> 58%	<u>(82,717,001)</u> (62%)
. Site Prepared Percent	<u>64,992,870</u> 42%	<u>(51,649,087)</u> (38%)
. Congregate Meals Percent	<u>124,582,029</u> 80%	<u>(111,081,002)</u> (83%)
. Home Delivered Percent	<u>30,614,381</u> 20%	<u>(23,285,086)</u> (17%)
B. Average Number of Meals Year-to-Date ²	<u>587,865</u>	<u>(508,962)</u>
C. Total Number of Meals Served to Elderly/Spouses Only	<u>148,509,153</u> (96%)	<u>134,366,088</u> ³ (estimated 99.9%)

²Average number of meals served daily, is computed by dividing the number of meals served by 66 days per quarter, or 264 days for the fiscal year report period.

³Item IV.C. for FY'78 is estimated because the item was not specified but implied that year.

ATTACHMENT D--Continued

TITLE III-C, NUTRITION SERVICES TO THE ELDERLY--Continued

IV. Nutrition Program Meals Data (Continued)

	FY 79	(FY 78)
D. Estimated Dollar Value of USDA Commodities/Cash Due Year-to-Date, based on Total Meals Served to Elderly/Spouses	<u>\$57,176,024</u>	(\$39,302,081)
E. Total Number of Meals Served, Title III-C Only	<u>133,522,002</u>	(126,938,042)
. Percent (of All Sources Total)	86%	(94.4%)

V. Average Costs Per Meal⁴

	4079 ⁵	3079	2079	1079
A. Total Meal Costs	*	<u>\$2.03</u>	<u>\$2.24</u>	<u>\$2.15</u>
B. Total Program Costs	*	<u>\$2.39</u>	<u>\$2.66</u>	<u>\$2.53</u>

⁴ The Average Costs Per Meal are computed with financial data obtained from the FORM HEW-269 that is submitted by the States to AoA in conjunction with Quarterly Program Performance Report.

⁵ Six States are delinquent in reporting financial data, of date. They are: (Region II) Virgin Islands, (Region V) Minnesota, (Region IX) California, American Samoa, Arizona, and the Trust Territory. Thus, complete financial data for the Fiscal Year is unavailable as of 12/21/79.

ATTACHMENT E

TOTALS		FY '79 Allocation	FY '79 Awards			
		\$3,000,000	\$2,762,558			
1	Alabama	50,000				
2	Alaska	50,000	none			
3	Arizona	50,000				
4	Arkansas	50,000				
5	California	135,390				
6	Colorado	50,000	45,570			
7	Connecticut	50,000				
8	Delaware	50,000				
9	District of Columbia	50,000				
10	Florida	91,726				
11	Georgia	50,000				
12	Hawaii	50,000				
13	Idaho	50,000				
14	Illinois	74,792				
15	Indiana	50,000				
16	Iowa	50,000				
17	Kansas	50,000				
18	Kentucky	50,000				
19	Louisiana	50,000				
20	Maine	50,000				
21	Maryland	50,000				
22	Massachusetts	50,000				
23	Michigan	53,484				
24	Minnesota	50,000				
25	Mississippi	50,000				
26	Missouri	50,000				
27	Montana	50,000				
28	Nebraska	50,000				
29	Nevada	50,000				
30	New Hampshire	50,000				
31	New Jersey	50,926	29,705			
32	New Mexico	50,000				
33	New York	131,358				
34	North Carolina	50,000				
35	North Dakota	50,000				
36	Ohio	68,945				
37	Oklahoma	50,000				
38	Oregon	50,000				
39	Pennsylvania	90,088				
40	Rhode Island	50,000				
41	South Carolina	50,000				
42	South Dakota	50,000				
43	Tennessee	50,000				
44	Texas	75,291	none			
45	Utah	50,000				
46	Vermont	50,000				
47	Virginia	50,000				
48	Washington	50,000				
49	West Virginia	50,000				
50	Wisconsin	50,000				
51	Wyoming	50,000	37,500			
52	American Samoa	22,000	14,600			
53	Guam	22,000	none			
54	Puerto Rico	50,000				
55	Trust Territory	22,000	none			
56	Virgin Islands	22,000	none			

ATTACHMENT F

FY-1979 State Allotments Amounts under Title III-C Nutrition Services of the Older American Act of 1965, as Amended, after Reallocation (available for obligation through September 30, 1979 - Reallocated amounts must be obligated by September 30, 1980.)

13,633	Allotment PI-79-23 Including Amounts for Decreases & Deficits	Amount Reallocated	Amount Released	Final Allotment after Reallocation				
TOTALS 57 States	\$		1/	\$				
	262,351,460	240,213	240,213	262,351,460				
Alabama	4,270,609	13,114		4,283,723				
Alaska	1,260,000			1,260,000				
Arizona	2,756,554	4,252		2,760,806				
Arkansas	2,805,692	918		2,806,610				
California	22,602,886			22,602,886				
Colorado	2,330,830	9,181		2,330,011				
Connecticut	3,688,538	2,754		3,691,292				
Delaware	1,260,000		(22,213)	1,237,787				
Dist. of Col.	1,647,574	2,754		1,650,328				
Florida	13,710,785			13,710,785				
Georgia	4,699,022	4,696		4,703,718				
Hawaii	1,260,000			1,260,000				
Idaho	1,351,666	918		1,352,584				
Illinois	12,307,550			12,307,550				
Indiana	5,812,607	7,344		5,819,951				
Iowa	4,169,189			4,169,189				
Kansas	3,062,775			3,062,775				
Kentucky	4,615,289			4,615,289				
Louisiana	3,713,853	4,590		3,718,443				
Maine	1,505,153	3,525		1,508,678				
Maryland	4,303,222	2,295		4,305,517				
Massachusetts	7,673,658	13,771		7,687,429				
Michigan	8,825,445			8,825,445				
Minnesota	4,492,252	10,863		4,503,115				
Mississippi	2,836,881	4,590		2,839,471				
Missouri	6,795,087	20,798		6,815,885				
Montana	1,318,826	1,469		1,320,295				
Nebraska	1,921,906			1,921,906				
Nevada	1,903,663	1,836		1,905,499				
New Hampshire	1,260,000	523		1,260,523				
New Jersey	9,000,000	2,754		9,002,754				
New Mexico	1,260,000	1,285		1,261,285				
New York	22,484,000	27,561		22,511,561				
North Carolina	5,509,869			5,509,869				
North Dakota	1,386,000			1,386,000				
Ohio	11,374,554			11,374,554				
Oklahoma	3,444,635	3,672		3,448,307				
Oregon	2,809,530	6,573		2,816,103				
Pennsylvania	14,834,429	18,361		14,852,790				
Rhode Island	1,260,000			1,260,000				
South Carolina	2,593,081			2,593,081				
South Dakota	1,322,534	13,771		1,336,305				
Tennessee	4,842,725	9,181		4,851,906				
Texas	12,523,810	2,754		12,526,564				
Utah	1,260,000			1,260,000				
Vermont	1,260,000	918		1,260,918				
Virginia	4,802,665	13,192		4,815,857				
Washington	4,136,461	18,361		4,154,822				
West Virginia	2,493,247	5,508		2,498,755				
Wisconsin	6,566,914	643		6,567,557				
Wyoming	1,260,000			1,260,000				
American Samoa	315,000			315,000				
Guam	630,000			630,000				
Puerto Rico	3,600,000	5,508		3,605,508				
Trust Territory	630,000		(218,000)	412,000				
Virgin Islands	630,000			630,000				
WASHINGTON IS.	157,500			157,500				

1/ \$240,213 released for reallocation.

2/ Additional funds have been awarded to American Samoa in order to provide funding at the FY-1978 level. These funds will be made available from the amounts withheld for evaluation.

Administration on Aging
Office of Human Development Services
Department of Health, Education and Welfare
September, 1979

ATTACHMENT G

LIST OF CURRENT AOA AGREEMENTS ¹

Department or agency:	Date agreement signed
USDA Extension Service.....	May 2, 1977.
USDA Farmers Home Administration.....	Jan. 30, 1979.
Department of Energy (FEA).....	Jan. 13, 1975.
DHEW Health Care Financing Administration.....	Dec. 23, 1974.
DHEW Administration for Public Services.....	July 30, 1975.
DHEW Health Resources Administration.....	May 17, 1977.
DHEW Office of Education:	
School bus.....	May 15, 1975.
School lunchrooms.....	Jan. 16, 1975.
Educational services.....	Dec. 23, 1976.
DHEW Office of Native American Programs.....	Sept. 17, 1975.
DHEW Rehabilitation Services Administration.....	Mar. 19, 1975.
DHEW Social Security Administration.....	May 8, 1975.
DHEW National Institute of Mental Health.....	Aug. 26, 1977.
Department of Housing and Urban Development:	
Nutrition sites.....	Apr. 7, 1975.
Community development.....	July 13, 1976.
Disaster assistance.....	Aug. 17, 1976.
Department of Justice (Law Enforcement Assistance Administration).....	Apr. 28, 1976.
Department of Labor.....	May 12, 1975.
Department of Transportation.....	Oct. 20, 1975.
ACTION.....	Nov. 1, 1974.
Community Services Administration.....	Nov. 5, 1975.
Legal Services Corporation.....	Jan. 18, 1977.
Office of Consumer Affairs (information and referral).....	May 12, 1975.
Veterans Administration (information and referral).....	May 12, 1975.
Civil Service Commission (information and referral).....	May 12, 1975.
General Services Administration (information and referral).....	May 12, 1975.
DHEW Health Services Administration.....	Mar. 29, 1976.
Health Services Administration.....	May 3, 1979.
Department of Labor.....	Mar. 29, 1979.

¹ Of these, Older Americans Act funds have been expended under agreements with the Farmers Home Administration, Health Services Administration, Rehabilitation Services Administration, National Institute of Mental Health, DHUD (Disaster), and the Law Enforcement Assistance Administration.

ATTACHMENT H

TITLE IV--A GERONTOLOGY CAREER PREPARATION AWARDS,
FISCAL YEAR 1979

I. UNIVERSITYWIDE PROJECTS

Grantee:	Award
University of Maryland.....	\$107,733
University of Texas, Arlington.....	106,410
Oregon State University.....	114,187
Wayne State University.....	126,357
Duke University.....	100,208
Rutgers University.....	103,567
University of Oregon.....	101,159
Miami University.....	101,019
University of South Florida.....	95,531
University of California, San Francisco.....	93,157
Georgia State University.....	105,996
Ohio University.....	89,132
Temple University.....	93,722
Memphis State University.....	45,881
University of Utah.....	79,900
Virginia Commonwealth University.....	99,729
North Texas State University.....	98,439
University of Florida, Gainesville.....	89,700
University of Michigan.....	119,965

ATTACHMENT H—Continued

Title IV—A Gerontology Career Preparation Awards—Continued

I. Universitywide Projects—Continued

Grantee:	Award
University of Pennsylvania.....	\$97, 910
Pennsylvania State University.....	101, 200
University of Alabama, Tuscaloosa.....	100, 900
University of Washington.....	117, 952
Hunter College.....	109, 286
University of Rhode Island.....	82, 685
Syracuse University.....	112, 992
University of the District of Columbia.....	104, 000
West Virginia University.....	77, 702
Wichita State University.....	71, 072
San Diego State University.....	106, 361

II. GRADUATE AND PROFESSIONAL SCHOOL PROJECTS

Grantee:	Award
University of Nebraska Medical Center.....	84, 699
Brandeis University Heller School of Social Work.....	98, 639
New York University School of Medicine.....	73, 849
Fisk University Division of Social Sciences.....	98, 441
University of Arizona School of Public Administration.....	69, 260
Northwestern University.....	49, 006
University of Maryland School of Social Work.....	87, 373
University of Connecticut School of Social Work.....	67, 009
University of Miami.....	24, 160
University of California, Berkeley.....	88, 955
University of New Mexico.....	98, 650
Yeshiva University.....	59, 738
George Washington University.....	86, 855
University of Texas, Dallas, School of Allied Health Sciences.....	54, 649
University of Maryland School of Medicine Department of Physical Therapy.....	72, 977

III. TWO- AND FOUR-YEAR UNDERGRADUATE PROJECTS

Grantee:	Award
Madonna College.....	60, 011
University of Arkansas at Pine Bluff.....	58, 777
St. Thomas Aquinas College.....	58, 211
Murray State University.....	66, 871
Tougaloo College.....	55, 851
Springfield Technical Community College.....	60, 766
Virginia Union College.....	66, 625
Prairie View A&M University.....	66, 561
Metropolitan Community College.....	74, 206
Wayne Community College.....	75, 708
Rockland Community College.....	61, 069
North Country Community College.....	62, 070
St. Edwards University.....	53, 894
Southern University.....	95, 828
College of St. Scholastica.....	57, 392
College of St. Elizabeth.....	47, 082
Medgar Evers College of the City University of New York.....	75, 829
Paul Quinn College.....	33, 432
Tusculum College.....	64, 258
Tennessee State University.....	50, 389
University of Minnesota Technical College.....	43, 162
Southside Virginia Community College.....	24, 064
Lemoyne-Owen College.....	54, 943
Clark College.....	27, 530
Union College.....	42, 670
University of Bridgeport.....	27, 271
Weber State College.....	55, 062

ATTACHMENT H—Continued

Title IV—A Gerontology Career Preparation Awards—Continued

IV. CONSORTIA PROJECTS

Grantee:	Award
University of Missouri Joint Centers for Aging Studies.....	\$82, 354
University of Massachusetts Medical Center, Worcester.....	128, 758
University of Kansas Gerontology Center.....	135, 226
University of Alabama, Birmingham.....	146, 756
National Center for the Black Aged, Inc.....	149, 879
Northern California Higher Education Council.....	131, 243
Norfolk State University.....	81, 904

ATTACHMENT I

FISCAL YEAR 1979 RESERVATION OF STATE TITLE IV-A FUNDS

Grantee:	Award
Alabama.....	\$95, 955
Alaska.....	30, 000
Arizona.....	60, 153
Arkansas.....	66, 524
California.....	535, 939
Colorado.....	55, 032
Connecticut.....	84, 079
Delaware.....	30, 000
District of Columbia.....	30, 000
Florida.....	325, 111
Georgia.....	111, 424
Hawaii.....	30, 000
Idaho.....	30, 000
Illinois.....	291, 838
Indiana.....	133, 266
Iowa.....	87, 127
Kansas.....	68, 530
Kentucky.....	91, 315
Louisiana.....	88, 063
Maine.....	30, 860
Maryland.....	90, 745
Massachusetts.....	164, 878
Michigan.....	209, 270
Minnesota.....	106, 521
Mississippi.....	61, 985
Missouri.....	143, 992
Montana.....	30, 000
Nebraska.....	46, 047
Nevada.....	30, 000
New Hampshire.....	30, 000
New Jersey.....	200, 191
New Mexico.....	30, 000
New York.....	506, 243
North Carolina.....	130, 650
North Dakota.....	30, 000
Ohio.....	269, 714
Oklahoma.....	81, 679
Oregon.....	66, 620
Pennsylvania.....	351, 775
Rhode Island.....	30, 000
South Carolina.....	61, 487
South Dakota.....	30, 000
Tennessee.....	112, 112
Texas.....	296, 966
Utah.....	30, 000
Vermont.....	30, 000
Virginia.....	113, 881
Washington.....	92, 749

ATTACHMENT I—Continued

Fiscal Year 1979 Reservation of State Title IV-A Funds—Continued

	<i>Award</i>
West Virginia.....	\$53, 947
Wisconsin.....	127, 473
Wyoming.....	30, 000
American Samoa.....	15, 000
Guam.....	15, 000
Puerto Rico.....	60, 859
Trust Territory.....	15, 000
Virgin Islands.....	15, 000
Northern Marianas.....	15, 000
Total.....	6, 000, 000

ATTACHMENT J

TITLE IV-A CONTINUING EDUCATION PROGRAM, FISCAL YEAR 1979

Grantee:

	<i>Award</i>
National Council for Homemaker-Home Health Aide Services, Inc.....	\$120, 102
American Personnel and Guidance Association.....	199, 157
National Council on the Aging, National Institute of Senior Centers.....	93, 074
University of Kentucky Research Foundation Multidisciplinary Gerontology Center.....	59, 430

TITLE IV-A GERIATRIC FELLOWSHIPS PROGRAM AWARDS, FISCAL YEAR 1979

Grantee:

University of California at Los Angeles.....	40, 000
Mt. Zion Hospital and Medical Center, University of California, San Francisco.....	43, 200
Harvard University Medical School.....	40, 047
Boston University School of Medicine.....	40, 000
Duke University Center for the Study of Aging and Human Development.....	39, 851
University of Washington Division of Gerontology and Geriatric Medicine.....	39, 699

ATTACHMENT K.—TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979

THE OLDER PERSON, FAMILY, AND SOCIETY

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-1949	Dartmouth College Hanover, NH Gene Nelson	Demonstration of a Self-Help Approach to the Coordination of Human and Health Services	David Dowd	\$99,882
90-AR-2107	Ctr. for Human Ser. Washington, DC Dr. Norman LaCharite	To Increase the Usefulness and Utilization of Needs Assessments for Purposes of Advocacy, Planning, Policy Formulation, and Program/Services Development	David Dowd	\$219,938
18-P-00273	Univ. of So. Cal. Los Angeles, CA Fran Kobata	A Youth Support System for the Frail Elderly	David Dowd	\$133,844
90-AR-1290	The Nat'l Ctr. on Black Aged Washington, D.C. Wilbur Watson	Informal Social Networks in Support of Elderly Blacks in the Black Belt of the United States	Frances Jacobs	\$137,111
90-AR-2112	Benj. Rose Institute Cleveland, Ohio Drs. Walter Poulshock & Barbara Silverstone	Effects on Families of Caring for Impaired Elderly in Residence	David Dowd	\$196,774
90-AR-2124	Georgetown University Washington, D. C. Beth Soldo	Families as Care Givers of the Elderly; Structural and Geographic Variations	David Dowd	\$105,057
90-AR-2174	Philadelphia Geriatric Center Philadelphia, PA Ms. Brody & Dr. Fulcomer	Women in the Middle and Care of the Dependent Elderly	David Dowd	\$132,217

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

THE OLDER PERSON, FAMILY, AND SOCIETY--Continued

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-2176	University of Pennsylvania Philadelphia, PA Gerbner/Cross/Signorielli	Aging with TV Commercials	Saadia Greenberg	\$118,257
90-AR-2060	Oregon State Univ. Corvallis, OR Charles Cormack Barbara Douglas	Personal & Social Capabilities Among the Aging in a Rural Cultural Context	---	\$32,293
90-AR-2068	Asociacion Nacional Pro Personas Mayores Los Angeles, CA Terrie Moffit	Development of a Research Bibliographic & Resource Guide on the Hispanic Elderly	---	\$29,140
90-AR-2070	Inst. for Contemporary Social Problems Seattle, WA Trevor Chandler, Ph.D.	Survival Techniques of Older Americans in Economically Stressful Circumstances	---	\$28,948
90-AR-2074	Houston Baptist Univ. Houston, TX Dr. Joyce DeRidder	Development of Advocacy and Self-Help Assistance Roles in Telephone Reassur- ance Volunteers	---	\$29,008
90-AR-2075	City of Portland, Human Resources Bur. Portland, OR Nancy Connors, M.P.H.	Health and Social Service Assessment Tools for the Elderly: Coordination and Analysis	---	\$25,680
90-AR-2077	University of Missouri Columbia, MO Dr. Elena Bastida	Adequacy of a Research Instrument for Urban and Rural Spanish Speaking Elderly	---	\$32,842

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

THE OLDER PERSON, FAMILY, AND SOCIETY--Continued

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-2078	Wayne State University Detroit, MI Dr. Sue Perkins Taylor	Cultural and Environmental Influences on Health Programs for Minority Aged	Patricia McCormick	\$24,979
90-AR-2064	Nat'l Tribal Chairmen's Fund, Inc. Portland, OR Spero Manson	Problematic Life Situations: Cross-Cultural Variations in Support Mobilization Among the Elderly	David Dowd	\$23,909
90-AR-2069	Ohio University Athens, Ohio David E. Sutherland	Kinship and Community Support and Information Systems of the Rural Elderly in Meigs County, Ohio	David Dowd	\$43,810
90-AR-2076	Whatcom Counseling & Psychiatric Clinic Bellingham, MA Catherine Strong	Families as Caretakers of the Elderly: A Comparison of Rural Indian and White Families	David Dowd	\$24,000
90-AR-2081	Duke University Durham, NC Judith H. Fox	A Survey of Families Providing Home Care to Chronically Ill Elderly Relatives	David Dowd	\$30,504
90-AR-2183	Univ. of Michigan Ann Arbor, MI Rose Campbell Gibson	Factors Impacting on the Well-Being in Elderly Black Women	David Dowd	\$38,561

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

ECONOMICS OF AGING

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-1811	Amer. Institutes for Res. Washington, DC Harold Sheppard	Demo. Bio. Med. & Economic Influences on Future Retirement Age Policies in US & 5 Western European Countries	Frances Jacobs	\$88,652
90-AR-2113	Univ. of Wisconsin Milwaukee, Wis. Marilyn Moon	Intrafamily Transfers & the Elderly	Frances Jacobs	\$56,112
90-AR-2119	Nat'l Bur. of Econ., Research, Inc. Stanford, CA Mordecai Kurz & Marcy Avrin	Measurement of Intrafamily Transfers & Their Effect on Individual Behavior	Frances Jacobs	\$100,770
90-AR-2123	The Urban Institute Washington, DC Ms. Vanaki/Dr. Toikka	Displaced Homemakers: How and Why Do Older Workers Seek and Find New Types of Work	Frances Jacobs	\$149,111
90-AR-2125	The Urban Institute Washington, DC Dr. Richard Wertheimer	The Impact of Inflation on the Income and Expenditures of Older Americans	Frances Jacobs	\$94,471
90-AR-2108	San Diego State Univ. San Diego, CA Dr. Stanford/Dr Baty	The Minority Retirees: An Untapped Resource	Frances Jacobs	\$232,610
90-AR-2066	Nat'l Center on Black Aged, Inc. Washington, DC Dr. Dolores Davis	Employment Opportunities for Middle-Aged Older White & Non-White Women: A State of the Art	Frances Jacobs	\$29,160

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

ECONOMICS OF AGING--Continued

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-2079	Washington University St. Louis, MO Martha Ozana	Empirical Study of the Relationship Between Human Capitol Resources of the Elderly & Their Partici- pation in SSI	Frances Jacobs	\$38,732
90-AR-2082	Univ. of Baltimore Baltimore, MD Nijole Benokraitis	Employment Patterns of Displaced Homemakers	Frances Jacobs	\$22,573

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

HOUSING AND ENVIRONMENT

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>Fy'79 Funding</u>
90-AR-1833	Univ. of Delaware Newark, Delaware David Schultz	Research on Services Needed by Elderly in Subsidized Housing	Saadia Greenberg	\$74,577
90-AR-2116	Mass. Insti. of Technology Cambridge, MA Prof. Sandra Howell	Determinants of Housing Choice Among Elderly: Policy Implications	Saadia Greenberg	\$208,732
90-AR-2118	Univ. of Iowa Institute of Urban & Regional Research Iowa City, Iowa Dr. Louviere/Dr Turner	Analysis of Factors Influ- encing the Housing Choices of Older Americans	Saadia Greenberg	\$201,248
90-AR-2120	The Urban Institute Washington, DC Drs. Scruyk/Zais/Myers	What is the Effect of Community Revitalization Efforts on Older Persons	Saadia Greenberg	\$245,486
90-AR-2121	Comm. Res. App., Inc. New York, NY Douglas Holmes	Comparison of the Impact of Service-Poor & Service- Rich Public Housing	Saadia Greenberg	\$50,058
90-AR-2061	NY Univ. Sch. of Med., Dept. of Urban Health Affairs New York, NY Zenon Arribalzaga	SRO Housekeepers: The Untapped Caretaking Mechanism for the Elderly	Saadia Greenberg	\$32,875
90-AR-2065	The Wright Institute Berkeley, CA Judith Bernstein	An Investigatory Study of Management Policy and Decision-Making Process for the Elderly	Saadia Greenberg	\$31,577
90-AR-2080	Stockton State College Pomona, NJ Smith/Helsabeck/Teski	Life Satisfaction Among Elderly Residents of 3 Neighborhoods of a City Undergoing Revitalization	Saadia Greenberg	\$32,073

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

HEALTH CARE, SOCIAL AND COMMUNITY BASED SERVICES

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-1832	California State Univ. Sacramento, CA John Colen	Social Service Techniques for the Minority Aged	Marlene Silverman	\$55,624
18-P-00156/9	On Lok Senior Health Ser. San Francisco, CA Marie Louise Ansak	On Lok Community Care Organization for Dependent Older Adults	Constance Hirschman	\$248,494
18-P-00158/4	Human Service Coordination Alliance, Inc. Louisville, KY Dolores S. Delahanty	Building Client Capacity to Access and Utilize Services	Patricia McCormick	\$93,780
90-AR-2109	VA Commonwealth University Richmond, VA Dr. Elizabeth Harkins	Study of the VA/NH Pre- Admission Screening Program	Constance Hirschman	\$100,418
90-AR-2110	University of Miami Coral Gables, FL Drs. Hinrichsen/Dunham	Factors Affecting Utiliza- tion and Effectiveness of Treatment and Support Ser- by Elderly Problem Drinkers	Patricia McCormick	\$164,204
90-AR-2114	Inst. of Public Admin. Washington, DC Mr. Joseph Revis	Improving Transportation for the Elderly: A Study of Problems and Potentials	Saadia Greenberg	\$148,947
90-AR-2115	The Urban Institute Washington, DC Dr. Ulrich Ernst	Coordinating Transporta- tion Programs for the Elderly	Saadia Greenberg	\$149,920
90-AR-2111	California State Univ. Sacramento, CA J. McClure/D. Canham	Advocacy in Minority Communities: The Impact of Minority Organizations on Resource Allocations	Marlene Silverman	\$151,070

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

HEALTH CARE, SOCIAL AND COMMUNITY BASED SERVICES--Continued

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-2117	Comm. Res. App., Inc. New York, NY D. Holmes/ M. Holmes	Area Agency Commitment to Minority Older Persons & Strategies for Increasing the Quantity & Quality of Services	Marlene Silverman	\$170,001
90-AR-2057	SUNY Fredonia, NY J. Kraut/D. Larson	Service Utilization Patterns of the Rural Elderly	Patricia McCormick	\$32,141
90-AR-2056	Univ. of So. Florida Tampa, FL David Haber	Yoga and Relaxation - Meditation as Preventive Health Care for Black, Hispanic, and White Older Persons	Patricia McCormick	\$25,920
90-AR-2058	University of Missouri Columbia, MO Dr. R. Brent/ H. Shelton	Environmental Constraints on the Spatial Organization of Social Interactions in a Nursing Home	Constance Hirschman	\$30,720
90-AR-2059	Univ. of Michigan Ann Arbor, MI Michael E. Hunt	Simulated Site Visits: Pre- paration for Relocation	Constance Hirschman	\$38,384
90-AR-2062	Nat'l Citizens Coalition for Nursing Home Reform Marianne Follingstad	Medicaid Discrimination in LTC (State of the Art)	Constance Hirschman	\$23,050
90-AR-2063	Portland State Univ. Portland, OR Margaret Neal	Conceptualizing Quality Terminal Care for the Elderly	Constance Hirschman	\$32,208
90-AR-2067	Washington State Univ. Pullman, WA Gladys Jennings	Nutritional Care Services for Elderly Subscribers Provided by Health Main- tenance Organizations.	Patricia McCormick	\$34,080

ATTACHMENT K.--TITLE IV-B RESEARCH AND DEVELOPMENT AWARDS, FISCAL YEAR 1979--Continued

HEALTH CARE, SOCIAL AND COMMUNITY BASED SERVICES--Continued

<u>Grant #</u>	<u>Organization City & State (Principal Investigator)</u>	<u>Title</u>	<u>Project Monitor</u>	<u>FY'79 Funding</u>
90-AR-2071	Lehigh University Bethlehem, PA R. Allen Moran	Implementing the Older Americans Act's Objectives	Marlene Silverman	\$35,975
90-AR-2072	Found. of the ACNHA, Inc. Silver Spring, MD Dr. G. E. Schafft	Impact of Title VI of the Civil Rights Act of 1964 on Nursing Home Integration In Three East Coast States	Constance Hirschman	\$24,000
90-AR-2184	Central Denver Comm. Ser. Denver, CO P. Marques/B. Weil	Proyecto de Independencia	Constance Hirschman	\$24,000
90-AR-2073	University of Maine Orono, Maine J. Watkins/D. Watkins	Toward a Continuum of Care Policy Framework for Decision Making by State Units on Aging and Area Agencies on Aging	Marlene Silverman	\$32,480
<u>SPECIAL PROJECTS</u>				
90-AR-2106	Comm. Research App., Inc. New York, NY 10036 Douglas Holmes	Assessment & Synthesis of Findings from AOA Supported Projects on Services to Homebound Elderly & Project on Informal Supports	Constance Hirschman	\$211,455
90-AR- 2122	Population Resource Ctr. New York Robert Batscha	Technological Transfer for the Aging	Marlene Silverman	\$173,613
90-AR-2173	American Inst. for Research Washington, DC 20007 Dr. Harold Sheppard	Gerontological Research Institute		\$319,821

ATTACHMENT L

MODEL PROJECTS IN AGING

GRANTS AWARDED IN FISCAL YEAR 1979

Grant 90-A-1818.—Capacity building and model development for the delivery of mental health and substance abuse services to senior citizens. Michigan Office of Services to the Aging, 300 E. Michigan Avenue, P.O. Box 30026, Lansing, Mich. 48909. \$86,040.

Grant 90-A-1815.—Community integration model, services for the elderly. The Caring Community, Inc., board of directors, 371 Sixth Avenue, New York, N.Y. 10014. \$98,516.

Grant 90-A-1825.—Providing a missing link in the chain of natural support systems. New York University School of Medicine, Geriatric Center—Urban Health Affairs, 550 First Avenue, New York, N.Y. 10016. \$112,593.

Grant 90-A-1812.—Project independence. Tioga Opportunities Programs, Inc., Department of Senior Programs, 231 Main Street, Owego, N.Y. 13827. \$76,428.

Grant 90-A-1829.—Adult foster care community living project. Catholic Social Services of the Miami Valley Adult Foster Care, 50 South Detroit Street, Xenia, Ohio 45385. \$111,769.

Grant 90-A-1828.—Hospice demonstration project. Lutheran Welfare Service of Northeast Pennsylvania, 143 W. Broad Street, Hazleton, Pa. 18201. \$179,875.

Grant 90-A-1813.—Family and community support system project. Rhode Island Department of Elderly Affairs, State Department, 150 Washington Street, Providence, R.I. 02903. \$95,835.

Grant 90-A-1819.—Housing alternatives for seniors. Jewish Family Services of Los Angeles, Freda Mohr Multiservice Center, 341 N. Fairfax Avenue, Los Angeles, Calif. 90036. \$79,380.

Grant 90-A-1896.—Pacific/Asian Elderly Services Resource Center. Special Service for Groups, Inc., 2400 S. Western Avenue, #205, Los Angeles, Calif. 90018. \$88,374.

Grant 90-A-1836.—Senior health services project. Midpeninsula Health Service, Inc., 457 Kingsley Avenue, Palo Alto, Calif. 94301. \$190,621.

Grant 90-A-1827.—Project H.O.P.E. (hospice outreach program for elderly). Hospice of Santa Barbara County, Inc., 330 East Carrillo Street, Santa Barbara, Calif. 93101. \$126,121.

Grant 90-A-1816.—Model consumer education project for elderly on funeral and burial costs. Continental Association of Funeral and Memorial Societies, Inc., 1828 L Street NW., Suite 1100, Washington, D.C. 20036. \$107,750.

Grant 90-A-1821.—Proposal for community involvement. National Citizens Coalition for Nursing Home Reform, 2000 P Street NW., Washington, D.C. 20036. \$170,970.

Grant 90-A-1830.—Requisites for neighborhood capacity building: The aging and human services. University of Southern California, Washington Public Affairs Center, 512 10th Street NW., Washington, D.C. 20004. \$88,325.

Grant 90-A-1835.—Service workers for aged in trouble (SWAT). Miami Jewish Home & Hospital for the Aged, Community Services, 151 NE. 52d Street, Miami, Fla. 33137. \$163,814.

Grant 90-A-1814.—Services to homebound elderly. Five Hospital Homebound Elderly Program, 541 Diversey Parkway, Chicago, Ill. 60614. \$90,003.

Grant 90-A-1826.—The elder program: A community education model for network building among minority elderly. University of Louisville Foundation, Kent School of Social Work, Belknap Campus, Louisville, Ky. 40208. \$89,464.

Grant 90-A-1820.—Senior center care system. Waxter Center, 861 Park Avenue, Baltimore, Md. 21201. \$171,894.

Grant 90-A-1824.—A controlled trial of caregiver training for the elderly impaired in urban and rural settings. University of Maryland School of Medicine, 655 W. Baltimore Street, Baltimore, Md. 21201. \$222,513.

Grant 90-A-1834.—Identifying and enhancing the natural support systems of the noninstitutional rural elderly. Franklin/Hampshire Community Mental Health Center, Inc., 50 Pleasant Street, Box 625, Northampton, Mass. 01060. \$89,550.

Grant 90-A-1817.—Community based comprehensive care for the elderly. University of Washington Institute on Aging, SM-21, Seattle, Wash. 98195. \$193,802.

Grant 90-A-1822.—Promoting wellness of the at-risk elderly and their families: A service demonstration project. University of Washington School of Social Work, 1417 NE. 42d Street, Seattle, Wash. 98105. \$137,763.

Grant 90-A-1823.—Hospice care model project. Hospice of Seattle, 821 Boylston, Seattle, Wash. 98104. \$115,915.

Grant 90-A-2186.—Wisconsin Regional Geriatric Center. Family Hospital, 2711 W. Wells St., Milwaukee, Wis. 53208. \$64,000.

Grant 90-A-2187.—Delivery of medical and social services to homebound elderly. New York City Department for the Aging, 250 Broadway, New York, N.Y. 10007. \$193,198.

ATTACHMENT M

EVALUATION STUDY AWARDS, FISCAL YEAR 1979

(1) Evaluation of advocacy programs funded under title III of the Older Americans Act: Amount, \$334,697; State, Massachusetts; contractor, Contract Research Corp.

(2) Analysis food service delivery systems used in providing nutrition services to the elderly: Amount, \$411,062; State, New Mexico; contractor, Kirschner Associates, Inc.

SUMMARY OF THE NUTRITION PROGRAM EVALUATION

The evaluation of the nutrition program for the elderly is a nationwide, longitudinal study of program operations and impacts on the participating elderly. During the course of the study, up to five waves of data will be collected. This summary presents a brief analysis of the first wave data.

THE NUTRITION PROGRAM FOR THE ELDERLY

As authorized by title VII¹ of the Older Americans Act, the nutrition program addresses a number of problems faced by the Nation's older population. Such problems include dietary inadequacy, declining health status, social isolation and limited access to social and health services. Among certain subpopulations of the elderly—the poor, ethnic minorities, the isolated, and handicapped—these problems are particularly acute. The nutrition program was designed to emphasize services to these groups through extensive outreach efforts to encourage their participation.

The central activity of the nutrition program is a congregate dining service. Nutritionally balanced meals and opportunities for social interaction are provided daily in meal sites located throughout the country. Participants may contribute to the cost of their meals, if they wish.

In addition to meals, nutrition projects are encouraged to provide certain supportive services if needed and not otherwise available to participants. Federal program regulations identify these services as recreation, transportation, escort services, nutrition education, shopping assistance, counseling, and information and referral to outside agencies. In addition, home-delivered meals are often served to homebound participants and account for about 15 percent of all meals served by the program.

Since their inception in 1973, nutrition projects have been funded through formula grants to the States from the Administration on Aging. In fiscal year 1978, the Federal appropriation for the program amounted to \$250 million. This sum financed meals for the elderly throughout the 50 States, the District of Columbia, and various trust territories.

EVALUATION METHODOLOGY

This evaluation is designed to: (1) Describe the program and its local variations, (2) assess program impacts on participants, and (3) identify program characteristics and other factors which influence participant impacts. The longitudinal design of the study requires from three to five waves of data on both the program and participants, with at least yearly intervals between data collection waves.

¹ Under the 1978 amendments to the Older Americans Act, the nutrition program was moved to title III, and many policy and programmatic changes were authorized. This first wave of the study was conducted and the report was prepared before the changes became effective.

Information on program operations is obtained from a randomly selected sample of 91 meal sites. The sample represents a broad diversity of site locations, size, staffing patterns, activities, and environments. Data pertaining to the sites were collected from several sources: interviews with program staff members at all levels; interviews with representatives of related organizations, including area agencies on aging, which often are granted for nutrition projects; project and site records; and observations of meal site activities and environments. Information resulting from these sources was used to classify the 91 sample sites according to an extensive list of varying characteristics.

The measurement of impacts on participants is based on information obtained from interviews with samples of participants from each sample meal site. During the first wave, two participant cohorts were interviewed: one, the 20 most recent entrants from each sample site; the other, randomly selected samples of long-term participants enrolled at sample sites for at least 18 months. Additional cohorts of recent entrants will be added during each successive data collection wave.

Two samples of nonparticipants were selected as comparison groups during the first wave: a random sample of elderly neighbors of sample participants, and a second group from areas similar to, but outside, any program service area. The latter group was included to test the possibility of effects due to self-selection. Nonparticipants in the service area may differ importantly from those who elected to participate, and may not provide a suitable comparison for participants. The comparison group living outside the service area is expected to contain individuals who have characteristics similar to the sample participants, as well as those similar to nonparticipating neighbors in the service area. Discriminant function analysis will be employed to identify those who are similar to the participants. First, this analysis will be applied to data on characteristics of both the participants and their nonparticipating neighbors, and the characteristics on which they differ identified. These characteristics are variables assumed to predict program participation. The predictor variables will then be applied to individuals in the group of unserved elderly. In this manner, a comparison group would be identified which matches participant participants on a number of characteristics but for whom no meal sites are available.

Specific impact variables were selected for examination on the basis of program goals and purposes specified in the legislation and regulations. The impact variables are: dietary status, health status, isolation, life satisfaction, longevity, and independent living (viz, institutionalization). Participant impacts will be measured both longitudinally and cross-sectionally. Combining the cross-sectional and longitudinal analyses in the study design strengthens the evaluation by allowing program impacts to be tested in three different ways: (1) Longitudinal comparisons can be made within cohorts over successive waves of data, (2) impacts can be compared during each wave among long-term participants, recent entrants, and nonparticipant cohorts, and (3) changes in impacts over time can be compared among participant and nonparticipant cohorts. These tests will help distinguish measurable change due to participation from change occurring for other reasons.

Program impacts are expected to vary among participants and sites. Multivariate statistical analyses will be used to identify participant, Program, and environmental characteristics associated with varying participant impacts.

FIRST-WAVE FINDINGS

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

ENROLLMENT OF PRIORITY ELDERLY

Nutrition projects are placing substantial emphasis on serving the low-income and minority elderly. Nearly two-thirds of the sampled participants have annual family incomes of less than \$4,000 and one-fourth belong to an ethnic minority.

However, the sample sites enroll few mobility-impaired and non-English-speaking elderly, who account for only 2 percent and 3 percent of the sample participants, respectively.

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

LEVEL OF SOCIAL ACTIVITY AND PARTICIPATION IN PROGRAM

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

PARTICIPANT CONTRIBUTIONS

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

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

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

LEVEL OF PARTICIPATION

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

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

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

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

AREA AGENCY INVOLVEMENT

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

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

MEAL SERVICES

The great majority of participants are satisfied with the meals. Where dissatisfaction exists it tends to be at sites which: (1) Are relatively large, (2) spend smaller portions of their overall budgets on meal services than other sites, (3) have optional donation policies, and (4) have comparatively more participants who reported attending meals when they could not be served. (Participants reporting this experience were a small minority but tended to be concentrated at 17 of the 91 sites. While there are insufficient data at present to determine the cause of this problem, it will be explored during the second wave of the study.)

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

TRANSPORTATION SERVICES

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

RECREATIONAL SERVICES AND SOCIAL INTERACTION

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

NUTRITION EDUCATION SERVICES

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

SHOPPING ASSISTANCE

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

HEALTH SERVICES

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

IMPACT OF PROGRAM ON PARTICIPANTS

Differences between participating elderly and non-participating elderly were measured for seven impact variables. Program effect cannot be measured from the first year's findings. Measurement of program effects will come from data collected over time based on continuing interviews with panels of participating and nonparticipating elderly.

MEETING DIETARY NEEDS

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

ISOLATION

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

LIFE SATISFACTION AND PSYCHOLOGICAL WELL-BEING

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

HEALTH (MOBILITY AND PERCEPTIONS OF HEALTH STATUS)

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

INSTITUTIONALIZATION AND LONGEVITY

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

INCOME AND INCOME SUFFICIENCY

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

ADMINISTRATION FOR NATIVE AMERICANS

The Administration for Native Americans (ANA) and the Intra-Departmental Council of Indian Affairs, located within ANA, have entered into interagency agreements with other Departments and other components of HEW to support three projects serving Indian elderly. Following is a summary of each project:

HUD/HEW SPECIALIZED INDIAN HOUSING PROJECT

In August 1978, the Intra-Departmental Council on Indian Affairs entered into a formal agreement with the Department of Housing and Urban Development for joint support of a project to provide specialized human care facilities and services on five Indian reservations. The five tribes selected to participate in the project were Navajo, Hopi, Zuni, White Mountain Apache, and San Carlos Apache. The project was designed to maintain the traditional extended family concept by providing services and housing for tribal members of all ages.

HUD and HEW jointly funded a grant to build the capacity of the tribes to assess the housing and service needs of the elderly, the mentally and physically handicapped, and abandoned and neglected children on the five reservations; to consider alternatives for meeting priority needs; and to design and implement facilities and services to meet one or more needs identified. Tribal applications for housing facilities were reviewed and tentatively approved by HUD and HEW in August 1979. The tribes are currently in the process of developing comprehensive plans for the management and operation of the facilities so that they can enter into formal contract agreements with HUD for construction of the facilities. It is anticipated that each of the tribes will include a component for service to the elderly as part of the overall specialized housing project.

During fiscal year 1980 ANA will provide management assistance to the tribes to assist them in the development of operational and management plans for the project. When the plans are completed, council staff will work with the tribes to identify potential services of program support and will assist the tribes to apply for and obtain these funds.

ANA committed approximately \$35,000 to this project in fiscal year 1978 and expects to commit additional funds in fiscal year 1980, although this amount has not yet been determined. There were no funds committed to the project in fiscal year 1979.

LAGUNA ELDERLY CENTER

During fiscal year 1979, ANA entered into an agreement with the Indian Health Service to jointly provide management assistance, training and technical assistance to the Pueblo of Laguna in the initiation of its elderly center program. The Pueblo of Laguna, located in New Mexico, has developed a program which provides comprehensive health and social services to its elderly population. The project at Laguna includes residential units for the elderly as well as an elderly care facility. Future plans call for expansion of the project to include a child care facility and a cultural resource center.

The purpose of the ANA/IHS agreement is to provide the Pueblo of Laguna with management resources to identify and obtain operational support for its elderly center program and establish the permanent program on a sound financial and management basis. In fiscal year 1979, ANA transferred \$20,000 to the IHS to be used for training and technical assistance to the Laguna elderly center program. These funds were committed on a one-time only basis.

INDIAN ACCESS PROJECT

In fiscal year 1979, ANA entered into an agreement with the Administration on Aging to provide support to the National Indian Council on Aging (NICOA) to initiate a demonstration project on a limited number of reservations to increase the number of elderly Indians receiving cash and other benefits from the wide variety of entitlement programs. The purpose of this special project is to develop and maintain successful outreach efforts through the tribal governments. This access project results from the perception shared by ANA, AoA and the Social Security Administration that elderly Indian people do not receive an equitable share of services and benefits available through Federal entitlement programs.

The agreement stipulates that ANA will provide a sum not to exceed \$85,000 per year for up to 3 years to support the demonstration project to increase the

receipt of entitlements by elderly Indian people. In fiscal year 1979, ANA transferred \$85,000 to AoA to provide first-year support to the project.

NICOA will select four demonstration sites in four different geographic regions. Sites selected must have an elderly Indian population (age 60 or over) of at least 50 people.

ADMINISTRATION FOR PUBLIC SERVICES

The Administration for Public Services has responsibility for administering the social services programs authorized under titles I, IV-A, X, XIV, and XX of the Social Security Act, as amended. Except for Guam, Puerto Rico, and the Virgin Islands, title XX superseded all of the authorizing titles cited above as of October 1, 1975.

Under title XX, grants are made to States to deliver services under a comprehensive annual services program plan which is designed by each State to meet the needs of that State. At State option services are delivered to individuals whose eligibility is based on income or income maintenance status. States may offer services to persons with family incomes up to 115 percent of the State median family income for a family of four adjusted for family size. However an amount equal to at least 50 percent of the Federal share of State expenditures must be for recipients of aid to families with dependent children (AFDC), supplemental security income (SSI), essential persons or individuals eligible for medicaid. Specified services may also be offered on a group basis. States may choose the services to be provided, as long as each service is directed to at least one of the five title XX goals, and at least three services are directed toward SSI recipients.

A variety of services directed to assisting aged persons to attain or maintain a maximum level of self-care and independence are provided through the social services program. Included are such services as adult day care, adult foster care, protective services, health-related services, homemaker, chore, transportation, and other services that assist elderly persons to remain in their own homes or in community living situations. Services are also offered which facilitate entry into institutional care when necessary.

Since title XX data are collected by service and by category of eligibility of the recipients (e.g. AFDC and SSI), it is not possible to determine precisely total services, recipients, and expenditures provided to the elderly. However, data on the number of recipients, and expenditures for services for those older persons eligible for SSI payments is available. The following are reported figures (for fiscal year 1977) and estimates for the number of primary recipients¹ and expenditures for the SSI-aged during fiscal years 1977, 1978, and 1979.

Fiscal year	Number of SSI-aged primary recipients	Expenditures (Federal, State, local funds)
1977.....	466,000	\$255,000,000
1978.....	451,000	260,000,000
1979.....	450,000	275,000,000

Since elderly persons other than SSI-aged qualify for, and receive services from, each of the services reported, these data understate the total number of elderly recipients and expenditures for services to the aged under title XX. As shown above, the number of SSI-aged recipients has experienced a limited decline. However, expenditure increases have been reported for services which are usually associated with the needs of the aged. In particular, community-based care services directed toward the title XX goal of preventing or reducing inappropriate institutional care have received increased program emphasis. Universal services such as information and referral, and protective services for adults, as well as group services, have been growing during the last few years. As with all services, these latter services include elderly recipients.

As is true of services delivery, research and demonstration projects funded through the Administration for Public Services tend to address areas in which elderly persons are among the participants in the demonstration programs and may benefit from implementation of the research results.

¹ Primary recipient: An individual with whom, or for whom, a specific goal is established and to whom services are provided for the purpose of achieving the goal. Services are considered to be provided to the primary recipient when they are provided to other members of the primary recipient's family to facilitate achievement of the primary recipient's goal.

Among projects ongoing during fiscal year 1979, one, barriers to the development of community based long-term care for elderly and handicapped individuals, particularly emphasizes the elderly. This project is to develop and document methodology for State agency use in identifying barriers to community placements for long-term care.

Another 12 projects deal with such topics as hospice care, social services planning, the impact of Federal policies and services programs on families, transportation to human resource facilities, capacity building of Indian tribal governments to plan and administer comprehensive social services systems, and improved case management systems.

Among the concrete effects of these projects are the funding of a position of a case manager to coordinate social services for the elderly by a local county council on aging; and the development of social services for elderly Indians in two areas.

REHABILITATION SERVICES ADMINISTRATION

AGING

RSA BASIC PROGRAM SERVICES

The major goal of the Rehabilitation Services Administration's program for the aging is to rehabilitate as many older handicapped individuals as possible into gainful employment through activities of the State-Federal rehabilitation program administered by the agency.

The State rehabilitation agencies endeavor to assist each individual to reach his most adequate functioning level and highest vocational potential. This is accomplished through a diagnosis of his condition followed by various services designed to overcome his specific handicap. Throughout the process, the emphasis is on helping the individual to help himself. These services include: Evaluation and medical diagnosis to determine the nature and extent of the disability to ascertain capacity for work; counseling to help in developing a good vocational plan; medical care to reduce or remove the disability; vocational training and placement into employment; and followup to ensure satisfactory placement.

In fiscal year 1979 it is estimated that 6,800 persons aged 65 and over were rehabilitated at a cost of \$18,802,000.

RSA-AOA COOPERATIVE AGREEMENT

The Rehabilitation Services Administration cooperates with the Administration on Aging in various activities and projects and will continue to do so. A cooperative agreement, now in the process of being revised, has been established between the Administration on Aging and the Rehabilitation Services Administration. It is designed to bring about improved coordination between the resources of the State-Federal program of vocational rehabilitation and the resources available under provisions of the Older Americans Act of 1965, as amended.

I. & E. PROJECTS

Forty-five innovation and expansion projects were targeted on providing services to persons who were blind or visually handicapped. Although these projects were not limited to the older blind, many older persons benefited from a variety of activities such as: (1) The expansion of vocational rehabilitation services to homebound persons in New Jersey who were visually handicapped; (2) the expansion of work opportunities through increased transportation services for the homebound visually handicapped clients in Monmouth and Morris Counties, N.J.; (3) the expansion of rehabilitation training and employment for totally blind and visually disabled clients in the New York City area; (4) the expansion of services include a low vision clinic in Western New York; (5) comprehensive psychological services for the blind in Volusia County, Fla.; (6) a central resource file on vocational aids for the visually handicapped in Florida; (7) radio reading services for the blind conducted by the University of South Florida, and a job reengineering project for the blind at the Florida Technological University.

PROJECTS FOR SEVERELY DISABLED INDIVIDUALS

In fiscal year 1979, eight special projects designed to expand and improve rehabilitation services for blind people age 55 and beyond were active in the following States: Massachusetts, Pennsylvania (2), New York (2), Texas, Illinois and New Hampshire. Funding for these projects totaled \$505,000.

INDEPENDENT LIVING

The Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978 contained a provision to establish centers for independent living. Services available at the centers will be a useful resource for disabled older people as there is no restriction regarding age in order to be eligible for services.

SOCIAL SECURITY ADMINISTRATION

The Rehabilitation Services Administration coordinates with the Social Security Administration in utilizing the social security disability insurance and supplemental security income disabled and blind applicant load as an important referral source of older disabled persons for State vocational rehabilitation services.

It is estimated that there are over 4 million people 45 years of age and over eligible for, and in need of, rehabilitation services, of whom nearly 1 million are aged 65 and beyond. In an effort to alleviate this situation, State rehabilitation agencies have been intensifying their efforts to serve aging handicapped individuals.

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) administers the Federal old age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic method in the United States of assuring income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked social security contributions (FICA taxes); the self-employed also contribute a percentage of their net earnings. Then, when earnings stop or are reduced because of retirement in old age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current contributions are largely paid out in current benefits. However, at the same time, current workers build rights to future benefit protection.

SSA also administers the supplemental security income (SSI) program for aged, blind, and disabled people in financial need (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. In most cases, SSI supplements income from other sources, including social security benefits.

SSA shares responsibility for the black lung program with the Department of Labor: SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local social security offices process applications for entitlement to the medicare program and assist individuals in filing claims for medicare benefits. Overall, Federal administrative responsibility for the medicare program rests with the Health Care Financing Administration.

In addition, SSA has Federal administrative responsibility for aid to Indo-chinese, Cuban, Soviet, and other refugees.

Following is a summary of beneficiary levels today, selected program activities, study groups, social security-related legislation enacted in 1979 and related activities:

I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1979, about 93 percent of all Americans age 65 and over were drawing social security benefits or were eligible to draw benefits if they or their spouses retired; about 95 percent of the people who reached 65 in 1979 were eligible for benefits. It is expected that 96 to 98 percent of the aged will be eligible for social security benefits by the end of the century.

At the end of September 1979, 34.9 million people were receiving monthly social security cash benefits (an increase from 34.4 million in September 1978). Of these beneficiaries, 18.8 million were retired workers, 3.6 million were dependents of retired workers, 117,000 were uninsured individuals receiving "special age-72" (Prouty) benefits, 4.8 million were disabled workers and their dependents, and 7.6 million were survivors of deceased workers.

The monthly rate of benefits for September 1979 was \$8.9 billion compared to \$7.8 billion for September 1978. Of this amount, \$6 billion was paid to retired workers and their dependents, \$1.1 billion was paid to disabled workers and their

dependents, \$1.8 billion was paid to survivors, and \$11 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit for September 1979 of \$293 (up from \$262 in September 1978), while disabled workers received an average benefit of \$321 (up from \$287). Retired workers newly awarded social security benefits for September 1979 averaged \$320, while disabled workers received average initial benefits of \$359. During fiscal year 1979 (October 1978-September 1979), \$101 billion in social security cash benefits were paid compared to \$90.7 billion in fiscal year 1978. Of that total, retired workers and their dependents received \$64.7 billion, disabled workers and their dependents received \$13.4 billion, survivors received \$22.4 billion, and special age-72 beneficiaries received \$131 million. In addition, lump-sum death payments amounted to \$343 million.

II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In 1979, SSI payment levels (like social security benefit amounts) were automatically adjusted to reflect a 9.9 percent increase in the CPI. Thus, beginning in July 1979, maximum monthly Federal SSI payment levels increased from \$189.40 to \$208.20 for an individual, and from \$284.10 to \$312.30 for a couple.

During fiscal year 1979, over \$6.6 billion in benefits (consisting of \$5.2 billion in Federal funds and \$1.5 billion in federally-administered State supplements) were paid. Of the 4.2 million beneficiaries on the rolls during September 1979, 1.9 million were aged, and 2.3 million were disabled or blind. During September 1979, total payments of \$463.3 million were made. The total payments in fiscal year 1979 represent an increase of about \$0.6 billion over fiscal year 1978.

III. BLACK LUNG BENEFITS AND BENEFICIARIES

During September 1979, about 424,000 individuals received \$79.7 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 132,000 miners and their dependents received \$44.4 million, while 146,000 widows and their dependents received \$35.3 million. The miners and widows had 146,000 dependents. During fiscal year 1979, SSA administered black lung payments in the amount of \$975 million.

Black lung benefits increased by 7.0 percent in November 1979 due to an automatic general benefit increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease increased to \$254 from \$232. The monthly benefits for a miner or widow with one dependent is \$381, and with two dependents is \$444.50. The maximum monthly benefit payable when there are three or more dependents is \$508.

IV. OUTREACH

The SSA reorganization of 1979 established the Office of Governmental Affairs which has as one of its principal missions the planning and managing of SSA's "outreach" activities, with the goal of increasing SSA's responsiveness to public concerns about social security programs. Outreach refers to the agency's concerted effort to establish and maintain ongoing, two-way relationships with individuals and organizations inside and outside of government in order to inform them about social security as they inform SSA about their interests. Some of the key elements of the overall outreach strategy are discussed below in the "outreach symposia project" and "implementation of Executive order on consumer affairs."

V. OUTREACH SYMPOSIA PROJECT

In 1979, SSA initiated the outreach symposia project—a series of meetings at the national, regional, and local levels designed to help strengthen public confidence in social security through enhanced public understanding of the program. The basic message is that social security is a sound program which must be strengthened and changed to reflect societal change. At these meetings, SSA staff present basic information on how social security is financed, the status of the trust funds, the basic purpose of the program, the return it provides, and the impact on the program of changing demographics and social patterns, particularly emphasizing the implications of the changing roles of men and women in society. Key opinion leaders are invited to discuss these important issues, and through them we hope to inform the general public about the basics of the social security program and the challenges facing it today. Among those leaders are members of

many organizations which represent the elderly. This effort should result in a more informed public, better able to understand and discuss the issues and participate in the public debate about ways to keep the vital security programs in step with a changing society.

VI. IMPLEMENTATION OF EXECUTIVE ORDER ON CONSUMER AFFAIRS

On September 26, 1979, the President issued Executive Order No. 12160, "providing for the enhancement and coordinating Federal consumer programs," the purpose of which is to ensure that consumer interest is integrated into the decisionmaking processes of government. Many requirements of this order are already ongoing activities of SSA through such functions as: Review of all proposed regulatory and procedural material for adverse impact on the public; identification of problems in existing policy and practices adversely affecting the public; linking interested outside groups with policy makers to ensure consideration of their views before policy is revised; conducting and reviewing the current process for conducting public hearings on proposed regulations; production of informational materials for the public on SSA-administered programs; and the systematic handling of complaints. SSA is moving ahead to implement fully all provisions of the order.

VII. INFORMATION AND REFERRAL PROJECT

The broad mission of SSA in the area of income maintenance and social welfare as a result of the HEW reorganization of 1977, has prompted the agency to explore a change in its information and referral policies and practices to meet the needs of this greater and more varied population. In 1979, SSA began an initiative to reassess the agency's role in information and referral for related social and economic services to determine how SSA services can be improved and/or expanded to meet current needs. The effort is aimed at developing processes for referral at the local level based on other agencies' ability to deliver services. SSA is consulting with other government agencies and outside organizations regarding their needs and programs in developing its information and referral plan. This initiative, including undertaking several pilot demonstration projects and preparation of a final plan of implementation, is expected to be completed during fiscal year 1980.

VIII. SSA ADMINISTRATIVE GOALS AND ACCOMPLISHMENTS

During fiscal year 1979, major emphasis was placed on reducing processing time^e and improving accuracy in the disability insurance (DI), supplemental security income (SSI), and retirement and survivors insurance (RSI) programs; improving the processing and recovery of SSI overpayments; and improving the processing of hearings and appeals.

Results, although mixed, were generally quite good. Claims processing time improved significantly in all programs. From September 1978 through September 1979, DI processing time was decreased by 11 days, RSI time by about 15 days, SSI blind/disabled claims processing time by 9 days, and SSI aged claims processing time by 7 days. RSI claims accuracy improved to 95.9 percent, from 93.7 percent at the end of fiscal year 1978; the amount of unresolved SSI overpayments decreased by 27.6 percent during fiscal year 1979, and collections increased 16.5 percent over fiscal year 1978; and about 210,000 hearings and 53,500 appeals were processed.

Complete fiscal year 1979 data on SSI payment errors are not yet available. However, the SSI error rate has declined from 8.2 percent in June 1976, to 5 percent in March 1979—going up slightly in the March period from the 4.6 percent all-time-low rate reached in fiscal year 1978.

Along with these improvements, there were slippages in a couple of areas. DI processing accuracy (medical determinations) decreased slightly, and hearing pending backlogs were up due to the increasing number of hearing requests and decreasing number of administrative law judges available to process those requests.

All of the above-mentioned initiatives will continue in fiscal year 1980. Further processing time and productivity improvements are anticipated, and special added emphasis will be placed on improving the accuracy of our processes, reducing errors, and preventing overpayments.

IX. ADVISORY COUNCIL ON SOCIAL SECURITY

The 1979 statutory Advisory Council on Social Security was appointed in February 1978 to review the financial status of the social security trust funds,

scope of coverage, adequacy of benefits, and all other aspects of the social security cash benefits and medicare programs.

The Council began its comprehensive review of social security in April 1978, with a public meeting in Washington, D.C. It held subsequent hearings in Detroit, Los Angeles, New Orleans, Miami, and Washington, D.C., to gather public views and suggestions regarding social security.

The Council's final report was released on December 7, 1979, to the Secretary of Health, Education, and Welfare for transmittal to the Congress and the board to trustees of the social security trust funds.

Some specific recommendations of the Council included:

- Paying for medicare hospital insurance with earmarked personal and corporation income taxes, rather than the payroll tax.
- Guaranteeing long-service, low-wage workers a benefit adequate to keep them out of poverty.
- Increasing benefits for high-wage workers.
- Improving the treatment of women by providing additional protection for divorced women and widows.
- Extending social security coverage to Federal, State, and local governments and nonprofit institutions.
- Including half of social security benefits in income subject to taxation.
- Increasing the retirement age from 65 to 68, with the change beginning after the turn of the century.

X. NATIONAL COMMISSION ON SOCIAL SECURITY

The 1977 amendments established the National Commission on Social Security. Some members were appointed by the President and some by Congress. The National Commission is engaged in a broad-scale, comprehensive study of the social security program, including medicare. The study also includes the status of the trust funds, coverage, adequacy of benefits, possible inequities, alternatives to the current programs and to the method of financing the system, integration of the social security system with private retirement programs, and development of a special price index for the elderly. (The Commission issued an interim report on May 11, 1979, and is expected to issue another interim report on January 11, 1980. The release of the final report is expected early in 1981.)

XI. PRESIDENT'S COMMISSION ON PENSION POLICY

The President's Commission on Pension Policy was established by Executive order in July 1978. The Commission is examining pension systems around the country in an effort to develop national policies for retirement, survivor, and disability programs that can serve as a guide for public and private programs.

In response to the problems that pension systems face, the President's Commission will:

- Provide an overview of all existing retirement, survivor, and disability programs.
- Assess the ability of existing programs, and systems—encompassing the Federal, State, local, and private sectors—to meet future commitments and future needs.
- Devise a national policy on retirement that can be used as a guide by all programs; and
- Propose reforms that are needed to meet national policy goals, both now and in the future.

The Commission is expected to submit its final report to the President in March 1981.

XII. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1979 OR STILL PENDING

Califano v. Yamasaki.—Oral Hearings Prior to Recovery of an Overpayment

On June 20, 1979, the U.S. Supreme Court held that the Social Security Administration is required to provide the opportunity for a hearing prior to recovery of a title II overpayment where the individual has requested waiver of recovery. The court held that neither the Constitution nor the Social Security Act requires a hearing prior to recovery where the individual merely seeks to have the overpayment determination overturned, since those determinations are suited to review on written submissions, and there is not much risk of error. On the other

hand, the court held that section 204(b) of the Social Security Act mandates an accurate waiver determination prior to recovery and that there is a high risk of erroneous deprivation if recovery is commenced prior to an oral hearing on the waiver issue, since most waiver issues turn on credibility.

As result of lower decisions, SSA has been following a procedure which provides an opportunity to request a precouplement hearing prior to recovery of an overpayment in retirement and survivors cases and in disability cases in the State of Hawaii. In implementing *Yamasaki*, SSA has already expanded these procedures to include disability and black lung cases on a nationwide basis and is considering further expansion.

Califano v. Aznavorian.—Suspension of SSI Payments—Absence from the United States

On December 11, 1978, the U.S. Supreme Court unanimously upheld the constitutionality of section 1611(f) of the Social Security Act, which prohibits SSI payments to otherwise eligible individuals who are outside the United States for a full calendar month. The court held that section 1611(f) has a rational basis and does not impose an impermissible burden on the freedom of international travel in violation of the Fifth Amendment. The court indicated that section 1611(f) simply limits SSI payment to those who are in need in the United States.

This decision requires no change in SSA regulations or procedures.

Baker v. Califano; Mertz v. Califano.—Gender-Based Distinctions in the Social Security Act

Baker, pending in the U.S. District Court for the District of Columbia, challenges the constitutionality of section 202(e)(1) of the Social Security Act on the basis that this provision establishes benefits for surviving divorced wives (divorced widows) but not for surviving divorced husbands (divorced widowers). *Mertz*, pending in the U.S. District Court, Southern District of Texas, challenges the constitutionality of section 202(f) of the Social Security Act. This section denies benefits to widowers who remarried prior to age 60 while providing that widows may have remarried prior to age 60 as long as they are age 60 and unmarried at the time of filing their claims.

There has been no decision in either of these cases.

XIII. SUMMARY OF LEGISLATION ENACTED DURING FISCAL YEAR 1979 THAT SIGNIFICANTLY AFFECTS SSA

Public Law 95-458 (H.R. 1337), Federal Cash-out of Food Stamps for California SSI Recipients—signed on October 14, 1978

Provided for 1 year (through September 1979) a special \$10 Federal payment in lieu of food stamps to SSI recipients in California who generally would have met food stamp eligibility criteria.

Public Law 95-472 (H.R. 8811), Definition of Wages for FICA and FUTA Tax Purposes—signed on October 17, 1978

Provided that any contribution, payment, or service excludable from an employee's gross income because it is under a qualified group legal services plan would also be excluded from "wages" for FICA and FUTA tax purposes.

Public Law 95-481 (H.R. 12931), HEW Program of Assistance to Soviet Refugees—signed on October 18, 1978

Established within HEW a refugee resettlement program for Soviet Jews and other refugees who are not currently covered by existing refugee programs.

Authorized \$20 million in Federal matching payments to voluntary resettlement agencies that assist in the resettlement of such refugees.

Public Law 95-549 (H.R. 12509), Assistance to Indochinese Refugees—signed on October 30, 1978

Extended through September 30, 1979, 100 percent Federal reimbursement to States for providing assistance to Indochinese refugees who were admitted to the United States under "color of law." Under provisions of Public Law 95-145, Federal reimbursement to States would have been reduced to 75 percent in fiscal year 1979.

Public Law 95-588 (H.R. 10173), Veterans' and Survivors' Pension Improvement Act of 1978—signed on November 4, 1978

Provided a new method of determining VA benefits using the maximum annual VA benefit rate which is reduced dollar for dollar by the other income of the beneficiary (such as social security benefits), including certain income of other family members.

Provided for annual automatic indexing of the maximum annual pension rates to the consumer price index so that VA increases will coincide with increases in social security benefits; and

Required the Government Accounting Office to study and submit to the Congress by October 1, 1979, its findings on:

- Coordination between VA and SSA of the delivery of veterans' pensions, social security retirement and disability benefits, and SSI benefits.
- Inconsistencies and inequities in the treatment of needy persons; and
- Feasibility and desirability of reconciling unjustifiable differences among those programs in benefit amounts, countable income, asset limitations, and accounting periods.

Public Law 95-595 (H.R. 9701), Federal Employees Pension Plans—signed on November 4, 1978

Required annual reports on the financial status of Federal Government and other public employee retirement plans (other than social security and railroad retirement plans).

Public Law 95-600 (H.R. 13511), Tax Revenue Act of 1978—signed on November 6, 1978

Provided for forgiving tax liabilities (including social security taxes) for periods before 1980, of businesses whose workers were treated as independent contractors but later determined by IRS to be employees.

Eliminated the requirement that employers report charge-account tips for tax purposes.

Increased the Federal funds available for grants to States' social services programs from \$2.5 billion to \$2.9 billion in fiscal year 1979, and made that amount the permanent ceiling in subsequent years. (For fiscal year 1979 only, continued to make available \$200 million of that amount as 100 percent Federal matching for certain child care activities.)

Tripled the amount of Federal support for assistance programs carried out in Guam, Puerto Rico, and the Virgin Islands and increased the Federal matching rate from 50 percent to 75 percent; and

Made the earned income tax credit (EITC) permanent. Provided that effective for taxable years beginning after December 31, 1978, the credit would be equal to 10 percent of the first \$5,000 of earned income (up from \$4,000), up to a maximum amount of \$500. The credit is phased-out at the rate of 12.5 percent of the adjusted gross income (or, if greater, the earned income) as exceeds \$6,000. Thus, someone earning between \$5,000 and \$6,000 is entitled to the full \$500, which phases out completely at \$10,000. In addition, effective July 1, 1979, employers will be required to make advanced payments of the EITC to eligible employees who requested them, along with their wages. (Also, provided that the credit would continue to be disregarded for purposes of federally financed public assistance programs, including SSI and AFDC, through December 31, 1979; after that, the credit would be counted as earned income under the programs.)

Public Law 95-602 (H.R. 12467), Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978—signed on November 6, 1978

Authorized the Secretary of Labor to establish a community service employment pilot program for handicapped individuals. None of the wages, allowances, or reimbursement for transportation or attendant care given to individuals in this program are to be considered as income or benefits for any other program or provision of Federal or State law, unless the Secretary of Labor makes a case by case determination that excluding income or benefits, under the employment program, would be inequitable.

Required HEW to study the impact of vocational rehabilitation services on recipients of benefits under the social security and SSI disability programs. Also provided that the study is to include the cost and savings of services and recommendations for increasing the amount of savings.

Public Law 95-616 (H.R. 9251), Foreign Earned Income Act of 1978—signed on November 8, 1978

Replaced the exclusion from social security coverage of self-employment income earned abroad by U.S. citizens with an overall income tax deduction for excess foreign living costs effective with respect to taxable years beginning after 1978. Beginning 1978, if a person so elects, the excess living cost deduction can be used in lieu of the exclusion for the tax year.

Public Law 95-626 (S. 2474), Health Services Amendments of 1978—signed on November 10, 1978

Provided for Federal funding to assist in the establishment of a network of community-based services to aid in the prevention of initial and repeat pregnancies among adolescents.

Public Law 95-630 (H.R. 14279), Financial Institutions Regulatory and Interest Rate Control Act of 1978—signed on November 10, 1978

Prohibit any U.S. Government agency from gaining access to information from a financial institution unless a signed and dated authorization, specifying what records are to be released, is furnished to the institution and agency. The authorization would be good for only 3 months.

Public Law 96-58 (H.R. 4057), Food Stamp Amendments of 1979—signed on August 14, 1979

Provided for the disclosure to the Department of Agriculture and the States of information in HEW files regarding food stamp program applicants or participants who are SSI recipients.

Eliminated restrictions on allowable medical deductions and removed the ceiling on the allowable amount of excess shelter expenses for SSI recipients, persons aged 60 and over, and households containing one or more members receiving social security disability insurance benefits.

Provided that persons entitled to title II disability insurance benefits and SSI payments who live in group-home living arrangements (treatment centers) will be treated as individual "households" for purposes of food stamp eligibility.

Public Law 96-110 (H.R. 4955), State Department Migration and Refugee Assistance Appropriations—signed on November 13, 1979

Provided for continuation of the present Indochinese refugee program at current funding levels from October 1, 1979, through September 30, 1981.

Public Law 96-126 (H.R. 4930), Department of the Interior Appropriations and Energy Assistance Payments to SSI and Low-Income Households—signed on November 27, 1979

Included an SSA-related amendment to fund energy assistance for fiscal year 1980 with a \$1.35 billion appropriation to the Community Services Administration. Of this amount, \$1.2 billion would be transferred to HEW for payment of energy grants, allowances, and related administrative costs. About \$400 million would be paid as a special one-time energy allowance to SSI recipients. About \$800 million would be available to be used for special energy allowances to AFDC recipients or, at the State's option, for block grant funding to States for assistance to households with incomes below 125 percent of the poverty level.

HEALTH CARE FINANCING ADMINISTRATION

LONG-TERM CARE STUDIES AND DEMONSTRATIONS

The mission of the Health Care Financing Administration (HCFA) is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 45 million aged, disabled, and low-income Americans. HCFA is committed to making beneficiaries aware of the services for which they are eligible, promoting the accessibility of those services and ensuring that HCFA policies and actions promote efficiency and quality within the total health care delivery system.

HCFA's programs are the principal source of funding for long-term care services in the United States, primarily funding skilled nursing and intermediate care facilities, and home health care services. HCFA spent an estimated \$8.2 billion in Federal and State funds for long-term care services in fiscal year 1979. The medicare program financed the greatest part of these expenditures, with Federal and State payments of approximately \$7,177 million for skilled and intermediate

care nursing facility services, an estimated \$248 million for home health care services. The medicare program spent approximately \$368 million for skilled nursing facility services and \$445 million for home health services in fiscal year 1979.

Since 1970, nursing home care expenditures have experienced annual increases averaging 16 percent. In addition, during that period, nursing home days of care increased from 6 to 4 percent annually. The increased utilization of institutionalized long-term care services may be attributed in part to the growing population at risk. Today, about one-fourth of the elderly population is 75 and over. However, this proportion is projected to increase by over one-third by the year 2035. The 85 and over age group will represent 1 of every 10 elderly persons by the year 2035. The data indicates that currently, three-fourths of all nursing home residents are 75 and over, and more than one-third are 85 years and older.¹

There is growing concern that too little is known about the most effective and economical way to organize and finance the wide range of long-term care services required to meet the needs of this population. Specifically, concern is directed at the availability and appropriateness of providing alternative long-term care resources in the community. Recognition of this concern has focused attention on the organization and delivery of community-based long-term care services in regard to financing and reimbursement, control of quality and abuse, the definition of eligibility, and coordination of services.

HCFA's Office of Research, Demonstration and Statistics (ORDS) has the responsibility for conducting long-term care research and demonstrations. The Long-Term Care Division within ORDS has been especially interested in supporting research and demonstrations which include the following areas:

DEMONSTRATIONS

(1) Organization and delivery of long-term care services at the State or community level, including management of services by providers, new configurations of service settings, and management of the service needs of individuals.

(2) The provision of service packages to determine what packages of health and social services are most appropriately funded by the patient, private insurance, welfare-based programs or social insurance at the State and Federal level.

(3) Innovative reimbursement methods which would test new ways to pay providers of services in order to promote cost-effectiveness and the development of added services in areas of identified need.

(4) Test the impact of changes in the current methods of regulating quality of care in institutional and community settings.

(5) Testing financing of services with private insurers or HMO's to determine whether a health care benefit can be designed to include sufficient support services to maintain the aged and the disabled in the least restrictive, most cost-effective setting.

RESEARCH STUDIES

(1) Economic and reimbursement analyses which would include economic analyses of the home health industry, analyses of the influences, of funding patterns on the availability and use of services, and studies of the economics of the insurance industry regarding long-term care.

(2) Patient characteristics and service use of residents in long-term care settings other than nursing homes; such as domiciliary care facilities. After an analysis of the available data, it may be deemed necessary to conduct a survey of those facilities and their residents for the purpose of comparative analysis with nursing homes.

(3) Analyze the role of families in the provision of care. This area would include programs providing home-based care, and/or the relationship between family roles and publicly provided services.

RESEARCH AND DEMONSTRATION ACTIVITIES

General Summary

Research and demonstration projects are underway to examine the effects of revising benefits and eligibility criteria which currently place restrictions on admissions to nursing homes and hospices, often producing system inefficiencies.

¹ "Some Prospects for the Future Elderly Population," Statistical Reports on Older Americans, AoA, HEW, January 1978, p. 3.

Studies and demonstrations are being conducted to assess the impact of new reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long-term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem identification, and policy decisions will be based. A number of demonstrations are aimed at the development of community-based and in-home delivery systems for long-term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs.

LONG-TERM CARE PLANNING

A. University of Chicago, Multi-State Long-Term Care Planning

The University of Chicago Center for the Study of Welfare Policy in conjunction with a consortium of universities and State and local governments received a 1-year planning grant to develop a coordinated approach to the design and development of long-term demonstration projects during 1979. The consortium is comprised of a core group of planners, researchers, and State and local government representatives around the country who are collaborating in the design and development of several demonstration projects. These demonstrations will focus on developing a conceptual and operational planning framework within which alternative models of financing, organizing, and delivering long-term care services can be assessed. The overall research objective of this coordinated approach is to enable careful analysis of systemwide implications, to present alternative models for long-term care services, and to understand better the process through which States and localities can develop comprehensive long-term care service systems.

B. Connecticut, Flexible Levels of Care

The Connecticut Department of Income Maintenance has been awarded a 1-year planning grant, from September 30, 1979 to September 29, 1980, to develop further a demonstration project entitled "The Flexible Levels of Care Experiment: Evaluating the Impact of Appropriate Levels of Nursing Home Care." During the planning year, the State will refine the concept of flexible levels of nursing home care and develop a comprehensive demonstration project, including design for evaluation.

The problem basic to the study is the estimate by Connecticut long-term care PSRO that the majority, 85 to 90 percent, of the clients in SNF's are inappropriately placed. The purposes of the project are to test the efficiency of levels of care as a basis for treatment and reimbursement—to coordinate a reimbursement system with care requirements of patients in long-term care facilities.

DEMONSTRATIONS—INDIVIDUAL PROJECTS—ONGOING

COMMUNITYWIDE COORDINATING SYSTEMS

A. Wisconsin, Community Care Organization

The Wisconsin Community Care Organization, sponsored by the Wisconsin Department of Health and Social Services, was awarded a demonstration grant under section 1115 of the Social Security Act, in October 1974, and has just concluded its fifth and final year. The purpose of the project was to demonstrate that a substantial segment of the elderly and disabled population can be maintained in their own homes or in community settings through the provision of a packaged continuum of health and social services.

Three community care organizations (CCO's) were established in the State to provide a centralized system of coordination for all services provided to participants. The CCO's performed patient assessments, case management functions and arranged for services to medicaid eligibles through a community coordinated structure. These organizations assumed responsibility for providing health-related services to eligible patients and subcontracted with other community agencies for specific services. For a price negotiated in advance, the CCO assumed responsibility for maintaining disabled and elderly persons in their homes or in the community at an appropriate level of care. Medicaid waivers granted for the project permitted reimbursement for community services that would not otherwise have been available (e.g., advocacy, adult day care, chore services, companions, counseling, home delivered meals, housing search, nutrition education, and transportation).

The final evaluation report on the project will be completed in mid-1980. Findings from the project's initial years of operation reveal that most assistance essential to community living can be provided by paraprofessionals. At one site, only 2 percent of the project's funds were spent on high-cost professional services, while the two largest cash items are relatively low-cost services. For example, 55 percent of the budget was spent on personal security services, and 33 percent of the budget was spent on home maintenance.

B. Monroe County, N.Y.

In December 1977, under authority of section 1115 of the Social Security Act, the New York Department of Social Services implemented a project through the Monroe County Long-Term Care Program, Inc. to demonstrate alternative approaches to delivering and financing long term care to the adult disabled and elderly medicaid population of the county. The objective of the project was to make long-term care services acceptable to the client as well as appropriate and cost effective.

Under this project, the ACCESS model (assessment for community care services) was developed as a centralized unit responsible for all aspects of long-term care for the elderly in the county. Program responsibilities include developing and coordinating community services, administering long term care funds, approving all public payments for institutional and community long-term care services, and collecting program data. ACCESS staff provides each client with a comprehensive needs assessment, assistance in planning and obtaining community or institutional services, and ongoing monitoring of the appropriateness of the services. All long-term care services provided under medicaid in the county must be coordinated with the ACCESS unit in order for the provider to be reimbursed. Private pay patients may voluntarily use ACCESS services.

Preliminary data show that home care costs for long-term care patients under the demonstration are from 30 to 50 percent of the county's comparable institutional costs. Skilled nursing services provided in the home through the project were estimated to be \$20.01 per day compared to \$45 per day for equivalent institutional care. For health related services (equivalent to ICF care), the costs were \$9.08 for home care as compared to \$27 for institutional care. At the domiciliary care level, the costs were \$4.21 compared to \$16 at the institutional level.

The delivery model used for the current Monroe County long-term care medicaid project will be expanded under the authority of section 222 of the Social Security Act to include case management and patient assessment services for the county's *medicare* population in need of long-term care. This 4-year demonstration will share the purpose and goals of the above-mentioned *medicaid* project. The addition of this project to the Monroe County program will enable the county to work toward a better integration of *medicare* and *medicaid* LTC services and to simplify program administration.

C. Georgia, Alternative Health Services

The Georgia Department of Medical Assistance embarked on a demonstration project in July 1979, under the authority of section 1115 of the Social Security Act. In two of the State's human resources districts, the project offers alternative services to nursing home care for persons who would otherwise be placed in institutions. The model is built on a centralized single point of entry into all service systems. In addition to regular medicaid financed health services, the demonstration offers three alternative services; adult day rehabilitation, home delivered services, and alternative living services (e.g. personal care, adult foster care, boarding services, and congregate living arrangements).

The project utilizes a "maximum units of service schedule" as a guide to determine whether or not the client is suitable for, and can be cost-effectively maintained in the alternative program. Standard contracts have been negotiated with a large number of alternative service providers which include: (1) Prior agreement on specific expenditures and cost allocations, (2) a line item budget which the provider cannot exceed, and (3) a system which allows a provider to retain unexpended funds for use in program expansion.

The evaluation of the project includes a comparison of average cost data for new services with average nursing home costs in the experimental district. Data for 1978 shows that the average monthly cost per person receiving project services was \$208 compared to the average cost of \$591 for control groups members who received nursing home services. The project's success in increasing independent

functioning is being measured in terms of patient health, mobility, activity levels, and satisfaction. Preliminary analysis of the effectiveness of project services indicates that such services can reduce the rate of client mortality, particularly among those at higher risks of entering a nursing home.

D. New York State, Nursing Home Without Walls

The New York State Department of Social Services received medicaid waivers in September 1978 under section 1115 of the Social Security Act to assist in a 3-year demonstration of the gradual implementation of the State's home health care program. These waivers allow for nine demonstration sites throughout the State. The sites are based on a single entry system which coordinates and provides all of the services. The objectives of the project include: (1) Maximizing the use of available resources; (2) determining whether various types of providers are differentially successful in providing these services; (3) comparing the effectiveness of long-term care programs in different geographical areas; (4) comparing the program with traditional home health care provided by certified agencies; and (5) promoting cost containment.

Under State legislation, effective April 1, 1978, home care is being used as a voluntary alternative to institutionalization for medicaid clients who meet the medical criteria for skilled nursing facilities (SNF's) or intermediate care facilities (ICF's). A maximum expenditure for home care is set at 75 percent of the going rate in a locale for SNF or ICF levels of care for which the client is eligible.

In addition to testing the costs of such care, the New York State program has been designed to demonstrate the effectiveness of case management, coordination, and care planning on behalf of individual clients. Providers may be public or non-profit hospitals, nursing homes, or home health agencies that meet the State's criteria.

E. San Francisco, Calif., Long-Term Care for the Frail Elderly

Under section 222 of the Social Security Act, a grant was awarded with medicare waivers to Mount Zion Hospital and Medical Center in San Francisco, to implement a hospital based comprehensive long-term health and social services delivery system for the frail elderly.

This 3-year project will build upon the existing components of Mount Zion Hospital's geriatric services. A consortium of five community agencies under the administration and direction of Mount Zion Medical Center, will cooperate to provide a range of health and social services to the frail elderly. Specific objectives of the project include: designing the services to be offered, developing a centralized intake process based on the use of a multifunctional assessment instrument, planning a central administrative system to deliver coordinated services, and devising a sound financial support plan. The expanded comprehensive service delivery model for the aged will include acute inpatient care and outpatient services, day health services, nutrition services, in-home care, transportation, respite care, and central intake for all demonstration participants.

SWING-BED EXPERIMENTS

A. Utah Cost Improvement Program

In 1973, HEW entered into a contract with the Utah Department of Social Services to demonstrate the usefulness of allowing rural, low-occupancy acute care hospitals to deliver long-term care usually provided by SNF's. The project was designed to test a reimbursement formula directed at reducing each hospital's acute care costs while alleviating two problems prevalent in rural areas: low occupancy rates in community hospitals and the shortage of long-term care beds. The efficient use of a hospital's existing resources was emphasized in the attempt to solve these problems. Important side benefits which have resulted include better continuity of care and conservation of capital resources because few, if any, new freestanding long-term care facilities have been required.

Twenty-four rural hospitals are participating in the Utah cost improvement project (UCIP). In general, these hospitals have fewer than 100 acute beds and experience a chronically low occupancy rate of less than 60 percent. The Utah title XIX program is participating in UCIP for both SNF and ICF levels of care.

A 3-year evaluation of UCIP was completed in spring 1978, by the University of Colorado. The evaluation focused on the financial, administrative, and utilization aspects of the project and the capacity of the participating hospitals to provide long-term care.

In the financial area, it was found that the incremental, or add-on, cost per day of providing long-term care in participating hospitals equaled half that of providing care in medicare SNF's in Utah. The few long-term care patients added to the hospital census did not significantly improve the financial position of most hospitals. Nevertheless, most hospital administrators and nurses demonstrated positive attitudes toward the project. Results also suggested that education and orientation programs for community physicians should receive more emphasis.

The utilization study found a shift in medicare utilization by residents of rural Utah from urban SNF's to UCIP hospitals during the course of the project. Medicare SNF use by residents of rural Utah increased by 10,000 patient days, possibly indicating a previously unmet need. By the end of the project, 10 percent of inpatient days in hospitals that did not have long-term care experience before the project were for long-term patients. Patterns of acute care use were not altered by the project.

The analysis of the capacity of UCIP hospitals to provide long-term care showed that nursing care, as measured by nursing time spent per patient, was greater in UCIP hospitals than in a comparison group of Utah SNF's. On the other hand, UCIP hospitals did not satisfy long-term care regulations in the areas of rehabilitative nursing, rehabilitative services, patient activities and social services as consistently as did Utah SNF's. The evaluation concluded that the approach to providing long-term care in rural areas demonstrated in the UCIP is viable and efficient. The evaluation of UCIP, along with the other swing bed projects described below, supported inclusion of a swing-bed provision in the 1979 proposal Senator Talmadge introduced for medicare and medicaid reform (S. 505). Utah has modified its medicaid reimbursement system to nursing homes to incorporate the successful administrative, computerization, and cost containment aspects of UCIP into its ongoing program.

B. Reducing Acute Care Cost

In July 1975, the UCIP demonstration was expanded to sites in three other States—Texas, Iowa, and South Dakota. Contracts were signed with the Texas Hospital Association and Blue Cross of Western Iowa-South Dakota to administer the reducing acute care costs (RACC) swing-bed experiments patterned after the Utah model and based on initial UCIP data.

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

Medicare reimbursement for SNF routine services is set at a fixed rate per day, negotiated between ORDS and the individual contractor. The negotiated medicare rate does not exceed the medicaid rate for the highest level of long-term care recognized by each State's title XIX program. All participating hospitals are eligible to receive financial incentives from the medicare program, based on the degree of their efficiency in providing long-term care. The medicaid program in South Dakota reimburses for SNF, intermediate, and custodial level of care. The Iowa medicaid program, however, is not participating in RACC.

In November 1975, Blue Cross of Iowa (BCI) submitted an unsolicited proposal to conduct a swing-bed experiment. The 23 hospitals participating in this project began admitting long-term patients in April 1977. A major distinguishing feature of this experiment is that the hospitals are not eligible for an incentive payment, as permitted in Utah, Texas, and Western Iowa-South Dakota. Therefore, a direct comparison of Western Iowa-South Dakota and BCI results should permit a determination of whether an incentive is necessary to obtain the cooperation of small rural hospitals in providing SNF level of care services in their institutions, or whether it is sufficient to permit hospitals to use swing-beds to provide long-term care.

The evaluation of the RACC experiments is being performed by the University of Colorado under a 3-year ORDS contract. The final report is due in early 1980, and is planned to follow the general scheme of the UCIP evaluation. In the RACC evaluation, more emphasis is being placed on an examination of the quality of skilled care in participating hospitals.

REIMBURSEMENT

A. Three-Day Waiver of Hospitalization Requirements for Medicare SNF Coverage

The SNF benefit was included in medicare part A to provide a lower-cost alternative to extended hospitalization. The requirement of a 3-day hospitalization prior to admission to a SNF was imposed by the statute to limit SNF benefits to persons who need continuing care after hospital treatment. The requirement was also intended to assure that medical conditions and needs of medicare patients admitted to SNF's have been given adequate medical appraisal prior to admission.

Some believe, however, that the 3-day prior hospitalization requirement has resulted in unnecessary hospital stays for medicare beneficiaries who could use less costly SNF care without prior hospitalization. The Senate Finance Committee recommended that the Secretary conduct experiments to determine the effects of eliminating or reducing the requirement. Consequently, ORDS entered into contracts with Blue Cross of Oregon and Blue Cross of Massachusetts to conduct demonstrations to determine whether a waiver of the 3-day requirement would result in lower overall costs for both the patient and the Medicare program and whether this requirement imposes a burden on medicare patients who may need SNF care but not hospital care. Effects on hospital and SNF utilization will also be analyzed. The experimental phase of the projects, which began in the spring of 1978, will continue through 1980. Final reports from the demonstration contractors should be available in 1981. A request for proposals was issued in the summer of 1979, to evaluate these projects. A contract was awarded in October 1979.

B. San Francisco, On Lok, Community Care for Dependent Adults

HCFA has granted waivers to the On Lok Community Care Organization for Dependent Adults to provide for the delivery of a comprehensive health and social service package to an elderly population in the San Francisco Chinatown area, and to reimburse for these services on a capitation basis. It is expected that this project will demonstrate the feasibility of a capitation system of reimbursement for both health and social services for the elderly provided by an HMO-type organization.

The objectives of this project are: to develop and operate a centrally funded and administered community care system; to measure the impact of capitated, decatergorized funding on utilization, quality and cost of services for dependent adults; to contrast the management efficiencies of the model with that of other systems; and to develop actuarially sound budgeting methods for medical and social needs.

It is hypothesized that the community care project will change health service patterns: days of institutionalization, both skilled and acute, will be decreased, while professional, medical, therapeutic, and social services will be increased. In addition, the quality of long-term care will be improved and the participants will function more independently. The project is expected to reduce long-term health care costs as compared to the costs of traditional long-term care and costs in a brokerage model of integrated services. An external evaluation of the project is planned.

QUALITY OF CARE

Nursing Home Quality Assurance Project

Under a 3-year ORDS grant, the Wisconsin Department of Health and Social Services, division of health, is conducting a demonstration project to improve the quality of care in nursing homes using cost-effective techniques. Nursing home surveys are conducted to measure compliance with State and Federal conditions of participation for homes accommodating medicaid recipients. The project uses an experimental survey, developed initially by the Wisconsin medicaid management study team, that identifies not only deficiencies but also underlying problems. Both facilities and patients are randomly assigned to study groups. One group is surveyed using the experimental procedures, while the other is surveyed in the traditional fashion. The experimental system of surveying facilities and patients is expected to result in a more efficient, economical, and effective facility, medical, and independent professional review plus an improvement in the quality of care. The experimental method makes it possible for the surveyor to look at the nursing home care delivery system using key quality criteria and to focus time resources on problem areas. When deficiencies are observed, consultation can be provided and resurveying can be conducted as often as necessary during the year, rather than the former method of waiting for the next annual survey. This project is scheduled to end in June 1981.

INDIVIDUAL PROJECTS—NEW

COMMUNITYWIDE COORDINATING SYSTEM

A. Connecticut, Triage

The Triage model is based upon a single entry access point to the health delivery system for elderly persons. The demonstration project tests the feasibility and effectiveness of service coordination for elderly and disabled individuals living in a seven town area in central Connecticut. The project is designed to build an appropriate interface between client and multiple service agencies, whereby care is organized around the client and the available resources.

Triage was initiated by the State of Connecticut in 1974 and in 1975 received medicare waivers together with funding from the National Center for Health Service Research for the research component of the project. The findings from the initial 3 years of the project should be available in 1980.

On April 1, 1979, HCFA approved a 2-year project utilizing the same demonstration and research design in order to obtain needed longitudinal data regarding the utilization and cost of services provided to this group of medicare patients from the inception of the project.

The project which serves an eligible population of 19,526 people, 65 years and over, developed its service delivery system around individual needs, rather than tailoring the care to existing reimbursable sources. The delivery model includes the following features; patient assessment and individualized plans of care, coordination of all available health related services, creation of new services in the demonstration area; monitoring of the plans of care, and evaluation of pertinent data in accordance with a research design so that patient outcomes and costs of services can be available for study by health care planners.

B. Oregon, FIG/Waivers

The Department of Human Resources in Oregon was awarded a grant in September 1979, to provide alternative community-based services to the elderly in a five county area in the southwestern part of the State. This demonstration was funded for the first year of a 3-year project under the authority of section 1115 of the Social Security Act.

The two components of the project, FIG, flexible intergovernmental grant and the section 1115 waivers share the same objective: to serve the elderly more appropriately and contain the costs. The FIG component most directly addresses service delivery deficiencies due to uncoordinated, unintegrated service delivery by diverse agencies serving the elderly. The waiver component addresses fiscal imbalance in the service system due to Federal funding patterns which encourage maximum utilization of medicaid programs. Each component utilized separately will impact both problems to some extent; however, use of both of the components together in one of the five counties should maximize the impact on the deficiencies in the current system.

In carrying out this demonstration, a cost containment model was developed to address the problems involved with a statewide multiple entry service delivery system without changing any of the State agency's internal structure. Unique features of the project are: (1) Accountability and decisionmaking will be assigned to a county policy committee; (2) a profile of all provider agencies serving the elderly will be distributed to each participating provider; (3) the use of a common functional assessment tool to standardize placement choices. The following services will be provided: homemaker, housekeeping, chore services, home delivered meals, adult foster home services, adult residential care, and limited transportation.

C. South Carolina, Community Long-Term Care Project

The community long-term care project in South Carolina has been funded for the first year of a 3-year demonstration project. Strong commitments for the project came from the State's legislative and executive branches of government. In 1978, the State legislature appropriated funds for a State-level long-term care policy advisory council, a legislative advisory committee, and a pilot project on community-based services.

The demonstration was designed by the South Carolina Department of Social Services to test community-based assessment, coordination and provision of alternative services, in order to develop proposals for permanent modification and funding of the State medicaid program. The goals of the project are:

(1) To establish a community network of services that support the efforts of disabled and elderly individuals and their families to remain in the communities. The network would have a self-sustaining community structure without a separate coordinating agency, thereby developing an integrated model for long-term care services.

(2) To develop information for policy making at the State level.

(3) To develop a system for disseminating project findings.

The project staff will be minimal to facilitate collaboration among community service providers in planning and meeting the long-term care needs of citizens in a three-county area. Each county will have a community advisory group to act as the key mechanism for organization. These committees will assist the project staff in identifying service needs and priorities for new service development. The staff's functions will include assessment of persons potentially in need of long-term care both to specify their health and supportive needs and to link them to appropriate services.

D. Florida, Ancillary Community Care Services

The Florida Department of Health and Rehabilitative Services has received a grant for the first year of a 3-year demonstration project, under section 1115 of the Social Security Act, to develop and test ancillary community care services for the chronically impaired elderly.

The purpose of the project is to establish in five Florida counties (Broward, Dade, Duval, Pinellas, and Polk) a model of preventive, maintenance, and restorative health care systems for medicaid eligibles, noninstitutionalized, functionally impaired persons to aged 60 and over. The project's goals include the following: (a) To assist persons 60 years of age and older identified as "at risk" of institutionalization to remain in the community by helping them maintain a level of self-sufficiency through provision of health and related services not provided under the State's medicaid program; (b) to conduct a study of individuals receiving ancillary community care services to determine the effectiveness of community based socio-medical services; (c) to evaluate the organizational structures and costs related to each site, including but not limited to: client impact, staffing, annual budgets, urban/rural orientation, service cost, referral networks, and incidence or undetected health problems.

Each of the five-county agencies will be responsible for the development of individual care plans, case management, and contracting for services with local providers. The demonstration project consists of three major components:

(1) A comprehensive medical-social assessment (CMA) designed to; (a) Provide a comprehensive health examination and a functional assessment to select aged Floridians; and (b) to collect information about the general health, mental health, physical impairments, availability of social resources, unmet needs, and living conditions of older persons;

(2) A care management system; and

(3) Six ancillary community care services, including: day treatment, specialized home management services, personal care health services, 24-hour health respite care, medical transportation, and medical therapeutic services.

E. New York City, Delivery of Medical and Social Services to the Homebound Elderly

The New York City Department of the Aging has received a grant under section 222 of the Social Security Act to conduct a 3-year demonstration project for the delivery of medical and social services to the home-bound elderly.

The purpose of this demonstration is to test a community-based methodology which will provide a spectrum of medical and social services directly, and by linkage and coordination, to a home-bound chronically ill population. The project's major objectives are three-fold:

(1) Identify characteristics of this population, needed levels of care, costs of delivering such care, and the effect of care delivery.

(2) Demonstrate the process of coordination, and identify mechanisms and strategies effective in achieving coordination.

(3) Develop a cost-effective model of coordinated service delivery to be incorporated into the city's system.

A coordinating model will be established to carry out the project. This model will be composed of separate organizational components, each with specific responsibilities related to coordination and service delivery. These components include a project advisory committee comprised of relevant city departments and four service delivery sites. The project advisory committee will review policy,

select sites, and establish criteria for clients and services. Through this process, the committee will be responsible for facilitating agreements between service providers. Project neighborhood based sites will conduct centralized intaken and assessment, care planning and a mix of directly delivered social and health care services in their areas.

F. North San Diego County, Long-Term Care Project

The Allied Home Health Association in San Diego received a grant under section 222 of the Social Security Act for the first year of a 3-year demonstration.

The purpose of this demonstration is to compare client benefits and costs of care between the existing services and those provided under the project which will provide a comprehensive, coordinated system of long-term care for medicare beneficiaries aged 65 and over. The hypothesis to be tested is that a coordinated system of long-term service delivery for medicare beneficiaries 65 and over, providing continuity of care with a wide array of in-home, community-based, and institutional resources, stressing client education for self-care and client participation in care plan development, will result in clients achieving and maintaining optimal health status and functional independence and will assist in containing the overall costs of health care.

In designing the demonstration, the project established broad goals: (1) To demonstrate that a medicare-certified provider of home health services with a range of supplementary in-home supportive services, and an established system of communitywide linkages, is an appropriate and cost effective resource for the administration of a long-term care system; (2) to assist the frail elderly, chronically ill, and disabled persons 65 and over to achieve and maintain an optimum level of health, self-care and functional independence in their own homes and cultural environment; (3) to assure appropriate and acceptable out-of-home placement only after a thorough exploration of personal and community resources demonstrates that needs cannot be met at home.

This project builds upon the existing scope of medicare covered home health services provided by the Allied Home Health Association and the Visiting Nurse Association. Through this delivery model, the project links an existing information and referral network with a centralized single entry system. The services include: professional assessment of client needs, client participation in care plan formulation and case management.

G. Texas, Modification of the Texas System of Care for the Elderly

In Texas, a study completed by the joint committee to study long-term care alternatives resulted in passage of a legislative initiative to eliminate unnecessary and inappropriate utilization of nursing home care.

Currently, Texas authorizes two levels of intermediate care facility (ICF), ICF-II and ICF-III. ICF-II care requires a determination of medical necessity and a single 8-hour shift of nursing care; ICF-III requires medical necessity plus two nursing shifts. A third level of nursing facility is the skilled nursing facility (SNF) which requires 24-hour nursing care.

The State study found that the health services provided in ICF-II are similar to those provided in community care settings. This finding raised the question of the necessity of institutionalizing individuals who could receive needed services in noninstitutionalized community settings. These findings coupled with the rapid increases in Texas nursing home expenditures, led the State legislature to mandate that the ICF-II program be eliminated and a single level of ICF care (plus the SNF level) be made available for medically related institutional care.

In response to the legislative mandate, as of February 1980, Texas will eliminate the distinction between ICF-II and ICF-III so that only a single ICF program in conformity with Federal regulations will exist below the SNF level. A portion of the individuals currently receiving benefits in ICF will be deinstitutionalized to community-based settings and provided with alternative health-related services. The remaining individuals will be "grandfathered" into the single ICF program.

In January 1980, a grant was approved for a "waiver-only" research and demonstration project to assist Texas in the implementation of the State's legislative mandate. The waivers will be granted for the first year of a 3-year project under the authority of section 1115 of the Social Security Act.

The project's stated goal is to develop and implement a comprehensive continuum of care for the Texas aged that is appropriate in terms of quality of care,

preferences of recipients, and cost. In accomplishing this, the project will demonstrate that Texas can produce a more efficient and effective program of care for the elderly. This will be done through the systematic reassessment of beneficiaries, the establishment of appropriate community-based services, and the matching of services to beneficiaries by means of case management and a computerized control file and tracking system.

H. California, Multipurpose Senior Services Project (MSSP)

In September 1977, AB 998 was enacted into law. This State statute requires the State health and welfare agency to establish multipurpose senior service projects (MSSP). These projects will provide single entry access to the health and social services system through case management, care planning, and needs assessment. Sites will provide direct services and contract with local providers for services.

The State health and welfare agency has received a "waiver-only" grant to implement the State mandated MSSP over a 4-year period.

The demonstration has both comparative and operational objectives. The comparative objectives (between experimental and comparison groups) are to:

- Reduce client's number of days as a hospital patient.
- Reduce client's number of days as SNF patient.
- Reduce total public expenditures on social and health services for clients.
- Improve/maintain client functional abilities.

The operational objectives (within each system, experimental and comparison) are to:

- Estimate the effectiveness of services.
- Estimate more effective service mixes.
- Estimate optimal expenditures on client care while reducing SNF care and hospital patient days.
- Estimate optimal expenditures on client care while improving or maintaining the client's functional abilities.

The demonstration will be implemented in eight sites across the State. Each site will provide single entry access to the health and social services system through case management, care planning, and needs assessment. Sites will provide direct services and contract with local providers for services. Among the services are: adult social day care, home maintenance, in-home support services, legal services, nonmedical transportation, and meal services.

A noted feature of the MSSP is that the project will use the integrated technique of pooled funding, e.g. State general funds, Medi-Cal (title XIX), and Older Americans Act (title III) moneys will be used as a single funding source for services usually funded categorically. These pooled funds will be used as a "last resort" when traditional categorical funds are not available or when eligibility requirements prevent access.

HOSPICES

The growth of hospice care in the United States is a relatively recent phenomenon aimed at helping terminally ill patients live with maximum comfort and minimal disruption in routine activity. Many hospice patients are able to remain at home with their families while continuing to receive care and support from the hospice staff. Hospice uses an inter-multidisciplinary approach in delivering social, psychological, medical, and spiritual services, employing a broad spectrum of professional and voluntary care givers.

The medicare and medicaid programs do not currently recognize hospice as a separate provider category, although some hospice organizations are participating in Federal programs within existing provider classifications. However, some hospice services, such as drugs used in the home and bereavement visits to the patients family are not reimbursable under medicare. State medicaid programs have different coverage policies for hospices, nursing homes, and home health services, and many do not cover certain services integral to hospice care.

The HCFA announced its intent to conduct a hospice demonstration project in the Federal Register on October 27, 1978. This demonstration will be conducted under "waiver-only" agreements which will permit certain program requirements for coverage of hospice services provided to medicare and medicaid beneficiaries to be waived.

The demonstration will involve a 3- to 6-month developmental phase, a 24-month experimental phase during which hospice services will be reimbursed, and a 6-month wind-down period. This demonstration is likely to provide a basis for considering more flexible approaches to medicare and medicaid reimbursement of hospice services.

HCFA received 259 applications in response to the announcement of this demonstration program. Of this number, 236 proposals were from hospice organizations, and 23 represented State Medicaid agency requests for waivers. Twenty-six sites have been selected for participation in the HCFA hospice demonstration program. The decision to choose these 26 was based on the need for evaluation data that would reflect urban and rural differences and variations in hospice provider types (e.g., hospitals, home health agencies, medical centers, and free-standing facilities). After waivers permitting reimbursement to these hospice organizations have been approved, the operational phase of the demonstration is expected to commence in April 1980.

ORDS will select an independent evaluator to assess all hospice demonstration sites. The evaluator's specific tasks will include: (1) Identifying the types of hospice services provided to terminally ill Medicare and Medicaid beneficiaries and determining the cost of providing those services, (2) identifying the types of services provided to terminally ill patients by conventional modes of care and determining the cost of providing those services, and (3) comparing and analyzing the costs of services provided in-home and in inpatient settings by the demonstration and conventional modes. The evaluation will also address the concern that terminally ill beneficiaries are not receiving some of the health and social services they need, and that they may be receiving inappropriate services.

HUD/HEW DEMONSTRATION FOR THE CHRONICALLY ILL

Under section 202 of the Housing Act of 1959, as amended by Public Law 86-372, the Department of Housing and Urban Development (HUD) is providing direct loans to private nonprofit contractors in 34 States for the construction and/or rehabilitation of community-based residential housing for the chronically mentally ill. Through a cooperative arrangement with HUD, HEW is assuring that the recipients of care receive an appropriate services package. HEW is also funding an evaluation component and providing a reimbursement mechanism for services through the use of section 1115 waivers. HCFA will reimburse over a 1- to 3-year period for social and health services provided to the residents of the group homes or independent living complexes.

Eight States initially indicated their intent to submit grant applications to HCFA to permit Medicaid reimbursement for services. In future years, the States are expected to meet these costs by obtaining funds from other State, local, and community sources. The time schedule for submission of waiver applications will depend upon the target dates for service provisions that are set by each State. HUD has contracted with Urban Systems Research and Engineering, Inc., to evaluate the section 202 process and to develop a cost-benefit evaluation design for the HEW components involved in the project (i.e., HCFA, National Institute for Mental Health, and Assistant Secretary for Planning and Evaluation). It is not anticipated that the HEW evaluation will focus on outcomes measured in terms of days for nonrecidivism, improvements in activities of daily living, increased earnings, increased unpaid work, increased satisfaction with life, and decreased medical, nursing, and custodial costs. Costs will be compared with costs for care in more restrictive settings.

CAPITATED REIMBURSEMENT—SNF PHARMACY SERVICES

The California Department of Health Services received a grant from HCFA to design, implement, and evaluate a method of reimbursing the costs of drugs dispensed to patients in SNF's based on a daily capitation rate. Both the professional dispensing fee (including professional duties such as patient profile maintenance) and the drug ingredient costs would be capitated on a fee per patient day and paid to participating pharmacies. The State will select and assign between 30 and 50 SNF's to an experimental group and a like number to a control group or groups. A similar arrangement will be developed for pharmacies, depending on the number that agree to participate. The State will also contract with an outside firm for an independent evaluation.

CONCLUDED PROJECTS

A. Washington State

This project, sponsored by the Washington State Department of Social and Health Services (DSHS), was designed to determine whether an organization geared to meeting the long-term social and health needs of low-income aged and functionally disabled adults in a community-based setting would alter usage of,

and public expenditures for, community services and reduced nursing home utilization by medicaid patient. In each of two demonstration sites, a community services unit (CSU) was established to serve functionally disabled adults. Data was also collected from a third site for comparison purposes. The CSU's conducted screening and assessment of designated high risk clients prior to the development of individualized service plans and maintained liaison with hospitals and community service organizations to monitor the care plans.

Waivers to permit medicaid reimbursement for personal care and transportation for other than medical needs enabled expansion of the range of community services available to project clients. The project's operational period lasted from October 1976 through July 1978.

The final report, published in 1979, indicates that the medicaid nursing home population in the demonstration sites was offset by a large increase in the number of clients receiving community services. There was also an increase in the total number of aged and disabled persons receiving service through DSHS, including persons diverted from nursing homes as well as persons eligible for or in need of services who probably would not have been otherwise served.

The project clients in the community did not differ in degree of physical impairment from nursing home clients, according to the functional status assessment. There did appear to be a difference in the mental dimension of functioning; however, it was not determined whether the change in mental acuity came before or after entry to a nursing home.

B. Social Service Information NETWORK

The Michigan Department of Social Services conducted a demonstration project in Greater Metropolitan Detroit and the Upper Peninsula area designed to test the usefulness of a computerized social service information and referral system. Known as NETWORK, the system has the ability to update, retrieve, and displace information on a variety of services through terminals located at different information and referral sites. The study was designed to demonstrate that NETWORK can effectively provide the most up-to-date information to planners and to assess the impact of the system on these processes. ORDS became involved in NETWORK to assist in the development of the health-related components of the system, including health planning, hospital discharge and long-term care. The demonstration was completed in February 1979. An evaluation report on the project has been prepared by Kirschmer and Associates.

RESEARCH ACTIVITIES

INDIVIDUAL PROJECTS—ONGOING

A. Long-Term Care Reimbursement and Regulation

The University of Colorado Medical Center is using a multiyear ORDS research grant to study the relationships among patient mix, quality of care and cost of care in nursing homes and to assess implications for reimbursement and regulation policies. The project, which began in December 1978, focuses on facilities in Minnesota and Colorado. Hypotheses being addressed include the following: quality of care can vary across long-term care institutions and accounts for a substantial portion of care can be constructed to permit a study of the relationship between such measures; quality can vary across casemix categories; a substantial portion of cross-institution cost variations can be due to casemix and quality; and the results of a study to assess the relationships between process and outcome measures of quality can be used to develop information of direct relevance to long-term care quality assurance and the assessment of various structural standards. Several of the approaches utilized to evaluate long-term care costs and quality in the UCIP and RACC projects are being considered in this study.

B. Analysis of Institutionalized Persons Survey

The Bureau of the Census conducted the survey of institutionalized persons (SIP) in early 1976 under the sponsorship of HEW. The survey gathered data from over 800 institutions selected from the 1973 master facility inventory file, a census of all residential long-term care facilities. The sample of institutions was stratified by size (under 100 beds, 100 to 349 beds, 350 and more beds), and type of facility (nursing homes, facilities for the mentally retarded, psychiatric institutions, children's facilities, facilities for the physically handicapped, and other

care facilities). In a large number of the sampled institutions the administrator, staff members, and a sample of residents were interviewed. Information was also abstracted from the facilities' administrative records. Family members of a selected number of residents were interviewed as well. The survey gathered data on characteristics of the patients and the facilities, admission and discharge policies, cost of care and source of payment, and types of services provided.

ORDS is currently conducting intramural studies of the data on nursing home patients gathered in this survey. One study will analyze the relationship among the different amounts of payment for nursing home care, sources of support for this care, patient characteristics and features of nursing home facilities. The results of this effort should be available in early 1980.

Another study focuses on the mentally ill in nursing homes and will attempt to assess the extent to which nursing homes are meeting the needs of this patient group. Data on services offered to psychiatric patients, ties to their families and the communities, patient activity levels, and chances for discharge into the community within the following year will be analyzed. It is widely believed that a significant number of nursing home residents have psychiatric problems which remain untreated. Many of these elderly patients formerly resided in mental hospitals before the deinstitutionalization movement began and before Medicaid covered nursing home care. Few research projects have systematically analyzed this subpopulation of nursing home patients. This study is expected to help to determine whether the placement and retention of the mentally ill in these facilities is appropriate, or whether it appears that other community-based alternatives could better meet their needs. The study should be completed by late 1980.

C. National Nursing Home Survey

In order to obtain State-level estimates of nursing home expenses, residents, discharges, and staff, HCFA arranged with the National Center for Health Statistics (NCHS) to augment the 1977 national nursing home survey (NNHS). Under this interagency agreement, NCHS collected data on an additional 202 nursing homes in the major Medicaid utilization States: California, Illinois, Massachusetts, New York, and Texas. Oversampling in these States resulted in the availability of data for comparisons among the States as well as with national "benchmark" figures for more than 350 items of information collected in the 1977 NNHS. Weights, variances, and tables on the nursing homes will be prepared.

Comparisons of Medicaid program nursing home data to estimates for all nursing homes should prove valuable in terms of policy questions on population served, administration, and costs of care. These data should also permit ORDS to conduct partial analyses of relationships between State Medicaid eligibility, reimbursement policies and the utilization of nursing homes. NCHS is now in the final phase of collecting and computerizing data from the five States. ORDS expects results of the data analyses to be available in late 1980.

CONCLUDED PROJECTS

A. Estimation of Long-Term Care Need

Estimations of need for long-term care serve as inputs for policy making regarding allocation of health care resources. However, existing estimations are fragmented and incomplete, since few surveys have documented disability and related measures for the entire long-term care population. Rather, they have dealt with working age populations, institutional populations, or other breakdowns. In order to refine estimates of long-term care needs at the national level, ORDS has entered into an interagency agreement with the Bureau of the Census for a 1-year project which ended September 1979. The activities under this agreement address issues related to the development of criteria for home-based and institution-based need. Previous research by the Bureau of the Census indicated considerable variation in the living arrangements of the elderly in 1970. The current project is attempting to identify the factors related to various living arrangements, particularly individual and environmental characteristics that give rise to such living arrangements, plus factors defining need for care and related services.

Specific research goals include refining a model of need for long-term care, analyzing data suggested by the model, and recommending a methodology for validating the model. The validated model could then serve as input for models of demand and utilization of health care and related services for the elderly. The study utilizes the age-, sex-, and race-specific rates for living arrangements derived

from the 1970 census with available data on health care facilities, health manpower availability, demographic and socioeconomic characteristics, transportation, and nursing home financing, which are believed to affect the need, demand, and utilization of long-term care. The outcome of this undertaking is expected to enhance the determination of State and national level needs for long-term care and to provide input for estimations of the utilization and costs of such services. A draft report has been submitted by the Census Bureau reporting the findings of the study.

PROSPECTIVE REIMBURSEMENT FOR NURSING HOMES

In the initial stage of developing a prospective reimbursement system for nursing home facilities, HCFA issued a request for proposals in May 1976 to conduct indepth studies in the development of standardized cost measurement factors to facilitate the ratesetting process. The studies focused on three areas: cost studies of routine services and ancillary services, examination of rates of return on equity capital and the estimation of risk, and selected case studies of State medicaid prospective reimbursement systems. In April 1977, contracts were awarded to Abt Associates, Inc., Battelle Memorial Institute, and the Urban Institute.

An experimental phase is to be undertaken when the results of these studies are evaluated and a formula ratesetting system devised. Once the basic research is completed, HCFA plans to invite interested parties to participate in the implementation and testing of a prospective rate system for nursing homes.

(A) Nursing home prospective reimbursement system development.—The main focus of the Abt Associates contract was the development of a prospective reimbursement system for long-term care institutions. Development of this system centered upon an econometric analysis of the nursing home industry and an examination of existing prospective reimbursement systems for long-term care institutions. Two sets of data were used in the study: National Center for Health Statistics' 1973-74 national nursing home survey and data from New York, Massachusetts, and Indiana. A final report was submitted in July 1979. Abt's recommended prospective reimbursement model is a formula-based budget review by exception system.

(B) Risk and rates of return.—The principal objectives in the Battelle contract were to study the risk faced by nursing home owners and the rates of return earned in the industry. The study involved three main tasks: estimation of rates of return and the analysis of the effects of reimbursement on these rates, study of profitability and vertical-horizontal integration of nursing homes, and the estimation of risk. The final report on this study has been submitted for approval by HCFA.

(C) Selected State prospective reimbursement systems.—The main task of the Urban Institute contract is to study and describe States' experience with the prospective reimbursement of nursing homes in California, Colorado, Connecticut, Minnesota, New York, Illinois, and Louisiana. The studies investigate the formal, informal, and perceived goals of each prospective reimbursement system, describe the reimbursement methodology in detail, and identify the formal means by which the regulatory agency gauges the impact of the reimbursement system on the industry. In addition, each State's information system is described. The output from these studies is to consist of detailed reports for each State reimbursement system and one report comparing the different systems. These reports were submitted in the fall of 1979.

SPECIAL INITIATIVE

Congress has appropriated approximately \$20 million to support a coordinated HEW initiative to test the ability of community long-term care projects to address many of the inefficiencies in the existing long-term care system and to assess the factors which influence their structure, process and impact. The funds are to be divided between the Administration on Aging and the Health Care Financing Administration. Approximately \$10.5 million will be appropriated to HCFA and \$10 million to the Administration on Aging. These funds will be available in fiscal year 1980 to develop, fund, and evaluate channeling demonstration projects.

These projects will be designed to test the extent to which a local structure is able to manage, coordinate, and arrange provision of in-home community-based and institutional long-term care services in order to assure that people who need long-term care receive the appropriate types and levels of services in the least restrictive setting and in the most cost-effective manner. A portion of the funds will be used

to gather baseline data necessary to evaluate the sites and to derive national estimates from the demonstration experience.

In carrying out this demonstration initiative, HEW has three key expectations:

(1) To stimulate system level changes in the organization of the delivery system, the relationship among service providers, and in the way existing long-term care dollars are allocated;

(2) To create at the community level the structures that are necessary to coordinate, manage and arrange for the provision of appropriate and efficient long term care services on behalf of the clients who need such services; and

(3) To collect comparable information across the demonstration projects that will assist HEW in the development of a comprehensive long-term care policy including the legislative and/or administrative specifications required to implement policy objectives.

Since the channeling demonstration is an interdepartmental effort with joint funding and demanding evaluation requirements, a special management and review structure has been developed. A steering committee, composed of the Assistant Secretary for Planning and Evaluation and representatives of the Health Care Financing Administration, the Office of Human Development Services including the Administration on Aging, and the Public Health Service has been established to set the broad goals and policy purposes of the initiatives and to recommend projects to be funded.

Final specifications for the national channeling demonstration program will be announced March 1980.

COURT CASES IMPACTING ON LONG-TERM CARE

The following cases highlight areas which are of particular significance for providers of long-term care services and patients receiving care.

(1) *Annie Green v. John R. Cashman*. Decided and filed September 19, 1979, by the U.S. Court of Appeals for the Sixth Circuit.

The plaintiff, Annie Green's nursing home was conditionally certified by the State of Ohio as an intermediate care facility (ICF), to participate in Medicaid. The State found that the facility had failed to make sufficient progress in correcting deficiencies and moved to terminate the facility's participation. Plaintiff sought an injunction on the ground that she was constitutionally entitled to a hearing before termination.

The district court had held that the facility was constitutionally entitled to such a hearing. The U.S. Court of Appeals for the Sixth Circuit disagreed and revised the decision on the grounds that neither the provider agreement nor the Medicaid statute required such a hearing. It did not rule on the constitutional issue. However, the court noted that the department had recently adopted new regulations providing minimal hearing requirements in cases of ICF terminations and remanded the case to the district court for remand to the Department and the State for consideration in light of the new rules.

(2) *Town Court and Klein*: Patient hearings on Medicare and Medicaid nursing home terminations. On September 29, 1978, the U.S. Court of Appeals for the Third Circuit ruled *en banc* that patients have a constitutional right to a pre-termination hearing in Medicare and Medicaid on the question whether the nursing home they live in should be terminated from the programs.

The court issued three decisions in these cases. Two decisions; *Town Court v. Beal* and *Klein v. Califano* involve nursing home patients right to a hearing. The third decision, *Town Court v. HEW* involves the nursing home facility's right to a pretermination hearing. The court ruled that the patients do but the facility does not have a constitutional right to such a hearing. The *Town Court* patients rights case is now under review by the Supreme Court.

PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION

Laws enforced by the Food and Drug Administration (FDA) are designed to protect the health, safety, and pocketbooks of all consumers regardless of age. This protection, however, is particularly important to the elderly consumer, and many of FDA's actions are of special interest to this age group. During 1979 there were many events and actions which illustrate the significance of FDA's efforts to protect the elderly.

FDA RATED HIGH ON HANDLING CONSUMER COMPLAINTS

A report released by the White House gave FDA high marks among Federal agencies for its handling of consumer inquiries and complaints. The report documents the results of a study commissioned by the Office of Consumer Affairs of the complaint handling mechanisms of 22 Government agencies. Fifteen were regulatory agencies, seven were providers of benefits and services.

The study found that, compared to a similar study done in 1975, most agencies were doing an adequate job of handling consumer complaints. A few had yet to install even the most basic structure for handling individual complaints. A few others, including FDA, were praised for the "dramatic improvements" they had made in the 15 categories that formed the study, and for emphasizing complaints to the degree that such complaints are considered indicative of problems and are used in setting agency policy. FDA was specifically lauded for its methods for logging mail and telephone complaints by consumers' name and address, date received, type of complaint, and disposition. The agency was also singled out for its internal follow up of consumer mail, and statistical reporting.

FOOD LABELING SURVEY CONDUCTED

A nationwide survey completed in 1979 has found that consumers want improvements made on most food labels. The survey was commissioned by FDA as part of a major program, begun in 1978, to revise food labels. The program is being coordinated with the U.S. Department of Agriculture (USDA) and the Federal Trade Commission. The information from the survey will supplement opinions gathered by the 3 agencies in hearings last year in 5 cities and in nearly 10,000 written comments.

The survey found that many people are becoming quite concerned with the quality and makeup of their food products. Survey results included the following:

- Consumers are most concerned with consuming too much of harmful ingredients.
- Many people are interested in ingredient listings, freshness information, nutrition labeling information, and deceptive labeling.
- On the nutrition label, many would like to see more specific information regarding calories, vitamins, protein, fats, carbohydrates, and minerals.
- On ingredient listings, changes most desired are simplification of the list, quantification of ingredients, inclusion of all ingredients, and the availability of ingredient information on all products.

The consumer comments will be used to develop a coordinated strategy to improve food labels. The strategy may involve changes in current labeling regulations, the development of new regulations, or recommendations for new legislation. The goal is to make sure that the information on food labels is what consumers want, and is presented in a way consumers can understand. The agency's plan, pending further public comment, calls for (1) fuller ingredient labeling on food subject to FDA's standards of identity; (2) expanded use of quantitative ingredient labeling; (3) additional nutrition labeling information on the amounts of sugars, sodium, and cholesterol and fatty acids present in a given food.

CANCER WARNING SET FOR CERTAIN HAIR DYES

Manufacturers have been required to put a warning on the labels of permanent hair dye products that contain an ingredient found to cause cancer in experimental animals. Any of these hair dyes shipped in interstate commerce after April 16, 1980, that contain 4-methoxy-m-phenylenediamine (4MMPD) or its sulfate (4MMPD sulfate) must warn on the label: "Warning—contains an ingredient that can penetrate your skin and has been determined to cause cancer in laboratory animals." Many hair dye manufacturers began to phase out the use of these ingredients when FDA proposed the warning label in January 1978.

The FDA action was based on studies conducted for the National Cancer Institute which showed that 4MMPD sulfate causes cancer of the skin and lymph and thyroid tumors when fed to laboratory mice and rats. In addition, FDA has determined that 4MMPD can be absorbed through the skin and enter the bloodstream. FDA is evaluating data on several other hair dye ingredients that may cause cancer in humans; if carcinogenicity is confirmed, hair dyes containing such ingredients will also be required to bear the warning label.

PROGRESS MADE TOWARD DRUG REFORM

Legislation: In April, the Secretary transmitted the Drug Regulation Reform Act of 1979 to Congress. That legislation would overhaul the current drug regulatory law enforced by FDA and is pending before Congress. In September, the Senate passed S. 1075, a more limited drug reform bill. Among the provisions in the Senate bill are ones that would place all drugs, no matter when first marketed, under a single regulatory system; would give FDA express authority to require patient package inserts for prescription drugs; would give FDA new powers to regulate drugs after marketing; and would give FDA express authority to require abbreviated new drug applications, thereby eliminating duplicative testing for certain drugs.

Regulatory reform: In October, FDA proposed procedural changes consistent with the goals of the administration's drug reform act. The proposal would streamline the processing of new drugs applications and thereby speed the development and approval of new drugs. The changes are designed to make FDA procedures clearer and less cumbersome for manufacturers who want approval to market new drugs or to test them in humans. The proposals also would improve the agency's ability to evaluate the safety and effectiveness of a drug before it is marketed, and to monitor its use after marketing begins. After evaluation of public comments, FDA will develop specific regulatory proposals to streamline its new drug approval procedures.

Examples of the changes being considered follow:

- A revised format for the application that manufacturers must submit when they want to test a new drug in people.
- A clearer definition of what kinds of reports FDA expects manufacturers to submit as they complete each phase of drug testing.
- Revisions in the regulations to indicate what kind of tests are necessary to demonstrate the safety and effectiveness of a new drug.
- Improved guidance for manufacturers on the kind of data and analyses needed to justify marketing of a new drug.
- Fewer regulatory restrictions on a drug during the early stages of research on people, without reducing the protection afforded to the research subjects.

The alterations in the processing of applications would not affect the standard FDA applies to its drug approval decisions. The law requires that before drugs can be marketed, they must be shown to be safe and effective for their intended uses. The procedural changes also would not affect the priority system FDA instituted in 1974 to identify and process important new drugs. The priority system enables FDA to identify early in their development those drugs that represent potentially important therapeutic advances and to work closely with the manufacturer to bring these drugs to the market as quickly as possible.

PATIENT PACKAGE INSERTS TO BE REQUIRED

In July, FDA proposed a program that would require patient package inserts (PPI's) for most prescription drugs. Patient package inserts are lay-language leaflets given to consumers when they receive a prescription drug. They describe the drug's uses, risks, and side effects. The proposal lists some 90 prescription drugs that are top candidates for PPI's. The agency sought public comment on the plans for the program and on which drugs should first be required to have PPI's; hearings were held in September. Evaluation of the public comments was scheduled for completion in the spring of 1980.

Under the proposed program, drug manufacturers would be required to print the PPI's. Whoever gives the drug to the patient—physician, pharmacist, or nurse—would be required to provide the PPI. The PPI would give the name of the drug, its manufacturer, what it is used for, when it should not be used, adverse reactions to be expected, and other information. In setting priorities for which drugs would be most suited for the first PPI's, FDA will take into account a drug's risks and side effects, what it is used for, and whether it is likely to be misused.

FDA now requires PPI's for a few drugs such as birth control pills, estrogen for menopausal women, and progestins. FDA also required PPI's for intrauterine devices (IUD's), hearing aids and some other products. The first PPI, for birth control pills, was required in 1970. This is the first time the agency has proposed a general policy on PPI's.

NEW INITIATIVES BEGUN IN GENERIC DRUGS

In January, the Secretary of HEW announced two initiatives, and the expansion of an existing program, aimed at decreasing health care costs through the increased use of generic drugs.

- FDA and the Federal Trade Commission have developed a model drug product selection law to recommend to the States. Under this law, when a doctor writes a prescription for a high priced brand name drug, a licensed pharmacist will be able to select, instead, a lower-cost generic product that FDA has determined is medically equivalent.
- FDA has compiled, for the first time, a list of the 5,000 prescription drugs that it has approved as safe and effective. In issuing this list, the agency proposes to designate about 2,000 generic drug products that are on this list as medically equivalent to the brand name products of other manufacturers.
- The maximum allowable cost (MAC) program, which is aimed at preventing medicare and medicaid (tax supported programs) from paying premium prices for brand name drugs when lower cost, medically equivalent generic versions are available, was expanded to include all the products on FDA's generic drug list which meet the MAC program's requirements.

STUDY OF ESTROGEN DRUGS COMPLETED

A major study published in February concluded that the adverse effects of estrogen drugs in menopausal and postmenopausal women are to a great extent reversible if the patient stops taking the drug. The study, published in the *New England Journal of Medicine*, found the risk of developing cancer of the lining of the uterus "falls quickly after discontinuation" of estrogen therapy. It was the latest in a series associating the long-term use of estrogen drugs during and after menopause with an increased risk of cancer of the lining of the uterus.

The new study, supported by funds from FDA and the National Institutes of Health, was conducted by the Boston University Medical Center. It estimated that 1 to 3 percent of women taking estrogen for 5 years or more will get uterine cancer. About one-tenth of 1 percent of women who do not use estrogen for extended periods got uterine cancer, the authors found. This means that, according to the study, women taking estrogens for more than 5 years have a 10 to 30 times increased risk of uterine cancer. Previous studies have estimated the risk at 5 to 15 times.

Since October 1977, FDA has required that patient package inserts be provided each time a prescription for estrogen drugs is dispensed. The insert advised women to take these drugs only when needed to treat "hot flashes" during menopause, and then only for the shortest possible time in lowest effective dose. The insert further says that the drugs should not be taken to treat simple nervousness and depression during menopause or to make the skin softer after menopause.

WARNING ISSUED ON ILLEGALLY MARKETED DIURETIC

In March, FDA warned patients who are taking the prescription diuretic furosemide that three manufacturers have illegally marketed tablets that may be ineffective and therefore harmful to patients who need the drug. The agency advised patients taking furosemide to be sure the name Hoechst is on the tablets. Hoechst, the only manufacturer with FDA approval to market furosemide, sells it under the trade name Lasix. Patients taking furosemide tablets that do not have the Hoechst name on them should ask their pharmacist for a replacement. Patients who are unsure whether they have the Hoechst product should contact their pharmacists.

At FDA's request, the companies illegally selling furosemide recalled remaining tablets from the market. The action affected only tablets of furosemide; other dosage forms were not affected. While the illegal versions made by the three companies were distributed nationally, they are believed to represent only a small percentage of the furosemide on the market. Therefore, most patients taking furosemide are taking the FDA-approved Lasix.

Diuretics like furosemide help eliminate fluids from the body. Furosemide may be taken by patients with heart disease, kidney disease, cirrhosis of the liver or high blood pressure. Furosemide is one of many prescription diuretics approved by FDA.

REVIEW OF INTRAOCULAR LENSES CONTINUED

Intraocular lenses (IOL's) are used to replace the natural lens of the human eye, usually after cataract surgery.

In the past, serious injuries, including retinal collapse and/or damage specifically to the iris, have been associated with their use. Injuries resulted primarily from IOL rough surfaces and warpage.

In February 1978, FDA regulations became effective that prohibited the distribution and implantation of IOL's except for investigational use by sponsors with FDA-granted investigational device exemptions (IDE's). Since then, FDA has been reviewing the data from the manufacturers and has, from time to time, made public aggregate summaries of the reports of IOL adverse reactions. FDA also has inspected the manufacturing facilities of all the sponsors of the studies to assure the quality of all types of IOL's and the integrity of the investigations.

On August 30, 1979, FDA directed the 13 firms sponsoring IOL investigations that they should apply for marketing approval as soon as they have accumulated data on one type of lens for 500 patients and have monitored the patients for 1 year. FDA believes this will avoid unnecessarily prolonging the investigations and will permit prompt review of the final safety and efficacy data to decide if the lenses can be approved for general marketing.

EXTENDED WEAR CONTACT LENSES APPROVED FOR USE

In June, FDA approved two applications for an extended-wear contact lens for people who have had cataract eye surgery. Most of these lenses are made of a water-absorbing plastic material which, according to manufacturers, makes possible the penetration of oxygen to the cornea even when the lens wearer is asleep. Patients now can wear the lens up to 1 month without removal and FDA thinks that length of time may increase up to 6 months after completion of clinical testing. The actual length of time, however, will vary according to a person's physiological reactions to wearing the lens.

Extended wear contact lenses offer an alternative to post-cataract patients who cannot use such currently available forms of visual aids as special glasses, regular contact lenses, or intraocular lenses. FDA approved the extended wear contact lens only for post-cataract patients and not for people who use contact lenses just to correct vision. Manufacturers are required to print special booklets for patients that will explain the potential side effects of the lenses (for example, blurred vision, a halo around the field of vision, or excessive tearing) and recommend that users contact their eye-care specialist immediately if any of these symptoms occur.

EFFORTS TO REDUCE MEDICAL RADIATION EXPOSURE ACCELERATED

There are now about 125,000 medical X-ray machines used in approximately 186 million examinations, and about 145,000 dental X-ray units used in approximately 92 million examinations annually. The total cost of these X-ray procedures is estimated to be \$6.3 billion annually. FDA is responsible for assuring the safety of radiation-emitting devices and fostering prudent radiation use practices. The agency issues regulations to ensure that radiation emitting products are safely manufactured and assembled. Regulatory standards, such as ones for diagnostic X-ray equipment that took effect in 1974, are imposed on manufacturers of such products. FDA also issues voluntary recommendations aimed at enhancing the effectiveness of X-ray examinations and X-ray protection techniques, especially where individual professional judgment is involved.

FDA estimates that 30 percent of the X-ray examinations in the U.S. are not medically necessary and that if these unnecessary X-rays could be avoided, the financial savings would be about \$2 billion per year. In response to these concerns, FDA has accelerated its efforts to reduce unnecessary exposure to radiation from the use of X-ray and nuclear medicine procedures. In doing so, the agency has developed programs to (a) improve judgment in ordering X-ray examinations (physician performance); (b) improve techniques in performing X-ray examinations (operator performance); (c) improve equipment performance; and (d) evaluate new technological developments. These programs were well underway in 1979, and have already demonstrated the potential of X-ray reduction programs. For example, a pilot study at a PHS hospital in Baltimore showed that one program could improve X-ray image radiation to the patient and decrease operating costs.

HEALTH RESOURCES ADMINISTRATION

PROGRAMS THAT IMPACT ON THE ELDERLY

HEALTH PLANNING

The health planning program is aimed at developing a two-tiered structure of State and local health planning agencies which are responsible for carrying out a range of planning, regulatory, and resource development functions. This network is designed to deal with the problems of access to, and the cost and quality of, health services.

In doing so, the health systems agencies (HSA's) and the State health planning and development agencies (SHPDA's) address a broad range of health care system issues such as reimbursement methods, regionalization of services, maldistribution of manpower and other resources, "competition" versus "regulation," and capital investments for health facilities.

Among specific issues and problems being addressed are the health care needs of the elderly. In a recent study of health planning goals and objectives, as contained in the first-year plans of fully designated health systems agencies, nearly 90 percent of such plans included a broad spectrum of goals and objectives relating to care for the elderly. The findings indicate that HSA's are undertaking a number of initiatives to promote the development of health facilities and services to meet the needs of the aged population. Long-term care (LTC), home health services and other alternatives to institutional care, and expanded housing, transportation, and other services are among the broad areas addressed by HSA plan goals and objectives.

With respect to long-term care per se, for example, they include:

- By 1980 the number of area residents who are on the waiting list for admission to a LTC facility, should be reduced by 50 percent. Northwest Connecticut HSA.

- By December 31, 1982, uniform criteria should be utilized in all seven counties in southern New Jersey to assess the long-term care needs of elderly and disabled persons. Southern New Jersey HSA.

Goals and objectives relating to home health services and other alternatives to LTC are, for example:

- By 1982, home health care services should be available in the 6 counties of the health systems agency to an additional 3,707 persons in need of such services. Birmingham Regional HSA.

- Establish by 1979, standards for long-term care; determine the numbers of agencies and personnel to deliver such care; and determine when various alternative sources of care (long-term, short-term, home care) should be utilized. Capital (N.C.) HSA.

- To increase by 200 percent the current service capacity of home health, adult day care, and related human services which provide an alternative to institutional, long-stay, inpatient care for persons in the Baltimore area requiring long-term care. Central Maryland HSA.

- To make available and accessible day care services for the elderly in the area in need of such services, with consideration to cost containment and quality of care. Mid-Louisiana HSA.

Many of this Nation's communities lack long-term care facilities for their elderly populations. The HSA's, responding to this need, have taken such actions as stimulating the development of nursing homes or promoting the conversion of unused acute care capacity into long-term care service capacity. For example:

- With the prodding of the Nassau-Suffolk HSA, applications have been received that will bring 187 new long-term beds to these Long Island, N.Y. counties. The HSA has also identified 2 potential sponsors to reactivate a recently closed nursing home, thus avoiding over 3.7 million in new construction costs while meeting the needs of a significantly growing aged population.

- During the past year the central Jersey HSA encouraged applicants for nursing home beds to relocate their proposed facilities to areas that were determined to have the greatest need as shown in the agency's HSP. The HSA's actions have prevented the continued maldistribution of services in the area and assured the availability of nursing home beds where needed.

- The southeastern Colorado HSA is currently working with St. Joseph's and Monte Vista hospitals to achieve the merger of these two San Luis Valley institutions. They are presently in the process of negotiating a reduction in the total number of beds and other changes that will reduce costs, in addition

to accomplishing an agreement for the conversion of one facility into a needed long-term care center.

HSA's are also undertaking initiatives to promote the development and funding of alternatives to institutional care, such as home health services. For example:

—In Broome County, N.Y., the interstate NY-Penn HSA is playing a pivotal role in the development of a home health care project. The agency provided major technical assistance during the development of a Federal funding assistance application and facilitated the development of a community-based board to sponsor the project.

—As an alternative to costly nursing home care the Milwaukee HSA fostered the establishment of Wisconsin Home Care, Inc. The efficiency of delivery of home health services has been increased through the corporation's sharing of services and data management; and the promulgation of need standards has created a base for determining staffing levels that match community needs.

Other HSA's have fostered the development of other types of elderly care services, including primary care services, adult day care and alternative housing models. For example:

—The HSA of south Florida successfully facilitated the establishment of Miami Beach Community Health, Inc. Providing major technical assistance, the agency was instrumental in obtaining Federal funding for this primary health care center which services the elderly with limited incomes who live in the South Beach community.

—The Ohio Health Planning and Development Council, the State agency, has helped develop an adult day care program for nursing homes in that State, substituting less expensive care and a psychologically more desirable type of care for certain individuals who previously would have been institutionalized.

—The Bergen-Passaic HSA developed a congregate living program as an alternative setting for the frail elderly. An option on a facility to be converted for group living has been obtained and the HSA is presently screening sponsors to manage the project. The agency is also working with a community group to establish and obtain Bergen County funding of a similar facility for multiple-handicapped persons.

The recent Health Planning Amendments of 1979 (P.L. 96-79) encourage close cooperation with the Administration on Aging and the area aging agencies which it supports. Coordination has taken place throughout many of the States through the development of agreements between individual health systems agencies and area aging agencies in terms of carrying out cooperative and mutual support activities in data sharing, development of area plans for the identification of needs of the elderly population, assessment of the services and resources affecting those needs, and exchange of technical assistance.

BUREAU OF HEALTH MANPOWER

Fiscal year 1979 program activities directed toward the development of the human resources needed to provide health care to the aging are displayed below for the Bureau's Division of Associated Health Professions, Division of Dentistry, Division of Medicine and Division of Nursing.

DIVISION OF ASSOCIATED HEALTH PROFESSIONS

Eleven contracts for the development of statewide education and training for long-term care facilities were completed. The purpose of these contracts was to plan, develop, coordinate, implement, and evaluate programs aimed at building the capability within the State to carry out training activities for all levels of long-term care provider personnel employed in profit, nonprofit, and governmental facilities. Each contractor was required to develop at least six training courses which included at least the following: Training the trainer; an interdisciplinary approach to patient care; two courses in mental health; and two courses based on assessment of need. The original intent of this training program was to offer 2 years of support with phase I to plan and test the training courses and phase II to provide 12 additional offerings of the courses. Funds were not available for the second phase of each of these contracts.

DAHPP staff has established Bureau of Health Manpower liaison with the Administration on Aging (AoA) to carry out health manpower efforts. The Administration on Aging is funding a number of new interdisciplinary education programs

for health professions. DAHP staff liaison serves as project officer on an AoA contract to provide technical assistance for the development of long-term care gerontology centers for the chronically impaired elderly.

Active allied health special project grants include (1) University of North Colorado for training in geriatric aural rehabilitation (\$37,419 for fiscal year 1979; \$228,265 for prior 3 years), (2) Quinnipiac College (Hamden, Conn.) for coordinated education leading to licensure in long-term care (LTC) administration (\$44,468 for fiscal year 1979; \$152,566 for prior 3 years), (3) State University of New York at Stony Brook for gerontology curriculum development to train students in the school of allied health professions at both the undergraduate and graduate level (\$28,333 for fiscal year 1979; \$105,839 for prior 3 years), and (4) University of Texas for gerontology services administration program at the certificate and baccalaureate level (\$26,985 for fiscal year 1979, \$85,001 in prior year).

Yale University was awarded \$22,680 for the second year of a 3-year public health special project grant for long-term care planning, evaluation, and policy analysis.

A contract was completed with the Center for Human Services (Washington, D.C.) that identified needs of the elderly for pharmacy services and proposed alternative methods of alleviating those needs that are not currently being met through educational programs for pharmacy students and practicing pharmacists (cost, \$92,036).

DIVISION OF DENTISTRY

The provision of adequately trained professionals available to deliver primary dental care services to the geriatric patient is a major target area. Traditional delivery methods do not always provide access to dental care to many of these individuals both in terms of availability and cost. Training support is available through general practice residency programs which, in some instances, are in hospitals providing comprehensive dental services to the elderly, and in the capitation program which has an extramural training requirement directed at underserved population groups that include the elderly. In fiscal year 1979 over 25 percent of the schools participating in the capitation program conducted remote site training activities within geriatric health care facilities.

Two curriculum development grants were made to dental/dental auxiliary institutions for education in geriatrics. Three other awards included dentistry in an interdisciplinary approach to education in geriatrics. The purpose of the grants are to facilitate efforts to instruct future health care practitioners about the health needs of the elderly in order to assist them to lead maximally productive and independent lives. Specifically, it is intended that these grants will lead to the development and implementation of new courses or segments of courses and training experiences devoted to the unique health care needs of the elderly.

DIVISION OF MEDICINE

Under section 781(a), the University of Maryland School of Medicine received \$301,332 in fiscal year 1979 to continue its development of an Area Health Education Center (AHEC) program which includes graduate and undergraduate geriatric medical training in an urban geriatric setting.

The University of Nebraska is in the third year of a 3-year grant for \$412,000 (under section 783) which emphasized geriatric education in physician's assistant training.

Under section 788(d) of the PHS Act, the Division has funded 27 grants at a total cost of \$2,097,884 to support the development, implementation and evaluation of new geriatric course materials. Approximately half of the grants were in schools of medicine. The rest was distributed among schools of dentistry, optometry, pharmacy, public health, nursing, and allied health. The curriculum development grants are in many instances multidisciplinary and range in scope from a course on gerontology to a mobile health unit staffed by students.

Also under section 788(d), the Division has funded a 2-year contract submitted by the American Geriatric Society in New York for \$200,000 to develop and implement a model geriatric undergraduate primary care curricula.

Under section 786(a) the Division has funded a contract submitted by the Gerontological Society of Washington, D.C. for \$187,342 to develop a self-instructional model for the management and care of elderly patients.

The agency continues to develop a national and international knowledge bank on geriatric activity as well as a working relationship with agencies such as the

Veterans Administration, the National Institute on Aging, the Administration on Aging, etc.

DIVISION OF NURSING

Special emphasis was given in the Nurse Training Act of 1975 to the problems and health care of the aging. Grants and contracts were authorized for special projects to improve curricula in schools of nursing for geriatric courses and to assist in meeting the costs of developing short-term inservice training programs for nurses aides and nursing home orderlies. The latter programs emphasized the special problems of geriatric patients and included training for monitoring the well-being, feeding and cleaning of nursing home patients, emergency procedures, drug properties and interactions, and fire safety techniques. Under section 822 of the Public Health Service Act (PHS Act), grants and contracts were authorized to educate nurses in the provision of primary health care to the elderly. The following active projects provide nurse practitioner training support in primary care for geriatric patients.

Applicant	Title	Fiscal year 1979 support
University of Pittsburgh, Pittsburgh, Pa.....	Adult, family, geriatric nurse practitioner (certificate program).	\$137,087
State University of N.Y. Upstate Medical Center, Syracuse, N.Y.	Adult, family, geriatric nurse practitioner (certificate program).	182,904
University of California, Davis, Calif.....	An education network for nurse practitioners-family geriatric (certificate, master's option).	249,864
University of Miami, Coral Gables, Fla.....	Geriatric nurse practitioner (certificate program).....	174,937
Cornell University, New York Hospital, New York, N.Y.	Training program to prepare geriatric nurse practitioners (certificate program).	111,405
University of Wisconsin, Madison, Wis.....	Pediatric and geriatric nurse practitioner training (certificate master's option).	191,960
Seton Hall University, South Orange, N.J.....	Gerontological nurse practitioner program (master's degree).	117,863
California State University, Long Beach, Calif.	Nurse practitioners: A cooperative project (master's degree).	162,331
Columbia University, New York, N.Y.....	Development of leadership programs in primary care (pediatric, adult, geriatric) (master's degree).	396,322
University of Lowell, Lowell, Mass.....	Graduate program: Gerontological nurse practitioner (master's degree).	143,322
Boston University, Boston, Mass.....	Nurse practitioner/clinician gerontological nursing program (master's degree).	135,797
Emory University, Atlanta, Ga.....	Gerontologic nurse practitioner (certificate program).....	99,771
University of Kansas, Kansas City, Mo.....	Primary care nurse practitioner-maternal child health, rural, adult, geriatric (certificate program).	126,398
Total		2,229,961

Other 1979 activities include the completion of a \$151,431 contract to plan, develop, implement and test a model inservice course of instruction not to exceed 6 months for nurse's aides and orderlies employed in nursing homes that care for the geriatric patient. Westbrook College (Portland, Maine) received a continuation award of \$29,540 for a grant to provide basic instruction in the skills of caring for the geriatric patient in long-term care facilities and to enhance a deeper concern and awareness for the elderly patients. A continuation grant award was made to Emory University of \$141,087 in 1979 to support a 3-year proposal addressing nontraditional community-based clinical practice settings. This project will improve teaching effectiveness of nurses to meet the health needs of underserved population groups, including the elderly.

Donnelly College in Kansas City received a continuation grant award of \$33,754 to upgrade the skills of aides and orderlies to assure concerned and efficient care of the elderly (3-year project totaling \$101,776). The Miami Jewish Home and Hospital for the Aged has a special project grant to provide training and education to upgrade the skills of paraprofessional nursing personnel that care for the elderly in nursing homes. The support amounted to \$67,585 in fiscal year 1979. Carroll College, Helena, Mont., received a continuation award of \$47,704 to improve the curricula content to provide comprehensive care to the elderly. One new grant was made to the University of Maryland titled, "Gerontology Training Program for Nurse Educators." This 3-year support will total \$164,126. The first year award was \$56,855. In addition, the following advanced nurse training grants (section 821, PHS Act) focus in whole or in part on gerontological nursing:

Applicant	Title	Fiscal year 1979 support
Duke University, Durham, N.C.....	Expansion of graduate nursing program.....	\$169,062
University of Rochester, Rochester, N.Y.....	Graduate concentration in gerontological nursing.....	105,259
San Jose State University, San Jose, Calif.....	Gerontological nursing specialist program.....	87,469
University of Kansas, Kansas City, Kans.....	Training of gerontological clinical nurse specialist.....	58,930
University of San Francisco, San Francisco, Calif.....	Graduate program in long-term/gerontological nursing....	156,236
University of Pennsylvania, Philadelphia, Pa.....	Gerontological nurse clinician.....	64,893
University of Kentucky, Lexington, Ky.....	Gerontological nurse training grant.....	39,357
George Mason University, Fairfax, Va.....	Master of science in nursing.....	117,241
Case Western Reserve University, Cleveland, Ohio.....	Post-baccalaureate program in gerontological nursing.....	143,734
Montana State University, Bozeman, Mont.....	Nursing specialist for underserved rural areas.....	85,693
Indiana University, Indianapolis, Ind.....	Expansion of a doctor of nursing science program.....	131,003
University of Delaware, Newark, Del.....	Advanced nurse training program.....	123,625
University of Wisconsin, Madison, Wis.....	Development of a Ph. D. program in nursing.....	96,376
University of Michigan, Ann Arbor, Mich.....	Doctoral program in medical-surgical and gerontological nursing.....	185,815
Syracuse University, Syracuse, N.Y.....	Preparation for nursing of the rural aging.....	149,639
Georgetown University, Washington, D.C.....	Graduate nursing program.....	183,995
University of Wisconsin, Madison, Wis.....	A program in community health and gerontological nursing.....	70,728
University of Oregon, Portland, Oreg.....	Medical-surgical nursing: A gerontological focus.....	148,596
Total.....		2,112,651

HEALTH SERVICES ADMINISTRATION

INTRODUCTION

The Health Services Administration (HSA) is the agency within the Public Health Service (PHS) which is responsible for providing a comprehensive array of health care services to the medically underserved, medically underserved, and statutorily defined beneficiary population groups such as American Indians and Alaskan Natives, migrants and seasonal farmworkers, and PHS commissioned officers. HSA administers and operates numerous health care programs which are available to older Americans and operates numerous health care programs which are available to older Americans as part of a broader beneficiary population. The Bureau of Community Health Services (BCHS) administers and funds over 1,200 comprehensive ambulatory health care projects and 285 grants to home health agencies. The Indian Health Service (IHS) operates 50 hospitals and over 100 clinics and stations that provide health care to Indians living on and off reservations. The Bureau of Medical Services (BMS) operates 9 PHS hospitals and 28 freestanding clinics that provide medical services to such groups as merchant seamen, members of the Armed Forces, and Federal employees.

However, it is well known that even with all the health care programs and services available to the elderly, millions of older persons do not receive either adequate treatment for their chronic conditions or regular comprehensive health care. This is due to a variety of factors including a shortage of medical, nursing and dental manpower, a fragmented and uncoordinated health and social services delivery system, and conflicting regulations and benefit packages.

Moreover, the health needs of older persons are diverse, wide-ranging and cross traditional program approaches. For this reason, the HSA primarily through community health centers, migrant health centers, the National Health Service Corps, hypertension and home health programs as well as special health care initiatives promoted by the PHS Committee on Aging, is coordinating efforts in order to develop new approaches to better serve the elderly and the chronically impaired older person. Interagency linkages and coordination have become a focus for such efforts, as are described below in the specific program areas.

HEALTH SERVICES ADMINISTRATION PROGRAMS

COMMUNITY HEALTH CENTERS

In 1979, 637 community health centers (CHC's) located primarily in medically underserved areas, provided a range of preventative, curative, and rehabilitative services to 3.8 million. Of the number of people who received such services 7.6 percent were 65 or older.

Formal and informal linkages have been established between some center grantees and the USDA and AoA in order to augment the number of social and nutri-

tional programs available. These include the food stamp program and meals-on-wheels projects, programs in which the CHC's provide services to seniors in congregate housing and sponsor multiphasic screening clinics in senior citizen centers and recreational areas. Other linkages include transportation arrangements with long-term care institutions and individual service arrangements with nonprofit senior centers and home health agencies. Special efforts have been made to integrate home health services into a comprehensive medical care package as evidenced by the certification of several CHC's as medicare home health providers.

MIGRANT HEALTH

The migrant health centers program provides health care services for migrant and seasonal farmworkers and their families. Migrants live and work in predominantly rural areas where health resources are scarce. The elderly migrant, in particular, beset by increasing health problems is placed in a vulnerable position, faced with inadequate health resources and manpower, and language, and cultural barriers. In fiscal year 1979, services were provided to 557,000 migrant and seasonal farmworkers through 112 projects. Approximately 4.5 percent of those served were 65 years old or older.

The migrant health centers program authority, section 329 of the Public Health Service Act as amended November 1978, includes a language change that broadens eligibility to include a significant number of elderly and disabled. Under the new legislative authority, the migrant health centers program can serve "individuals who have previously been agricultural workers but can no longer (be employed as migrant farmworkers) because of age or disability, and members of their families within the area it (the migrant health center) serves."

NATIONAL HEALTH SERVICE CORPS

The NHSC was designed to improve the delivery of health services to persons residing in communities designated as having a health manpower shortage. The Corps recruits and places health professionals in these areas. Because older persons residing in such areas often have reduced mobility, the presence of health personnel in their communities is of special importance. In 1979, a total of 1,258,000 people were served by 1,850 Corps assignees. Of this number, nearly 9 percent were age 65 or older. The Corps is closely integrated with the CHC and migrant health programs providing assistance in recruiting and placing health professionals in such primary care centers.

New initiatives are being developed by HSA, AoA, and the National Institute on Aging to increase the awareness of the provider community to the range of need and the opportunities to serve the elderly. The subject of geriatrics will be included in the continuing education program provided NHSC assignees; and recipients of scholarships under the NHSC scholarship program will be given the opportunity to pursue special training in the area of geriatrics.

HOME HEALTH

Designed to offer medically desirable and often cost-saving alternatives to institutionalized care in hospitals and nursing homes, the home health program is specifically directed toward meeting the needs of the elderly, providing them skilled nursing and therapeutic services in their homes. The program, administered by HSA's BCHS, awards two types of grants. One type is awarded to meet the initial costs of establishing and operating home health agencies in areas where such services are not otherwise available and to expand services available through existing agencies. The other grant type is awarded to train professional and para-professional personnel to administer and provide home health services. In awarding grants the relative needs of States are considered and preference is given to areas within a State in which a high percentage of the population to be served is composed of persons who are elderly, medically indigent, or both.

Prior to the establishment of the home health program, in 1976, there were 788 counties in the Nation without the services of a medicare certified home health agency. As a result of the program, home health services are now available in 157 counties where such services were not available before the grant program. And home health services have been expanded such that home health services are now available in 450 counties. In fiscal year 1979, a total of 79 service grants were awarded. These grants provided for the development of 20 new agencies and the expansion of 59 others. In addition, 22 training grants provided for the training of home health agency staff to enable them to upgrade the quality of patient care

delivered. As part of this effort, a curriculum and training guide was developed and distributed, which preliminary evaluation studies indicate have greatly improved the quality of care provided by home health aides. Since the inception of the program in 1976, a total of 285 home health agencies have been funded, 70 new and 215 expansion. A total of 43 training grants have provided training for over 6,000 home health personnel. These activities have greatly increased the opportunity for homebound patients who are predominantly older persons to receive necessary, adequate health care services.

HYPERTENSION

The hypertension program was established as a formula grant program to provide funds for the screening, detection, diagnosis, prevention and referral for treatment of hypertension. In fiscal year 1979, the program continued to expand its focus on this condition which affects a significant proportion of the aging population. Key clinical indicators were developed for assessing the effectiveness and quality of care in primary care centers. One of these requires that blood pressure measurements be done regularly on patients age 10 and over. In fiscal year 1980, the centers will be held responsible for making sure that all patients with elevated blood pressure receive followup services. During fiscal year 1979, the program was also changed from a formula grant to a project grant program, with an effective date of fiscal year 1980. This change will result in greater accountability, promote uniform reporting, and insure that funds are targeted where the greatest benefit can be derived.

It is estimated that screening services were provided to 4.8 million persons (among whom were a significant number of elderly), and that 385,000 new cases of inadequately treated hypertension cases were discovered during the year.

THE INDIAN HEALTH SERVICE

The Indian health program services approximately 734,000 Indians and Alaska Natives, many of whom reside on 250 reservations and Indian communities in 28 States and hundreds of villages in Alaska. It is estimated that 6 percent (44,040) of the U.S. Indian and Alaska Native population are 65 and over. While there is a preponderance of younger persons in the IHS population, 77 percent are younger than 40 years, attention is being focused on the needs of the elderly primarily as a consequence of the 1978 Indian Conference on Health of the Elderly conducted by the National Indian Council on Aging.

Specific services and interagency linkages have been geared to serve the special health needs of the elderly. Services offered in conjunction with AoA include congregate meals, meals-on-wheels, minor home repair, shopping assistance, transportation, health surveillance, outreach and part-time employment. Other linkages include IHS medical and social service surveillance for nursing home and extended medical care patients, and assistance in obtaining services under medicare, medicaid, the USDA-administered food assistance program, Veterans' Administration, and other Federal and State programs.

PUBLIC HEALTH SERVICE HOSPITAL CARE

Health care services within HSA's Bureau of Medical Services, Division of Hospitals and Clinics, are provided by 9 PHS hospitals (8 general medical-surgical and 1 specialty hospital for the treatment of Hansen's disease), 28 freestanding outpatient clinics, and more than 300 contract physicians and hospitals located throughout the United States. While it is known that all of the USPHS hospitals and outpatient clinics treat persons aged 60 and over, precise data regarding the number and extent of services rendered to this age group on an outpatient basis cannot be obtained at this time. During the first 6 months of fiscal year 1979, of the 35,355 discharges from the USPHS hospitals, in 9,967 instances, the patient was 60 years of age or over. Annualized, it is estimated that approximately 167,700 patient-days were utilized by this group at an estimated cost of \$28,676,700 based on an average daily rate of \$171. The average length of stay for this age group is somewhat longer than for younger individuals. American seamen constitute a major PHS beneficiary group, and there are probably more single males in this category than in the population at large. As a consequence, finding suitable nursing homes or other protective settings constitute one of the major difficulties in discharge planning.

HOSPITAL-BASED GERIATRIC DAY TREATMENT AND SCREENING AND REFERRAL SERVICES

The Geriatric Day Treatment Center (GDTC) has been operating on the campus of the USPHS Hospital, Baltimore, Md., since January 1976. It is jointly sponsored by the Family and Children's Society of Baltimore and the USPHS Hospital. Through a contract with the Maryland State Department of Health and Mental Hygiene, Office of the Chronically Ill and Aging, the GDTC received title XX funds. Each year the program has been in operation, the title XX funds have increased. This program provides an alternative to institutionalization, and services are delivered by a multidisciplinary staff in a protective group setting. The program is structured around an organized regime of activities of daily living (ADL) and health services. Additional important program components include nutrition counseling, psychiatric consultation, and transportation. Family members are counseled and taught various techniques to increase their ability to be helpful to the program participant in the home. Program participants are persons 60 years of age and older referred from PHS beneficiary groups, the geriatric evaluation service of the Baltimore City Health Department, community organizations, and private physicians.

The GDTC program has continued to grow and expand in 1979. Building on this framework of services, the GDTC has been selected to serve as a demonstration model for the HSA/AoA demonstration, to be described below.

The USPHS Hospital in San Francisco has operated a geriatric screening and referral service (GSRS) since 1977. This program was developed with several community groups and the San Francisco Health Department to examine persons 60 years of age and over who live in the Richmond and Sunset districts of San Francisco. The goal is to maintain people at the highest level of functioning and self-sufficiency as possible. The staff includes a nurse practitioner and is made up of persons from the USPHS Hospital and the San Francisco Health Department. Program participants receive a complete history and physical examination, laboratory workup, social work interview, and immunizations as appropriate, for example, flu vaccine. They are referred for eye and hearing examinations and for other services as needed. Scope of services also include followup on an annual basis and more frequently if indicated. The GSRS works very closely with the San Francisco District No. 5 Community Board which has a geriatric protective service and with the Richmond RAMS group which is a multilanguage, multicultural, yet predominantly Chinese, mental health program. The GSRS clinical sessions are held once a week and see 5 to 10 persons per clinic session.

HOSPITAL-BASED NUTRITION PROGRAMS

The USPHS Hospital in Boston established its nutrition program for the elderly in 1977. This program regularly services lunch to over 75 people 60 years and over, 5 days a week. In addition to lunch and the associated socialization, nutrition information and counseling are integral parts of the program. Further, the program has stimulated much interest in the possibility of linking these nutrition services with other services integral to the provision of primary care. Over the next year, efforts will be made to develop a wider scope of health and social services for program participants.

THE HEALTH SERVICES ADMINISTRATION—ADMINISTRATION ON AGING DEMONSTRATION PROGRAM

Recognizing the need of a growing elderly population for quality comprehensive health care combined with increasingly scarce program dollars, HSA is concerned with integrating and coordinating services in order to create more effective and efficient health care delivery programs. A major initiative in 1979 has been an AoA/HSA interagency agreement to develop program and funding linkages to increase the number and scope of health services available to older persons as well as coordinate efforts to address the social needs of the elderly.

The specific goals of the joint initiative are to be implemented on a limited demonstration basis over a period of 3 years. They are as follows:

- To increase the access of older persons to health care services in HSA-sponsored facilities within a given geographic area;

- to encourage opportunities for development of program planning, funding, and coordinating linkages between HSA-sponsored facilities and State and area agencies on aging; and
- to utilize the funding, manpower and facilities available to area agencies on aging, HSA-sponsored facilities and Indian tribal organizations to develop a comprehensive package of health and social services directed at the underserved and unserved elderly population within a given geographic area.

The funded demonstration projects aim to seek solutions to problems of older persons whose independence and self-sufficiency are threatened, and those whose ability to remain in their homes or to avoid institutionalization depends on family and community assistance for support. The projects seek to resolve barriers to effective health/social care within a community setting: that is, they must seek to overcome service fragmentation and problems of community service coordination.

Eleven demonstration projects have been developed (eight of these funded during 1979). The demonstration projects focus on various service delivery models and approaches to increase and link health and social services to older persons in three HSA "delivery settings": (1) Community health centers (BCHS); (2) PHS hospitals and clinics (BNS); (3) Indian tribal organizations/agencies supported by the Indian Health Service (IHS). The projects are summarized below.

COMMUNITY HEALTH CENTERS

Five CHC's are serving as model projects under the joint AoA/HSA demonstration initiative to provide information to HSA as to how its primary care centers may better serve the elderly and the chronically impaired older person. The projects will identify the components of a program necessary to provide comprehensive services to meet each individual's plan of care in the target population. Such components include outreach to potential recipients of services, health education and screening, nutrition education and counseling, treatment (preventive, diagnostic, therapeutic), home care, and transportation. Each project must then provide such services either directly or through linkages with the area agency and community providers.

One such project is the San Ysidro Community Health Center demonstration in the South Bay area of San Diego. This project is concerned, in particular, with providing community outreach and health education services to reach a target population which is made up largely of Hispanic elderly who often do not use the health care services available to them as a consequence of real and perceived cultural barriers. A multidisciplinary team comprised of health educators, physicians, social workers, community health assistants, and health aides will bring a full range of coordinated health and social services to the elderly in that area. Linkages have been established with the three senior citizen centers and two nutrition centers in order to introduce and engage the elderly in the area into the service network.

The Boriken Neighborhood Health Center demonstration project in East Harlem, New York, is oriented to meeting four principal objectives. First, to meet the social and health needs of elderly by increasing the amount and scope of health services offered at the Boriken Neighborhood Health Center. Second, to improve quality of care by the development of a health team with expertise in prevention, diagnosis, and treatment of prevalent health problems/conditions among elderly. This bilingual team will be composed of one physician, one nurse practitioner, three community health workers, one health educator, and part-time social worker. Third, to establish permanent linkages between the BNHSC, senior centers and nutritional programs for the elderly to offer integrated social and health services. Fourth, to develop formal structural linkages within existing social and health care delivery systems in East Harlem through the organization of an advisory committee with consumer and provider representation and through the involvement of the staff and clientele of participating senior centers in the planning and implementation of a comprehensive health care plan.

The Providence Ambulatory Health Care Foundation, which maintains seven CHC's in Providence and a geriatric health care clinic, proposes to improve the health status of an elderly population living in designated census tracts by establishing linkages with other elderly serving agencies such as the Visiting Nurse Association of Providence, the Rhode Island Department of Elderly Affairs, the Providence Mental Health Center, project hope, and volunteers intervening for equity. Participating agencies will cooperate through establishment of reimbursement agreements, utilization of common referral forms, placement of all service

information on the applicant agency's case record, and the monitoring of all care or service provided by the case manager from the applicant agency.

The Neighborhood Health Center, Inc., St. Louis, Mo., has developed a neighborhood-based case management system to provide outreach, assessment, plan of care, linkages, monitoring, advocacy, and evaluation/reassessment to frail and semi-frail elderly. It proposes to link and interface a variety of health related services into a continuum of care network. Thus, 75 percent of the elderly in select neighborhoods will be identified and contacted. A continuum of services will be developed through the reconfirming of existing and establishment of new interagency linkages; and individualized service plans will be implemented for 240 to 280 at-risk elderly neighbors. Gaps in services will be identified and solutions investigated. And finally, potential for replication of this system will be examined.

Senior care, sponsored by the D.C. General Hospital, Washington, D.C., is gearing efforts to improve the care of an elderly underserved population of 28,000, in the inner city of the District of Columbia. An outreach program will be developed to increase the number of elderly in the defined service area who are receiving care in three inner city CHC's—the Shaw Community Health Center, Community Group Health Foundation, Inc., and East of the River Health Association, and also to improve the quality of services the elderly receive in the general medical clinic of the D.C. General Hospital. This project will rely on a nurse facilitator, a planner/administrator, three outreach workers and an evaluation assistant. Project evaluation will be performed by the Department of Community Medicine and Family Medicine of Georgetown School of Medicine. Specific outcomes of utilization, health status and patient satisfaction will be measured.

PHS HOSPITALS AND CLINICS

The BMS projects will involve the funding of demonstration projects which focus on the elderly residing in the immediate geographic area served by three USPHS hospitals. The demonstration projects share the common goal of improving the availability and accessibility of services for the chronically impaired and frail adult.

AoA funds have been requested jointly by USPHS Hospital and Central Seattle Community Health Center, a BCHS grantee, to link primary care services with senior center activities, home health care, and chore services. Medical backup for outpatient, inpatient and rehabilitative services is included. Participating agencies are the USPHS Hospital, Pike Market Community Clinic, Market Senior Center, neighborhood health centers, Seattle-King County Health Department, Visiting Nurse Service, Harborview Medical Center, Virginia Mason Hospital, Homemakers Upjohn, and Seattle-King County Division on Aging.

There will be a phased approach focusing on downtown Seattle in year one, developing additional projects in South Seattle in years two and three. The overall goal is to create a citywide system of coordinated elderly services helping older adults remain independent, active members of their communities with decreased reliance on high-cost health care. Project objectives include: (1) The development of a well-coordinated package of health and social services emphasizing independence, self-esteem, and dignity; and (2) the improvement of coordination between health and human service agencies serving the elderly; maximizing the use of home health services replacing short or long term care. To accomplish these objectives, AoA funds will support a nurse practitioner, outreach worker, social service advocate, public health nurse, health aide, and patient advocate. These individuals will provide primary geriatric health care, outreach services including case finding, patient education, referrals, patient advocacy for legal, housing, employment, food, and other social services, health screening, and home visits, footcare, and patient advocacy in hospital settings. Project coordination in year one will be the responsibility of the Pike Market Community Clinic, a member of the central Seattle consortium.

The U.S. Public Health Service in Baltimore, Md. proposes over the next 3 years to establish a geriatric health service that will provide a comprehensive set of medical-psychological services for a defined population of elderly persons. The project will develop several points of entry into the system by locating in existing community organizations such as the action in maturity (AIM) and the northwest senior centers; develop a network of service provider points such as hospitals, community health centers and private practitioners; develop an integrated system of referrals to already existing psychosocial services; and arrange for the transportation and tracking of elderly clients through the system. The

staffing of the geriatric health unit (GHU) will consist of the following full-time personnel—nurse practitioner, social worker, secretary, and part-time health educator and physician.

The goal is to maintain and/or improve the functional ability of noninstitutionalized residents of Baltimore city over the age of 60 through:

- (1) Detection of disease and psychosocial problems in the elderly;
- (2) Provision of limited primary health and social services;
- (3) Providing a referral mechanism for appropriate medical treatment and psychosocial assistance; and
- (4) Conduction of health education programs.

This project will concentrate on meeting the health and psychological needs identified by community surveys conducted in the Hampden-Woodberry-Remington area, the needs assessment of the area agency on aging and those problems identified by case management at the participating senior centers.

To the extent feasible, the project will try to become financially viable through third party payments and a self-pay program for the clients. A sliding fee schedule will be instituted.

The Allston-Brighton area has a population of approximately 12,000 elderly aged 60 and over. Although social services are available for the elderly in the area, certain social needs continue to be identified such as transportation, some housekeeping, and crime protection. Further, the supply of primary care in the area is inadequate. Between 1,000 to 2,000 elderly have reported problems with health status. Five percent of Allston-Brighton elderly are homebound. Significantly, about 2,000 people had no physician contact during 1978. About 13 percent had one contact with a doctor during the year. A significant percent of the area residents have utilized hospital emergency rooms for primary care physicians estimated at 9.1/10,000 population. Half of the eight census tracts are identified as either MUA, HMSA, or dental shortage areas.

The USPHS intends to mobilize its resources in order to help alleviate problems of availability and accessibility of primary care. To carry out this purpose, the PHS will develop a primary care program aimed specifically at the elderly in Allston-Brighton. It will utilize physicians, nurse practitioners, case aides, and other specialty services in order to provide health treatment, education, nutrition counseling, health detection, and other services. In order to provide a comprehensive package of services to the elderly, the PHS will develop model linkages to the social services/health care system. The PHS will offer its services regimen at the hospital ambulatory unit, at the home site, through mobile clinics in the community, and at the PHS nutrition program currently in operation.

INDIAN TRIBAL ORGANIZATION

The IHS has been awarded grants to develop model projects in three tribal organizations, which are described below.

The Yakima Indian Nation in conjunction with IHS and its area agency on aging, propose to supplement preventative health care, develop coordination methods for social and health services to the Indian elderly, and establish a certified in-home health program on the Yakima Indian Reservation. Professionals in the program, or through other coordinating offices, will work with the client and his family to develop an individual care plan promoting a maximum level of health and activity independence. The demonstration project will provide for a community health nurse, part-time licensed physical therapist, three homemakers, and three home health aides. These staff members will work solely for the Indian elderly, aged 60 years and over.

The geriatric health program developed by the Cherokee Nation will provide preventative health care services to Cherokee elders by the establishment of programmatic linkages with existing health care and human service agencies in the Cherokee Nation, the provision of extensive community and individual counseling, increased involvement of the Cherokee elder in community activities, and an emphasis on preventing and promptly treating illness. The staff of the geriatric health program, which consists of a director, two bilingual geriatric specialists, two elderly health aides, and one licensed practical nurse, will coordinate the efforts to improve the health status of the Indian elder in the Cherokee Nation.

The intent of the Navajo Nation project is to demonstrate the use of geriatric nurse specialists to increase the access of high-risk elderly to primary health related services in the Navajo Nation. The principal aims of the project are to:

- (1) Assist in the identification of Navajo elderly at risk of being institutionalized,
- (2) increase the access of this group to health care of all types, (3) to assess and eventually improve existing systems of referral, followup, and case coordination.

Involved in this demonstration project will be the Department of the Divisions of Health Improvement Services and Social Welfare, the community health nursing program and various agencies within the Office of Direct Care Services of the Navajo area. IHS will be involved as will be the Navajo Area Bureau of Indian Affairs Branch of Social Services. Finally, programs of the Office of Navajo Economic Opportunity, such as those funded by Action and title V, of the Elder Americans Act, will also play a part.

EVALUATION OF AGING EFFORTS

Over the long run, collaborative efforts between AoA and HSA will build on the demonstration projects and evaluation findings with the goal being to develop methods of linking AoA/HSA resources with other health care and social services resources so as to ensure the availability and accessibility of comprehensive health care to the unserved and underserved elderly. Through the implementation of these projects AoA and HSA aim to foster the development, testing, and adoption of models which will improve the existing system of health and social services and enhance the well-being of socially and economically deprived older persons. Each funded project should be the forerunner which other agencies and organizations can adopt or adapt to their use. Projects are expected to incorporate the best of current knowledge and practice by demonstrating more effective, more acceptable, more efficient and more economical ways of serving older persons.

An evaluation methodology will be developed by HSA which will specify the analytical methods and approaches used to measure, assess, and monitor accomplishment of program requirements which have currently been established by HSA and AoA. These requirements have been addressed by each of the successful grantees in their applications for award. There are 13 program requirements which must be met by the community health centers (BCHS) and PHS hospital/clinic applicants and 11 requirements imposed upon Indian Health Service grantees.

The evaluation methodology is directed toward the question of whether the demonstration projects have, in fact, improved the health status of older persons by:

(A) Increasing the number of older persons served in primary health care facilities.

(B) Increasing the amount and/or scope of services available to older persons.

(C) Increasing the quality of health care delivery; and

(D) Coordinating existing social and health service delivery systems operated by AoA and HSA to achieve appropriate improvements in the availability and accessibility of services.

The major hypothesis to be tested involves a determination of whether the above objectives can be measured, assessed, and/or monitored through the use of HSA/AoA performance requirements. It is assumed that an evaluation methodology can be built around the performance requirements and directly related to the above objectives. Similarly, it is assumed that appropriate monitoring approaches and analytical methods can be designed to continually track and assess grantee performance over a 3-year time frame.

The magnitude of grantee achievement of performance requirements will be dependent upon an array of variables associated with their particular model and target community. Those variables (demographic, socioeconomic, linguistic) will be identified and assessed in terms of impact upon the availability and accessibility and continuity (referrals) of grantee services to the aged (i.e., target population). Both the barriers and facilitating factors relating to the use of health and social services will be identified and may be used by other agencies or organizations to improve service delivery effectiveness.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING

INTRODUCTION

At long last, myths and negative stereotypes of old age are beginning to give way to a more realistic view of aging as a normal part of the life cycle, and of the elderly as a valuable national resource.

The United States' 65-and-over population is one of the largest in the world. And—at 24 million—it is growing, not only in absolute numbers but also in proportion to the general population; the 20 million Americans aged 55 to 64 will be the elderly of tomorrow.

In part because of humanitarian interest and in part for personal reasons, aging has captured the imagination of the Nation. Every segment of the population—from the elderly and their families to students, scientists, and social workers—is becoming more aware of the aging process and the aged themselves.

The role of research on aging should be understood as a vital one. The new knowledge that research provides can improve medical care and social services for the elderly of today, as well as those who will someday be old.

Research conducted and supported by the National Institute on Aging (NIA) in the past year has revealed that:

- Digoxin, a drug commonly prescribed for chronic heart disease, may be ineffective for certain elderly patients;
- dietary restriction may rejuvenate the immune system;
- a hormone produced in the gut may be critical for maintaining blood sugar at healthy levels;
- risks of hospital-caused illness are significantly higher among the elderly than among young people;
- the political behavior of the elderly in the 21st century will be marked by nonpartisanship and age consciousness;
- aging of the brain may act as a “pacemaker” for other forms of aging;
- the body’s ability to regulate and monitor its own temperature seems to decrease with age;
- cells from sun-exposed skin divide fewer times in culture than unexposed cells, indicating a possible speeding up of the aging process by the Sun’s rays;
- people who look older than their age may indeed be biologically closer to older people and perhaps share in their likelihood of dying sooner.

Even in times of austerity, the importance of research cannot be forgotten. Although research requires an initial outlay of funds, it holds the promise of long-term returns that will contribute to well-being and may eventually reduce costs.

For example, research in pharmacology shows us that certain drugs have peculiar effects in older people. It tells us that some cases of so-called “senility” are mistakenly thought to be irreversible when the condition has actually been induced by drugs, malnutrition, or stresses that can be countered. Armed with such knowledge, physicians and consumers can stimulate changes in behavior, as in the reduction of unnecessary drug prescribing for the elderly.

In short, research should be measured not only by its intellectual fruits, but also by its social and emotional impacts.

CONSENSUS ACTIVITIES

One means to maximize the usefulness of already available knowledge is to gather and then broadly disseminate the best informed opinion with regard to the safety and efficacy of new procedures, technology, or information that affects the elderly. NIA does this by holding consensus development conferences.

In early 1980, NIA staff completed a consensus development report on treatment possibilities for mental impairment in the elderly. Noting that some 10 to 20 percent of all persons over 65 are characterized as “senile” and may suffer from reversible conditions, a task force of experts in clinical and research geriatric medicine discussed the more common causes of both reversible and irreversible mental impairment. They then outlined some suggestions for accurate diagnosis, given the current state of knowledge and technology. The group concluded that in some older persons, the brain may respond to insult occurring anywhere in the body by slowly developing impairment of intellectual functions (dementia) or by abruptly showing marked changes in mental state (delirium). It is crucial for health professionals, public planners, and lay persons to recognize that many curable physical and psychological diseases in the elderly produce intellectual impairment that may be hard to distinguish from irreversible brain disease.

As one of several Federal agencies which constitute the Interagency Committee on New Therapies for Pain and Discomfort, the NIA cosponsored a conference on pain, discomfort, and humanitarian care on February 15 and 16, 1979. As part of that meeting, a consensus development panel on the management of pain and discomfort in the terminally ill looked at such issues as care of the aged, death and dying, and the hospice approach to terminal illness.

In September 1979, the NIA brought biomedical researchers together with practicing physicians, representatives of women’s groups, and the general public to weigh the risks and benefits of estrogen use and various types of estrogen therapy in managing menopausal and postmenopausal symptoms and conditions. The panel concluded that estrogens are effective in relieving hot flashes, sweating, and

other menopausal symptoms, and can prevent or arrest the bone loss which affects many older women. The primary known risk of estrogen use is cancer of the lining of the uterus, and this disease is curable in most cases. It is still not known if there is a link between postmenopausal estrogen use and the development of breast cancer and cardiovascular conditions, such as high blood pressure and heart attack. A summary of the expert opinions presented at this meeting is in preparation.

SOCIAL AND BEHAVIORAL RESEARCH PROGRAM

Old age does not occur in a biological vacuum. The sum of a person's life experiences does much to determine how that person ages and how he or she feels about being old. To examine these variables, the NIA has expanded its social and behavioral research program into a variety of areas concerned with the social, cultural, economic, and psychological factors that affect the process of aging and the place of older people in society.

The expanded program is headed by Dr. Matilda White Riley, an internationally recognized pioneer in the sociology of aging. This program will emphasize the study of aging as part of the life continuum rather than an event that happens when a person reaches 65. The NIA's interests encompass social and historical changes which affect the ways in which people age; the ways older people interrelate to people of all ages; cultural influences on the aging process within one society and across societies; and the social, psychological, biological, and physiological facets of aging.

Dr. Riley has broadened and redefined the existing NIA research program to include studies which fall into three major categories:

Older people in the changing society.—Research on the age composition of the population; patterns of rural and urban migration; morbidity, mortality, causes of death, and problems of dying; and age-related inequalities in income, labor force participation, voting, housing, transportation systems, and education. This category also stresses such topics as reduced economic dependence of parents on adult children, changes in mandatory retirement ages, and estrangement of older people from the dominant popular culture.

Psychological and social components of the aging process.—Studies of perception and sensation, psychomotor skills, cognition and intelligence, memory and learning, creativity, and wisdom. This category includes social/psychological studies of personality traits, attitudes and self-image; sex role differences in aging; socialization; and interpersonal relationships over the life course.

Older people and social institutions.—The relations of aging individuals to the social institutions within which they grow old. For example, studies might explore how institutions such as the family, peer groups, kin networks, and economic, religious, legal, educational, political, health, and leisure institutions can shape older people's lives and, in turn, be shaped by older people.

EPIDEMIOLOGY, DEMOGRAPHY AND BIOMETRY PROGRAM

The epidemiology, demography and biometry program (EDBP) is the NIA's focal point for population research on health and disease in the aged. Studies are conducted primarily by the EDPB staff, supplemented by research contracts and agreements with other government and nongovernment organizations.

Since the EDBP was established in October 1978, most of its projects are in early stages. They involve clinical applications of population research, or demographic and economic research. Projects in the first category will develop reference populations for studies of high blood pressure in the elderly, and of problems of pain, vision, hearing, sleep, drug use, constipation, skin disorders, and the effects of social support networks on well-being in old age. One major project will attempt to determine the prevalence of senile dementia, depression, and detectable mental illness in the elderly. Another important study will follow up on persons examined in the National Center for Health Statistics' Health and Nutrition Examination Survey I (HANES I) to determine how previously measured factors relate to health conditions that have developed since the earlier survey of this representative sample of noninstitutionalized persons. Other projects concern the last days of life; osteoporosis and its relation to hip fracture; and hysterectomies, accidents, and stroke in the elderly population.

A major goal of the demographic and economic research program involves developing the first macroeconomic model of the U.S. economy which includes age structure. When the project is completed in about 3 years, it will be possible to determine the interactions of a changing age structure with demand for specific

goods and services; labor force shifts; changes in taxes, investment and savings; and consequences of Government programs and alternative health policies. Other demographic studies will focus on long-term care and its alternatives; health issues and events related to retirement; the proportion of income the elderly spend on health, housing and other major goods and services; and the overall problem of health costs.

Demographic research is concerned also with survival and mortality patterns, and one completed study of vital statistics reveals that the underlying causes of death listed on death certificates understate the significance of selected diseases because multiple illnesses tend to be present in the aged.

CELLULAR AND ANIMAL RESOURCES

Many aging research advances would not have been possible without the NIA's development of special resources for gerontology researchers. Currently, the NIA's basic aging program maintains two contracts with the Institute for Medical Research (IMR) in Camden, N.J., for cellular resources and services. The first is a cultured cell bank. Via this effort, NIA establishes, characterizes, stores, and distributes standard, genetically-marked human cell lines for aging research. The second NIA-IMR resource is a mycoplasma contamination testing service which performs a vital function for researchers who use cells to study aging processes. Mycoplasma are tiny, evasive organisms, smaller than bacteria but larger than viruses, which frequently infect cell cultures. Mycoplasma can alter the characteristics and behavior of cultured cells so dramatically that their mere presence compromises research results. The mycoplasma testing facility enables researchers to spot check their cell cultures by periodically sending in samples for analysis. The testing facility focuses not only on mycoplasma detection but also on mycoplasma prevention and control.

Another resource center established by contract under the basic aging program is the *Caenorhabditis* genetics center at the University of Missouri. *Caenorhabditis elegans*, a species of nematode, is a simple, freelifing organism whose stages of development and cellular and biochemical functioning mirror the lifecycle events of higher animals, including man. The *Caenorhabditis* genetics center acquires, maintains, and distributes *C. elegans*, identifies mutant strains of special significance to aging research, and collects related data for distribution to interested investigators. Because of its brief life span and well-studied genetics, *C. elegans* is an important genetic tool for understanding the mechanisms involved in aging and longevity.

Because practically every field of biomedical aging research depends heavily on the development and availability of appropriate laboratory animals as research models, several animal resources have been established by the biophysiology and pathobiology of aging program of the NIA. Disease-free, aged rodents are available to NIA scientists today because the selection processes and logistics necessary to establish these colonies began several years ago. In addition to contracting for provision of the animals themselves, the NIA keeps scientific data on the animals' life spans, growth patterns, organ weights, age-associated diseases, and blood chemistries.

The NIA is working under contract with the National Academy of Sciences (NAS) to determine which animals will prove to be the most relevant to future aging research investigations. The NAS is at work on a report which will assess selected vertebrate species for use in aging research.

RESEARCH ADVANCES

DIGOXIN FOUND INEFFECTIVE IN CERTAIN ELDERLY PATIENTS

Digoxin, a drug commonly prescribed for the treatment of chronic heart disease, appears to be ineffective in certain elderly patients.

Scientists at the National Institute on Aging (NIA) have evidence that the drug can be safely discontinued in a high percentage of patients with stable, chronic, congestive heart failure, and normal heart rhythm.

Since digoxin may be toxic if normal dosage is exceeded by even a small amount, the investigating physicians believe that many patients are being exposed unnecessarily to a risk that carries no benefit.

The value of digoxin for acute, or sudden onset, congestive heart failure (CHF) is not at issue in the studies by Jerome L. Fleg and Edward G. Lakatta of NIA's Gerontology Research Center (GRC) in Baltimore, and by Sheldon H. Gottlieb, director of the coronary care unit at Baltimore city hospitals.

At the 1979 American Heart Association meeting in Los Angeles, the investigators reported on a double blind clinical study involving 27 CHF patients. The subjects' ages ranged from 34 to 80, with a mean age of 68. They took digoxin or a placebo (tablets lacking the active chemical but looking like digoxin tablets) for 3 months. The subjects were then switched to the alternate therapy (i.e., digoxin instead of placebo or vice versa) for another 3 months. There were no measurable differences in symptoms or clinical signs between the drug and placebo phases. None of the patients required reinstating digoxin therapy after withdrawing from it.

This study grew out of recognition that there had been no objective documentation of the long-term efficacy of therapy with digoxin and other derivatives of digitalis. These drugs have been the cornerstone of CHF therapy ever since the discovery 200 years ago that the foxglove plant, whose leaves are the source of digitalis, strengthens the contractions of the failing human heart.

About 20 percent of all hospitalized patients taking digoxin show signs or symptoms of toxicity, Dr. Fleg notes. These include accelerated heart rhythm, confusion, loss of appetite, and nausea. About one of every five hospitalized patients having toxic reactions dies of them.

The study focused on patients who live at home and take digoxin in maintenance doses for congestive heart failure, a condition in which the heart cannot move blood adequately. Congestion may occur in the lungs and blood vessels, producing breathlessness and swelling.

A large percentage of patients on maintenance doses of digoxin have been reported to have no ill effects when the drug was discontinued. Other investigations have found that many patients had no scientifically determined reason for receiving digitalis in the first place.

The NIA study is one of the first to document the status of the patient receiving the drug and the results of drug withdrawal.

Backing up this clinical work have been experiments in intact dogs and isolated heartmuscle tissue from rats. The research focus is on the mechanism by which heart cells move calcium internally, since calcium is necessary for contraction. This work has suggested the possibility of a biochemical defect in calcium transport that occurs with age in these animals and possibly in human beings. The research could provide a foundation for developing truly effective drugs for congestive heart failure on a long-term basis.

LOSS OF INTEREST IN SEX IS FOUND AMONG SOME HEALTHY OLD MEN

Most healthy men continue to be sexually active in old age, but some report little or no sexual activity. However, the question of why some men are more sexually active than others of the same age has received little systematic study. Baltimore Longitudinal Study of Aging (BLSA)¹ data have shown that middle-aged men whose rate of sexual activity was high relative to their peers tended to remain relatively high performers in old age.

Contrary to some expectations, the BLSA data show that such factors as current marital adjustment, age at first marriage, number of years married before age 60, relative age, and attractiveness of wife do not affect the current sexual functioning of these healthy older men. At the same time, no sense of sexual deprivation and no hormonal cause were found in nearly one-third of 188 BLSA interviewees who reported little or no sexual activity.

According to GRC's Clyde Martin, erotic reactions to visual sources of stimulation on the part of the male are of fundamental importance for effective sexual functioning. The fact that many older men came to find sex uninteresting is apparently the product of physiologic change affecting the central nervous system, a change which reduces the male's ability to translate visual stimuli into erotic arousal and, in consequence, awareness of sexual need.

This hypothesis adds to the variety of explanations for sexual disorders in old age, such as impaired physical or emotional health, marital conflict, negative attitudes toward sex, or loss of physical attractiveness on the part of the spouse.

HEALTHY OLD MEN SHOW NO CHANGE IN SEX HORMONE OUTPUT

Healthy old men maintain their production of sex hormones at levels found in younger men. This finding by NIA scientists is at odds with many published reports that, in men, production of testosterone decreases and female sex hormones increase with age.

¹ The BLSA is an ongoing study of over 800 healthy persons who are periodically tested for biomedical and sociobehavioral changes as they age.

The contradictory earlier studies may have involved old men who were chronically ill, obese, or alcoholic. The NIA study of BLSA subjects is among the largest investigations of well men.

Because of the spectrum of collected data on 69 men in the study, GRC scientists were able to relate the subjects' reported sexual activity levels to their sex hormone levels. A statistically significant association was found in the oldest group of subjects. In these men, aged 70 to 89, serum levels of bioavailable testosterone were higher in those who maintained higher levels of sexual activity.

Results of the NIA study—conducted by S. Mitchell Harman, Clyde E. Martin, and Panayiotis D. Tsitouras—have been confirmed by another recent study of healthy men, the Veterans Administration's Normative Study of Aging.

The NIA scientists were able to go beyond their small study sample to find additional confirmation. Drawing on stored samples of blood from 180 men aged 60 to 80 who have been in the BLSA, the scientists again found a correlation between testosterone values and reported sexual activity. These individuals showed no decrease in testosterone concentration with age.

The study appears to contradict the speculation that normal men experience hormonal declines comparable to those in menopausal women.

In a further investigation, the scientists found that older men continue to ejaculate about the same number of sperm as younger men, but the proportion of immature spermatozoa seems to increase with men's age.

RELATIONSHIP OF MEMORY AND PERSONALITY IS PROBED IN NIA STUDY

Personality traits apparently influence how well older people perform on memory tests, according to an NIA study.

Conducted at the GRC, the study is part of an attempt to find ways to identify and assist older individuals with memory difficulties.

The study involved analysis of data collected from 52 men in the BLSA. The volunteers were at least age 70 when first tested on their ability to reproduce geometric designs from memory after studying them for 10 seconds. The men were retested 6 years later to determine any changes in this kind of nonverbal memory. The mean decline for the group was substantial, but 13 of the men showed no decline.

On both occasions, the men also responded to a survey of 10 personality traits. According to Paul Costa and David Arenberg, psychologists with the Laboratory of Behavioral Sciences at the GRC, some of the personality measures were predictive of the magnitude of change in memory performance. Participants with responses indicating greater activity level, greater restraint (or less impulsiveness), and greater emotional stability tended to decline less in performance than did those men with lower levels of these traits.

Other investigations at the GRC appear to confirm that an individual's personality remains stable at all ages. This finding is contrary to the view that changes in personality traits in older subjects are the result of "normal aging," rather than secondary to—and perhaps indicative of—disease processes.

NIA SCIENTISTS DOCUMENT THE ROLE OF A GUT-PRODUCED HORMONE IN SUGAR METABOLISM

When sugar and other carbohydrates pass through the gut and reach the bloodstream, the human pancreas responds by secreting a hormone, insulin. This hormone has long been known to regulate carbohydrate metabolism.

Direct contact of sugar with cells of the pancreas is not the only "trigger" for insulin secretion. NIA scientists have found that when this primary trigger fails, there is still a means to produce satisfactory levels of insulin and perhaps ward off the development of diabetes.

In a major contribution to scientific understanding of carbohydrate metabolism, NIA investigators have found that a hormone produced in the gut may be critical for maintaining normal blood sugar levels.

It is the role the hormone plays in carbohydrate metabolism rather than the gut hormone itself that the NIA scientists have identified. The hormone is known for its effect in reducing stomach contractions and acid formation. Because of this function, it was named "gastric inhibitory polypeptide," or GIP.

Because of the higher incidence of diabetes among the elderly, the GRC Clinical Physiology Branch has been studying the phenomenon of declining glucose tolerance with age, under the direction of Jordan Tobin and Reubin Andres. A key

issue is the degree to which tests of glucose tolerance can predict diabetes, a disease that involves arterial deterioration, blindness, and other disabilities. Ultimately, by following members of the BLSA for many years, NIA will be able to relate glucose tolerance values in prior adulthood to the appearance of overt diabetes and its complications later on.

A physician investigating the possibility of diabetes in a patient often orders an oral glucose tolerance test. The patient swallows a sugared drink and his or her blood levels of sugar are monitored for up to 2 hours. Normally, the pancreas releases sufficient insulin to clear the blood of excess glucose to a satisfactory level within the 2 hours.

According to Dr. Andres, if blood sugar values crest above a "permissive" level, the pancreas accepts stimulation by GIP. Hence, in the normal person, a meal containing sugar provokes both pancreatic triggers. The investigators have, however, identified an unusual group of individuals whom they have labeled "disparate performers." These subjects cannot dispose of an intravenous glucose challenge normally, but they are normal performers on the oral test. They have been shown to overproduce GIP, and thus to repair the primary trigger, glucose itself.

These findings supplement previous information from this laboratory and others concerning the physiological importance of this recently discovered hormone, and suggest the theoretical possibility of an additional type of diabetes treatment based on this hormone.

ARE YOU BIOLOGICALLY OLDER OR YOUNGER THAN YOUR AGE PEERS?

People who look older than their age may indeed be biologically more like older people and perhaps share in their likelihood of dying sooner. This conclusion emerges from a statistical analysis of data from the BLSA.

The analysis of biological versus chronological age considered 24 factors. These were measured in 1,086 men aged 17 to 102 on their first examinations in the longitudinal study. The factors studied included certain lung functions, basal metabolic rate, visual and hearing acuity, and scores on a simple test of quickness and accuracy in moving a pencil between zones on a piece of paper.

The biological age of a person was established in relation to each factor. A man whose factor score was more like that of the average for men chronologically older than himself was said to be biologically older in the measured trait. Relative standings of an individual for each factor were consolidated into profiles so that the person could be rated as more like older or younger men.

In addition, physicians were asked to rate the men as to whether they looked older or younger than their chronological age. The physician ratings were found to agree substantially with the statistical characterizations. This agreement between two independent techniques of estimating biological age was considered to support the validity of the profiles.

The BLSA data were then analyzed a different way. Men who had died since examination were compared with survivors. Did men who died sooner have greater biological age than survivors? The analysis answered "yes."

The study was done by the GRC's Arthur H. Norris and Gary Arthur Borkan, then a University of Michigan doctoral candidate in anthropology. Borkan is now with the Veterans' Administration's Normative Study of Aging in Boston.

According to Dr. Borkan, BLSA individuals in poor physical or mental health, fatter, or less active tended to be biologically older. Persons with more education tended to be biologically younger. When he looked at specific factors rather than overall rankings, he found that the less educated group was biologically younger in vision but older in hearing, possibly reflecting hazards of their work environment.

To a small extent, lifestyle factors can predict the biological age of individuals. For example, Dr. Borkan found that a person who is married, has a graduate degree, and is a sportsman, is likely to be biologically younger than his chronological age peers.

Dr. Borkan notes there may be a genetic component to biologic age inasmuch as father and son pairs and brother pairs in the BLSA share biological age standings: if one tends to be biologically older than his age peers, so does the other.

In sum, the study shows—based on comprehensive measurements in a well-defined population—that biological age is associated with lifestyle, health, and possibly genetic endowment. That conclusion may not differ from common lore, but it is now demonstrated scientifically, in a way that could provide useful insights into aging, health, and diseases in the future.

MUSCLE LOSS OCCURS IN WOMEN WITH AGING JUST AS IT DOES IN MEN

Similarities and differences in the way men and women age physically are being scientifically documented in the BLSA.

Among the first findings being reported since women volunteers joined the BLSA in 1978, scientists have determined that:

—Women lose muscle mass at about the same rate as men in middle age and after.

—Oxygen consumption at rest declines in both sexes in relation to age-related loss of muscle mass. Premenopausal women decline at rates comparable to men's. Postmenopausal women decline at half the rate that men do, possibly because of the increased oxygen utilized in body fat buildup, a well-known postmenopausal phenomenon.

In youth, strenuous physical activity such as athletic training is well known to promote muscle building. However, physically active adult BLSA men exhibited no greater muscle mass than their age-matched peers who were not physically active. This suggests that the mechanisms for exercise-stimulated muscle building are slowed or turned off in adults.

According to GRC investigator Stephen P. Tzankoff, no muscle mass differences attributable to physical activity (at least 15 minutes of exercise a day) have been found between older women who are sedentary and those who are active.

In youth, exercise stimulates the body's secretion of growth hormone. This effect begins to vanish after the twenties, although the capacity to secrete growth hormone in response to other stimulation persists. Growth hormone is regarded as a potent factor in muscle building and its decreased secretion in response to exercise in adults may be responsible for the overall loss in muscle mass.

Weight gain after the twenties apparently is due to accumulation of fat. The weight loss and leaner appearance attributable to exercise in middle and old age is due to fat loss alone and not to increase in muscle mass, Dr. Tzankoff explains.

The question of why exercise ceases to stimulate growth hormone secretion by the pituitary gland after age 30 in both women and men is now being investigated at the GRC.

WHEN ELDERLY PEOPLE COMPLAIN ABOUT THEIR HEALTH, IT'S PROBABLY NOT HYPOCHONDRIA

There is a widespread belief that older people worry and complain excessively about their health. This is not true, based on an analysis of reports by 1,024 male BLSA subjects by GRC investigators Paul T. Costa, Jr. and Robert R. McCrae.

While it is true that certain health problems do increase with age, there is no evidence that health complaints are disproportionate among older people. Furthermore, until now few studies have followed the same individual over time to discover the actual extent of any increase in health complaints.

Six- and 12-year analyses of self-assessment of health in BLSA volunteers show no wholesale increase in physical complaints. Instead, the unique effects of aging are limited to a few body systems. Specifically, older people report more problems with the sensory, cardiovascular, or genito-urinary systems. This is not surprising, since these systems are known to be more susceptible to disease and to decline with increasing age.

There was no increase in reports of fatigue or frequency of illness as the years went by. These results contradict the stereotype of aging individuals as hypochondriacs. While this does not mean there are no elderly hypochondriacs, it does show that the proportion of such individuals in old age is no higher than it is in the young or middle-aged population. Excessive complaints about health status are associated with neuroticism or poor psychological adjustment, neither of which is related to age.

THE BRAIN MAY CHANGE MORE BEFORE OLD AGE THAN DURING IT

In certain animal studies of the brain's capacity to perform, more changes occur before middle age than after, according to scientists at NIA's Gerontology Research Center.

Rat studies are helping to prepare methods for measuring changes in the healthy and diseased human brain over time. The GRC Laboratory of Neurosciences soon will begin a study of patients with dementia (a condition marked by confusion and memory loss) to investigate changes in the way regions of their brains handle nutrients. The laboratory also plans to study changes in regional brain metabolism

in association with changes in healthy people's ability to perceive, think and remember over time.

The animal and human studies are based on the concept that regional glucose consumption reflects the functional state of the brain. The objective is to sharpen—in terms of quantities, locations, and consequences to human behavior—changes that may occur with age in the brain's regional, rather than total, consumption of glucose, a form of sugar that body organs convert to energy and waste products.

In rats of a specific lineage whose physical and behavioral characteristics are well understood, glucose consumption was found to decline by 25 to 30 percent from age 3 to 12 months, but not thereafter. Regional consumption declined in some but not all brain regions. Using radioisotopes, Edythe D. London, Stephanie Nespore, and Stanley I. Rapoport found reductions in all areas of the midbrain (up to 40 percent), pons (almost 40 percent), and medulla (30 percent). No significant decrements were found in the hypothalamus and other areas.

Other basic studies by the laboratory are helping to overcome major limitations on the development of drugs affecting the central nervous system (CNS). These studies have potential practical implications in determining when drug dosages safe in young people need to be adjusted to avoid untoward effects in the elderly.

These studies are aimed at enabling:

- Prediction of how much of a drug will reach the brain;
- the design of drugs which are more effective in the CNS;
- controlled opening or "bridging" of the blood-brain barrier, which protects the delicate metabolism of the brain, in order to introduce anticancer and other agents in effective amounts at low toxic risk.

In a step toward safer and more effective drug therapy, the Laboratory of Neurosciences has devised a method for determining the rate of accumulation in the brain of water-soluble drugs that pass through the barrier.

A procedure for safely, temporarily, and reversibly opening the barrier is facilitating basic aging research in animals. This means of "bridging" the barrier was devised by Dr. Rapoport, head of the laboratory. The procedure has permitted a test of the hypothesis that aging of the brain is due to entry of destructive antibodies across a deteriorating blood-brain barrier. This hypothesis was found to be untrue in experiments on rats.

At the Department of Neurosurgery, University of Texas Health Science Center in Dallas, clinicians are applying the "bridging" procedure to cancer chemotherapy, with Dr. Rapoport's assistance.

NIA STUDIES CAUSES OF ALZHEIMER'S DISEASE

Alzheimer's disease is a little-known but surprisingly common disorder of adult life. It produces intellectual impairment—chiefly memory loss and disorientation—in an estimated 500,000 to 1.5 million American adults.

The disease was called "presenile dementia" by the German pathologist Alois Alzheimer (1864–1915). However, modern research has identified Alzheimer's disease as markedly similar to the senile dementia that is believed to affect nearly 5 percent of the over-65 population. Because this population is steadily growing, Alzheimer's disease is becoming a major public health problem.

The NIA is supporting research to find the cause or causes of Alzheimer's disease and effective treatment for it. At the Duke University Medical Center, Albert Heyman is coordinating the efforts of five major institutions in a study designed to identify environmental or other causes of this degenerative disorder. At Duke University, Emory University, Johns Hopkins University, University of Pennsylvania, and the Veterans Administration Hospital at Bedford, Mass., patients and members of their families are being asked to provide information on past illnesses, occupations, places of residence, dietary habits, and family health. The data are analyzed for population patterns that may indicate factors or causes common to patients. At the same time, the patients undergo physical and psychological examinations. The result is an intensive evaluation of three potential factors in the development of Alzheimer's disease: traces of aluminum in the brain, viral infections of the central nervous system, and genetic defects.

In a similar but independent investigation, Robert Katzman of the Albert Einstein College of Medicine is heading a cross-cultural study of genetic, environmental, and metabolic risk factors in Alzheimer's disease. Of particular interest is Dr. Katzman's attention to the family of the Alzheimer patient. Despite stereotypes of offspring thoughtlessly "dumping" aged parents into long-term care institutions, the family is a major provider of care for the elderly in this

country. With some 500,000 mentally impaired elderly persons in U.S. nursing homes—and perhaps a greater number living in the community—Dr. Katzman hopes to develop sufficient knowledge to permit the family to help in the patient's care and forestall institutionalization.

Mechanisms of Alzheimer's Disease

The changes most commonly associated with Alzheimer's disease occur in the proteins of the nerve cells of the cerebral cortex—the outer layer of the brain—leading to an accumulation of neurofibrillary tangles. These thread-like jumbles of filaments are often found in association with memory loss, disorientation, and other symptoms in patients with Alzheimer's disease. However, tangles are observed in limited quantities in the nerve cells of more than 50 percent of the healthy aged population.

Two NIA grantees working independently are attempting to determine the chemical composition and the role of normal neurofilament proteins and to find out how and why tangles develop. At Case Western Reserve University, Raymond Lasek and his colleagues have improved the methods for purifying mammalian neurofilament proteins for experimental purposes. They are also the first investigators to identify a change in the chemical activity of the neurofilaments. At McLean Hospital in Belmont, Mass., Dennis Selkoe has isolated and characterized the diseased neurofilaments in aluminum-induced degeneration. He and his colleagues have also demonstrated that diseased human nerve cells can be isolated after death for the purposes of intensive ultrastructural and biochemical studies. Both Drs. Lasek and Selkoe now seek to apply their knowledge and experience to studies of neurofilament proteins in human tissue. Neurofibrillary changes in animals differ from those seen in humans with Alzheimer's disease.

MOVEMENT DISORDERS MAY STEM FROM BRAIN, NOT FAT OR MUSCLES

Elderly persons generally require more time to prepare for and carry out movements, pace themselves poorly in tasks requiring continuous performance, and fail to adjust their movements to compensate for errors. In the past, such changes have been thought to relate to decreased muscle strength or the accumulation of fat with age. Now a study of old animals suggests that central nervous system changes may be responsible for many of the disturbances in movement that are seen in these animals.

Aged rats move their limbs less vigorously during prolonged exercise than do young adult rats, according to John F. Marshall, Department of Psychobiology, University of California, Irvine. These movement disorders are strikingly similar to those seen in young adult animals that have sustained injury to dopamine-containing neurons in the brain. Dr. Marshall's findings include evidence that the impaired function of aged rats can be reversed by administration of the amino acid L-dopa (the biochemical precursor of dopamine) or apomorphine, a compound that makes the nervous system more sensitive to dopamine. It has long been known that the dopamine-containing neurons of the brain play a critical role in movement, but Dr. Marshall's research provides the first clue that dopamine might play a role in the movement problems of healthy aged populations.

"STRESS" HORMONES AND AGING

There is growing scientific interest in the possibility that brain aging may act as a "pacemaker" for other forms of aging, particularly through the deregulation of hormones that act on the central nervous system. Philip Landfield of the Bowman Gray School of Medicine speculates that adrenal or "stress" hormones may be responsible for some of the gradual changes in the brain during aging. His hypothesis stems from the similarity between physiologic changes seen in older people and those seen in younger people with Cushing's syndrome, a rapid and premature form of aging associated with high levels of adrenal hormones. Over the past several years, Dr. Landfield has found that the blood levels of adrenal hormones in experimental animals correlate significantly with the degree of age-related changes in the brain. He also has observed the acceleration of structural changes like those of aging during long-term administration of hormones to experimental animals. Most recently, he has found that when rats have had their adrenal glands surgically removed, they show fewer signs of brain aging than do unmodified (control) animals of the same age.

If the hypothesis is confirmed by animal studies currently underway in his laboratory, as well as by studies in human subjects, therapies based upon manipulation of hormonal levels in blood might someday be developed to combat the most harmful aspects of brain aging. It is important to note, however, that there is a need for considerable work on the possible negative effects of hormonal manipulation before application of these findings to human health problems.

In a related investigation, Bernard Wexler of the Jewish Hospital in Cincinnati, is working with the fundamental tenet that the tempo of modern living, as well as physical stress, can alter internal body chemistry and lead to premature blood vessel disease and aging. With grant support from the NIA Dr. Wexler monitored the development of myocardial infarction (heart attacks) in rats with high blood pressure, as well as the response of young and old rats to experimentally induced myocardial infarction. The results of these studies support his theory that overactivity of the glands which regulate hormone response to stress may lead to disease. At the same time, stress may reduce a person's "resistance" to disease. Despite the great increase in life expectancy experienced in this century, the ever-intensified demands of modern living may be contributing to accelerated aging.

IMMUNE SYSTEM RESPONSES TO CALORIC RESTRICTION

The immune system, which protects the body against infection and possibly against certain kinds of malignancy, may play a major role in the development of diseases associated with old age and in the aging process itself. In general, the functioning of the immune system accelerates rapidly in the early years of life, reaches a peak in adolescence, and then declines progressively.

This decrease may be the source of much disability, disease, and even death among the elderly. In addition to undergoing decline, the immune system can also react against the body's own tissues in a phenomenon known as autoimmunity.

As part of NIA-funded research on what, specifically, happens to the immune system with aging, Roy Walford of the University of California, Los Angeles, is investigating how restricting the number of calories in the diets of laboratory animals affects immune function, disease patterns, autoimmunity, and life span.

Much of the previous related work on prolonging life span has involved dietary restrictions at the time of weaning, and has retarded growth as well as prolonged life. Other studies, in which food restriction began with adult animals, led not to prolonged life, but to earlier death. However, in these studies, sudden food restriction may have caused physiological injury to the animals.

Dr. Walford's study was designed to avoid such injury. Food restriction was instituted gradually in laboratory animals over a 3- to 4-month period beginning at midadulthood, or 11 months of age in mice. The diets were restricted in protein and energy, but offered adequate amounts of all other essential nutrients.

Dr. Walford's underfed mice displayed "younger" immune systems and, according to preliminary results, enhanced survival. The mice also showed a distinct decrease in autoimmune reactions.

These findings may have practical value to humans. While severe dietary restriction could not be instituted in young children who have not completed their growth and development, dietary restriction could theoretically be instituted in adult humans to see if it produces rejuvenation of the immune system and extended maximum life span. In addition, understanding of optimal nutrient intakes could have a profound effect on malnutrition as a major world problem.

DIETARY RESTRICTION, LONGEVITY AND AGING IN ANIMALS

In an effort to understand what is meant by the "aging process," scientists are looking at the changes that take place in animals as they age. It has long been known that rats whose diets are severely restricted during adulthood live longer than those given unlimited access to food. But it is not known why this occurs or what relation such diet-induced longevity has to age-related changes. Do the rats age more slowly or are they less susceptible to disease?

Studies undertaken by William Forbes of the Worcester Foundation for Experimental Biology show that when food restriction is begun before rats are weaned, they do not appear to have any great advantage in lifespan over rats on unrestricted diets.

Another investigator working with undernutrition in rats, Stephen Zamenhof of the University of California, Los Angeles, found that feeding pregnant female

rats two-thirds of a normal amount of calories and continued undernutrition thereafter resulted in a greatly reduced lifespan. Therefore, whereas postweaning underfeeding seems to promote longevity, this effect is reversed by prenatal and preweaning undernutrition. It is hoped that further studies will elucidate the mechanisms involved in prolongation of lifespan and its relation to nutrition, growth and development.

ROLE OF BIOLOGICAL MEMBRANES IN AGING PROCESSES

The inability of the older animal heart to respond to stress as efficiently as the younger heart evidently is related to changes that occur with age in the membranes of its cells.

According to Medical College of Pennsylvania investigators supported by NIA, alterations in calcium exchange through the membranes is involved in the reduced contractile response of heart muscle of older rats to the drug isoproterenol.

This work sets the stage for determining why aging affects the movement of calcium ions, necessary for muscle contractions, through muscle cell membranes. With knowledge of the mechanism, it may be possible to design drugs to improve heart response in the elderly.

A team directed by Jay Roberts, chairman of the Department of Pharmacology, has reported that brain tissue from aged rats appears to have an impaired capacity to respond to certain hormones and drugs affecting the central nervous system. The number of structures (receptor sites) for receiving and making use of these chemical agents was found to decline with age in such brain tissues as the cerebellum, cerebral cortex, corpus striatum and pineal gland. The possibility that the remaining receptor sites may act superefficiently to compensate for the reduction in numbers did not occur in at least one brain tissue that has been tested (the pineal gland).

Taken together, the findings that heart cells lose contractile efficiency under stress and that brain tissue is less responsive to certain chemical stimulation with age suggests that the response of physiological systems to challenges of the cellular membrane level is diminished in older animals.

NEW TECHNIQUE FOR DETERMINING CHRONOLOGICAL AGE

NIA-supported scientists have developed a new technique to determine the chronological ages¹ of humans and other mammals. Jeffrey L. Bada and Patricia M. Masters at the Scripps Institution of Oceanography have demonstrated that a change in the arrangement of the structure an amino acid over time occurs at a constant rate and can thus be used to determine chronological age.

Evidence of this process may be found in long-lived, metabolically stable proteins which occur in such tissues as tooth enamel, dentine, and lens crystallins (of the eye). Initially, when these proteins are first made, the amino acids are present in a three-dimensional arrangement called the L-configuration. With age, however, a certain number of residues of aspartic acid (one of the amino acids) present undergo a change to another three-dimensional arrangement, called the D-configuration. The net result is that these proteins now contain a mixture of aspartic acid molecules, some of which are in the L-configuration and some of which are in the D-configuration.

Because this process, known as racemization, takes place at a constant rate, measuring the extent of change makes it possible to determine the ages of living mammals. Dr. Masters tested her technique by matching ages derived from racemization with those obtained from birth records or other sources. She then conducted a preliminary test on a tooth removed from a woman living in the Georgian Province of Russia. Using the racemization technique before a delegation of Russian gerontologists, Drs. Masters and Bada deduced that the woman's age was 99 years. This closely approximated the woman's actual age of 96 years.

This process will help verify or disprove claims of extreme longevity—in excess of 120 years—in the Georgian population, as well as in groups of people in other parts of the world who claim to have lived past 100.

In related studies, these investigators have shown that the racemization process may cause changes in the functioning of metabolically stable proteins and may be involved in some part of the aging process in long-lived mammals.

¹ Not the same as biological age, which varies from individual to individual.

CHANGES IN CONTROL OF BODY TEMPERATURE MAY BE RELATED TO AGING

The body's ability to regulate and monitor its own temperature seems to decrease with age, according to research by NIA grantee James M. Lipton at the University of Texas Health Science Center. His investigations suggest that older people may not sense the lowering of body temperature as well as younger people do. If older people fail to make allowances for these changes, some elderly risk developing accidental hypothermia, a potentially fatal drop in deep or "core" body temperature.

Dr. Lipton's studies also have shown that older animals, especially the females, react less to fever-causing agents than do younger animals. It is important to learn whether fever responses are different in the elderly, since an elevated temperature may be a sign of disease.

Dr. Lipton is also studying age-related changes in response to temperature-affecting drugs. He has found that old rabbits are especially sensitive to the temperature-lowering effects of chlorpromazine, a frequently prescribed tranquilizer. This drug has an even greater effect on body temperature when the animals are placed in a cold environment. Such findings emphasize the potential vulnerability of older people to the temperature-lowering effects of some drugs. The temperature-changing action of other common drugs, including aspirin and atropine, a smooth muscle relaxant, will be studied in the coming year.

GENE EXPRESSION IN SOMATIC CELLS IN THE AGING PROCESS

Knowledge of what takes place in cells as they age is vital to an understanding of "cellular aging" and the aging process in general. Especially important is the study of DNA, a substance found in all living cells which carries primary genetic information. The formation of DNA is necessary for cells to divide or proliferate. The genetics of somatic cells (all cells in the body except sex cells) is being studied to determine the regulatory mechanisms of DNA synthesis.

David Patterson, of the University of Colorado Medical Center in Denver, is investigating the metabolism of purines and pyrimidines, which are components of DNA. Abnormalities in purine and pyrimidine metabolism may limit the functional capacity of cells. Disorders of this metabolism occur with malignancy and certain types of immunologic dysfunction. A progressive decrease in the effectiveness of the immune system may be one of the central events associated with aging. Another key element in the aging process may be the cell's loss of ability to repair DNA damage. Because purines and pyrimidines are part of DNA, abnormalities in their metabolism may well lead to faulty DNA replication and repair.

Dr. Patterson has isolated a number of mutant hamster cells that are defective in purine and/or pyrimidine metabolism. His studies of human-hamster cell fusion and studies of human cells, both normal and those from progeria (accelerated aging) and Alzheimer's disease, will allow us to understand the regulation of biochemical pathways of purine and pyrimidine metabolism as they relate to normal and disease-associated aging processes.

CHRONIC SUN EXPOSURE AND AGING SKIN

Wrinkles, age spots, sagging, dryness, and growths are all changes that can take place in the skin as a person grows older. Which changes are a result of aging alone, which are induced by environmental factors, and the mechanisms by which the changes take place are unknown. It is hoped that by studying skin we can find out which changes, if any, are preventable and by what means.

We know, for example, that common forms of skin cancer are caused by over-exposure to the Sun's rays. Other harmful effects on skin of ultraviolet (UV) radiation from the Sun are being studied to determine whether UV radiation actually results in "premature aging" of the skin.

Barbara Gilchrest, of Harvard University, is presently investigating the role of chronic Sun exposure in aging of the skin. She observed that cells from Sun-exposed skin divide fewer times in culture than cells from unexposed skin, indicating a possible speeding up of the aging process.

Dr. Gilchrest also found that melanocytes, those cells responsible for tanning of the skin, numbered about twice as many in Sun-exposed skin as in unexposed skin, whereas in general melanocytes decrease in density as a person ages. It is possible that mechanisms other than those involved in the aging process produce skin changes resulting from Sun exposure.

NEW DEVELOPMENTS IN DETECTING AND TREATING OSTEOPOROSIS

The cause of osteoporosis, a thinning of the bone that particularly affects older women, is not yet understood. Paul Gallop and his colleagues at the Children's Hospital Medical Center in Boston are continuing their work in the role of vitamin K metabolism in osteoporosis.

Vitamin K, like other fat-soluble vitamins, may not be well absorbed in the elderly. A deficiency in vitamin K may interfere with metabolism of minerals such as a calcium, which is important in the formation of osteocalcin, a bone protein containing the amino acid gamma-carboxyglutamic acid (GLA). Dr. Gallop has found that patients with osteoporosis often excrete greater levels of GLA in the urine than healthy people, perhaps indicating the level of bone loss. The determination of GLA levels in urine may be of potential importance in detecting the onset of osteoporosis.

Dr. Gallop's studies are still in the preliminary stages, and there is as yet no evidence to show benefits of vitamin K therapy or supplements in the treatment of osteoporosis. A well-balanced diet and avoidance of mineral oil laxatives are recommended to ensure proper intake and absorption of vitamin K.

SUPPLEMENTAL ZINC, TASTE AND HEALTH IN AGING WOMEN

Scientists supported by the NIA are studying the issue of whether nutritional requirements for the elderly are different from those for younger adults. It is a difficult question to resolve because the amount of vitamins and minerals necessary for good health varies among individuals of the same age. For example, during illness the body may require greater quantities of certain nutrients. In the elderly, absorption of nutrients can be impaired, resulting in nutritional deficiencies even with adequate food intake.

Dr. Patricia Wagner, of the University of Florida, is studying zinc and folacin requirements in the elderly. Zinc is a mineral that is vital to tissue repair, protein synthesis, wound healing and appetite regulation. Folacin, part of the B vitamin complex, is necessary for making red blood cells. The body's use of folacin appears to be in part dependent on zinc, therefore low levels of zinc may result in low levels of folacin.

Zinc is found most abundantly in red meat, chicken and oysters and in lesser amounts in whole grains and legumes. As with most vitamins and minerals, there are risks associated with use of large amounts of zinc. Doses of 200 to 300 milligrams per day taken over a period of months can produce a copper deficiency leading to anemia.

Folacin is found primarily in dark green leafy vegetables. Because folacin is easily destroyed by heat, fresh vegetables should be included in the daily diet and should be eaten either raw or briefly cooked.

In two studies of low-income elderly men and women, Dr. Wagner found widespread folacin and zinc deficiencies as measured by current nutritional standards. In many cases where anemia was present, iron levels were normal whereas folacin was deficient.

Because older women are particularly at risk for zinc and folacin deficiency, Dr. Wagner began a longitudinal study in 1978 to help establish the proper requirements for zinc and folacin in older women.

HAZARDS OF HOSPITALIZATION NOT TRIVIAL, ESPECIALLY FOR ELDERLY

A new look at the "price" old, and indeed all, people pay for hospitalization reveals that the risk of illnesses and medical complications which occur during hospitalization itself—iatrogenic events—has not diminished in the past two decades. The risk may well have increased.

NIA grantee Knight Steel and colleagues at the Boston University School of Medicine report that over one-third (290) and 815 patients of all ages examined or surveyed in their study suffered medical complications as a result of being hospitalized. Seventy-six individuals, or 9.3 percent of the total group, had one or more major complications. This group included individuals who suffered a long-term of permanent disability, or had a life-threatening episode, or in whom a complication was judged to be contributory to death. For 15 of the 815 patients, the iatrogenic complications were felt to have contributed to their deaths.

All patients admitted to two floors of a medical service at a major teaching hospital were studied for about 5 months in 1979. Age and exposure to drugs were the two most important factors relating to hospital-occurring complications.

The study showed that older persons, and individuals admitted to the intensive care unit or classified as being in "critical" or "poor" condition, had a significantly greater number of complications than patients who were younger and/or less critically ill.

Drugs accounted for 208 iatrogenic events, diagnostic heart procedures for 45, and falls for 35. On many occasions, it was impossible to determine which of many drugs being used was the offending agent, or if the complication resulted from a combination of drugs.

Another problem was that medical records, although voluminous, frequently failed to comment upon or even note apparently significant iatrogenic events. The investigators also felt that psychiatric disturbances arising from hospitalization were significantly underreported, especially for older patients.

Persons 65 and older represent about 12 percent of the U.S. population, but account for a third of all days of care in short-stay hospitals. That proportion will almost certainly increase as the U.S. population grows older. Given this trend and the wide use of pharmaceutical agents in the elderly population, Dr. Steel concludes that it is essential to have an ongoing assessment of the hazards of hospitalization, regardless of the benefits that accrue to patients during hospitalization.

PATTERNS OF INFLUENCE IN THREE-GENERATION FAMILIES

Because more people are living longer, there is more opportunity for three generations of adult family members to interact with one another. To explore intergenerational bonds and conflicts, the NIA has sponsored a study of "normal" relationships among members of 148 white, predominantly middle-class, three-generation families living in Chicago metropolitan area. Such studies reveal how the family can shape older people's lives and in turn be shaped by older people.

A team of researchers at the University of Chicago, headed by Bertram Cohler, Gunhild Hagestad and Bernice Neugarten, interviewed four members of each family privately. The interviewees included a grandparent, a middle-aged couple with an intact marriage, and a young adult son or daughter of the couple. The parents' median age was 50, the grandparents were in their seventies and eighties, and the young adults were between 18 and 26 years of age.

These investigators learned that adult grandchildren and their grandparents shared information on a wide range of topics but, for the most part, did not try to influence each other.

Another investigator on this team looked at the changes which occurred over a 3-year period in relationships between parents and children. Most of the changes reported were toward improvement, emphasizing the solidarity and positive sentiments found in these families. Less than a tenth of the people in the study viewed their relationships as having deteriorated in recent years. However, there were wide differences in how family members perceived change in relationships, stemming from individual expectations about what these relationships ought to be.

A third study of the nature of conflicts within these families addressed an area which has often been neglected in research on family life. The family—the center of a number of emotionally charged interactions—is the place where such feelings may be most appropriately and comfortably expressed. Investigators found that older members were the least likely to report conflict, while the young were the most likely to report it. Older family members reported that family relationships were stable, and seemed to fear that acknowledging conflict would make the entire relationship unsatisfactory.

In general, family bonds were found to be strong enough to accommodate tensions and strains, and conflict gave further strength and vitality to these families.

IMPROVED METHOD OF ESTIMATING THE AGED POPULATION

The accuracy of population and mortality data for the oldest age group of our population has been questioned repeatedly because of suspected age misreporting in the U.S. Census and on death certificates. To compare census data and death certificates for people in the extreme aged population—85 years or over—Institute grantee Ira Rosenwajke of the University of Pennsylvania used a series of annual death statistics to estimate the population of the United States aged 85 years and over in 1960. He then compared this estimate with the 1960 census.

The tally for whites derived from death records was very close to census figures, but the estimated numbers of nonwhites over 85 was 12 percent lower than the census tally.

Mr. Rosenwaike's results agreed with an earlier study which matched a sample of death certificates with records for the same individuals in the 1960 population census, and which also confirmed the greater exaggeration of age in the nonwhite population.

Among the products of this research will be an improved understanding of age misreporting, and better ways to measure mortality and longevity for the highest ages in the population. This research will also make possible more valid studies of mortality differences between whites and nonwhites.

COMMUNICATING WITH THE ELDERLY

Old people, like all members of society, must be able to read and grasp the meaning of a great deal of printed and optically projected material if they are to maintain a self-sufficient lifestyle. But it is not generally recognized that their lack of comprehension, when it occurs, may result from a sensory rather than intellectual failure.

One aspect of this sensory failure is being investigated with NIA funding by James Vanderplas of Washington University in St. Louis. He is studying the ways in which type style, type size and layout of printed materials affect an older person's reading speed, ease of reading, and interest in written materials.

Dr. Vanderplas found that older persons both preferred and could read faster when shown Roman rather than other styles of type. Roman type may be found in *The New York Times* and many school books. Dr. Vanderplas also found, unexpectedly, that increasing the type size beyond a certain point did not facilitate reading for older people. Twelve-point type was judged easiest to read, although legibility depends upon type style as well as size. The effects of layout, including line width and spacing, are now being investigated to see if they affect legibility for older persons.

A related NIA-funded study, by Sean Walmsley at the State University of New York in Albany, seeks to ease the reading demands of the aged by modifying the text itself. In particular, Dr. Walmsley found that many elderly persons suffer great difficulties in completing the forms necessary to acquire needed health and social services, and often require assistance from another individual to complete the forms. He collected and analyzed a comprehensive sample of forms for health and income-related programs (social security, supplemental security income, public assistance, food stamps, medicaid and medicare)—the services most frequently used by aged persons.

Dr. Walmsley found that a person needs well-developed literacy skills to understand these forms without outside assistance. (Indeed, earlier studies show that correctly filling out Federal and State forms is difficult even for 17-year-olds and for at least 13 percent of the adult population.)

There were many difficult words in the forms, and different words were often used to elicit the same information. This meant a person would need a larger basic vocabulary to complete the various applications than most older people command.

Dr. Walmsley recommends providing basic vocabulary instructions with these application forms, or simplifying the documents themselves. This could make services to the aged more effective, because many older people eligible to receive assistance are discouraged by the complexity of procedures and rules which involve reading.

THE GRAY LOBBY IN 2020

Political behavior of the elderly in the 21st century will be marked by age consciousness, and elderly people will be likely to join organizations outside traditional party structures. The prediction that age will become an increasingly important dimension of political organization and behavior comes from NIA grantee Neal E. Cutler of the University of Southern California.

He cites three reasons for this trend: improvement in the educational levels of the elderly, the decline in partisanship within the American electorate, and an increasing awareness of the problems of old age.

Less than one-fifth of people over age 65 in 1952 had completed high school; nearly all those who will have reached 65 by the year 2020 have already attained that level of education. Thus, the distinct educational gap between young and old that characterized the 20th century will not exist at the start of the 21st.

While educated people do not necessarily become active in politics, they have the resources for doing so. Social scientists have repeatedly documented the relationship between education and social/political involvement. This includes not only voting, but also joining voluntary associations and other political activities.

A second influence on the political behavior of the older American in the 21st century will be the predictable erosion of partisanship or identification with one of the two major political parties.

Partisanship, as earlier studies have shown, does not relate to the age of the voter, but to the number of years a person maintains that affiliation. But younger Americans who will constitute the over-65 group in the 21st century have shown a decreasing level of partisan identification.

Dr. Cutler studied the age distributions of partisanship based on the 1976 National Election Study. Results showed that weak attachment to a major political party was more prevalent than strong attachment in all age groups. This pattern was especially noticeable among the younger age groups or cohorts.

Dr. Cutler concluded that political party attachment will not be strong in this cohort, whose members will comprise the older population by the year 2020, and other forms of political participation are likely to emerge. The elderly population of the early 21st century will be survivors of the Civil Rights Movement, the Vietnam War, the Women's Movement, and other minority rights and liberation activities. In addition, the future elderly will have lived a substantial proportion of their lives in a society that is increasingly age conscious.

This sociopolitical experience—coupled with a higher level of formal education than the elderly of any earlier period in the country's history—may well set a stage on which the needs and demands of the older population play a significant role.

NATIONAL INSTITUTE ON AGING OBLIGATIONS FOR PROGRAMS IN AGING

[Thousands of dollars]

	1977	1978	1979	1980 estimate	1981 estimate
Public Health Service.....					
National Institutes of Health.....					
National Institute on Aging.....	\$29,879	\$35,057	\$56,472	\$70,228	\$75,317

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM,
AND DIGESTIVE DISEASES

The Arthritis Institute funded 126 grants related to aging in fiscal year 1979. The grants included the fields of arthritis, diabetes, endocrinology, nutrition and urology. NIAMDD funds several diabetes and arthritis centers involved in studies with the aged or diseases related to aging, such as osteoporosis and osteoarthritis. The nutrition program has several Clinical Nutrition Research Unit grants which also include studies related to the aged. Of the 126 aging related grants only three had primary emphases on aging.

The first is in the endocrinology program and pertains to hormone metabolism of aging and benign prostatic hyperplasia. It is funded at \$47,292.

The second grant is in the diabetes program and examines insulin response in aging rats. It is funded at \$42,039.

The last grant, in the orthopedic program, deals with bone loss in aged subjects and is funded at a level of \$109,902.

The total fiscal year 1979 encumbered amount paid by NIAMDD in the field gerontology is \$199,233.

NATIONAL CANCER INSTITUTE

NATIONAL ORGAN SITE PROGRAMS BRANCH, DIVISION OF CANCER RESEARCH
RESOURCES AND CENTERS

The National Organ Site Programs Branch consists of grant supported National Projects of targeted cancer research, each project oriented toward cancer at a specific organ site. Currently there are National Organ Site Projects concerned with cancers of the urinary bladder, large bowel, pancreas and prostate. Although the population affected by cancers at these organ sites is broadly based in terms of age, bladder and prostatic cancer tend to be heavily associated, although by no means limited to, the over 65 age group.

Data from the SEER program of the Epidemiology Branch, NCI, indicate that the median age of men and women at the time of initial diagnosis of bladder cancer is 69 and 72 years, respectively. There are 24,100 new cases of bladder cancer in

men and 9,300 new cases in women each year. The median survival after diagnosis is 4 years or less. Research on bladder cancer is being effectively carried out under the aegis of the National Bladder Cancer Project (NBCP), one of the NCI Organ Site Programs. Because bladder cancer is a chronic disease which may extend over a long portion of a patient's life, it is particularly important that both basic and clinical research take into account the natural history of the disease. A close and effective relationship between basic and clinical research workers is being fostered by the NBCP.

An example of this cooperation, and of the beneficial result which it can produce, is the development of *cis*-platinum and the treatment of advanced and metastatic bladder cancer. This compound was first tested for its efficacy in an experimental animal system developed through the NBCP. Persuaded by its effectiveness in this experimental system, the compound was tested through clinical trials, where it was shown to be effective. The next step was more extensive clinical trials, and these are now being conducted by a collaborating group, clinical collaborative group A (CCGA), of several institutions across the country, all working through the National Bladder Cancer Project.

The NBCP multidisciplinary research program has been developed to encourage collaboration and effective exchange of information between clinical and laboratory scientists engaged in studies related to bladder cancer. Those studies are supported which seek: (1) To identify carcinogenic factors and develop methods for minimizing their effect; (2) to identify new high risk populations; (3) to increase understanding of bladder carcinogenesis and find methods for interfering with this process; (4) to increase our knowledge of the pathogenesis of bladder tumors, particularly of the preclinical stages and to develop means of interrupting this sequence of events; (5) to improve detection methods; (6) to develop improved methods of diagnosis and better means of characterizing patient status in order to match most effectively the patients with specific treatment regimens; and (7) to find better treatment methods and means of improving the quality of life when posttreatment survival has been extended.

The National Prostatic Cancer Project has developed a research program that encompasses the areas of etiology and prevention, detection and diagnosis, and treatment of prostatic cancer. The focal point toward which the efforts of the NPCP are directed is the prevention and improved treatment of prostatic cancer.

The widespread use of endocrine therapy for prostatic carcinoma dates back to its first introduction in the early 1940's and continues in the majority of patients, to result in objective and subjective responses. However, since the hormonal therapy was unable to cure metastatic disease, the desirability of studying drugs which may affect this type of cancer was recognized and led to the July 1973 initiation of the cooperative clinical trials program of the National Prostatic Cancer Project. This was the first national clinical cooperative program on chemotherapy of prostate cancer with criteria of patient randomization and clinical response tailored to the biological characteristics, metastatic behavior, and age of patients with this disease. Beginning with randomized studies of the effects of single chemotherapeutic agents on patients who fail to respond or no longer respond to conventional treatment, the program has expanded to include clinical trials using both single agents and combinations of agents aimed at patients with metastatic disease who are stable after previous treatment or who are previously untreated. Trials have also been initiated to determine the efficacy of chemotherapy as adjuvants to surgery or definitive radiotherapy in patients with earlier stages of the disease. The National Project also supports radiotherapy studies comparing extended field treatment with local field treatment. Control trials directed at determining the specific efficacy of radiotherapy are near completion. In addition, the National Prostatic Cancer Project supports efforts in the treatment area that are directed towards the synthesis of compounds with specific prostate cytotoxicity. Agents with potential activity are screened in animal, cell, and organ culture test systems, which are useful in selection of those chemotherapeutic agents for use in phase I and II trials.

In the detection and diagnosis area, a major effort continues to be directed at developing and testing specific and sensitive immunochemical assays for prostatic acid phosphatase or diagnostic tools. Identification and development of other potentially useful biological markers including polyamines, hormone receptor profiles, the BB isoenzyme of creatine kinase, and cancer indices of various enzyme profiles in serum and prostate fluid are being tested.

The search for factors associated with prostate cancer and a better understanding of the nature and history of the disease continue. Ongoing and new projects in the etiology and prevention area are directed at further characterization of established animal tumor models and development of new animal models.

Complementing the *in vivo* model systems are *in vitro* organ and cell culture studies of human prostate tissue. The relating of prostatic carcinoma specific antigens to immune mechanisms continues. To date, virologic studies of prostate cancer have shown that viral particles do not play a significant oncogenic role in human prostate cancer. Animals and *in vitro* models of prostate cancer are being studied extensively for risk factors associated with the development of the disease, and epidemiologic studies are probing the relation of genealogic, dietary, occupational, socioeconomic, sexual, and medical factors to human prostate cancer.

DERMATOLOGY BRANCH, DIVISION OF CANCER BIOLOGY AND DIAGNOSIS

Our research has been concerned primarily with studies of abnormal, accelerated aging phenomena in humans who have diseases characterized in inherited defects in mechanisms which repair damaged DNA. Since DNA is the important chemical of human chromosomes which directs the metabolism of the cells, it is crucially important that it be maintained in an undamaged condition. The principal organs we have been interested in are the skin and the central nervous system. One feature of Sun-exposed aged skin in the elderly is the development of skin cancers. From our studies of the disease xeroderma pigmentosum (XP) we have learned a great deal about the role of DNA repair processes in the development of sunlight-induced skin cancers. We have also learned from studies of XP that DNA repair processes protect all normal human beings from premature death of nerve cells. These studies are shedding light on possible pathogenetic mechanisms responsible for the premature death of neurons in certain degenerative disorders of the nervous system, e.g., Huntington's disease. It is possible that information gained from studies of these degenerative diseases of the nervous system may elucidate mechanisms involved in normal, as well as abnormal aging of the human brain.

There follows below an introduction to these topics from one of our recent publications (Robbins, J. H. and Moshell, A. N., *Journal of Investigative Dermatology*, volume 73, pages 102-107, 1979) (references have been deleted):

Xeroderma pigmentosum (XP) is an autosomal recessive disease in which patients exposed to small amounts of sunlight rapidly manifest skin changes resembling the chronic solar damage that occurs in normal persons who have received excessive Sun exposure over many years. Such cutaneous damage comprises degenerative changes including atrophy of the epidermis; "solar degeneration" of the dermis; and development of pigmentation abnormalities, telangiectases, actinic keratoses, and cutaneous malignancies. The primary pathogenetic abnormalities in XP are inherited defects in DNA repair mechanisms. Even though individuals without XP do not have such inherited defects, it seems highly probable that at least some of the chronic solar damage to their skin develops through physicochemical pathways similar to, if not identical with, those producing the damage in the skin of XP patients. Thus information obtained from studies on XP patients and their cells may elucidate mechanisms resulting in solar damage in normal persons.

One aspect of the definition of "aging" expounded by Montagna and Parakkal is especially pertinent to the premature development of chronic solar damage in XP patients. "Aging" may mean either growing old or maturation. Since (in the former context) the word usually connotes loss of function, so-called age changes often apply to degenerative alterations, rather than to those that are an integral part of the normal development of tissues. In this discussion, age changes encompass all of these, from embryonic life through senescence." In light of this definition, the premature solar skin degeneration in XP patients can properly be referred to as an abnormal aging of the skin. Similarly, the premature death of neurons that results in the neurological abnormalities present in certain XP patients is also properly considered an abnormal aging process. The abnormal aging of XP skin and of the XP central nervous system is the result of inherited defects in the patients' DNA repair processes. However, since XP patients differ relevantly from other human beings only by virtue of their homozygosity for certain mutations in genes controlling DNA repair processes, we can conclude that certain levels of the functional capacity of these gene loci are required for the prevention in all normal human beings of the premature aging that occurs in XP patients.

FIELD STUDIES AND STATISTICS PROGRAM

The incidence of cancer rises sharply with age, so that it is especially common in the elderly population. Since age is the most potent risk indicator for cancer, much of the programs epidemiologic research can be interpreted as being aging-related.

The entire surveillance, epidemiology, and end results program (SEER) covering the 11 population-based cancer registries (10 percent of the U.S. population) deals with the incidence of cancer among the aged and the problem of survival among those diagnosed with cancer.

In our program of descriptive (demographic) studies that generate etiologic hypotheses, analysis is made of age curves for various forms of cancer utilizing mortality and incidence statistics. This provides precise information on how the risk of cancer varies with advancing age, and gives clues to risk factors.

In our program of analytical (case-control and cohort) studies to test hypotheses and identify risk factors for cancer, we attempt to determine what age groups are especially vulnerable to carcinogenic hazards. This information enhances the understanding of mechanisms involved in carcinogenesis, and helps determine whether the aging process itself may confer susceptibility to carcinogenic exposures.

To clarify the mechanisms responsible for the link between cancer and aging, the Branch undertakes studies of population groups with conspicuous defects that may be more subtly associated with aging. For example, immune defects are seen with aging, and groups with pronounced immunodeficiency (e.g., genetic syndromes, kidney transplants) are prone to some neoplasms notably lymphoma, but not all cancers across-the-board as might be expected on the basis of the immunosurveillance theory of cancer.

Another important aging-related issue is the epidemiologic evidence that the use of menopausal estrogens increases the risk of endometrial cancer and perhaps breast cancer. The Branch is conducting several studies to evaluate the relationship between menopausal estrogens and various cancers.

DIVISION OF CANCER CONTROL AND REHABILITATION: FOCUS ON CANCER AND AGING

The Division of Cancer Control and Rehabilitation (DCCR) of the National Cancer Institute (NCI) has the responsibility to identify, field test, evaluate, demonstrate, and promote the widespread application of available and new methods for reducing the incidence, morbidity, and mortality from cancer. DCCR's mission involves transferring existing information which can strengthen and expand cancer knowledge in the delivery of health care. Developing training resources for health professionals in the use of cancer control interventions is a major objective included in the cancer control mandate. DCCR recognizes that health professionals charged with caring for cancer patients should become aware of and be concerned about the specific needs of elderly cancer patients. Advancing age with its concomitant changes and problems may affect the cancer treatment, care, and recovery process of older persons.

1979

Accordingly, in 1979, DCCR initiated an effort to focus on the impact of old age on cancer patient management. This activity, which is being carried on in the Treatment, Rehabilitation, and Continuing Care Branch (TRCCB) of DCCR, is exploring the areas of mutual contribution that the two bodies of knowledge of cancer and aging can bring to bear on the health needs of the aging adult who has cancer. The goal is to determine how these two fields may stimulate each other and yield information which may be translated into therapeutic intervention techniques for improved cancer treatment and care.

Two specific examples of progress in this effort include:

- Organizing a cancer and aging work session in which oncologists and geriatric specialists discussed such relevant issues as:
 - a review of the variety of areas that overlap and interact in cancer and aging;
 - the areas of mutual concern in both fields that are not fully explored or exploited;
 - identification of specific areas in cancer treatment and care which may be addressed within the context of the cancer control mission of the National Cancer Institute.
- Seeking and obtaining concept approval from the DCCR Cancer Control and Rehabilitation Advisory Committee (CCRAC) to fund studies related to the impact of age on cancer treatment and care delivery.

1980

Having secured concept approval to fund studies which focus systematically on cancer and aging within the context of the cancer control mission, DCCR plans to

announce a program initiative in 1980 which will (1) consolidate existing information derived from the domain in which problems of both cancer and aging arise and interface, and (2) develop information which address the following issues:

- Old age as it influences cancer patient treatment and care.
- Sensitivities of older patients to conventional forms of cancer diagnosis and treatment and effective techniques to offset these problems.
- Contributions of age to the differences in cancer patient management relative to other illnesses older cancer patients may have (i.e., multiple pathology).
- Multiple drug regimen problems (drug-drug interaction; drug-age interaction).
- Interplay among nutrition, age, and cancer.
- Psychosocial aspects of cancer for the older person (e.g., cancer as an isolating illness and old age as an isolating phenomenon; social support; family interactions; attitudes toward death and dying).

By instigation of the program initiative in cancer and aging, DCCR is attempting to deal directly with the complex combination of aging and cancer. There are compelling reasons to expect an increasing need for health professionals who provide cancer treatment and care to be concerned with the consequences of aging. Not only is cancer a disease more prevalent in older persons; our Nation is growing increasingly older. DCCR recognizes that cancer care must attend to the separate pathologies often present in old people, and this requires careful consideration of the associated problems of cancer and aging.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The NHLBI supports research on a wide range of important chronic and disabling heart, lung and blood diseases. The nature of the diseases under study impacts the entire age spectrum affecting the young as well as the elderly. The vast majority of aging related research formerly supported by the NHLBI has been transferred to NIA. As a result, the number of current NHLBI funded activities which specifically address the aging problem are few, consisting primarily of small subprojects of larger ongoing program project grants, a few individual regular research grants, and select intramural program activities. A listing of those projects is attached. No new activities are planned for fiscal year 1980.

NHLBI PROGRAMS ON AGING

Project No.	Project title	Fiscal year 1979 amount
1Z01HL02661-02	Mitral valve replacement in the elderly	\$40,000
5P01HL08899-15	Tolerance to respiratory gases in health and disease; assessment of oxygen effects on mental function in senile patients.	12,519
5R01HL10018-12	Effect of aging on beating heart cells in culture (rats)	66,927
5R01HL16330-07	Aging-tissue injury and repair (rats)	62,168
5R01HL18629-05	Influence of aging and hypertension on the myocardium (rats)	43,722
5R23HL21393-02	Cardiac adaptation to aging and stress (rats)	37,027
5R01HL22313-02	Lung elastic recoil—age and disease (human)	41,601
1R01HL25399-01	Cerebrovascular changes in age and hypertension (rats)	77,875
Total		563,453

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

INTRODUCTION

More than 20 million people, one-tenth of the U.S. population, are 65 years of age or older. The older population is growing more rapidly than the population at large with studies indicating that by the year 2000 approximately 12 percent of Americans will be over 65, with the highest rate of growth being for those over 75.

Biomedical and psychosocial problems associated with old age affect, or will affect, almost everyone. Even in the ideally healthy older person, a gradual decline of physical abilities with age is to be expected. This, together with important psychosocial changes, make adjustment extremely difficult for many aging persons. This is confirmed by the fact that the incidence of mental illness and impairment in general and depression in particular, rises with age. As a result, those over 65 show the highest prevalence of mental disorder, have the highest suicide rate, and occupy 29 percent of all public mental hospital beds. It is estimated that two-thirds of the 1.1 million older nursing home residents have a significant mental health problem.

Aging, though long a program area of the National Institute of Mental Health (NIMH), has only received limited support. This has been changed in recent years to where the NIMH program has grown to assume major national and international leadership roles.

Recent events of significance in the development of the NIMH program include:

(1) August 1975. Establish the Center for Studies of the Mental Health of the Aging to *coordinate* Institute activities in aging.

(2) 1975-76. National planning conferences, one each in research, in training, and in services in mental health and aging were held to help establish the agenda for the Center.

(3) 1977. \$2 million in the supplemental appropriation for fiscal year 1977 was provided to support research in mental health and aging.

(4) 1978. Report of the HEW Secretary's Committee on the Mental Health and Illness of the Elderly (mandated in P.L. 94-63), transmitted to the Congress.

(5) 1978. Report of the President's Commission on Mental Health, highlighting the elderly as a major underserved population published and implementation of recommendations begun.

(6) 1978. Center for Studies of the Mental Health of the Aging elevated from a coordinating unit to full operational status with responsibility for administering grants in research and training.

(7) 1979. Aging identified as a priority target population for clinical training initiatives, in line with recommendations of the President's Commission on Mental Health.

The Center for Studies of the Mental Health of the Aging (CSMHA) is the focal point in NIMH for aging programs. The major role of CSMHA is to stimulate, coordinate, and support research, training, and technical assistance efforts relating to aging and mental health. The Center staff contains eight professionals, four support staff and one visiting scientist.

The formal establishment of a Center is indicative of substantial programmatic and administrative priority in a particular area. Consequently, this is not a step which is taken quickly. It involves, at a minimum, complete assessment of the Institute's program activities, evaluation of the knowledge base and state of a field, and active staff stimulation of the development of programs in research, training, and service. This report contains the documentation of the progress made by the Center for Studies of the Mental Health of the Aging in the development of its program.

PROGRAM ACTIVITIES

Activities of the Center fall into four categories: research, research training, clinical/services training, and technical assistance. Each is discussed in turn. Appendix A provides actual and projected expenditures for the Center since its beginning in fiscal year 1979 through fiscal year 1980.

A. RESEARCH PROGRAM

The Center supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. It supports a wide-ranging, multidisciplinary set of studies which have both theoretical and policy or applied implications. These include:

1. *Etiology, Diagnosis, and Course*

Studies of the psychological, social, and biomedical factors (and their interplay) that affect mental health and mental illness in later life; clinical and diagnostic studies of the nature and types of mental disorders in later life; studies to assess and measure the extent of cognitive, affective, and social function impairment in later life; studies of the onset, course, and natural history of mental illness in later life.

Illustrative of the projects in this area is one being carried out by Dr. Leonard Berg of Washington University:

The objectives of this study are to analyze the value of various behavioral and biomedical factors in predicting the development and course of severe senile dementia, and to study the interrelationships of behavioral and biomedical data derived from serial testing of the aged. Subjects are persons, ages 65 to 75, who exhibit early signs of intellectual decline and controls of similar age, sex, race, and socioeconomic status who are well preserved intellectually. The results of clinical assessment, psychometric tests, the visual evoked response, and computerized tomography are analyzed to determine which measures, either singly or

in combination, might be predictive of the severe intellectual decline of senile dementia, or of a much slower decline or stability consistent with what is usually considered normal aging. In addition, the results are compared with the findings at autopsy. The final results of the research are expected to provide information concerning behavioral and physiologic predictors of dementia, behavioral and physiologic changes which predict the progress of the syndrome, as well as indicators of the severity of the disease.

2. Treatment and Delivery of Mental Health Services

Treating mental disorders in later life; coordinating mental health and other services to the aging in the broader health and community services systems; providing services to special populations; structuring of services; and researching new and more effective services.

Illustrative of the projects in this area is one being carried out by Dr. Philip Marcus of Michigan State University:

Several hypotheses concerning the relationships among agencies engaged in joint program activity in mental health and aging services are tested. Twelve middle size cities, six in Ohio and six in Michigan, are the sites for research. Random samples of local officials, service agency directors and key staff, and planning agency directors are selected for a 1 hour interview plus a self-administered questionnaire. Areas of emphasis are correlations of resource competition, environmental uncertainty, autonomy, and power with the initiation, execution, and success of joint planning efforts. Staff and facilities of Wayne State University, Detroit, are also utilized in this project. The final results of this research are expected to provide information about barriers to the coordination of health, mental health, and social services for the aged. These findings can be used in the Center's consultation activities and in inservice training for community program officials.

3. Program Development, Social Policy, and Social Problems Research in Mental Health and Aging

Institutional program development and alternatives to institutionalization; formal and informal community support systems; financing/reimbursement mechanisms; policy and legal or administrative dimensions in technical assistance and program design; models for research utilization; and models of technical assistance for research development; and studies of developmental life crises, stress, adaptation, and morale in later life with special attention to the prevention of mental disorders.

Illustrative of the projects in this area is one being carried out by Dr. Adrian Ostfeld of Yale University:

The health, psychological, and behavioral effects of severe illness, or death of one spouse upon the other spouse are studied. Three groups of nonhospitalized spouses (categorized as high, intermediate, or low stress according to the severity of the illness of their hospitalized spouse) are followed for 25 months after the death or illness of the hospitalized spouse. Subjects are approximately 1,000 families in which the hospitalized spouse is 56 years of age or older. The relationship between the gradient of stress and the social, psychological, and health characteristics of the nonhospitalized spouses are investigated. Other behavioral and psychological factors by which death or illness in one spouse affects the health and survival of the other are studied. The findings of this research are expected to form the basis of recommendations for clinical interventions with the bereaved. An additional use of the findings is expected to be in curriculum development for mental health professionals.

A list of research grants funded by the Center is included as appendix B of this report. These grants are organized according to the four categories presented. In addition, a fifth category of grants is listed. These grants will be transferred to the administration of the Center in the near future.

B. RESEARCH TRAINING

National Research Service Awards, including individual fellowships and institutional awards at the predoctoral or postdoctoral levels, are given to provide support for the training of research scientists in the area of mental health and aging. Research training is just beginning as a Center program. As the research program of the Center gains strength and visibility, however, additional research training programs will likely be initiated.

C. CLINICAL/SERVICES TRAINING

The Center's program in mental health services manpower development and training focuses on training efforts designed to improve mental health and related services to the aging within both the established mental health service delivery system (e.g., State mental hospitals, community mental health centers, etc.) and the mental health-related support systems (e.g., senior centers, long-term care facilities, etc.). Grants are available in two major categories: Mental Health Services Manpower Education/Training, and Mental Health Services Manpower Research and Demonstrations.

1. *Mental Health Services Manpower Education/Training: Short-Term Training Grants*

These grants are for the purpose of providing training of a short-term nature and with a view toward upgrading the mental health knowledge and skills of human services and other professional and paraprofessional personnel concerned with aging. Trainees are primarily nonmental health specialists, although mental health specialists may be included where appropriate to facilitate mutual exchange of knowledge, concepts, and practices.

Illustrative of projects in this category is one being carried out in New Mexico to provide short-term training to persons who work in a rural setting with the minority elderly, particularly those of Hispanic descent. The trainees are community service agency workers not traditionally viewed as mental health specialists, but whose work requires skills for dealing with their clients' mental health problems. The course will include segments dealing with general health problems, psychosocial aspects of aging, family problems, mental health of aging, and counseling techniques. There will also be an intensive supervised internship involving field work with community agencies, particularly those serving rural and minority elderly.

2. *Mental Health Services Manpower Research and Demonstration Grants*

Projects in this category are for the purpose of either generating needed knowledge, curriculum, and technology that can assist in the development of improved education/training approaches and/or demonstrating innovative education/training approaches for professional and paraprofessional personnel in the field of mental health of aging. In order to be eligible for support from the Center, projects must focus on development, testing, refinement, and evaluation of innovative training models that can be of benefit to wide ranges of institutions or services. Priority is given under both research and demonstration grants curriculum and trainer/educator development. These projects are to assess the feasibility of innovative approaches or methodologies prior to incorporating them into ongoing training efforts and to contribute to the "state-of-the-art" of mental health-gerontologic/geriatric education and training.

A project which will be funded in fiscal year 1980 illustrates this category of grant: The Department of Psychiatry of the University of Texas at Houston will be awarded a grant to develop and disseminate model curricula in mental health of the aging which are suitable for introduction into the educational programs of key professional groups serving the elderly population. The professional groups include medicine, nursing, dentistry, occupational therapy, physical therapy, nutrition, social work, chaplaincy, and psychology. These professional areas were selected to provide a multidisciplinary perspective of what is needed in the curricula regarding mental health of aging; also, members of these groups would be the most likely to be in professional contact with the older population.

A list of the clinical training grants funded and administered by the Center in fiscal year 1980 is included in appendix C of this report. Additional applications will be reviewed by the National Advisory Mental Health Council in February and May for funding in fiscal year 1980.

3. *Special Projects*

Special projects are supported under both of the preceding clinical/services training categories and are for the purpose of supporting conferences, seminars or workshops that promote discussion, sharing of information, and exploration of issues and approaches for addressing training needs in mental health of aging. Topics may include such concerns as identifying special mental health service needs of the elderly and training efforts required to meet them. Projects in this category may also be used to promote dissemination and utilization of important

findings from manpower training research and demonstrations in mental health of aging.

ACCOMPLISHMENTS

A. COFUNDING WITH OTHER NIMH, PHS, OR HEW PROGRAMS

Not all research in mental health and aging can or should be supported or administered by the Aging Center. In fields with strong and well established technologies, such as psychopharmacology and epidemiology, specialized expertise already exists in other programs. Similarly, certain research issues are best conceptualized as lifecourse or adulthood issues in which the elderly fit only as part of the study. In these types of circumstances, the Aging Center has established mechanisms for joint funding while still maintaining fiscal control of the funds. Projects have been cofunded with other programs of the Institute, with the National Institute on Aging, the National Institute of Neurological and Communicative Disorders and Stroke, and with the Administration on Aging. In this way the total aging effort of the Institute is expanded and multiplied.

As with research, not all clinical training in mental health and aging can or should be supported or administered by the Aging Center. In prior years, Center funds have been transferred to the Manpower and Training Division to support aging-related training. In line with recommendations of the President's Commission on Mental Health, aging is among the priority areas toward which 1980 funds will be directed in addition to the funds administered by the Center for short-term training and training/education research and demonstration projects.

B. TECHNICAL ASSISTANCE

The Center for Studies of the Mental Health of the Aging has conducted a technical assistance project in four DHEW regions during the past 2 years. This project has been supported through 2 percent technical assistance (TA) funds available through the Community Mental Health Centers Act. The projects have been jointly administered by the individual Alcohol, Drug Abuse, and Mental Health units in the 10 Public Health Service regional offices and the Center on Aging. The focus of the technical assistance is community mental health centers (CMHC's) and the objective is to assist the CMHC's in developing their capabilities to deliver mental health service to the elderly. The Center collaborates with regional office staff in selection, orientation, and evaluation of the technical assistance program.

The technical assistance is provided by consultants, from the project regions, who have demonstrated expertise in program development and geriatric mental health. The consultants work with the CMHC director and the program staff in analyzing needs and available resources and in the development of a program plan specifying goals and objectives for the proposed service.

A total of 39 CMHC's have directly participated, at a total expenditure of \$60,000 in the program during the past 2 fiscal years. In fiscal year 1980 two additional regions will participate on this TA project at a proposed cost of \$15,000. The total number of target CMHC's is 14. Based on what is learned from these 53, the Aging Center expects to export this knowledge to all 726 CMHC's through publications, workshops, and consultation.

In addition, the Center provides technical assistance through consultation for the development and stimulation of research and training applications focused on the mental health of aging persons. Researchers and directors of training programs are encouraged to contact the Center for discussion of ideas for new research or training projects. Concept papers, preliminary proposals, and later drafts can be submitted for staff review and comment prior to formal submission of the proposal.

Major technical assistance efforts are available to public and private agencies at regional, State, and local levels with the objective of improving programs affecting the mental health of aging persons and especially the delivery of services to aged persons by community mental health centers. For this latter effort, Center staff works with regional offices, States, and individual community mental health centers.

Technical assistance is carried out through consultation, active participation at national, regional, and local meetings and conferences, and development and distribution of publications and other written materials. Particular emphasis is placed on dissemination of information about NIMH-funded research and training projects concerning the mental health of the aged.

As the focal point for activities on mental health of the aging at the National Institute of Mental Health, CSMHA responds to inquiries from professionals and public alike and provides information and referral to other appropriate organizations when indicated.

C. INTERAGENCY COLLABORATION

There are many Federal agencies with programmatic responsibility for dealing with the aged. Consequently, many approaches, both formal and informal, have been established for coordination and joint program development. Examples of these are as follows:

- Intergovernmental Science, Engineering, and Technology Advisory Panel.
- Long-Term Care Task Force.
- Information and Referral Work Group.
- Senile dementia initiative.
- Retirement Age of Airline Pilots.
- Rural Services Task Force.

Among the many specific examples of collaborative projects, two are especially notable. First, in the area of senile dementia, the NIMH Aging Center, in collaboration with two NIH institutes (National Institute on Aging and National Institute of Neurological and Communicative Disorders and Stroke), sponsored two international conferences on Alzheimer's disease senile/dementia. These conferences, the first ever held, helped establish the state of the art in research, treatment, services, and policy in this disease. Second, in the area of service delivery, a regional training conference cosponsored by the Administration on Aging and the NIMH was held as the first formal step toward local-level collaboration of aging and mental health services. This approach will be repeated two more times in fiscal year 1980 so as to gain coverage of the entire Nation.

1. Relationships With the National Institute on Aging

The mandate given to the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons 65 years of age and older now constitute approximately 10 percent of the population and display the highest incidence of new cases of psychopathology, it follows that a significant portion of the NIMH effort should be directed toward the mental health problems and needs of this age group. The basic focus of NIMH efforts must be on mental health. When applied to this age group the essential considerations are the manner in which aging affects mental health and influence of mental health upon aging.

In this context, NIA's interest starts with the aging process itself, whereas NIMH's approach begins from the perspective of the mental health and illness of older people. From another vantage point, while NIA looks at biomedical, social, and behavioral aspects of aging with regard to development, NIMH studies adaptive and aberrant psychosocial functioning of the elderly with attention to etiology, prevention, treatment, and service delivery as they relate to mental disorders in later life. The two institutes also differ in a fundamental structural sense. NIA's focus is restricted to research and research training while NIMH's aging center program encompasses services and clinical training in addition to research and research training efforts.

Since 1974, staff of the NIMH Center for Studies of the Mental Health of the Aging have served on the Interagency Committee on Research in Aging. This Committee, chaired by the Director, NIA, and in conjunction with the National Advisory Council on Aging helped define the research goals of the NIA, and now meets regularly for purposes of coordination and consultation.

In addition, staff of the Center together with NIA staff also serve on the Interdepartment Committee on Aging conducted under the auspices of the AoA, and which is advisory to the Commissioner on Aging.

Finally, considerable array of formal and informal relationships exists between the NIMH Center for Studies of the Mental Health of the Aging and the National Institute on Aging. Research applications of interest to both organizations are dually assigned. On occasion, projects with dual assignments, approved by the primary institute but for which sufficient funds are not available, have been transferred to the secondary institute for funding consideration.

D. PUBLICATIONS

Results of research and training projects are usually published in the technical literature of a field by the investigator. In addition, the Center devotes considerable resources to the translation of research findings into materials for practice or training, and to the transmission of this information to interested individuals and groups. Materials for the public, and for the stimulation of researchers are also developed by the Center.

APPENDIX B.—CURRENT PORTFOLIO, AGING CENTER RESEARCH

(In thousands of dollars)

Grant No.	Principal investigator and title	Total cost fiscal year 1980
Category 1—Etiology, diagnosis, course:		
31054	Berg: Mental health in the aged: Biomedical factors.....	145
32172	Riege: Nonverbal memory in the aged mentally healthy or ill.....	45
32750	Jacobs: Psychosocial and endocrine aspects of grief in men.....	119
32577	Ferris: Neurometric assessment of mental health in aging.....	217
32382	Kripke: Home sleep diagnosis for the aged.....	26
33181	Vrtunski: Psychomotor slowing and age; microbehavioral analysis.....	37
32740	Feinberg: Personality, sleep and mental health in the elderly.....	10
33688	Prinz: Sleep/waking patterns in dementia.....	126
	Total.....	725
Category 2—Treatment and services research:		
32612	Hardt: Anxiety and aging: Intervention with EEG alpha feedback.....	95
32731	Barbaccia: Adjustment of older persons after acute hospitalization.....	223
33667	Jarvik: Psychotherapy in geriatric depression.....	77
	Total.....	395
Category 3—Psychosocial aspects; social policy:		
32260	Ostfeld: Effect of spousal illness and death in older families.....	193
32653	Dobroff: Retired women: Career-commitment and mental health.....	156
32999	Ward: Aged residential segregation: Mental health impact.....	177
33744	Becker: Stress vulnerability in Alzheimer's patients families.....	104
31907	Johnson: Interdependence and aging in ethnic families.....	84
33645	Masuda: Mental health of aging Japanese Americans.....	80
33141	Lee: Fear of victimization among the elderly.....	45
	Total.....	839
Category 4—Cofunded projects (aging center portion only):		
12279	Shader: Drug studies with women, the elderly and groups.....	77
31357	Jarvik: Drug treatment of depressed outpatients.....	127
28460	Weitzman: Psychoneuroendocrine rhythms, aging and sleep disorders.....	164
29819	Mellinger: National trends in psychotherapeutic drug use.....	60
32305	Chiriboga: Mental illness and divorce: A life span study.....	33
32794	Gurland: Epidemiology of depression in 2 urban populations.....	56
32885	Vaillant: Effect of mental health upon aging.....	48
32724	Corkin: Lecithin precursor treatment in Alzheimer's disease.....	47
33699	Cole: Lecithin in senile dementia.....	88
33713	Fiske: Mental health: A longitudinal study of adaptation.....	68
31072	Kopell: ERP-behavior changes with age.....	27
33063	Murrell: Resources, stress, and mental health of older people.....	70
NIA	Busse: Travel—12th International Congress of Gerontology.....	11
	Total.....	876
	Total, current (fiscal year 1980) portfolio.....	2, 835
Category 5—To be administered by aging center:		
27894	Faulkner: Mental health of the poor, urban black elderly.....	190
28393	Granick: Improving cognitive and adaptive abilities of aged.....	91
29535	Persky: Sexual adjustment and aging.....	115
28177	Moos: Evaluating sheltered care settings for the elderly.....	164
25373	Cohen: Family agency team for noninstitutional care of the aged.....	222
27281	Nathan: Aging: Brain structure and sociobehavioral variables.....	180
27361	Brody: Mental and physical health practices of older people.....	146
	Total.....	1, 108
Category 6—Research training:		
14681	Ingman: Social science research training: Postdoctoral.....	95

APPENDIX C.—CURRENT PORTFOLIO, AGING CENTER CLINICAL TRAINING

Grant No.	Principal investigator and title	Fiscal yea. 1983
1T41-15716	Santos, John: Outreach training to assist rural and minority elderly	\$63,385
1T15-15686	Hands, Donald: Clergy for the aged	22,485
1T31-15696	Gaitz, Charles: Training in geriatric psychology and psychiatry	185,147
1T15-15711	Scott, Judith: Aging and the affectional preference minority	38,070
5T01-15538	Kahana, Boaz: Interdisciplinary training program in mental health and aging	79,847
1T31-16095	Dunn, Patricia: Training neighborhood volunteers to service aged	24,102
1T01-16133	Levenson, Alvin: Model curricula in mental health of the aged	60,820
5T15-14802	Brody, Harold: Community mental health services for the elderly	0
5T15-15544	Gottesman, L.: Gerontology for mental health educators and administrators	167,082
5T15-14947	Eastman, Pauline: Aging, mental health and continuing education	54,581
5T15-14785	White, Melvin: Focus on mental health and aging	75,008
	Pending transfer from DMTP:	
5T-15438	Waters, Elinor: Counseling and gerontology for aging service providers	96,791
5T21-14435	McGrath, Patrick: Programs on aging, gerontology	34,636
5T15-14811	Thompson, Larry: Counselor training in mental health and aging	0
5T15-14803	Kaplan, Judith: Improving mental health services to rural elderly	0

Note: \$175,000 of CSMHA/DSMHP fiscal year 1980 funds are being transferred to Division of Manpower and Training to support and administer 4 psychiatry training (postgraduate) projects.

OFFICE OF EDUCATION

VOCATIONAL EDUCATION

Under the Vocational Education Act, as amended in 1976 by Public Law 94-482, there is a requirement that each State provide a program to assess and meet the needs of displaced homemakers and other special groups which include single heads of households, part-time workers who wish to secure a full-time job, and women and men who wish to seek employment in job areas not traditionally considered as job areas for males and females. While the legislation makes no age distinction in serving these groups, older adults are included in vocational education programs and services providing job readiness, preparation in how to seek employment, and placement services. These programs require long-range and comprehensive 5-year and annual plans to be developed, and the level of funding is determined at the discretion of the State Board of Vocational Education.

Vocational education programs are serving these groups through vocational programs at the secondary level, through adult education programs and community college programs at the postsecondary level, at vocational technical schools, as well as at adult centers. Further study was begun in fiscal year 1979 to obtain nationwide data concerning implementation of educational programs and services for these groups which include older adults. Planning for reauthorization of legislation was begun in fiscal year 1979, and identification of the older American as a priority issue was made by the Bureau of Occupational and Adult Education.

ADULT EDUCATION

The adult education program authorized under the Adult Education Act, as amended, provides undereducated adults (persons 16 years of age and older) an opportunity to acquire basic skills necessary to function in society, to continue their education to at least the level of completion of secondary school and makes available the means to secure training that will enable them to become more employable, productive, and responsible citizens.

The program is a Federal/State effort administered by State educational agencies according to State plans submitted to the U.S. Office of Education and approved by the U.S. Commissioner. States are allocated grants to pay the Federal share of the cost of establishing or expanding adult education programs in local educational agencies and public or private nonprofit agencies, organizations, and institutions. The matching requirement for the State grant program is 90 percent Federal funds and 10 percent State and/or local funds.

The regulations for the State-administered adult education program provide that a State educational agency establish its own statewide criteria and priorities for administering special projects and teacher training projects. The criteria and priorities must be included in a State plan. In addition, national priorities are published in the Federal Register. Each State must indicate in its State plan how the statewide criteria and priorities relate to published national priorities. The most recently published national priorities include expanding outreach to those

adults least educated and most in need. Older persons are cited as an example of an underserved population.

The Congress, the National Advisory Council on Adult Education, and other interested persons and groups have recommended to us (Office of Education) that we find ways of improving educational opportunities for adults who are 45 years of age or older. The adult performance level study also confirms that many older persons have a critical need for acquiring functional competencies and life coping skills. Of those persons who ranked in the lowest APL competency level, the study's findings show the largest percentage of persons in the age group of 60-65, followed by the age group of 50-59.

In response to this need, special consideration is being given to assessing the educational needs of older citizens, to designing delivery systems for counseling and instruction, to developing curricula to provide competency-based adult education for older citizens, and to evaluating the effectiveness and impact of programs for the elderly. We are moving to utilize established community facilities and programs to involve older persons in adult education through cooperative efforts with community agencies and voluntary groups that serve the elderly, such as senior centers, nutrition programs, nursing homes, homemaker-health aid, and other home-based services.

Reports from the States indicated the following age distribution of participants is expected to increase in 1979.

	Estimate	Percentage
Age group:		
16 to 44.....	179,287	81
45 to 64.....	79,610	13
65 and over.....	59,762	6

Public Law 93-29 amended the Adult Education Act by authorizing the Commissioner to make grants to State and local educational agencies or other public or private nonprofit agencies for programs to further the purpose of this act by providing educational programs for elderly persons whose ability to speak and read the English language is limited and who live in an area with a culture different than their own. Such programs shall be designed to equip such elderly persons to deal successfully with the practical problems in their everyday life, including the making of purchases, meeting their transportation and housing needs, and complying with governmental requirements such as those for obtaining citizenship, public assistance, and social security benefits, and housing. However, to date no appropriations have been requested or made to implement this section.

PUBLIC LIBRARY SERVICES TO OLDER AMERICANS

Providing library service and information to aging persons is one of the priorities of the Library Services and Construction Act (LSCA), an Office of Education (OE) program. This service, carried out by means of projects at the State and local level, is directed toward individuals as well as groups. OE provides assistance and functions in a coordinating capacity among governmental and nongovernmental agencies and groups at the national level to further the services of libraries to this age group.

Aging persons have used libraries and their information services just as any member of the public. In addition, the increasing number of persons in this age group and the growing awareness of their special needs have resulted in the development of particular programs and materials within the library, special information services, and outreach services to senior citizen centers, individual homes, and nursing homes. Libraries have been concerned with responding to the need for special services and the need to increase other agencies' awareness of the value and breadth of the contribution which libraries are making and the potential for greater involvement.

Many library programs are continuing ones which are a part of the total library program. The Brooklyn Public Library is attempting to reach its large population of elderly residents through project SAGE (service to the aging). Books (including large print), films and programs at senior citizen centers and branch libraries are provided with senior aides who work with the elderly in the library and with the homebound. Florida, in addition to directing programs toward the urban areas,

emphasizes reaching the rurally isolated elderly resident, as seen in the library systems of Charlotte and Lee Counties. Manatee County Library System, with concentrations of elderly persons and with sparsely populated areas, has built its service—SCORE—around film programs, a bookmobile, and a store front library which emphasizes audiovisual programs and materials. In a great many library systems over the country, bookmobile service is provided to nursing homes as a part of the general library service.

State libraries are assisting local libraries in building collections of large print books. Among those which are involved in collection development are Alabama, Illinois, and Oklahoma. In its project "Bi-Folkal", the Wisconsin State Library, in cooperation with the University of Wisconsin, Madison extension, has developed multimedia kits being used in library programs for older adults. One evident development is that services are being designed to make county library systems more comprehensive.

The rapidly growing information and referral services (I&R) of libraries includes services to the elderly but in some areas there are special I&R programs for this group. Working through LINC (library information center) in conjunction with the Memphis Delta Area Agency on Aging, the Memphis/Shelby County Public Library and Information Center in Tennessee has a senior citizen specialist to work with individuals and agencies in the multicounty area. The OASIS (Older American Special Information Services) in California uses a van and personnel to supplement its specialized I&R services.

Libraries are increasingly expanding the number of agencies who participate in cooperative programs. The Iowa Library Commission and the Iowa Arts Council held weekly programs on poetry, painting, and crafts in the care facilities in 34 counties as part of the "arts and the older Americans program." To increase awareness and the recording of early personal experiences, the two organizations added the State Association for Lifelong Learning for a family history project.

The foster grandparents program and the Administration on Aging have cooperated with the Warwick Public Library in Rhode Island. This has created a new atmosphere in the library's children's room as the foster grandmothers work with the children and their activities.

"Images of Aging in Literature," a program on self-discovery through a humanities project held by the Wheeler Basin Regional Library is built around reading and group discussions at nutritional sites in Limestone County, Ala. The purpose is to encourage older citizens to appreciate more fully their value to society by involvement in literature, art, history, and drama. The idea was developed by the National Council on Aging in conjunction with libraries.

For the blind and physically handicapped and others who are unable to use the conventional book, the LSCA and Library of Congress programs complement each other in serving the elderly handicapped with talking books, Braille and other special reading materials loaned through a network of 159 regional and subregional libraries for the blind and physically handicapped.

In its efforts to further cooperation and strengthen services provided for senior citizens, OE signed a joint agreement with the Administration on Aging in 1976. OE also takes an active part in the Interdepartmental Task Force on Information and Referral, which provides for coordination among Federal agencies. This is an outgrowth of the White House Conference on Aging in 1971.

These examples illustrate the basic goals and concepts of public library service to older Americans: Making library materials, services, and programs available in all usable formats and providing them in the most convenient way for the user.

The 1973 amendments to the Older Americans Act included opportunities for strengthening library services to older adults through a new LSCA title IV, older readers services. With no funds for the new title, special services for the aging continue to be provided from funding available from title I, library services, of the Library Services and Construction Act.

INDIAN EDUCATION

The Indian education program is authorized by title IV of Public Law 92-318, as amended by Public Laws 93-380 and 95-561. Part C of title IV provides funds for special programs designed to improve educational opportunities for Indian adults. "Adult," as defined in the part C regulations, means any individual who has attained the age of 16. This includes elderly Indians.

Activities supported by part C are as follows:

(1) Planning, pilot, and demonstration projects which are designed to test and demonstrate the effectiveness of programs for improving employment and educational opportunities for adult Indians.

(2) The establishment and operation of programs which are designed to stimulate (a) the provision of basic literacy opportunities to all nonliterate Indian

adults, and (b) the provision of opportunities to all Indian adults to qualify for a high school equivalency certificate in the shortest period of time feasible.

(3) Research and development programs to develop more innovative and effective techniques for achieving the literacy and high school equivalency goals.

(4) Basic surveys and evaluations thereof to define accurately the extent of the problems of illiteracy and lack of high school competition among Indians.

(5) The dissemination of information and materials relating to, and the evaluation of the effectiveness of education programs which may offer educational opportunities to Indian adults.

(6) The development and establishment of educational services and programs specifically designed to improve educational opportunities for Indian adults.

(7) The dissemination of information concerning educational programs, services, and resources available to Indian adults, including evaluations thereof; and

(8) The evaluation of the effectiveness of federally assisted programs in which Indian adults may participate in achieving the purposes of such programs with respect to such adults.

Indian tribes, institutions, and organizations may apply to carry out the activities listed in paragraphs (1) through (8); State and local educational agencies may apply for all activities except those described in paragraph (6); and other public agencies and institutions may apply for those listed in paragraphs (7) and (8).

In fiscal year 1979, \$5,930,000 was available for grants under part C. Grants were awarded for 60 projects in 26 States and the District of Columbia to serve an estimated 17,700 adult Indians. The largest grant—\$269,360—was made to the United Indians of All Tribes Foundation, Seattle, Wash., to disseminate information on educational opportunities for adult Indians and operate adult basic education programs. For fiscal year 1980, \$5,930,000 is available for part C grants.

The Office of Indian Education is continuing to cooperate with the Office of Human Development Services, the Administration for Native Americans, the Indian Health Service, and the Administration for Public Services of the Department of Health, Education, and Welfare, and the Office of Environmental Affairs of the Department of Transportation in increasing the base of knowledge about educational opportunities for elderly American Indians and to focus the involvement of Indian tribes and Indian organizations in the decisionmaking processes on problems of elderly Indians.

COMMUNITY SERVICE AND CONTINUING EDUCATION (CSCE)

Title I(A) of the Higher Education Act of 1965 (Public Law 80-329) provides funds to States and institutions of higher education for three purposes: to strengthen community service programs of colleges and universities; to support the expansion of continuing education in colleges and universities; and to support planning for resource materials sharing. The CSCE program has been especially designed to meet the educational needs of adults who have been inadequately served by traditional educational programs in their communities.

The State grant portion (90 percent of appropriated funds under this title) of the program is administered in each State by an agency designated by the Governor, under a State plan approved by the U.S. Commissioner of Education. The State agency establishes priorities and approves and funds institutional proposals. One-third of the program expenditures must be provided by non-Federal sources. The State grant program has supported a number of projects designed to assist the older American. During 1978, more than 200,000 individual participants were involved in 76 projects (including multiproblem areas) in 32 States at a cost of approximately \$1,602,303 in Federal funds. Activities supported included programs to meet educational needs of the aging, legal aid and housing assistance, and programs providing training for professionals and paraprofessionals providing care and services to the elderly.

Special projects, authorized by section 106, permits the Commissioner to reserve 10 percent of the funds appropriated in order to support projects which are designed to seek solutions to regional and national problems brought about by technological change. Such special projects are limited to demonstration or experimental efforts. Projects must be based on a design for, and the implementation of, organized continuing education activity for adults.

In 1979, a renewal funding was awarded the Institute on Aging at Portland State University, in Portland, Oreg. This award of \$67,000 will continue work on a demonstration model to help solve work-related problems of middle-aged and older workers. The project will identify alternative work roles and leisure options, develop a curriculum, test and evaluate the processes, and then synthesize and diffuse the products nationwide.

Total appropriations for fiscal year 1979 were \$16 million. Of this sum \$1.6 million was reserved by the Commissioner for special projects, with \$14,250,000 distributed to the States and \$150,000 utilized for technical assistance activities under section 111 of the act.

COMMUNITY SERVICE AND CONTINUING EDUCATION PROJECTS FOR TITLE I(A), HEA, 1965, AGING AND OLDER ADULTS, FISCAL YEAR 1978

State and institution	Project title (76)	Federal money	Matching	Total
32 States, 75 institutions.....		\$1,602,303	\$1,122,631	\$2,724,934
Arkansas: University of Arkansas, Fayetteville.	Rights of the elderly.....	14,848	14,768	29,616
Arizona:				
University of Arizona.....	Helping the difficult to reach elderly of Maricopa County with planned programs of nutrition, education, and related areas.	19,000	8,372	27,372
Do.....	Elderly political participation training program.	19,000	9,510	28,510
Pima Community College....	Reaching out—continuing education for older adults with limited mobility.	16,000	8,184	24,184
Yavapai College.....	Continuing education for women reentry program—senior citizens and older adults.	17,000	10,137	27,137
Glendale Community College.	Recruiting, training and placing senior citizens and adult handicapped as social service volunteers.	16,000	14,650	30,650
California:				
Fresno City College.....	Retirement enrichment program for people over 50.	5,000	3,144	8,144
San Diego State University...	Coping with government—a senior perspective.	53,100	29,079	82,179
University of California—San Diego.	PACE—public access cable television by and for elders.	70,000	47,169	117,169
Columbia College.....	Model adaptation for comprehensive program development for older adults in rural areas.	20,000	20,598	40,598
Compton Community College.	Program for the elderly.....	5,000	2,500	7,500
University of California—Riverside.	Advocacy skills for senior adult action teams in southern California.	80,000	43,422	123,422
Colorado:				
Arapahoe Community College.	Institute for gerontological services.....	5,500	2,760	8,260
Loretto Heights College.....	Demonstration project for establishment and coordination of a statewide elderhostel program.	11,320	5,972	17,292
Northeastern Junior College and Morgan Community College.	Senior citizen/community exchange programs in 6 counties.	7,500	3,125	10,625
Connecticut: South Connecticut State College.	Alleviating ethnic and elderly problems through music and dance.	20,000	13,736	33,736
Georgia:				
University of Georgia.....	Human service providers who work with older people.	12,407	6,771	19,178
Georgia Southern College.....	Developing champions for elderly in southeast Georgia.	7,500	3,758	11,258
North Georgia College.....	Retirement—Preludes and adjustments....	2,200	1,723	3,923
Illinois: Chicago State University...	Senior citizens resource education center....	63,858	35,000	98,858
Iowa: University of Iowa.....	Iowa Elderhostel 1978.....	51,934	42,785	94,719
Kansas:				
Washburn University.....	Educational programs on aging: Social gerontology.	6,385	3,405	9,790
Kansas Newman.....	Public awareness on concerns of the elderly.	4,000	4,500	8,500
Kentucky:				
Northern Kentucky University.	Focus on aging.....	21,846	15,633	37,479
Morehead State University....	Gateway area gerontology training project....	19,213	18,948	38,161
University of Louisville.....	Citizens participation training for older adults.	20,000	10,000	30,000
Union College.....	Nutrition and the older person.....	4,375	2,452	6,827
Murray State University.....	Consumer education for the aging.....	10,201	7,928	18,129
Pikeville College.....	What are you doing for the rest of your lives?: Problems in aging.	9,000	21,163	30,163
Maryland:				
Dundalk Community College.	Industrial worker and retirement.....	11,923	9,163	21,086
Harford Community College....	Senior citizen resource institute.....	12,518	11,875	24,393
Michigan: Lansing Community College.	Foundations for a statewide model for aging education in Michigan.	53,030	26,500	79,530
Minnesota:				
University of Minnesota.....	Minnesota elderhostel 1978.....	44,424	86,716	131,140
Inver Hills Community College.	Educational programing with older adults....	17,935	8,968	26,903
Mississippi:				
University of Mississippi.....	Continuing education for aged.....	25,232	12,616	37,848
University of Southern Mississippi.	Education for retirees.....	25,157	32,329	57,486
Northwest Junior College.....	Assisting with service to aged.....	25,000	12,500	37,500
Meridian Junior College.....	Providing for services to aged.....	1,200	1,447	2,647

State and institution	Project title (76)	Federal money	Matching	Total
Missouri:				
University of Missouri.....	University of the 3d age.....	15,000	7,500	22,500
Western Montana College.....	Workshop in consumer economic education for senior citizens.	10,788	5,577	16,365
Nebraska:				
University of Nebraska—Lincoln.....	Low related information for the elderly.....	28,613	14,307	42,920
University of Nebraska—Omaha.....	The older Nebraskan.....	11,136	5,568	16,704
New Hampshire:				
Franklin Pierce College.....	Course for workers with the elderly.....	5,000	2,500	7,500
St. Anselm's College.....	Senior citizens as resource advisors to elderly programs.	13,300	6,650	19,950
Rivier College.....	Outreach to Nashua's elderly.....	1,550	775	2,325
New Jersey:				
Montclair State College.....	Elder adult assistance.....	28,594	19,552	48,146
William Patterson College.....	Physical exercise and recreation for older persons.	12,000	16,357	28,357
Rutgers University.....	Development of career ladders in gerontology.	32,000	19,715	51,715
New Mexico: New Mexico State University.				
	Paraprofessional training for senior citizens to work with handicapped persons.	15,000	7,500	22,500
New York:				
Hudson-Mohawk Association of Colleges and Universities.	Program to make continuing higher education available to bypassed women, elderly, and handicapped adults.	35,000	22,000	57,000
New York City Community College, CUNY.	Extending continuing education to elderly homebound.	50,000	28,734	78,734
Manhattan School of Music.....	Shared experiences by senior citizen musicians.	14,000	11,260	25,260
North Carolina:				
University of North Carolina—Chapel Hill.	Elderhostel: North Carolina.....	32,245	27,952	60,197
Fayetteville State University..	Gerontology training for volunteers and part-time service providers.	20,000	10,000	30,000
University of North Carolina—Chapel Hill.	Horticultural therapy and continuing education for the aged and disadvantaged.	19,300	9,725	29,025
University of North Carolina—Asheville.	Continuing education on aging for professionals, the aged, and families of the aged.	20,000	20,288	40,288
Mars Hill College.....	Health gerontology: Extension of educational opportunities to the aging.	18,000	9,000	27,000
North Dakota: North Dakota State University.				
	Fun and fitness for the older set oldest (television physical fitness series for oldesters, handicapped, and shut-ins).	27,648	13,824	41,472
Ohio:				
Baldwin-Wallace College.....	Summer program in higher education for the elderly.	22,000	11,000	33,000
Miami University.....	Education for the elderly in an off-campus environment.	8,000	4,000	12,000
Oklahoma: South Oklahoma City Junior College.				
	Continuing education for the elderly.....	14,000	7,000	21,000
Pennsylvania:				
Community College of Allegheny County.	Senior citizen emergency react program.....	27,728	16,728	44,456
Indiana University of Pennsylvania.	Older Americans program.....	29,852	15,042	44,894
Shippensburg State College..	Elderhostel consortium (10 institutions).....	30,000	56,700	86,700
Puerto Rico:				
University of the Sacred Heart.	Life begins at 60.....	30,000	17,115	47,115
Colegio Tecnológico de la Comunidad.	Continuing education services for elder citizens of San Juan.	22,000	11,000	33,000
Texas:				
Bishop College.....	Certification for aging services.....	15,669	7,835	23,504
Texas Southern University... ..	Internship assistance to State governmental agencies providing transportation to the elderly and handicapped.	40,000	20,000	60,000
Utah: Dixie College.....				
	Continuing education program for aging and other neglected adults.	5,500	2,750	8,250
Virginia:				
University of Virginia.....	Creative art training for senior citizens.....	10,064	5,034	15,098
Virginia Polytechnic Institute and State University.	Counselor training for providers of human services to the aged.	7,966	5,846	13,812
Virginia Western Community College.	Consumer affairs: A focus on the older American.	24,430	14,105	38,535
Virginia Commonwealth University.	Adjustment to widowhood in old age.....	15,500	7,856	23,356
West Virginia: West Liberty State College.				
	Continuing education programs for women and senior citizens.	16,513	13,510	30,023
Wisconsin: University of Wisconsin—Lacrosse.				
	Human resources: Service to service/seniors.	26,056	13,028	39,084

CAPTIONED FILMS AND TELEVISION

Under the Education of the Handicapped Act, part F (Public Law 91-230, as amended), films and television are captioned for the deaf. The program provides a free loan of service of captioned theatrical and education movies to groups of deaf individuals across the Nation. A considerable number of the people served by this program are over age 65. Of great importance is the extension of the film program to include captioned television. Captioned television programs may reach as many as 5 million hearing impaired individuals over the age of 65.

Public television captioning has taken two forms: "Open captions," which are visible to all viewers, and "closed captions" which are visible only on sets and stations with decoding devices. The open captioned rebroadcast of the ABC evening news which was begun in December 1973 is widely known and still is the most extensive of these captioned forms.

Since 1973, the Bureau of Education for the Handicapped has developed, in conjunction with PBS, a closed system of captioning. This system will make it possible for hearing impaired persons to have a wide variety of captioned television programming that will not interfere with the normal viewing habits of the general public. Recent efforts were directed to the development of decoders for home television sets and the delivery of encoder equipment to place the captions in the system. The system will begin operation in 1980; ABC and NBC will provide 5 hours a week and PBS will provide an additional 20 hours per week of viewing time.

The deaf and hard-of-hearing population is estimated at 13.4 million. A large percentage of this population is made up of older Americans whose hearing has deteriorated with age. These individuals are a prime audience for captioned television.

RIGHT TO READ

The national reading improvement program is authorized under title VII of Public Law 93-380, as amended. The right to read effort currently provides for reading assistance and instruction for children, youths, and adults, as well as funds for State leadership and relies heavily on the use of older Americans as volunteers.

In fiscal year 1979, the right to read effort continued to fund the reading academy program. These projects are designed to provide reading assistance and instruction to in-school as well as out-of-school youths and adults, utilizing volunteers as tutors.

The right to read effort has a memorandum of understanding with the older Americans volunteer programs, ACTION. The purpose of this memorandum of understanding is to indicate the intent of the right to read effort and the office of older Americans volunteer programs to work cooperatively in improving the delivery of reading assistance and instruction through maximum involvement of older American volunteers in reading and literacy programs sponsored by the right to read effort.

WOMEN'S EDUCATIONAL EQUITY ACT

The women's educational equity act program, authorized by title IX, part C of the Elementary and Secondary Education Act provides funds for demonstration, developmental and dissemination activities designed to promote educational equity for women. The reauthorized act includes a new purpose—to provide financial assistance to local educational institutions to assist them in meeting the requirements to title IX of the Education Amendments of 1972. Among the act's six authorized activities are programs to provide educational opportunities for adult women, including unemployed and underemployed women. The program seeks to address the diverse needs of various racial, ethnic, age, and regional groups; women and girls of all age groups are potential program beneficiaries.

During fiscal year 1978 and 1979 a variety of program models and materials were developed to facilitate the re-entry of adult women into the academic or employment ranks. Some project activity, for example, focused specifically on business management and leadership training. Other projects have been structured to provide continuing education and training, including a variety of counseling strategies for displaced homemakers.

COMMUNITY EDUCATION PROGRAM

The community education program authorized by title VIII of Public Law 95-561, the Education Amendments of 1978, provides grants to State and local education agencies and to nonprofit, public and private agencies in order to stimulate the development of community school centers which provide educational, cultural, recreational, and other related services in accordance with local interests, needs, and concerns. Additional awards are made to institutions of higher education to train persons who will plan and operate community education programs.

Federal and/or State grants made to local education agencies are for the purposes of paying the administrative costs of planning, establishing, expanding, and maintaining these community-oriented programs. None of the costs of the actual services, educational programs, or other activities is supported under this legislation.

In order for a local education agency to receive a grant, the applicant must propose to meet eight minimum elements which are considered to compose any community school. One of those minimum elements is the potential of the community education program to serve all age groups in the community, including the elderly. In the local educational agency category, 48 projects were funded in fiscal year 1977, 45 were funded in 1978, and 37 were funded in 1979 at an average cost of \$35,000 per project.

CONSUMERS' EDUCATION

The consumers' education program, authorized by title IV, section 407, of the Education Amendments of 1974 (Public Law 93-380), provides funds to stimulate in both school environments and community settings, new approaches to consumers' education efforts through competitive contracts and grants. These awards are used for research, demonstration, pilot projects, training, and the development and dissemination of information on curricula. In addition, funds may be used to demonstrate, test, and evaluate these and other consumers' education activities.

Fiscal year 1979 was the fourth funding year for this program and the Office of Education continues its support for projects addressing the consumer needs of the elderly—57 grants in 29 States plus the District of Columbia, were awarded to bring consumers' education to many diverse groups—5 of those 57 programs dealt extensively with meeting the consumer needs of the elderly. Some of the activities were directed toward developing and testing consumer education materials that prepare senior citizens for participation in the State and local government decisionmaking process with respect to the development and implementation of real property tax policy; training older adults through intensive work with specialists in such areas as health care, benefit programs, housing, utilities, and the law; and to develop a program model, capable of replication, which utilizes television and printed materials to provide the consumer with the information necessary to understand and/or utilize seven existing services designed for the older adult: Nutrition programs, information and referral, multipurpose senior centers, legal aid services, transportation services, home services, and meals-on-wheels.

ENERGY AND EDUCATION ASSISTANCE PROGRAMS

The Energy and Education Action Center, established by the U.S. Office of Education in collaboration with the Federal Interagency Committee on Education, serves as the point of focus for a Federal Government educational response to the challenges confronting schools and colleges created by emerging energy realities.

The general mission of the Center is to promote all phases of energy education-related activities on an interagency basis by drawing upon all relevant Federal, State and local resources to assist educational clientele in implementing energy plans.

This mission relates to the aging in three ways. The Center's role is one of encouragement, awareness, and assistance.

Through correspondence and workshops, the Energy and Education Action Center shows the need to conserve energy to contain costs through efficient use of facilities and through thermal efficiency.

The Center presents the possible sources of funding for energy conservation in its publication "A Selected Guide to Federal Energy and Education Assistance" and offers information on the weatherization of buildings.

Technical assistance is offered through the dissemination of training programs for individuals who will in time work on the homes of the elderly to make these facilities energy efficient. Project EFFECT utilizes CETA clients in a program of career training and development.

METRIC EDUCATION PROGRAM

The metric education program, authorized by title III, section 312, of Public Law 95-561, provides grants and contracts to institutions of higher education and State and local education agencies, and other public and private nonprofit agencies in order to prepare students to use the metric system of measurement. The system of weights and measures is used in everyday consumer activities, as well as in international commerce. In order to make effective consumer decisions and sound economic judgments, it is essential that all practicing parties fully understand the units by which goods and commodities are exchanged or purchased. For the most part, the elderly must live within fixed incomes. An effort to meet their educational needs in this regard is critical. One strategy used under the metric education program is to strongly encourage all grantees and contractors to incorporate and delineate techniques by which they will actually teach parents and other adults, including the elderly, to use the metric system as a part of their regular educational and training program.

OFFICE OF THE INSPECTOR GENERAL

1. INTRODUCTION

The Office of the Inspector General (OIG) has four main elements. The Office also administers a grant program for State medicaid fraud control units. The Assistant Inspector General for Auditing heads the HEW Audit Agency. This longstanding agency provides the Department with the audit services necessary to promote economy and efficiency, and to prevent fraud and abuse in operations carried out both internally and through grantees and contractors. It is responsible for seeing that some 35,000 entities which actually carry out HHS programs receive adequate audit attention. These diverse entities (which are dispersed throughout every locality in the Nation) include State and local governments, hospitals and nursing homes, insurance companies, various nonprofit organizations, and numerous field installations of the Department.

Additionally, the Audit Agency has been assigned responsibility by the Office of Management and Budget for auditing all Federal funds at 98 percent of the Nation's institutions of higher education, and for analysis and evaluation of indirect cost allocation plans prepared by some 950 units of State and local governments.

The Assistant Inspector General for Investigations (OI) has the responsibility for directing the investigation of all criminal activities in connection with HHS programs and for liaison with other agencies regarding these matters. This office serves as the focal point for investigations of alleged cases of malfeasance; fraud; misuse of funds, equipment or facilities; violations of terms or conditions of funding; and code of conduct violations and conflicts of interest by employees, grantees, contractors and other personnel working on behalf of the Department. OI functions through a network of 11 field offices and 19 suboffices which receive guidance and direction from headquarters.

The Office of Investigations is also responsible for oversight and coordination of the State medicaid fraud control unit activity. States meeting statutory requirements may receive 90 percent Federal funding during a nearly 3-year period ending September 1980. Following September 1980, units may be funded at the 50 percent level by the Federal Government for an unspecified period of time. Legislation has been proposed to permit 90 percent Federal funding through September 1982, not to exceed 12 full quarters per unit, provided that the unit earns annual recertification.

The purpose of the fraud control units is to reduce fraud and abuse perpetrated by health care providers, and to investigate cases of patient abuse. As of June 30, 1979, the units had a total of 782 professional staff, including 388 investigators, 220 auditors, and 174 attorneys. The units spent almost \$20 million in the four quarters ending June 30, 1979. During that same period, the units identified funds for recovery or were responsible for fines and restitutions totaling more than \$13 million.

The Assistant Inspector General for Health Care and Systems Review provides leadership to, and directs teams from Audit, Investigations and other HHS agencies, in the Inspector General's new initiatives. It is the principal "research and planning" arm of the OIG with a handpicked group of senior experts in program areas, management systems, and with State agency operating experience. This office reviews management systems to improve efficiency and economy as well as to improve the fraud, abuse and waste initiatives of the major HHS units.

The Assistant Inspector General for Executive Management is principal advisor to the Inspector General on management and administrative activities, and manages and coordinates budgeting, personnel and administrative services.

2. PROJECT INTEGRITY

In May 1979, the Inspector General launched Project Integrity III. This is a major investigative and audit initiative dealing with three classes of institutional health care providers—nursing homes, hospitals, and home health agencies. Home health agencies are the focus of the first phase of this initiative. Efforts in this area have been accelerated into a three-pronged cooperative effort with the Department of Justice to come to grips with the most meritorious cases in Florida. The experience gained in Florida will be used to channel future efforts toward problems in California, Texas, Louisiana, Illinois, Puerto Rico, and New York.

Preliminary work in this endeavor involved the evaluation of all open fraud cases. This resulted in the identification of four cases that have little or no prosecutive merit, and those cases have been referred to the Health Care Financing Administration (HCFA) for appropriate administrative action. Close contact and consultation has been maintained with the U.S. Attorney for the Southern District of Florida in order to facilitate the possible prosecution of the remaining cases. The Department of Justice has assured us that they will supply, subject to their own manpower limitations, the prosecutive assistance needed.

One of the joint efforts involves Inspector General investigators working with the Department of Justice on a group of cases based on evidence gathered by the Office of Investigations and Office of Program Integrity, HCFA. The case is presently before a Florida grand jury.

The Inspector General has assigned another team of three investigators and two auditors to support a second effort directed by the U.S. Attorney for the Southern District of Florida.

The third effort involves an experienced trial attorney, two investigators and two auditors who are working under the direct supervision of the Director, Division of Special Assignments, Office of the Inspector General.

The Inspector General's staff is likewise looking beyond the immediate concern for the investigative aspects of Project Integrity III. Additional audit time has been reprogrammed in the 1980 work plan to give home health agencies priority attention. These audits will investigate the root causes that allow abuses to occur. They will focus on determinations as to whether or not medicare cost reimbursement procedures and guidelines adequately assure that only proper and reasonable payments are being made. In particular, because problems are known to exist, emphasis will be given to the proprietary and the private nonprofit agencies. Matters for special audit consideration include salaries and fringe benefits, startup and consultant costs, fees for accounting and computer services, space costs, management agreements, and double charging of costs. As part of the overall Project Integrity effort, recommendations are being prepared that discuss the problems with the payment system that has allowed the abuses to occur.

3. NURSING HOME CHAINS

In our nursing home initiative, we have undertaken a project to identify problem areas in audit, interstate cooperation between the medicare and medicaid programs, and complex organizational transactions.

The objectives of the project are: (1) To formulate recommendations for any changes needed in laws, regulations, policies, and procedures to strengthen surveillance and oversight of program reimbursements to nursing home chains; (2) to determine review methods and techniques applicable to related organization transactions, arrangements and agreements; (3) to improve the cooperation and coordination among Federal and State Governments and their respective fiscal agents responsible for reviewing nursing home chain operations; (4) to reduce any untoward impact of nursing home chain operations on program reimbursement; and (5) to reduce the complexity and duplication in administration.

The first large nursing home chain review has been completed. The principal conclusions were that the chain reviewed was conducting itself in a businesslike manner with no evidence of significant abuse of the principles of reimbursement. Regulatory mechanisms of the Department of Health and Human Services, Securities and Exchange Commission, and the State appear to be working effectively. However, abuses by nursing home chains continue to be reported, primarily in smaller privately-owned chains.

Plans are underway to review several additional chains.

4. PROJECT MATCH

The Office of the Inspector General initiated Project Match I to reduce fraud and abuse in the aid to families with dependent children (AFDC) program. The project is designed to identify those Federal employees who are improperly receiving welfare benefits. The project was begun in mid-1977 and has been expanded to cover the AFDC rolls of 52 States and jurisdictions. It was undertaken after reviewing results of efforts by U.S. Attorneys in Detroit and Chicago, who worked with State welfare agencies to indict a number of State and Federal employees for welfare fraud.

The project is being conducted in cooperation with the Federal employing agencies, the Office of Family Assistance, the Department of Justice, and the State welfare agencies. Through a computer comparison of the files of Federal employees—military and civilian—with the AFDC files from the participating States, the Inspector General identified over 33,000 cases for initial investigation by the States and the Federal agencies.

At the end of 1979, about 18,800 of over 19,700 cases sent to the States had been given initial reviews with the following results:

Eligible.....	13, 500
Eligible but overpaid.....	3, 100
Ineligible.....	2, 200
Total.....	18, 800

Also, court actions (indictments, pretrial diversions, etc.) have been taken in 183 cases with more expected in the near future. Through fiscal year 1979, Project Match had identified overpayments estimated at \$11.5 million in welfare payments (AFDC, food stamps, and medicaid).

Recently, the Inspector General initiated Project Match III which is designed to identify Federal employees—hired since Project Match I was made—who are improperly receiving welfare benefits. The match has identified slightly over 6,000 cases which will be sent to the participating States for review shortly.

As an additional part of Project Match I, the Inspector General compared the AFDC rolls of the States to determine whether duplicate benefits were being paid to recipients. This interjurisdictional comparison was conducted in two phases (known as Interjurisdictional Matches I and II) and identified over 17,000 instances of possible duplicate payments. As of 1979, the States reported over 2,200 instances of overpayment and ineligibility.

Because of the interest shown by the States, the Inspector General performed a third interjurisdictional comparison—Interjurisdictional Match III. This match involved the comparison of AFDC rolls submitted by 46 interested jurisdictions and identified 2,544 new cases of possible duplicate payments. In addition, about 400 cases were found that also appeared in the prior interjurisdictional matches. Because these cases were sent to the States only recently, results are not yet available.

Project Match II was initiated in December 1978, with the objective of reducing fraud and abuse in the supplemental security income (SSI) program. The program is designed to identify those Federal employees who may be illegally receiving SSI payments.

The program compared, via computer, the Federal civilian employee rolls with the SSI recipient file (4.9 million recipients) provided by the Social Security Administration (SSA). The initial computer screen yielded over 10,100 match cases. These cases were then given to SSA's Office of Program Integrity to determine whether incorrect or fraudulent payments were made.

As of January 1, 1980, 73 erroneous cases were detected representing overpayments of \$69, 097. Of these, 37 cases involved payments to ineligible recipients and 36 cases involved overpayments to eligible recipients. Six cases have been referred to U.S. Attorneys for prosecution. To date, two convictions have been reported.

OFFICE OF THE GENERAL COUNSEL

SIGNIFICANT HEW LITIGATION DURING 1979 AFFECTING THE ELDERLY

The HEW programs with significant litigation activity that most directly affect the elderly are those under titles II, XVI, XVIII, and XIX of the Social Security Act. Accordingly, this report focuses on those programs. It includes summaries of representative cases in which HEW has been a party which raise issues directly affecting the rights of participants under the programs, rather than collateral issues such as provider reimbursement. Reported citations are provided when available.

I. THE SOCIAL SECURITY ACT

Title II—Federal Old Age, Survivors, and Disability (42 U.S.C. 401 et seq.)

Campbell v. Harris (S.D. Ohio, 1979).—On August 31, the plaintiff filed this action, on behalf of himself and a nationwide class, challenging the provisions of 42 U.S.C. 404(f)(1)(A), as they apply to disabled males between ages 50 and 60. He alleges that widowers are treated less favorably under the Social Security Act than widows. Specifically, a widow who is disabled may be entitled to widow's benefits under 402(e)(1)(A), if she "is not married." A similarly situated widower can become entitled to a widower's benefit only if he "has not remarried". Plaintiff was denied widower's benefits on the earnings record of his first wife because he remarried after her death, even though his second wife also is now deceased. He alleges that a similarly situated female would be entitled to widow's benefits because she "is not married." Plaintiff contends that the distinction is irrational and a violation of the Fifth Amendment's equal protection principles. He seeks declaratory and injunctive relief, including issuance of an order mandating the sending of written notice to all men wrongfully denied widower's benefits because of remarriage subsequent to an insured wife's death and before age 60, and mandating publication of the availability through the national news media.

Carter v. Califano, 473 F. Supp. 517 (W.D. Pa., 1979).—This case is illustrative of the many cases involving a determination whether a woman qualifies for "widow's benefits" under 42 U.S.C. 402(e). The cases turn on their particular fact situations, and on an analysis of State domestic relations law. In this case, the court held that the wage earner's 44 year marriage to the plaintiff was invalid because he had not properly divorced his first wife. Accordingly, the plaintiff was denied benefits.

Other examples of such cases are:

Chlystek v. Califano, 599 F. 2d 1270 (3d Cir., 1979).—(Although plaintiff was precluded under the Pennsylvania paramour statute from marrying the wage earner during the lifetime of his first wife, plaintiff met the definition of "widow" in 42 U.S.C. 416(c) for purposes of widow's benefits where the plaintiff and the wage earner had lived together and held themselves out as husband and wife for over 30 years.)

Davis v. Califano, 603 F. 2d 618 (7th Cir., 1979).—(Since the wage earner had not legally divorced his first wife under State law, she was his widow for purposes of widow's benefits. Had the wage earner's first wife not also applied, the second wife would have qualified as a "deemed widow" under 42 U.S.C. 416(h)(1)(A).)

Cash v. Califano, 469 F. Supp. 129 (W.D. Va., 1979).—Widower filed action challenging final decision of Secretary of Health, Education, and Welfare denying claim for widower's social security benefits. The court held that the Secretary was required to apply retroactively the ruling in *Califano v. Goldfarb*, 430 U.S. 199 (1977) that the conditioning of benefits to a widower under 42 U.S.C. 402(f) on dependency on his wife at her death was unconstitutional.

Cockrum v. Califano, 476 F. Supp. 1222 (D.D.C., 1979).—Suit was filed against Secretary of Health, Education, and Welfare challenging delays in holding Social Security Administration administrative hearings and in rendering of final decisions on appeals from denial, reduction or termination of old age, survivors, or disability insurance benefits and supplemental security income under titles II and XVI. The district court held that the complained of delays as experienced by named parties (ranging from 10 to 20 months), by intervenors, and by some members of class were unreasonable and violated both the Social Security Act and the Administrative Procedure Act, and ordered the Secretary to develop a plan for reducing the delays consistent with the requirements imposed by other courts in similar litigation.

Duffy v. Harris (D. N. Mex., 1979).—On October 23, the district court held that the pension offset provisions in 42 U.S.C. 402(c)(2), did not violate the due process

and equal protection requirements of the Fifth Amendment. Plaintiff filed an application for husband's insurance benefits on January 10, 1978. In connection with the application, plaintiff informed the Social Security Administration that he was receiving a civil service pension of approximately \$14,000 per year.

The Secretary determined that, although plaintiff was entitled to husband's insurance benefits, the benefit had to be reduced by the amount of his Federal Government pension due to the operation of 42 U.S.C. 402(c)(2). That section, enacted as part of the 1977 amendments to the act, provides that the monthly amount of a husband's benefit to which an individual is entitled shall be reduced by an amount equal to any monthly benefit payable to the husband based upon his earnings while in the service of the Federal Government. Plaintiff argued that the provision violated equal protection principles because public employees and private employees were afforded different treatment under its terms. The court agreed with the Secretary's argument that the provision was reasonably calculated to avoid windfall benefits which would otherwise have been payable to Government pensioners under *Califano v. Goldfarb*, 430 U.S. 199 (1977). (*Goldfarb* held that benefits payable to widowers under the act must be afforded on the same basis as they are to widows.) Hence, the court concluded, the statute is constitutionally permissible.

Sims v. Harris; Vernon v. Harris, 607 F. 2d 1253 (9th Cir., 1979).—Surviving widows brought action challenging constitutionality of stricter requirements under 42 U.S.C. 402 (e) and (f), and 423(d)(2)(B) for determining disability for widows of wage earners than for wage earners under 42 U.S.C. 423(d)(1)(A). The district court for the Southern District of California denied relief and the widows appealed. The Court of Appeals held that the fact that widows were required to meet more stringent disability definitions in order to receive benefits between the ages of 50 and 60 than disabled wage earners were required to meet did not deprive the disabled widows of equal protection since the more stringent test was rationally related to congressional concern about the fiscal impacts of extending disability coverage to those whose claims for benefits were derivative.

Title XVI—Supplemental Security Income for the Aged, Blind, and Disabled (SSI) (42 U.S.C. 1381 et seq.)

Action Alliance of Senior Citizens, et al. v. Harris and Bergland (E.D. Pa., 1979).—On August 2, 1979, two associations representing aged and poor individuals brought this action seeking an order against the Secretaries of Agriculture and HEW requiring them to implement section 11(i)(2) of the Food Stamp Act of 1977. This section provides that the Secretaries shall develop a system which would permit households composed entirely of SSI beneficiaries to apply for food stamps at social security offices by means of a simplified affidavit and to be certified by using information contained in SSA files. Plaintiffs allege that there has been neither a timetable nor plans for one. The parties have proposed the following timetable in settlement of this action: Publication of final regulations on April 22, 1980, and implementation by August 1, 1980.

Brown v. Secretary of HEW (S.D.N.Y., 1979).—On January 30, the court entered summary judgment for the Secretary, holding that he properly reduced the plaintiff's SSI benefit by the amount of his veteran's benefit under 42 U.S.C. 1382a(a)(2)(B). That section specifically enumerates veteran's benefits as countable unearned income. The court held that plaintiff (who appeared pro se) was entitled to only receive total income equal to his December 1973 income, and that the SSI plus the other income including the pension met the December 1973 level.

Edwards v. Dempsey (S.D. Mich., 1975, No. G75-227CA5).—On October 9, 1979, the district court issued an order joining the Department in this action brought by recipients of chore service payments in the State of Michigan. Chore service payments are made by the State to individuals to enable them to purchase services they are unable to perform such as housecleaning, laundry, cooking and shopping. The plaintiffs have other income exceeding the SSI statutory limits, and are hence ineligible to receive SSI. However, they allege that the State reduces the chore service payment by the amount of their other income in excess of the SSI standard payment amount. Plaintiffs allege that this violates the Federal requirements for mandatory State supplementary payments contained in 42 U.S.C. 1382g(4) because the reduction of their chore service payment results in them no longer receiving income at their December 1973 level, and also denies them equal protection. Additionally, plaintiffs allege that the State violated their due process rights by failing to provide notice and opportunity for hearing prior to reducing their chore service payment.

Gilchrist v. Califano, 473 F. Supp. 1102 (S.D. N.Y., 1979).—Plaintiffs in this case had challenged the category “living with others” in the New York State agreement for State supplementation of SSI benefits. They contended that, as applied to married couples, it does not comply with the requirement 42 C.F.R. 416.2030(b) (the SSI regulations) that payment level variations be based upon rational distinctions between types of living arrangements and the costs of those arrangements. Specifically, plaintiffs complained that supplementation levels drop when a third person moves in with an eligible married couple, changing the category for the couple from “living alone” to “living with others.” On the other hand, where a third person moves in with two unmarried individuals they retain the same supplementation level (living with others). Plaintiffs contended that there was no difference in the additional expense occasioned by the third person. The court did not reach the merits of the claim. Mr. Gilchrist had died before the court action was filed, mooted the claim for prospective relief. The court concluded that Mrs. Gilchrist’s claim for retroactive relief was precluded by the Eleventh Amendment since the agreement for the Federal Government to administer the State supplement did not constitute a waiver of Eleventh Amendment immunity by the State. The court therefore dismissed the action for lack of a case or controversy.

Jones v. Califano (D.D.C., 1979).—Plaintiffs challenged HEW’s policies implementing 42 U.S.C. 1382(e)(2) with respect to the Veterans’ and Survivors’ Pension Act of 1978 (Public Law 95-588), which provides generally for higher VA benefits beginning January 1, 1979. 42 U.S.C. 1382(e)(2) and section 416.230 of 42 CFR (the SSI regulations) provide that after an individual is notified of potential eligibility for other benefits, if he or she does not file for the benefits, SSI eligibility is precluded. SSA issued instructions describing the new VA benefits indicating that if recipients potentially eligible for an increased VA benefit contact SSI, they must be told of the requirement that they apply for it. Plaintiffs contended that those instructions violate section 306 of the Pension Improvement Act, which provides that individuals receiving VA benefits prior to 1979 be given an election whether to apply for the increased benefits. Plaintiffs claimed they should not be required to apply because if increased benefits were granted, they would no longer meet the income eligibility requirements of SSI, and would lose not only SSI, but medicaid, and thus would suffer an overall disadvantage. The court dismissed the case for lack of jurisdiction under 42 U.S.C. 405(b) because plaintiffs had failed to exhaust their administrative remedies.

Jones v. Dempsey and Califano (E.D. Mich., 1979).—On May 4, 1979, eight SSI recipients and the attorney who represented them at the administrative hearing filed this statewide class action against the secretary and the director of the State of Michigan Department of Social Services. They contend that the Social Security Administration has improperly sent the recipient’s first check to the State, and that the attorney had fee agreements with the recipients which have been violated. Under 42 U.S.C. 1383(g) a State may be reimbursed out of an individual’s first SSI payment for assistance it provided during the time the individual’s application for SSI benefits was pending. In order to secure the reimbursement a State must have an agreement in effect with the Secretary and obtain a written authorization from the individual permitting SSA to send the individual’s first payment to the State. In this case, the recipients allege that the State coerced them into executing the authorization. Also, each of the recipients had a contingency fee agreement with the attorney for the payment of the attorney’s fee out of the first SSI payment. The recipients also allege a due process deprivation in that the State allegedly did not, before it reimbursed itself for interim assistance, provide them with a hearing. Plaintiffs seek injunctive relief which would prevent the Secretary from withholding funds from individuals under its agreement with Michigan. Plaintiffs also seek a declaration that the practices of the defendants violate the Social Security Act and the due process clause of the Fifth Amendment and the constitution of the State of Michigan.

Kennedy v. Califano (S.D. Cal., 1978).—On December 7, 1978, plaintiff filed this statewide class action complaint challenging actions of the Social Security Administration in denying, terminating or reducing SSI payments on the ground that the ineligible spouse is receiving unearned income in the form of in-home supportive services payments by the State to care for the claimant. Plaintiff alleges that this policy, based on certain SSA claims manual transmittals, should have been published as a regulation, and that it violates various sections of the SSI regulations, the due process clause, and certain unspecified “Federal common law administrative principles.”

Levings v. Califano, 604 F. 2d 591 (8th Cir., 1979).—On August 29, the Court of Appeals reversed a district court decision favorable to the Secretary. Plaintiff was found by the Social Security Administration to be ineligible for SSI benefits under 42 U.S.C. 1382(e). That section provides that no person shall be eligible for SSI for any month during which he or she is "an inmate of a public institution." Section 416.231(b)(3) of the SSI regulations defines an inmate of a public institution as a person who "receives" care or services in a public institution. Plaintiff resided in a county-operated nursing home, but paid for all services she received. The court found that plaintiff was not properly determined by the Secretary to be an "inmate" within the meaning of 42 U.S.C. 1382(e) because she was at the institution on a purely voluntary basis, and because she purchased rather than "received" her care.

New Jersey Federation of Senior Citizens, et al. v. Califano, et al. (D. N.J. 1979).—On July 2, the court issued a decision dismissing the complaint brought against HEW and State officials. Plaintiffs complained that New Jersey did not meet the requirements of 42 U.S.C. 1382g(a)(4) which provides that, in order for a State to continue to receive medicaid funds, it must maintain supplementary payments at levels not lower than those in effect in December 1976. However, the statute further provides that the State will not lose medicaid funds if it spends the same amount on supplementation in the current year as it spent the previous year, and New Jersey contended it had done so. The court did not reach the merits, dismissing as to all defendants on jurisdictional grounds. With regard to the Federal defendants, the court reasoned that 42 U.S.C. 1383(c) is an exclusive jurisdictional grant and that plaintiffs are ordinarily required to exhaust administrative remedies unless they meet one of the exceptions to exhaustion. The court held that plaintiffs had not exhausted administrative remedies nor did they fall within one of the exceptions. Therefore the court was without jurisdiction. With respect to the State defendant, the court dismissed on the grounds of the Supreme Court decision in *Chapman v. Houston Welfare Rights Organization*, finding there was no jurisdiction under 28 U.S.C. § 1343(3) to challenge an alleged violation of a Federal statute if there was not pendent jurisdiction arising from a constitutional question.

Rivers v. Califano (S.D. N. Y., 1979).—On May 8, six SSI beneficiaries filed this statewide class action against the Secretary, the commissioner of the New York State Department of Social Services and the administrator of the New York City Human Resources Administration. They challenge the Federal and State practice under 42 U.S.C. 1383(g). Under that section, a State may be paid out of a beneficiary's first SSI payment an amount sufficient to reimburse it for assistance it provided during the time the beneficiary's application for SSI benefits was pending. To receive the reimbursement, the State has to have an agreement in effect with the Secretary whereby it will pay the beneficiary the excess of the first check over the amount of reimbursable assistance. The State must also obtain a written authorization from the beneficiary permitting SSA to send the first payment to the State. Plaintiffs contend that the Secretary should have made a determination as to what amount of interim assistance was provided by the State or city and should have sent the State only an amount sufficient for reimbursement. As against the State and city defendants, plaintiffs contend the act requires that they provide beneficiaries with a complete accounting, and if the amount not required for reimbursement is not remitted to the beneficiary within 10 days, the entire SSI check must be remitted to him or her. Plaintiffs seek injunctive relief against the State defendants.

Smith v. Califano, 597 F. 2d 152 (9th Cir., 1979).—On March 9, the Ninth Circuit affirmed the district court's order granting summary judgment for the Secretary. The court of appeals held that the Social Security Administration properly refused to make payments to a representative of an SSI applicant after she died, because 42 U.S.C. 1383(b) provides that payments due a beneficiary who dies are payable only to a surviving eligible spouse. SSA had not yet completed an eligibility determination at the time of the applicant's death. The court of appeals held, relying on the language of the statute and pertinent legislative history, that the act could not be interpreted to allow payments to a representative payee. After discussing the deference due agency interpretation of statutes administered by it, the court rejected plaintiff's arguments that payment to decedent's successors could be made by analogy to title II underpayment provisions, and that by allowing such payment the intent of title XVI would be better served. A dissent indicated merely that the purpose of the SSI program was not well served by the inability of an SSI recipient to secure credit on the basis of

SSI payments which would survive death, because it would be less probable that private homes for the aged would welcome those, like plaintiff, who are most in need. The Supreme Court denied certiorari on December 3, 1979.

Termini v. Califano, 464 F. Supp. 797 (W.D.N.Y., 1979).—Alleging that category of supplemental security income recipients “living with others” did not meet certain regulatory and constitutional standards, a 76-year-old SSI recipient challenged decision of Social Security Administration to terminate his benefits. The decision was based on fact that he was “living with” his minor children and that his payment must, under New York regulations adopted under the authority of SSI regulations, be reduced to reflect his presumably lower needs. The plaintiff’s motion for summary judgment was granted. On motions by recipient and administration for summary judgment, the district court, held that: (1) The decision to terminate recipient’s grant was properly before court, notwithstanding that recipient might have subsequently become ineligible for supplemental security income, and (2) providing reduced benefits for recipients living with minor dependent children was not based on rational distinction between both types of living arrangements and costs of such arrangements; it was irrational to assume that recipient’s per unit cost would be reduced if he shared his household with minor dependent children.

Usher, et al. v. Califano (D. Mass., 1978).—On December 20, two named plaintiffs represented by five legal aid organizations filed this suit challenging the Social Security Administration’s practice of counting as income for SSI purposes support and maintenance received inkind in the form of private rent subsidies. Each named plaintiff resides in an apartment owned by a member of her family and pays rent in an amount less than fair market value. Plaintiffs allege that SSA’s practice of counting the value of reduced rents as inkind income violates 42 U.S.C. 1381 and 1382a(a)(2)(A)(i), certain sections of the SSI regulations, several State statutes, and due process and equal protection. Plaintiffs seek a statewide class.

Vanderlip v. Califano (D.C., Cal., 1979).—On February 27, the district court adopted the report and recommendation of the magistrate. Judgment was entered for the Secretary. The plaintiff had challenged the validity of the SSI deeming regulations (42 C.F.R. 416.1185) on a variety of grounds. Section 416.1185 deems to an individual the income of his or her ineligible spouse but provides for a reduction of \$65 a month for expenses attributable to earning the income. The magistrate considered and rejected each of plaintiff’s contentions challenging the validity of the regulation. The magistrate found that the regulation did not exceed the authority 42 U.S.C. 1382c(f)(1) and that it was not inconsistent with congressional intent. The magistrate rejected the claim that the regulation was arbitrary and capricious and violated equal protection. The magistrate also rejected plaintiff’s challenge to the regulation as improperly promulgated. Plaintiff’s technical objection that the Secretary failed to publish findings of good cause to give the regulation interim effect could not prevail where the good cause, *i.e.*, the need to implement the SSI program, was apparent, and the regulations were only to be applied until adoption of final regulations.

Wilson and Sterling v. Harris (N.D. Ill., 1979).—On October 10, 1979, the district court issued a decision on the constitutionality of 42 U.S.C. 1382(e)(1) (A) and (B). Under these provisions, an individual is ineligible for SSI for any month during all of which he or she is an inmate (resident) of a public institution except that a monthly SSI benefit of \$25 is provided for any individual whose care in the institution is paid for by Medicaid. The court, in *Wilson*, found the statute unconstitutional with respect to a class of residents of mental institutions between the ages of 21 and 65. At the same time, in *Sterling*, the court dismissed the action, finding the statute constitutional with respect to pretrial detainees. The *Wilson* plaintiffs were denied SSI because Medicaid does not pay for care in mental institutions for individuals between the ages of 21 and 65. The court held that the mental health classification deserved quasi-suspect status and the statute must thus serve important governmental objectives and be substantially related to achievement of those objectives. The court then concluded that the exclusion was not related to a valid governmental objective. In *Sterling*, the court applied the rational basis test and sustained the exclusion, on the basis that the Congress intended to exclude payments to inmates in penal institutions, and it was rational to exclude benefits to individuals with the temporary status of pretrial detainee.

HEW will appeal *Wilson* to the Supreme Court.

Yulling v. Califano, 474 F. Supp. 601 (S.D. N.Y., 1979).—SSI recipient challenged decision of the Secretary that for purposes of determining his eligibility for benefits recipient’s resources included amounts he had saved from prior State

benefit payments and that recipient must repay SSI overpayments made. The district court held that: (1) Under 42 U.S.C. 1382(a)(1)(B), recipient's resources did include amounts he had saved from prior State benefit payments; (2) where resources saved were over the amount specified in the statute, the recipient was not entitled to payment; (3) but, recipient was not at fault in receiving such payments and, thus, Secretary could waive recovery of overpayments under 20 C.F.R. 416.550.

Califano v. Yamaski, 99 S. Ct. 2545 (1979).—On June 20, the Supreme Court, in an eight to zero opinion by Mr. Justice Blackmun, held that the Social Security Administration is required by the terms of 42 U.S.C. 404(b) to provide an evidentiary hearing prior to recovery of an overpayment when an individual has requested waiver of recovery. 42 U.S.C. 404(a) provides that the Secretary shall recover overpayments. However, 42 U.S.C. 404(b) provides that there shall be no recovery where the individual is without fault and recovery would defeat the purpose of the statute or be against equity and good conscience. The Supreme Court held that neither the Social Security Act nor the Constitution requires a hearing prior to recovery when an individual seeks merely to have the overpayment determination overturned, since those determinations are suited to review on written submissions without significant risk of error. However, the Court held that 42 U.S.C. 404(b) of the act mandates an accurate waiver determination prior to recovery, and that there is a high risk of erroneous deprivation if recovery is commenced prior to an oral hearing on the waiver issue. The Court determined that most issues on waiver turn on credibility, and are not suited to resolution by written submissions. The Court viewed the burden of providing prior hearings on the waiver issue as slight.

Title XVIII—Health Insurance for the Aged and Disabled (Medicare)
(42 U.S.C. 1395 et seq.)

The Gray Panthers et al. v. Califano 466 F. Supp. 1317 (D.D.C., 1979).—Plaintiffs filed this action to challenge the constitutionality of the statutory provisions in 42 U.S.C. 1395ff and 1395u(b)(3) which preclude an evidentiary hearing under parts A and B where a beneficiary's disputed claims are less than \$100. Plaintiffs assert that the statutory limitations on the availability of evidentiary hearings amounts to an unconstitutional taking of property under the Fifth Amendment and a denial of equal protection with respect to individuals with claims of \$100 or more.

The district court held that the private interest affected by the challenged procedures is not such that the due process clause requires the opportunity for an oral, evidentiary hearing, and that the denial of such hearings does not violate equal protection.

Plaintiffs have appealed.

McMahon v. Califano, 476 F. Supp. 978 (D. Mass., 1979).—Plaintiff, on behalf of his now deceased wife, seeks an order compelling the Secretary of the Department of Health, Education, and Welfare (the "Secretary") to provide plaintiff with the payments for nursing home services that his deceased wife received at Pilgrim House-at-Peabody Nursing Home and to issue regulations allowing payments to those erroneously placed in a noncertified bed of a facility but who otherwise receive medicare-covered nursing services. Furthermore, plaintiff seeks a declaratory judgment stating that the Secretary's policy, which denies payments for skilled nursing services received solely because such services were provided to a beneficiary occupying a noncertified bed, violates the medicare statute, the equal protection clause and the due process clause of the United States Constitution. HEW's motion to dismiss on jurisdictional grounds was denied on September 21, 1979.

Monmouth Medical Center v. Califano (D.C. N.J., 1978).—On December 22, 1978, plaintiff hospital brought this action on behalf of itself and 19 medicare beneficiaries. Plaintiff challenges the denial of medicare reimbursement for the hospital services these individuals receive after they were determined to no longer require hospital services, but to still need institutional care. Plaintiff alleges that it made diligent efforts to place these individuals in nursing homes but was unable to do so because of the critical shortage of nursing home beds in its locality. It further alleges that because of the unavailability of nursing home beds, its utilization review committee decided that further hospitalization for these patients was medically necessary. Plaintiff contends that the denial of medicare reimbursement under 42 U.S.C. 1395f(a)(7) for inpatient hospital care necessitated by the

unavailability of nursing home beds is (1) arbitrary and capricious, (2) violative of equal protection guarantees, and (3) violative of procedural due process rights.

Florence Wright v. Califano (C.D. California, filed November 1, 1977 (CV-77-4141-IH).—Named plaintiff was admitted to noncertified portion of distinct part of SNF after lengthy hospital stay. Plaintiff alleges that she and her physician expected admission to be to a certified bed, and that facility simply made a mistake. Plaintiff alleges that skilled nursing services were required and received in non-certified bed. The administrative law judge ruled for plaintiff on theory that plaintiff needed skilled nursing services. The Appeals Court reversed, stating that only issue relevant to their decision was whether care was rendered in a certified bed.

Plaintiff seeks declaratory judgment that HEW's policy of denying payment for skilled nursing facility services received when a beneficiary is mistakenly placed in the noncertified wing of a distinct part of SNF violates the statute and constitutions. Judgment entered for plaintiffs on April 19, 1979. HEW has appealed.

Title XIX—Grants to States for Medical Assistance Programs (42 U.S.C. 1396 et seq.)

Yolanda Allen, et al. v. Califano, et al. (D.C. Utah, 1978).—This case raises the same issues as *Gray Panthers* with respect to "deeming of income" from non-institutionalized to institutionalized family members. On August 23, 1979, the court entered an order against HEW to rescind its "deeming" regulations and to issue revised regulations. See discussion under *Gray Panthers*.

Belluscio v. Califano and Afleck (D.C.R.I., 1977).—This case is a class action brought by an elderly ICF (intermediate care facility) patient whose income exceeds the Federal statutory income limitation for Federal financial participation in State medical expenses for the categorically needy under Medicaid. Rhode Island limits eligibility in its medical assistance program to those individuals for whom Federal reimbursement is available, and provides medical assistance for ICF services to the categorically needy only. Plaintiff argues that the statutory income limitation contained in 42 U.S.C. 1396b(f)(4)(C) which authorizes Federal financial participation in State medical expenditures on behalf of aged, blind, or disabled individuals whose income does not exceed 300 percent of the SSI benefit rate (established by 42 U.S.C. 1382(b)(1)), denies equal protection to medically needy individuals whose income exceeds this limitation. The issues in this case are the same as those in *Black, et al. v. Matthews, et al.*, C.A. 75-0423. Both cases are still pending.

Dorothy and Edgar Bohl, et al. v. Patricia Harris and the Department of H.E.W., et al. (U.S.D.C. S.D. Ohio, Civil Action No. C-1-79-625).—This suit, filed on October 29, 1979, is a class action challenge to the State of Ohio's response to Court orders in *Gray Panthers v. Secretary of H.E.W.*, 461 F. Supp. 319 (D. D.C. 1978) and *Rubin v. Creasy*, ___ F. Supp. ___ (S.D. Ohio 1979) Civil Action No. 79-1334, which effectively prohibited "deeming" of income and resources in the State of Ohio (for purposes of establishing the Medicaid eligibility of an applicant or recipient) where one spouse is institutionalized and the other spouse is not. On October 1, 1979 the State of Ohio attempted to implement a policy which responded to those lawsuits. That policy prohibited "deeming" between spouses where one is institutionalized and the other is not, but at the same time reduced substantially the amount of income of the institutionalized spouse which is to be "protected" for the maintenance of the noninstitutionalized spouse. Plaintiffs sought to enjoin the reduction of the protected amount on the theory that the protected level was not based upon an actual assessment of the non-institutionalized spouse's needs and that this resulting in "deeming" that the institutionalized spouse had income which s/he did not have (because the s/he was legally obligated to support the noninstitutionalized spouse). The Court granted a preliminary injunction on November 8, 1979 enjoining the reduction.

Plaintiffs' challenge HEW's upper limit on protected amounts in "§ 1902(f)" States under the same theory. That regulation limits protected amounts to the level which is used for eligibility of an individual (who is not institutionalized) under "§ 1902(f) criteria." HEW has filed a motion for summary judgment in support of the validity of its regulation (on January 17, 1980). Our contention is that consideration of one's own income as available for one's own needs is not unreasonable nor is it "deeming." We also contend that the upper limit on protected amounts is a reasonable means to assure that Medicaid ineligible are not treated in a preferential manner over Medicaid eligibles (i.e., that Medicaid ineligible are not considered to need more income for their maintenance than Medicaid eligibles).

Chacon v. Buffington (U.S.D.C., C. New Mexico, No. 78-857-C; filed 11/22/78).—Plaintiffs' have brought alleged class action, on behalf of all Medicaid ICF patients in State of New Mexico, challenging:

(1) Time frames for ICF patients governed by PSRO review to request reconsideration which guarantees continued payment through reconsideration decision.

(2) Time frames for holding reconsideration.

(3) Policies which prohibit certification of medical necessity based solely on "transfer trauma."

(4) Policies which prohibit certification of medical necessity based solely on absence of suitable alternative arrangements.

Stipulation of parties continued payments for all members of alleged class until February 1st. During this time, defendants (Federal, State, and PSRO) prepared plans for dealing with due process and other concerns of plaintiffs. Plans were submitted to the Court, styled "Joint Memorandum of Defendants" on January 31, 1979. TRO hearing held on January 31, 1979—TRO denied. Preliminary injunction hearing held February 8, 1979—preliminary injunction denied, except that Judge Compos extended from 2 to 7 days time beneficiary has to request reconsideration, which will guarantee payment through reconsideration decision. Consent judgment entered, case dismissed.

Gray Panthers v. Secretary of HEW, 461 F. Supp. 319 (D.D.C., 1978).—Plaintiffs challenge federal regulations allowing states using January 1972 eligibility criteria under § 1902(f) of the Social Security Act to "deem" income from spouses to institutionalized spouses for an unlimited time period as violating the Medicaid statute 42 U.S.C. 1396a(a)(17), the U.S. Constitution by making an irrebuttable presumption of availability of income, the Fifth Amendment by discriminating against married institutionalized Medicaid recipients.

On December 8, 1978, the Court entered judgment for the plaintiffs, and ordered the Department to rescind its regulation authorizing the deeming of income between spouses and institutionalized Medicaid applicants, to instruct all relevant jurisdictions to cease deeming for any length of time between couples separated by institutionalization, and to issue new regulations in conformity with the Court's decision. The Department issued proposed regulations on November 21, 1979 (44 FR 66856).

Gibson v. Harris and Maher (D.C. Conn., C.A. No. N-79-409).—This action was brought by an individual in a Connecticut nursing home, seeking Medicaid eligibility for himself and all others similarly situated who were found ineligible on grounds of non-residence because they immediately enter a medical institution upon entering the State.

Annie Green v. Cashman, 605 F. 2d 945 (6th Cir., 1979).—In this case, the district court for the Southern District of Ohio held that Medicaid payments to a nursing home could not be terminated, on the grounds that the home was not safe for occupancy by Medicaid recipients, without a prior due process hearing. On appeal by the State, the court of appeals held that, in light of the fact that the Secretary of HEW had exercised his discretion to issue regulations to be codified at 42 CFR § 431.151 through 431.154 which were not issued at the time of the district court judgment, and which require minimum hearing procedures, the district court judgment would be vacated, and the case remanded with instructions to remand to the appropriate State officials and to the Secretary for reconsideration in light of the new regulations.

Maud Miller, et al. v. Kenneth B. Creasy, et al., and Califano (U.S.D.C. S.D. Ohio) (C-2-78-100).—On February 13, 1978 a class action lawsuit was filed on behalf of a class of non-institutionalized aged, blind, and disabled individuals in the State of Ohio who are eligible for Medicaid spend-down under 42 U.S.C. 1396a(f). This suit challenges the failure of the State of Ohio to increase its income standard for its aged, blind, and disabled for Medicaid to keep pace with the cost of living increases provided by Congress for both SSI and OASDI benefits. Alternatively plaintiffs seek to have Ohio (and HEW) disregard those cost of living increases in OASDI benefits (since June 1977) from their incomes. Plaintiffs contend that they are being denied due process—equal protection right since other similarly situated individuals in Ohio who receive less OASDI and more SSI than they need not spend down to become eligible for Medicaid. They claim that this treatment violates statutory and regulatory requirements that Medicaid eligibles be treated comparably, violates the spirit of § 503 of P.L. 94-566 (an OASDI pass through provision), and violates the Constitution (as lacking any rational basis).

Nonnie Mae Norman, et al. v. St. Clair, et al.; Williams, et al. v. St. Clair, et al. (S.D. Miss., Civ. No. J-77-0080(C); 5th Cir., Nos. 77-1172, 78-1625, 79-2471).—These cases raise the issue of the legality of the Federal policy with respect to pro-

ration of expenses for purposes of satisfying the spend-down requirement in 42 U.S.C. 1396a(a)(17) for establishing Medicaid eligibility under a medically needy program. They also raise the issue of the legality of "deeming" in Medicaid eligibility determinations. See discussion under *Gray Panthers*.

Smith v. O'Halloran and Weinberger, et al. (D.C. Colo., C.A. No. 75-M-539).—A class of residents of nursing homes in Colorado, and the State of Colorado itself, have challenged the Department's system of enforcing the conditions of participation in long term care facilities. Plaintiff's primary goal in this litigation is to compel the Department to modify its system of survey and certification of long term care facilities to be patient oriented rather than facility oriented. This would include the issuance of regulations that require facilities to implement patient care management systems. The action is still pending.

Stenson v. Blum, 476 F. Supp. 1331 (S.D. N.Y., 1979).—This case deals with required notice and hearing for New York Medicaid recipients terminated from Medicaid because they are no longer receiving SSI payments.

On September 18, 1979, the court ruled that New York was not only required under the Medicaid statute and regulations to give these Medicaid recipients notice and opportunity for a hearing, but do to an *ex parte* redetermination to determine whether they were eligible for Medicaid on some other basis. The case against the Secretary was dismissed.

Town Court Nursing Center, Inc., et al. v. Beal, et al., 586 F. 2d 266; 280 (3d Cir., 1978); *Klein, et al. v. Califano, et al.*, 586 F. 2d 250 (3d Cir., 1978).—These cases hold that Medicaid recipients have a constitutional right to some form of a pre-termination hearing when the facility in which they receive benefits is being decertified for failure to meet Federal standards, and that HEW must continue reimbursement during those proceedings. The Supreme Court granted cert in *Town Court*, and the case is awaiting decision.

II. THE OLDER AMERICANS ACT

Northwest Nebraska Community Action Council v. Califano, et al. (D.C. Nebr., 1979).—This is an action for declaratory and injunctive relief, and mandamus, brought by the Northwest Nebraska Community Action Council, nonprofit organization which had a contract during FY 1978 with the Western Nebraska Area Agency on Aging to provide nutrition services under the Older Americans Act. The action is brought against the area agency for deciding not to renew that contract and to provide the services directly itself, against the Nebraska Commission on Aging for approving the area agency's decision, and against the Secretary of Health, Education, and Welfare, and the Commissioner on Aging for acquiescing in that approval, and for not issuing revised regulations governing direct delivery of services by State and area agencies. Plaintiff also seeks a declaration that the failure to renew its contract was a violation of section 501(b) of the 1978 amendments to the Act. HEW filed an answer and then a motion to dismiss on jurisdictional grounds.

ITEM 6. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

JANUARY 18, 1980.

DEAR MR. CHAIRMAN: I am pleased to provide you with HUD's fiscal year 1979 annual report to the Senate Special Committee on Aging. An identical report has been submitted to Senator Domenici.

Sincerely,

MOON LANDRIEU, *Secretary*.

Enclosure.

I. NEIGHBORHOODS, VOLUNTARY ASSOCIATIONS AND CONSUMER PROTECTION COMMUNITY SERVICES PROGRAM

The Housing Consumer Programs Division maintains liaison with the Administration on Aging (AoA) and with national voluntary organizations dealing with the elderly. Numerous meetings have been attended and materials and information on services to the elderly exchanged.

Responsibilities assigned to the Division include participating in the development or revision of HUD policies, programs and procedures affecting the elderly; coordinating HUD elderly initiatives and responses; and representing HUD in activities with other Federal, State and municipal or private organizations relating to the elderly.

The Division also has the lead technical responsibility, in a joint effort with Housing, in designing and implementing the congregate housing services program. Under this pilot effort HUD will enter into 3-year contracts with public housing agencies and section 202 sponsors. The grantees will then provide meals and other necessary supportive services to elderly and nonelderly handicapped project residents to foster independent living and avoid premature institutionalization. (See further discussion under Housing.)

Agreements in effect between HUD and AoA on nutrition and social services for the elderly in HUD-assisted housing, as well as agreements between HUD and DOT and HUD and HEW, continue to produce joint programs and services. Approximately 1,300 local housing authorities and 100 section 202 projects have provided onsite facilities for the nutrition program, with some housing agencies acting as grantees and providing additional services such as recreation, health, nutrition education, information and referral, and transportation. These services also benefit elderly residents in surrounding neighborhoods.

The Division represents the Department on the Federal Council on Aging's Long-Term Care Committee, the AoA Task Force on Nutrition, and the Inter-agency Task Force on Information and Referral. The Division provides technical assistance on services to the elderly through the Community Services Branch (which has the responsibility for liaison with other Federal agencies and national organizations dealing with or representing the elderly), using regional coordinators and field office representatives.

NEIGHBORHOOD DEVELOPMENT SELF-HELP PROGRAM

Established as part of President Carter's urban policy, the Office of Neighborhood Development supports the efforts of neighborhood organizations engaged in neighborhood revitalization in low- and moderate-income communities. Neighborhoods receive technical assistance, information, and in the case of 21 organizations, capacity-building funds. The Office of Neighborhood Development works with community members to fight deterioration and restore social and economic health to their neighborhoods, including senior citizens through a wide range of programs, such as: Tenant organizing, housing rehabilitation, commercial revitalization, economic development, and the improvement of social services.

While many of the 21 local organizations funded by the Office of Neighborhood Development are not generally elderly-oriented, their activities can and do include projects designed to meet the needs of elderly residents. For example, in a recent contract, the Filmore-Leroy Area Residents, Inc., of Buffalo, N. Y., received \$115,000 to develop a home repair industry which will provide low-cost assistance to low-income and elderly residents in making necessary improvements to their dwellings in a 55-square block section of the city.

The Civic Action Institute, under a cooperative agreement with the Office of Neighborhood Development has developed 10 training modules of replicable neighborhood based technology projects that are being used in 5 workshops throughout the country. One of those modules focuses on delivery of services to the elderly and incorporating the elderly into neighborhood activities.

Also, the Chinatown Neighborhood Improvement Resource Center located in San Francisco's Chinatown has established a nonprofit corporation to undertake the adaptive reuse of buildings for the elderly. The first project was the conversion of a local YMCA to low-cost housing for the elderly in the overcrowded Chinatown community.

The Office of Neighborhood Development's youth community conservation improvement program (YCCIP) demonstration project funded several neighborhood development organizations (NDO's) and community development corporations (CDC's) that work with senior citizens. Demonstration funds were lined with other funding sources to develop comprehensive community improvement projects, including some especially for seniors. Five grantees funded under the demonstration program were also approved for funding under section 202 housing for the elderly or handicapped totaling over \$9.2 million for 495 units of new and rehabilitated construction located within their communities.

Two other grantees, North Ward Educational and Cultural Center (NWECC)/Newark and Southwest Virginia Community Development Fund (SVCDF)/Roanoke, were responsible for creating senior citizens centers in each of their communities which provide a centrally-located place for a multitude of activities. At NWECC, youth workers were utilized as a key portion of the labor force to build a structure attached to the existing cultural center's main building. The facility was fully insulated and equipped with special features to accommodate

the elderly and the handicapped. A bocci court was also provided as a novel feature of the recreational aspects. SVCDF renovated an abandoned furniture warehouse in the rural location of Botetourt County, utilizing youth workers training in construction. This facility was also insulated according to today's energy conservation standards. Some grantees had projects to improve seniors' homes: GRDC/Boston has also performed minor home repairs on four senior citizen's homes at an estimated cost of \$2,400. In addition, 10 senior citizen's homes were weatherized at a local cost of \$4,000. TWO/Chicago completed 40 weatherization projects of which 35 were senior citizens' homes. Also, 50 of TWO's 97 completed home repair projects were for senior citizens.

INTERSTATE LAND SALES REGISTRATION

Congress passed the Interstate Land Sales Full Disclosure Act in 1968, to give the public a measure of protection against fraudulent and deceptive land sales operations. The act is administered through HUD's Office of Interstate Land Sales Registration. Although the act is intended to provide protection for all consumers, it is evident that a great number of potential victims of fraudulent land sales could be the elderly.

The property report is the key to the protection available to consumers under the act, since developers are required by law to give the prospective purchaser a property report prior to or at the time of signing a contract. The disclosure contained in a property report covers such items as (1) existence of mortgages, liens and other encumbrances; (2) whether contract payments are set aside in a special (escrow) fund; (3) availability of recreational facilities or of wells and septic tanks.

In the last few years improvements in subdivisions, because of local controls, allegations of overregulation by the business community and increased congressional interest have caused OILSR to reassess its emphasis. Revised regulations which became effective on June 1, 1979, were the product of 2-years' efforts toward simplifying procedures for developers while simultaneously providing meaningful and readable disclosure for purchasers. The revised regulations, along with statutory changes, created new exemptions for sales programs where lack of disclosure to purchasers would not have an adverse effect. The new exemptions do not exempt a developer from the fraud provisions of the law. Other statutory amendments will likely establish exemptions for subdivisions in metropolitan areas and sales programs which are substantially "intrastate" in nature. Definitive requirements for these exemptions are expected to be operative within 6 months of enactment.

II. HOUSING

SECTION 8 IMPLEMENTATION

The problems of aging and the housing needs of the elderly are continual concerns of the Department. The implementation of the section 8 housing assistance payments program both encourages the construction of housing for the elderly projects and provides an alternative for those who prefer to avoid living in projects housing only elderly persons.

The section 8 program provides assistance to encourage the construction of new units, the substantial rehabilitation of units, and the use of standard existing units. It encourages the participation of both private developers and public housing agencies. And, importantly, section 8 can maximize the use of the existing housing stock, while inducing production of additional units in markets where the supply of existing housing is inadequate to meet the need.

The legislation requires that section 8 projects serve lower-income and very low-income families. Further, some projects are developed with a mix of assisted and unassisted families.

No family assisted under section 8 may pay more than 25 percent of its income for rent. The rental payment may be as low as 15 percent, however, depending on family income, size, and medical or other unusual expenses.

Several other features of the section 8 program are of special advantage to older Americans:

Eligibility for section 8 assistance has been expanded to include two or more unrelated elderly, disabled, or handicapped persons who are living together, or one or more such individuals living with another person who is essential to their care and well being;

FHA multifamily mortgage insurance programs are available to both section 8 developers and nonprofit sponsors to provide the project financing

for new construction or substantial rehabilitation. Public housing agencies may also finance construction or rehabilitation of section 8 assisted units by issuing tax-exempt obligations under section 11-B.

Another program feature of particular relevance to elderly citizens is the provision of congregate facilities. The term "congregate housing" generally refers to projects which have a central kitchen and dining facility and in which some or all of the dwelling units do not have full kitchens. The management, then has the responsibility to see that meals and other supportive services are made available to the residents as necessary. This arrangement permits some of the conveniences and economies of communal living to be built into rental projects, and allows elderly and nonelderly handicapped persons to remain semi-independent through provision of meals and supportive services. Assistance for such housing is available under the public housing section 202, section 8 and insured programs. There is a statutory limit of 10 percent, however, on the amount of annual contribution contract authority which may be used for this purpose for public housing in any fiscal year.

In fiscal year 1979, the Department reserved 321,447 section 8 units, of which 116,667 or 35 percent were for elderly. By the close of fiscal year 1979, the Department had issued 650,067 contract reservations since the inception of the program.

SECTION 202—DIRECT LOANS FOR HOUSING FOR THE ELDERLY OR HANDICAPPED

The section 202 program was first introduced as a part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction of housing for the elderly or handicapped. The program was intended to serve elderly persons whose income was above public housing levels but still insufficient to secure adequate housing on the private market. The section 202 program was amended by the 1974 Housing and Community Development Act to change the method of determining the interest rate (previously set at a maximum of 3 percent) and to permit the use of section 8 housing assistance payments for projects constructed or substantially rehabilitated under the program. The interest rate applying to all loans closed through September 30, 1980 is 9 percent during the construction period and 8½ percent thereafter.

HUD has been authorized to lend up to \$3.15 billion through fiscal year 1979. At the end of fiscal year 1979, 1,260 projects with more than 92,000 units had received fund reservations for about \$2.8 billion (unadjusted). This includes \$25 million which was allocated for the second year of a special demonstration for housing the chronically mentally ill, including elderly persons.

As of November 16, 1979, a cumulative total of 450 projects with over 49,400 units had been placed under construction since reactivation of the program. Of these, nearly 130 projects with about 13,300 units are already completed. A total of \$830 million, expected to finance the development of nearly 19,000 units, will be available for fund reservations for fiscal year 1980. Section 202 staff also continue to assist in the implementation of the congregate housing services program.

PUBLIC HOUSING

Legislative background.—Since its initiation under the U.S. Housing Act of 1937 (P.L. 412), low-income public housing has included the elderly as eligible residents. In 1965, however, the construction of dwellings specifically designed for the elderly was authorized. Low-income handicapped persons are also classified in the "elderly" category, though they do not have to meet the minimum age specification of 62.

In 1970, Congress enacted legislation urging public housing agencies to build congregate rental housing for the elderly and handicapped. The total amount of contracts for congregate units in public housing is limited to 10 percent in each fiscal year.

Fiscal year 1979 saw the introduction of congregate housing services as a HUD responsibility by act of Congress (title IV of P.L. 95-557, signed on October 31, 1978). This program provides for HUD's direct funding of meals and other supportive services in both public housing and section 202 housing for the elderly or handicapped. The program will start as a demonstration early in calendar year 1980. (See the section on congregate housing services program.)

Current statistics.—Overall, there are about 1,300,000 public housing units. A total of 44,372 units were completed in fiscal year 1979 compared to 12,811 in fiscal year 1978. An estimated 44 percent of all dwellings in public housing have elderly residents. HUD provides technical and professional as well as financial

assistance to PHA's for the planning, development and management of all public housing.

In fiscal year 1979, contract authority for public housing reservations covered 49,195 units—almost one-third of which were to be for the elderly. In addition, of 5,731 public housing units served for Indians, some 7 percent were designated for elderly Indians.

(Section 8 new construction projects owned by PHA's are not included in the above figures. Such projects are in many cases built for the elderly.)

Coordination with other Federal agencies.—Involvement of other Federal agencies in public housing for the elderly in terms of their providing supportive services has increased. Programs of the Department of Health, Education, and Welfare (especially those under the Administration on Aging (AoA)) have been drawn upon to serve nutrition and other needs (e.g., home-health care). With the mandate of the congregate housing services program, close collaboration between HUD and AoA is necessary. First steps toward implementing the program in 1979 included AoA involvement in the development of procedures for selecting grant recipients for the CHSP, and the exchange of information at field and Federal levels. This collaboration will be a continuing pattern.

Another instance of interagency coordination benefiting the elderly is the public housing urban initiatives program. Designed to direct funds to upgrade public housing agencies that are suffering extraordinary problems, the program commits a total of \$265 million over a 30-month period to simultaneously address economic, physical, and social problems in the 33 PHA housing projects under the initiative. It involves active participation by local governments, tenant organizations in the housing projects, and community and Federal agency representatives. A memorandum of agreement signed in October 1979 between the Office of Neighborhoods, Voluntary Associations and Consumer Protection, Public Housing, and the Administration for Public Services/HEW is one of the instruments to promote effective cooperation in community services, focusing on targeting title XX of the Social Security Act to the PHUIP grantees and involving staff effort at both the Federal and field levels.

The anticrime program is another special aspect of the urban initiatives effort involving three Federal agencies. The anticrime program is a comprehensive drive to reduce crime and vandalism in public housing projects and their neighborhoods in 39 localities. As lead agency, HUD in 1979 obligated \$20 million in modernization authority for physical design changes, plus \$2.25 million in Community Development Block Grant funding, including a neighborhoods voluntary associations and consumer protection set-aside for funding of technical assistance to tenant organizations. The Department of Labor (DOL) is committing \$8 million in youth community conservation improvement project funds to employ young housing project residents. The Law Enforcement Assistance Administration (LEAA) is committing \$340,000 from its victim/witness program, and \$1 million in juvenile justice funding. The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), an arm of HEW under the Public Health Service, will contribute approximately \$500,000. Results from this extensive cooperative program are expected to help alleviate problems of many tenants (including the elderly) involving PHA security and in the communities which receive these funds.

CONGREGATE HOUSING SERVICES PROGRAM

The Congregate Housing Services Program authorizes HUD to enter into 3- to 5-year contracts with eligible public housing agencies and section 202 borrowers for them to provide meals and other supportive services to eligible project residents. The services to be funded are those which encourage elderly and handicapped residents to remain independent and prevent premature or unnecessary institutionalization. The Congregate Housing Services Act specifically ties supportive services to housing in order to guarantee a long-term funding source for services, thus providing a better incentive for builders to produce congregate facilities. The linking of the software (services) with the hardware (housing) is a big step in resolving some of the problems that many elderly are experiencing. The Office of Housing has the overall lead in this program working jointly with the Office of Neighborhoods, Voluntary Associations and Consumer Protection, which has the technical lead.

The Congregate Housing Services Act provides a \$120 million authorization for a program of meals and other supportive services for the elderly and handicapped residents of public housing and section 202 housing. Ten million dollars was appropriated in fiscal year 1979. The first year applicants were restricted

to 3-year contracts, to allow the limited startup funds to be spread among a larger number of projects. Given an estimated cost of \$1,500 per year (and up) for elderly, and to \$5,500 per nonelderly handicapped person a year, an estimated 1,000 to 1,500 individuals will be served from the fiscal year 1979 allocation. These funds will be spent at an approximate rate of \$3 million per year, with a \$1 million holdback for inflation and necessary adjustments.

An Inter-Departmental Task Force was set up for this program, with HEW and with Agriculture (FmHA) representatives participating. In July 1979, a notice was issued to the HUD 10 regional offices requesting the names of 14 recommended applicants from each. Requests for grant applications were mailed to 140 selected PHA's and section 202 borrowers, and awards were announced on November 30, 1979. Funds were apportioned as follows: about 60 percent public housing and 40 percent section 202. Within the total, 85 percent were for elderly and 15 percent for nonelderly handicapped. Twenty percent of the total funds were designated for new construction projects.

The second year of program funding (fiscal year 1980) anticipates 5-year grants, 50 percent public housing and 50 percent section 202, and a ratio of 80-20 elderly and nonelderly handicapped. The new construction percentage will increase to one-third of the total.

An evaluation program is being developed to assess the effectiveness of program design and implementation. HUD's Office of Policy Development and Research has the lead role. We also expect to involve HEW (AoA) directly.

HUD foresees that this program will be a significant step in preventing the premature or unnecessary institutionalization of the frail or temporarily disabled residents of HUD public housing and section 202 projects. The availability of a secure and renewable funding source that fills in the gaps of existing programs is expected to create a greater demand for the construction of new congregate facilities in future years. The clear social value of maintaining the independence of elderly residents in HUD-assisted projects hopefully will prove to be a cost-effective means of responding to their long-term care needs within an independent living environment.

SECTION 231—MORTGAGE INSURANCE FOR ELDERLY HOUSING

Under section 231 of the National Housing Act, as amended, the Department is authorized to insure lenders against losses on mortgages used for construction or rehabilitation of rental accommodations for older persons (aged 62 years or more, married or single).

Section 231 is HUD's principal program for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program, and section 8 housing assistance payments can be made available.

During fiscal year 1979, the Department insured 21 projects consisting of 1,798 units, bringing the total number of projects currently insured under the section 231 program to 472 projects consisting of 63,647 units.

SECTIONS 221(d)(3) MARKET RATE AND 221(d)(4) OF THE NATIONAL HOUSING ACT—MORTGAGE INSURANCE PROGRAMS FOR MULTIFAMILY HOUSING

While these programs are not specifically for the elderly only, they are available to sponsors as alternatives to the section 231 program.

Sections 221(d)(3) and 221(d)(4) authorize the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures which give preference to tenants who are low- and moderate-income single persons over 62 years of age, or families with elderly heads of households. Priority in occupancy is given to those displaced by urban renewal or other governmental action. (Because they tend to be residential occupants of older and deteriorating urban neighborhoods, a greater proportion of older persons than younger persons are affected.)

In fiscal year 1979, 651 projects containing 65,978 units were insured under these programs. Since their inception, these programs have insured 7,048 projects containing 767,412 units, of which about 7 percent are for the elderly.

SECTION 223(f) MORTGAGE INSURANCE FOR THE PURCHASE OR REFINANCING OF EXISTING MULTIFAMILY HOUSING PROJECTS

This program offers mortgage insurance for existing facilities, including housing for the elderly, where repair costs do not exceed 15 percent of project value. The program can be used either in connection with the purchase of a project, or for

refinancing only. To the extent that real estate liquidity is enhanced, the availability of section 223(f) encourages investment in residential real estate of all kinds. Prior to its being added to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction.

SECTION 232—MORTGAGE INSURANCE FOR NURSING HOMES/INTERMEDIATE CARE FACILITIES

The primary objective of the section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. Since program enactment in 1959, the Department has insured mortgages for 1,264 facilities providing 144,026 beds.

Approximately 90 percent of the residents of nursing homes are elderly. HEW's medicare and medicaid programs have made it possible for many, who would not otherwise have been able to do so, to benefit from the services provided under this program.

During the year ending September 30, 1979, 28 firm commitments for insurance covering section 232 projects were issued, representing 3,512 new beds. Construction starts were achieved for 3,001 units.

The addition of subsection (i) to this program provided for FHA-insured supplemental loans to finance installation of fire safety equipment in these facilities. These loans are not limited to section 232 facilities and may prove useful in enabling conventionally financed nursing homes to comply with Federal and State requirements concerning fire safety.

Section 312 of the Housing and Community Development Amendments of 1978, Public Law 95-557, amends section 232 of the National Housing Act to allow space for day care for the elderly and others in nursing homes and intermediate care facilities with HUD-insured mortgages. The purpose of day care for the elderly and others is to provide protective care and offer social contacts with others, plus providing useful creative activities. Day care enables family members to work without having to worry about elderly or other infirm persons left alone at home all day. Additionally, day care is a cost saving measure and can prevent premature or unnecessary institutionalization. Proposed regulations have been published. Final regulations will be published shortly, with the program to be implemented in 1980.

III. POLICY DEVELOPMENT AND RESEARCH

Title V of the Housing and Urban Development Act of 1970 authorizes and directs the Secretary to undertake programs of research, studies, testing and demonstrations relating to the mission and programs of the Department. Section 815 of the Housing and Community Development Act of 1974 strengthened the role of HUD research in the areas of elderly and handicapped by specifically encouraging demonstrations related to the housing problems of members of special user groups, including the elderly and handicapped.

The HUD research program serves as a stimulus for positive change in housing and urban conditions by conducting research and by demonstrating new methods for application of government and private expertise to the solution of housing problems. The program serves as a national focal point for housing and community development research and as a central point for research, analysis, and data collection and dissemination on these issues for the Department.

The focus on research related to the problems of the elderly and handicapped is in HUD's program of Special Users Research, although other program areas such as Community Design Research and Economic Affairs also support research which impacts on the elderly and handicapped.

The mission of the Special User Group Research Program is to design, conduct and support research and demonstration projects whose results will improve housing conditions and related housing and community services for the elderly, the handicapped, and other members of identifiable special user groups. The Special User Research Program is conducted in the Office of the Deputy Assistant Secretary for Research.

CURRENT SPECIAL USER RESEARCH

The Office of Policy Development and Research has recently completed or is currently sponsoring several projects related to the housing problems of the elderly; additional projects will be undertaken during 1980. The following list demonstrates the scope of these recently completed and ongoing projects:

- Work continued on the design of a longitudinal study of the relationship between important changes which people experience as they grow older and various housing changes which they undertake. The national survey will be conducted annually for 10 years. Some of the housing activities to be investigated include alterations to the physical structure, routine maintenance, and shifting uses of rooms, as well as relocation to a different residence. Individuals selected for inclusion in the first year of the study will be followed during the subsequent years so that the data do not provide a one-sided picture of nonmovers.
- Another initiative, begun in 1978 and continued in 1979, was an evaluation of Baltimore's experimental home maintenance program. The program's objective is to help eligible households living within the target area with minor maintenance and repair problems which, if unattended, can lead to serious deterioration of individual properties as well as negative effects on neighborhood stability. Persons living in the area who are either 55 years of age or older, physically handicapped, or single parent householders are eligible for the program. Early evaluation results of this two-wave study form the basis for a multicity demonstration of the home maintenance and repair program concept which will be implemented in 1980.
- Work on the multicity demonstration of maintenance and repair assistance for the elderly has begun. The preliminary designs for the demonstration and evaluation were completed, and an agency program manual to guide the local service delivery agencies was begun and will be completed in 1980. Negotiations with several local, community based foundations which will help sponsor the demonstration were also begun. It is expected that actual enrollment and service delivery will begin in the summer of 1980.
- An interagency study of elderly victimization sponsored by HUD, the Administration on Aging, the Community Services Administration, and the Law Enforcement Assistance Administration in six cities around the country has been completed. The project had two purposes: to prevent victimization of the elderly and to provide services for those who are victimized. HUD provided the funding for the evaluation of the project, which has resulted in a three volume manual on developing an anticrime program to protect the elderly. The manual will be available in fiscal year 1980.
- An evaluation of the success of the orientation and training in assisting minority sponsors to participate in the 202 program was conducted. The section 202 program had a large percentage of minority applicants in 1978 and awarded a large percentage of the reservations to minority sponsors. Without this evaluation, however, we could not know if this was a result of our training efforts. The evaluation examined the experiences of several groups including those which were trained and applied successfully, those which were trained and applied unsuccessfully and those which applied without our training and were still successful; we discovered that while the training was not a primary indicator of success, it was very helpful.
- A companion to our book "Low Rise Housing for the Older People" is being prepared and will focus on the special design problems of providing midrise or high rise elevator buildings which meet the social needs of the elderly.
- The design work began for the evaluation for the congregate housing services program which is being jointly sponsored by the Office of Housing and Neighborhoods, Voluntary Associations and Consumer Protection. We expect to work closely with HEW evaluation staff, particularly those of the Administration on Aging.
- Several of our recent publications reflect concern for the elderly: (1) "Occasional Papers in Housing and Community Affairs," volume I. (2) "The Housing of Independent Elderly," and volume III, "Housing Options for the Elderly." (3) "How Well are We Housed? The Elderly." (4) "Annual Housing Survey: 1973—Housing Characteristics of Older Americans in the United States."

OTHER STUDIES

The second major focus of our Special User Research Program is on the handicapped; because much of that research has major implications for the elderly, it is appropriate to describe it here:

- An evaluation of the demonstration for housing the chronically mentally ill, including the elderly, which is being conducted by the Office of Housing is underway. Phase I examines the problems of implementing such a program. Phase II, which is now being designed, will examine the costs and benefits of such housing.

- A cost study of the implications of section 504 for the retrofitting of public housing, combined with a similar analysis of the costs of retrofitting for energy conservation and modernization, is near completion.
- A major accomplishment has been the development of a new American National Standard on accessibility for the handicapped, which has been accepted by the American National Standards Institute (ANSI) for publication as an ANSI standard. Although ANSI standards are voluntary, they gain the force of law by being referenced or included in State or local codes and Federal regulations. Our ANSI project also resulted in the publication of eight volumes of research reports which received a "Progressive Architecture" award last year.
- Construction has begun on several demonstration units which are being built to the new ANSI standard. Each unit will be carefully costed and compared to identical, but nonaccessible, units so we can identify the true cost of accessibility. These units will also be shown to the public and their market acceptability will be evaluated.

FUTURE RESEARCH

During this fiscal year (1980) the following efforts will be undertaken:

- Two contracts related to the multicity home maintenance demonstration will be awarded. One will be for an administrative agent to manage the multiple sites and to provide them with assistance in carrying out their programs, and the other will be for an independent evaluator.
- Another new contract will be with a professional group which will use a team of well known gerontologists to develop a research agenda on issues related to the housing needs of the elderly. The agenda will guide our program over the next several years.
- In 1980 we will spend most of our elderly portion of the Special Users budget continuing the longitudinal study, the Baltimore evaluation and the multicity demonstration. If additional funds are available, we will start one or two of the projects included in the new agenda.
- We will begin in late 1979 or 1980 a 6-month study of the housing needs of the elderly and handicapped in rural areas. Required under the pending Housing and Community Development Amendments of 1979, this study will attempt to look at housing resources available through HUD as well as the Farmers Home Administration.

IV. COMMUNITY PLANNING AND DEVELOPMENT

701 COMPREHENSIVE PLANNING ASSISTANCE

The Office of Community Planning and Development administers programs which affect the elderly and handicapped under the authority of the Housing and Community Development Act of 1974 and the "701" comprehensive planning and management assistance programs. The authorization is for the conduct of the community development block grant (CDBG) program, the comprehensive planning program, the section 312 rehabilitation program and the urban development action grant (UDAG) program. These programs are not specifically directed to the elderly (and handicapped), but activities benefitting these persons are eligible under the 1974 act as amended, and may be carried out by communities receiving community development funds or competing for discretionary moneys.

COMMUNITY DEVELOPMENT BLOCK GRANTS

All information is from fiscal year 1978 and fiscal year 1979 is not yet available. Chart I presents information on the programing of community development block grant funds for activities in neighborhoods where there is a low (0 to 9 percent of the population), medium (10 to 19 percent) and high (20 to 100 percent) concentration of elderly citizens. Entitlement communities are programing more than 50 percent of their funds for areas with a medium (10 to 19 percent) concentration of elderly.

Chart II shows the distribution of CDBG funds programed for major community development activities by areas of elderly concentration. In areas of high concentration, communities plan to increase the percentage of expenditure for all activities, particularly public services, service facilities and clearance related activities. In areas of medium elderly concentration, communities plan to increase their percent of expenditure for public services and service facilities while decreasing it for most other activities.

The distribution of housing assistance varies by the type of housing assistance planned by local communities. Thirty-three percent of the new construction planned by communities is targeted for elderly and handicapped households. This percentage of assistance would meet nearly 40 percent of the housing assistance goals for the elderly and handicapped in the fourth program year. Another 25 percent of their housing assistance goals would be met by rehabilitated housing and 29 percent by existing units.

Local plans for fiscal year 1978 called for 29 percent of their total housing assistance to be distributed among the elderly and handicapped. Elderly and handicapped households represented 33 percent of the total needy population.

A performance report for fiscal years 1975-77, based on a 147 cities sample-covering, shows that of housing for which a financial commitment was made, 52 percent of the units are to benefit the elderly and handicapped. In this same time period the elderly need was 33 percent of the total need for local housing assistance.

URBAN DEVELOPMENT ACTION GRANTS (UDAG)

The urban development action grant program provides grants to cities and urban counties which meet minimum standards of physical and economic distress. The purpose of the program is to improve the economic base of those cities and provide permanent low- and moderate-income jobs. The program seeks to attract private investment to distressed localities so that grants are approved competitively based upon how much private money is attracted by the UDAG grant, the number of jobs created and the seriousness of the economic problems of the locality. In 1979, a new criterion was added to the program, permitting localities which are not themselves eligible for UDAG to apply for grants to neighborhoods which are seriously blighted or have many low-income households.

Funds from the UDAG program can be used to carry out a variety of projects which particularly benefit the elderly including housing, improved commercial facilities, and new medical facilities. For example, Scranton, Pa., contains a nearly completed UDAG which contains housing for the elderly, a 180 bed nursing home and a physicians' office building. In this case, a \$450,000 UDAG grant for public improvements including roads and storm drainage drew a private sector commitment for \$2 million.

SECTION 312 REHABILITATION LOANS

Section 312 loans are direct loans to owners, and sometimes tenants of properties located in specific HUD assisted areas, the most common being community development block grant activity areas. The localities and cities receiving HUD block grant assistance process loan applications in conformance with the law and the regulations. The Congress has directed that priority be given to low- and moderate-income applicants or to applications of multifamily structures where the majority of tenants are of low- and moderate-income.

CHART I.—PERCENTAGE OF TOTAL EXPENDITURE OF FUNDS BY PERCENT OF ELDERLY CONCENTRATION BY NEIGHBORHOOD LOCATION, 1976, 1977, AND 1978

Neighborhood location	Low concentration (0 to 90 percent)			Medium concentration (10 to 19 percent)			High concentration (20 to 100 percent)			Total (per- cent)
	1976	1977	1978	1976	1977	1978	1976	1977	1978	
Residential.....	31.5	39.0	37.7	60.9	54.0	55.4	7.6	7.0	6.9	100
Central business district.....	9.6	14.4	7.8	54.4	54.7	42.3	36.0	30.9	49.9	100
Other commercial areas.....	25.6	40.1	43.1	49.6	48.0	43.4	14.9	11.1	13.6	100

CHART II.—PERCENTAGE OF RESIDENTIAL EXPENDITURES ON CDBG FUNDED ACTIVITY BY PERCENT OF ELDERLY CONCENTRATION, 1976, 1977, AND 1978

CDBG funded activity	Low concentration (0 to 9 percent)			Medium concentration (10 to 19 percent)			High concentration (20 to 100 percent)			Total (per- cent)
	1976	1977	1978	1976	1977	1978	1976	1977	1978	
Clearance related.....	33.2	42.5	35.1	59.1	48.4	48.8	7.8	9.2	16.1	100
Code enforcement.....	33.7	30.0	33.0	59.7	61.0	58.3	6.6	8.2	8.6	100
Public works.....	27.1	32.9	35.6	64.3	59.6	56.8	8.6	7.5	7.6	100
Housing rehabilitation loans and grants.....	28.9	34.3	33.9	64.2	57.5	56.7	6.9	8.1	9.5	100
Services related.....	27.2	55.1	38.5	61.4	42.4	44.4	11.3	2.5	17.1	100
Public services.....	35.8	43.0	39.0	56.4	51.2	53.2	7.7	5.8	7.9	100

Because so many of the elderly are low- and moderate-income persons, the rate of loans and dollars for the elderly in this program has steadily increased. Through 1979, 24.8 percent of the number of loans and 15.6 percent of the dollar amount went to applicants 62 years of age or older.

V. FEDERAL DISASTER ASSISTANCE ADMINISTRATION

The FDAA is no longer under the jurisdiction of the Department of Housing and Urban Development.

VI. NEW COMMUNITY DEVELOPMENT CORPORATION

By means of legislation passed in 1970, the Federal Government was empowered to guarantee mortgages for developers of large-scale new communities which met certain requirements, including provision of an economic base, construction of substantial amounts of low- and moderate-income housing, good physical and social planning, as well as adequate community amenities and facilities for education, health, culture, and recreation.

New community projects approved for Federal assistance provide housing, community facilities, and amenities which have special value for the elderly and handicapped. These include barrier-free access to public buildings, pathway systems separated from vehicular traffic, and ready access from homes to shopping, recreational facilities, and neighborhood facilities.

In 1975, a Departmental moratorium was issued on the acceptance of further applications from new community developers. In September 1978, former Secretary Patricia Roberts Harris ruled that the new town program would be phased down by 1981, with only a few viable projects continuing development. Currently eight new communities are still being developed.

RESEARCH

In coordination with HUD's Office of Policy Development and Research, the New Community Development Corporation has sponsored a research study to design whole villages in new communities to be barrier-free and, thereby, accessible to the elderly and handicapped. Two new communities—St. Charles, Md., and Harbison, S.C.—were used as case studies to develop the process, manuals, design and cost materials for barrier-free planning. Both new communities pledged to seriously consider implementing the recommendations of the study.

The contractor, Peoples Housing, Inc., has submitted a final draft report; when the report has been approved, it will be made available to the public.

NEW COMMUNITY PROJECTS

Seven of the HUD assisted new communities have completed or are building housing projects for the elderly. On Roosevelt Island, N.Y., 284 units for the

elderly and handicapped have been completed, and rented. The developer continues to work with the City of New York on programs to utilize the 8,000-square foot ground floor activity center, which contains offices, meeting rooms and a fully-equipped kitchen and dining facilities. Roosevelt Island residents have ready access to health services offered by existing hospitals on the Island. Barrier-free access to building and facilities is provided in the new community design and the apartment structures are multiuse, some containing schools and social services. Private autos are banned from the Island's streets and minibus transportation provides ready access throughout. An aerial tramway is now operating between the Island and Manhattan.

St. Charles, Md., opened a 96-unit housing project assisted by 221(d)(4) financing. Half of these units are rented by elderly persons. St. Charles also has completed 308 units of section 236 housing partially for the elderly. Both these projects consist of single-story quadruplex housing, making them more easily accessible to elderly and handicapped. Additionally, they are sited conveniently to shopping and transportation. Finally, St. Charles will start construction on a 136-unit section 8 elderly project in early 1980.

Harbison, S.C., has a 110-unit section 202/8 project that went under construction in 1979. Harbison also has 20 additional units for the elderly that will go under construction in early 1980.

Jonathan, Minn., has completed a 114-unit section 8 project that is now fully occupied.

Park Central, Tex., has a 150-unit section 8 project in processing which began construction in 1979.

Maumelle, Ark., has a 96-unit project under construction, of which 20 elderly units will be assisted under the section 8 program.

In addition, Maumelle has a 700-plus unit elderly life care facility in the preliminary design phase with intermediate and extended care facilities and congregate housing, as well as section 8 assisted and life lease independent living units.

VII. FAIR HOUSING AND EQUAL OPPORTUNITY

Congress passed the Age Discrimination Act of 1975 to prohibit discrimination on the basis of age in programs or activities receiving Federal financial assistance. The Department of Health, Education, and Welfare is the agency responsible for coordinating the Government-wide implementation of the Age Discrimination Act.

Under HEW's Government-wide implementation plan each Federal agency was asked to publish a proposed regulation defining Age Discrimination Act policies and procedures which apply to recipients of Federal financial assistance.

HUD has recently completed its proposed regulation and is in the process of internal review and comment.

VIII. OTHER INTERAGENCY COOPERATION

INTERDEPARTMENTAL AGREEMENTS

Services to the Elderly in HUD-Assisted Housing

HUD and the Administration on Aging have identified joint objectives to promote maximum coordination using HUD's section 202 programs and AoA's former title III and VIII programs to provide joint planning, programing and implementation of activities which will:

(1) Encourage the development of comprehensive coordinated services to older persons in HUD-assisted housing, and focus on the inclusion of such services in new and substantially rehabilitated housing;

(2) encourage the involvement of elderly citizens in the planning of projects proposed under section 202/8;

(3) promote maximum cooperation between HUD's Neighborhood and Consumer Affairs Representatives, and AoA's regional, State and area agencies on aging; and

(4) provide joint training or technical assistance for HUD field staff administering the production and management of the section 202 program with respect to the social aspects of site selection, architecture, service space requirements, project management, function and responsibilities of sponsors, available social services and related matters dealing with elderly and handicapped.

Nutrition—Title III (per the 1978 amendments to the Older Americans Act)

HUD recognizes that the Administration on Aging (AoA) shares with it a common interest in serving residents of elderly housing through the title III nutrition program for older Americans and that a number of HUD housing developments for the elderly can offer facilities in their community space to serve as sites for the AoA nutrition projects, serving at least one hot meal a day not only to residents of the development but also to other elderly of the community.

Therefore, local housing authorities and the management of other HUD assisted housing for the elderly have been encouraged by HUD field offices to make contact with the State agency on aging. They also identified the number of elderly residents reachable through the housing development; informed the State agency on aging about the community space and facilities that can be made available; ascertained from the State agency on aging how and when participation may be brought about; and, where instructed by HUD that modernization program funds can be utilized to accomplish alterations necessary in community space to accommodate meal preparation and service, recommended so doing.

Efforts are underway to update and rewrite both the Nutrition and the Social Services portions of the existing interagency agreements, and to expand them to cover efforts under the congregate housing services program (CHSP), including direct AoA involvement in the evaluation.

Transportation

Management of HUD-insured housing for the elderly, section 202 direct loan projects, and local housing authorities have been urged to establish and maintain relations with their local transit authority and to explore: working with local government to implement reduced rates for the elderly and handicapped; adjusting schedules to accommodate the special transportation needs of the elderly and handicapped; and obtaining from local transit authorities special services, facilities or lowered fares.

The management of HUD-assisted housing for the elderly and handicapped and local housing authorities are also encouraged to post the transit maps and transit schedules of local transit authorities.

Energy

The Department advises its field offices about elderly-related energy conservation efforts and suggests that these offices provide State and area offices on aging with information concerning HUD home repair programs. In addition, the Department suggests to its field offices that they initiate discussions with State and area agencies on aging concerning the use of community space in HUD-assisted elderly projects for energy conservation-related activities.

Information and Referral

The Department regularly provides directories of HUD-assisted housing for the elderly and HUD issuances pertaining to the elderly to the National Clearinghouse of Aging and has reaffirmed that HUD area and insuring offices can answer general questions on elderly housing availability, eligibility for occupancy and other questions of this nature. In addition, the Department has agreed that HUD-assisted projects can provide a conduit for appropriate aging information and materials, and that these elderly projects may, in some instances, be able to provide information and referral sites in community space.

A member of the Community Services staff represents HUD and attends regular meetings of the Interdepartmental Task Forces on Information and Referral. The Task Force has produced and "I & R Guide," which has been distributed to all HUD field offices for their information and distribution to agencies and organization in their jurisdictions.

Alcoholism

A HUD-HEW agreement is being formulated to organize and present a series of alcoholism outreach programs in selected PHA's across the country. These alcoholism programs are designed to deal with the problems of alcoholism as it affects family life with great emphasis on youth and the elderly.

ITEM 7. DEPARTMENT OF THE INTERIOR

JANUARY 16, 1980.

DEAR SENATOR CHILES: In response to your October 5, 1979, letter requesting information for your annual report, "Developments in Aging," we are submitting three copies of the reports from bureaus whose programs impact directly or indirectly on the elderly. In addition, a memorandum concerning court decisions rendered during fiscal year 1979, signed by the Acting Solicitor is also attached.

Sincerely,

CECIL D. ANDRUS, *Secretary*.

Enclosures.

OFFICE OF THE SOLICITOR

JANUARY 4, 1980.

Memorandum To: Director of Budget.

From: Acting Solicitor.

Subject: Court cases rendered during fiscal year 1979 regarding age discrimination.

Please be advised that there were no court decisions rendered during fiscal year 1979 regarding age discrimination. However, there was a court decision rendered during fiscal year 1980 regarding this subject.

The case (No. 79-0269), *Donald R. Moysey v. Cecil D. Andrus, et al.*, was rendered on December 18, 1979. Mr. Moysey was reemployed as a disability annuitant over age 60, and was appointed to a competitive position. Under 5 USC § 3323b, he could be terminated at will, and was terminated effective May 1977. Thereafter, he filed an Equal Employment Opportunity complaint and sued the Department of the Interior and the Office of Personnel Management under the theory that the Government's retirement scheme as interpreted by the Department of the Interior and the Office of Personnel Management violated the Age Discrimination Employment Act (29 USC § 633a). The court agreed.

FREDERICK N. FERGUSON,
Acting Solicitor.

WATER AND POWER RESOURCES SERVICE

REPORT ON AGING, FISCAL YEAR 1979

Appropriation, program/activity:

*Obligations or
expenditures,
fiscal year 1979*

Job Corps funds appropriated to Department of Labor and transferred to the Water and Power Resources Service for operation of Job Corps centers. Labor costs provided by employees of Job Corps at no cost to senior citizens' organizations. (Activities included construction and rehabilitation of three senior citizens' centers in the State of Washington and preparation and serving of 7,000 meals for the local "Grey Gourmet" organization in Collbran, Colo.)-----	\$62, 500
Youth Conservation Corps funds are appropriated to the Forest Service and transferred to the Water and Power Resources Service for operation of YCC camps. (Activities included construction of rest areas near bike paths and senior citizens' housing, picnic tables and fishing access facilities, and ramps to restrooms; construction of concrete building for senior citizens adjacent to existing public library; construction of concrete stairways with handrails and extended platforms for resting in the California, Arizona, and Colorado areas.)-----	46, 000
Young Adult Conservation Corps funds are appropriated to the Department of Labor and transferred to the Water and Power Resources Service for operation of YACC camps. (Activities included construction of trails and bridges, amphitheaters, and sidewalks in the California area; painting buildings and recreation facilities in Utah; and construction of wheelchair ramps and fishing docks and shelters in the Texas and Colorado areas.)----	17, 500

NATIONAL PARK SERVICE

REPORT ON AGING, FISCAL YEAR 1979

Appropriation, program/activity: Operation of the National Park System. The National Park Service operates 323 parks located throughout the country. Many of these parks are visited quite often by the elderly. A special pass "The Golden Age Passport" is available; it entitles the holder to enter parks without paying an entrance fee. The Service has made a special effort recently to make certain that those with mobility problems can use the parks. Obligations, fiscal year 1979, \$368,724,000.

BUREAU OF INDIAN AFFAIRS

OFFICE OF INDIAN SERVICES, DIVISION OF HOUSING ASSISTANCE

REPORT ON AGING, FISCAL YEAR 1979

Appropriation, program/activity: Describe briefly the program or activity which impacts directly or indirectly on the elderly. The Bureau of Indian Affairs has a housing improvement program (HIP) which is a repair and renovation program of existing housing on Indian reservations and in Indian communities. This program is aimed at improving the standards of housing for those people who are not qualified to receive this assistance from any other source. Although eligibility to participate in HIP is not based upon the age of the applicant but rather upon need for decent housing, a good many recipients of HIP involve elderly since their qualifications and participation in other federally assisted programs are more unlikely. Obligations of expenditures, fiscal year 1979, \$2.5 million.

ITEM 8. DEPARTMENT OF JUSTICE (LAW ENFORCEMENT ASSISTANCE ADMINISTRATION)

JANUARY 17, 1980.

DEAR MR. CHAIRMAN: This is in response to your letter requesting information from the Law Enforcement Assistance Administration for use in the Special Committee on Aging's annual report, "Developments in Aging."

The Justice System Improvement Act of 1979, enacted on December 27, 1979 (Public Law 96-157), reauthorized and restructured the Justice Department's assistance program for State and local law enforcement and criminal justice improvement. The act built upon the strengths of the former Law Enforcement Assistance Administration program.

Four new entities were established by the 1979 act. The Law Enforcement Assistance Administration will continue to administer a formula grants program providing direct funding to States and units of local government for projects they deem appropriate to meet their own law enforcement and criminal justice needs. LEAA will also make national priority grants to replicate programs of proven success, as well as discretionary grants to accomplish a number of specified purposes.

The National Institute of Justice (NIJ) supports basic and applied research into justice issues, funds demonstration programs to test the effectiveness of different approaches to justice problems, evaluates various projects, and disseminates information. The Bureau of Justice Statistics (BJS) provides a variety of statistical services for the criminal justice community. The Office of Justice Assistance, Research, and Statistics, coordinates and provides staff support for LEAA, NIJ, and BJS.

The Administrator of LEAA and the Directors of NIJ and BJS have final authority to award grants. Each entity can continue the support of programs designed to measure, reduce and prevent crime against the elderly and otherwise assist senior citizens in their dealings with the criminal justice system. For the full information of the Special Committee on Aging, a fact sheet describing in more detail the provisions of the Justice System Improvement Act is enclosed.

Information submitted for previous volumes of "Developments in Aging" regarding the types of programs for senior citizens receiving LEAA support remains valid. The National Criminal Justice Reference Service, Box 6000,

Rockville, Md. 20850 has a wide range of information on programs for senior citizens available for distribution to interested individuals and organizations, usually at no cost. Included are annotated bibliographies on crime against the elderly as well as general interest publications such as the "Crime Prevention Handbook for Senior Citizens." Examples of these documents have previously been provided to the Special Committee on Aging.

For further reference, I am enclosing a copy of a letter¹ to you of August 22, 1979, in which Henry Dogin, former Administrator of LEAA, described programs receiving support in more detail. I trust this information will be useful to preparation of "Developments in Aging." The continued interest of the Special Committee on Aging in the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

HOMER F. BROOME, JR.,
Acting Administrator.

Enclosures.

THE JUSTICE SYSTEM IMPROVEMENT ACT

FACT SHEET

The Justice System Improvement Act of 1979, enacted on December 27, 1979 (Public Law 96-157), reauthorized and restructured the Justice Department's assistance program for State and local law enforcement and criminal justice improvement. The act built upon the strengths of the former Law Enforcement Assistance Administration program, which was established in 1968.

Four new entities were established by the 1979 act: The Office of Justice Assistance, Research, and Statistics (OJARS), the Law Enforcement Assistance Administration (LEAA), the National Institute of Justice (NIJ), and the Bureau of Justice Statistics (BJS). Each is under the general authority of the Attorney General. Programs established by the Justice System Improvement Act are authorized for 4 years, through fiscal year 1983, with fiscal year 1980 a transition year from the previous legislation.

The maximum authorized appropriation for each year is \$25 million each for NIJ, BJS, and LEAA's community anticrime program, and \$650 million for other LEAA programs. At least 19.15 percent of the funds actually appropriated must be used for juvenile delinquency programs, with primary emphasis on programs aimed at juvenile criminal offenders. This is in addition to amounts authorized separately under the Juvenile Justice and Delinquency Prevention Act of 1974, as amended. Such sums as are necessary are authorized for the Public Safety Officers' Benefits Act, under which LEAA provides a \$50,000 gratuity to the survivors of public safety officers killed as the result of a personal injury sustained in the line of duty.

OFFICE OF JUSTICE ASSISTANCE, RESEARCH AND STATISTICS

OJARS coordinates and provides staff support for LEAA, NIJ, and BJS. The Administrator of LEAA and the Directors of NIJ and BJS have final authority to award grants. OJARS resolves differences among the three funding agencies and helps set policy for LEAA's national priority and discretionary grant programs.

LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

Formula grants program.—80 percent of the funds appropriated for parts D, E, and F of the Justice System Improvement Act is allocated to the formula grants program (part D). Funds are distributed to States and territories on the basis of either population or, if justified by appropriation levels, a four-part formula taking into account relative population, crime rate, tax rate, and criminal justice expenditures. In each State, a Criminal Justice Council develops a 3-year application for funds and generally sets statewide priorities. \$200,000 of each State's formula grant, plus \$50,000 for a Judicial Coordinating Committee, can be used for administrative costs without match. In addition, each State can use up to 7½ percent of its allocation for administration if matched on a dollar-for-dollar basis.

¹ Retained in committee files.

Within each State, cities, counties, and combinations of jurisdictions with a population of 100,000 or more are eligible to receive a share of the State's allocation if the entitlement jurisdiction expends at least 15 percent of total State and local criminal justice expenditures, and provided that the jurisdiction would receive at least \$50,000. The amount each jurisdiction receives is computed using a weighted formula which takes into account criminal justice expenditures relative to the total within the State. Each entitlement jurisdiction determines which particular projects are to be funded with its allocation. The State Criminal Justice Council makes the final decisions on projects which will be supported for statewide benefit or within jurisdictions not receiving an entitlement.

The Federal share of the cost of projects funded under the formula grants program is up to 90 percent, with cash match provided for the rest. Match can be waived in hardship cases and for Indian tribes. Funds can be expended only for programs which have been proven to be effective, which have established a record of success or which offer a high probability of improving the criminal justice system. Construction is prohibited, although renovation and repair of facilities are allowed. Equipment may be purchased only where the equipment is an incidental and necessary part of an improvement project.

National priority grants.—Ten percent of the total parts D, E, and F appropriation is reserved for the national priority grants program (part E). Grants are provided to State and local governments to replicate programs that have been shown to be effective or innovative and to have a likely beneficial impact on criminal justice. Grants require a 50 percent match, however, the match may come from any source of funds, including formula grant moneys. Proposed programs are published in the Federal Register. National priority grants may support projects for up to 3 years, with an additional 2 years permitted if the project is evaluated and shown to be effective.

Discretionary grants.—The remaining 10 percent of the appropriation for parts D, E, and F is retained by LEAA for discretionary grants (part F). Funds may be used to support the activities of State and local governments and private nonprofit organizations to accomplish a number of purposes specified in the act. Grants may be for up to 100 percent of the costs of a project.

Community anticrime.—Through the Office of Community Anticrime Programs, LEAA is authorized to make grants and provide technical assistance directly to citizens groups and neighborhood organizations. The funds are used to encourage individuals to become directly involved in crime prevention and reduction efforts.

Training and manpower development are authorized by part G of the Justice System Improvement Act. Specific authority is provided for education and training programs designed to enhance the skills of criminal justice practitioners.

NATIONAL INSTITUTE OF JUSTICE

NIJ supports basic and applied research into justice issues. Programs are evaluated and their impact on the quality of justice is assessed by NIJ. Demonstration programs are funded to test the effectiveness of different approaches to law enforcement and criminal and civil justice problems. A wide range of information is available for dissemination to interested individuals and organizations. The Director of NIJ is assisted by a 21-member advisory committee appointed by the President.

BUREAU OF JUSTICE STATISTICS

BJS provides a variety of statistical services for the criminal justice community. It recommends standards for the generation of data, analyzes and disseminates statistics, and provides for the security and privacy of criminal justice statistics. It aids State and local governments in the development of the data base and the information and communication systems needed to improve the effectiveness of the criminal justice system. The 21-member BJS Advisory Board is appointed by the Attorney General.

ITEM 9. DEPARTMENT OF LABOR

FEBRUARY 7, 1980.

DEAR MR. CHAIRMAN: Enclosed, as per your request, is a summary of the programs and activities of the Department of Labor for 1979 related to aging. This summary describes the services provided under programs administered by our Employment and Training Administration, Employment Standards Administration, and pension and welfare benefits program. I hope this will be of assistance to you in preparing your report, "Developments in Aging."

Sincerely,

RAY MARSHALL, *Secretary.*

Enclosure.

EMPLOYMENT AND TRAINING ADMINISTRATION PROGRAMS

The Employment and Training Administration has responsibility for providing or administering employment, training, and related services for the Nation's older citizens through a part-time community service employment program, comprehensive employment and training, and public service employment programs, and the public employment service system.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The U.S. Department of Labor administers the senior community service employment program (SCSEP). This program, authorized by title V of the Older Americans Act, offers subsidized part-time employment to low-income persons age 55 and above. Program participants work an average of 20-25 hours a week in a wide variety of community service activities and facilities including day care centers, schools, hospitals, senior centers, and beautification, conservation, and restoration projects. In addition to subsidized community service jobs, SCSEP participants receive yearly physical examinations, personal and employment-related counseling, job training and in some cases referral to unsubsidized jobs.

Activity under this program was, in earlier years, sponsored by a group of five national-level organizations: Green Thumb, Inc.; the National Council of Senior Citizens; the National Council on the Aging; the National Retired Teachers Association/American Association of Retired Persons; and the U.S. Forest Service. Until July 1, 1977, they sponsored all local projects being conducted in 47 States, Washington, D.C., and Puerto Rico. In the July 1976 through June 1977 program year, the Department also awarded SCSEP grants directly to three State governments and four territories not covered by the national organizations (Alaska, Delaware, Hawaii, American Samoa, Guam, The Trust Territories of the Pacific Islands, and the Virgin Islands).

During the program year of July 1976 through June 1977, the SCSEP subsidized about 15,000 jobs. Financial support for that period was provided by a \$55.9 million supplemental appropriation that was made in the last quarter of fiscal year 1976.

In the program year of July 1977 through June 1978, SCSEP was expanded to a new total of 37,400 jobs. Financial support for this period was provided by \$90.6 million from the fiscal year 1977 appropriation and \$59.4 million from the Economic Stimulus Appropriations Act, bringing total funding for this period to \$150 million.

Funding for the 1978-79 program year totaled \$200.9 million. This supported 10,100 new community service jobs, increasing the total jobs to 47,500. A report covering SCSEP activities for the program year ending June 30, 1979, follows.

Beginning with the 1977-78 program year, SCSEP funds were divided with 80 percent going to national sponsors and 20 percent going to State governments. Without regard to the sponsoring organization, however, funds are allocated so that each State receives an equitable share of the total appropriation based on the number of eligible individuals.

In addition to the five national organizations that have historically operated SCSEP projects, the Department added three new national sponsors in July 1978. Selected through a competitive process were the National Urban League, the

Asociacion Nacional pro Personas Mayores, and the National Center on Black Aged.

The fiscal year 1979 appropriation for SCSEP was \$211.7 million. This was not sufficient to sustain the 47,500 jobs, and an additional \$8.9 million was provided in a supplemental appropriation. The \$220.6 million in total funding thus supported continuation of the 47,500 jobs during the 1979-80 program year.

The fiscal year 1980 appropriation for SCSEP is \$266.9 million. This provides for 4,750 new jobs, a 10 percent increase, bringing the total SCSEP jobs to 52,250. A portion of the appropriation will be released early in 1980, in order that the 4,750 new jobs can be filled before July 1, 1980, the start of the 1980-81 program year. (The remainder of the funds will be released at that time.) The 4,750 jobs will be divided so that 55 percent (2,612 jobs) are administered by State sponsors and 45 percent (2,138 jobs) are administered by national sponsors. The other 47,500 jobs will be allocated in the same manner as in the past.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM PERFORMANCE REPORT FOR
THE PROGRAM YEAR ENDING JUNE 30, 1979

I. Enrollment levels:		
Enrollees carried over from 1977-78 program year	-----	41,468
New enrollees	-----	25,626
Unsubsidized placements	-----	5,839
Other terminations	-----	13,066
Current enrollment (as of June 30, 1979)	-----	48,189
II. Summary of characteristics—persons actually enrolled as of June 30, 1979 (48,189 persons):		
Sex:		<i>Percent</i>
Male	-----	35
Female	-----	65
Education:		
8th grade and under	-----	39
9-11	-----	22
12	-----	26
1-3 years college	-----	10
4 years college and above	-----	3
Family income at or below poverty level	-----	96
Veteran	-----	9
Ethnic group:		
White	-----	69
Black	-----	22
Hispanic	-----	6
American Indian/Alaskan	-----	2
Asian/Pacific Islands	-----	1
Age:		
55-59	-----	22
60-64	-----	28
65-69	-----	27
70-74	-----	15
75 and over	-----	8
III. Areas of community service in which participants were employed as of June 30, 1979:		
Services to the general community	-----	49
Education	-----	11
Health/hospitals	-----	4
Housing/rehabilitation	-----	1
Employment assistance	-----	1
Recreation/parks/forests	-----	9
Environmental quality	-----	2
Public parks and transportation	-----	5
Social services	-----	10
Other	-----	6

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM PERFORMANCE REPORT FOR
THE PROGRAM SERVICE ENDING JUNE 30, 1979—continued

III. Areas of community service, etc.—Continued	Percent
Services to the elderly.....	51
Project administration.....	6
Health and home care.....	5
Housing/home rehabilitation.....	3
Employment assistance.....	1
Recreation/senior citizens.....	8
Nutrition programs.....	12
Transportation.....	3
Outreach/referral.....	10
Other.....	3

IV. Average hourly wage as of June 30, 1979: \$3.

COMPREHENSIVE EMPLOYMENT AND TRAINING PROGRAMS AND PUBLIC SERVICE
EMPLOYMENT PROGRAMS

Persons in all working age groups participate in activities under the Comprehensive Employment and Training Act (CETA), which provides for comprehensive employment and training programs and public service employment. On October 27, 1978, President Carter signed the CETA amendments of 1978 (Public Law 95-524) into law. One of the changes in the statute was a major reordering of programs under different titles. The following table indicates the numbers of persons in the upper age groups who participated in comprehensive employment and training programs (new title II-A, -B, -C) and public service employment (new titles II-D and VI) during fiscal year 1979 (October 1978–September 1979) and the persons in these age groups.

CETA, FISCAL YEAR 1979¹

	Total	Percent	Title II- A, B, C	Percent	Title II-D	Percent	Title VI	Percent
Total participants.....	2, 371, 886		1, 136, 933		456, 454		778, 499	
45 to 54.....	154, 951	6.5	48, 288	4.2	39, 712	8.7	66, 951	8.6
55 plus.....	106, 044	4.5	32, 860	2.9	26, 474	5.8	46, 710	6.0
45 and over.....	260, 995	11.0	81, 148	7.1	66, 186	14.5	113, 661	14.6

¹ Preliminary estimates.

The new CETA amendments were fully implemented by March 31, 1979, and regulations to effect changes made by the 1978 amendments for programs under titles II and VI went into effect on April 1, 1979. The reauthorization and implementing regulations provide a strengthened focus on the employment problems of older workers. Title II (the new title for comprehensive employment and training programs) specifically provides that the Secretary of Labor shall insure that prime sponsors' plans provide the details of the specific services to be provided to individuals who are experiencing severe handicaps in obtaining employment, including those who are 55 years of age and older. Title III of the new statute provides broad authority for research and training policies and programs to focus on providing older workers a more equitable share of employment and training resources to reflect their importance in the labor force.

In developing the regulations, the Department had a series of major objectives which were intended to enhance the effectiveness of CETA programs. These include targeting services to persons most in need and providing equitable services to significant segments of the eligible population (age, race, sex and national origin groups); ensuring comprehensive planning and delivery through coordination of the various employment and training activities; focusing on the transition of participants into unsubsidized employment; and providing for improved management control to ensure the integrity and efficiency of the program and to prevent program fraud and abuse.

OLDER WORKERS INITIATIVES

Under section 215 of the Comprehensive Employment and Training Act, the Department of Labor, through prime sponsors, implements programs to develop work modes that make it possible for older workers to remain on the job, as well as providing retraining and other support activities. A recent Employment and Training Administration survey found that a number of CETA prime sponsors are planning on substantially increasing their level of effort for older Americans. Of the fiscal year 1980 prime sponsors, 89 prime sponsors currently have special programs for older Americans. The study also shows that the prime sponsors with special programs plan on serving some 12,100 older Americans in 135 projects during fiscal year 1980. (As of November 30, 1979, 4,200 were enrolled in these projects.) It should be noted that this number reflects only those individuals to be served by special programs for older workers. It does not include older Americans served by prime sponsors without special programs through regular CETA programs.

The total planned funding level for programs for older Americans during fiscal year 1980 is \$20,933,328. This amount does not include those funds which will be expended by prime sponsors which do not have plans for special programs for older Americans.

CETA-NATIONAL PROGRAMS

On April 1, 1977, the Department of Labor provided the Administration on Aging (AoA) with CETA discretionary funds to continue 15 grants for older worker employment projects which were originally authorized under title X of the Public Works and Economic Development Act. These projects were later administered and funded by the Employment and Training Administration through direct grants.

During 1978, as many as 5,300 persons were employed in the program. However, the Department has encouraged a gradual reduction in the number of enrollees through a transfer of enrollees into title V of the Older Americans Act or into unsubsidized jobs. Currently, about 2,200 persons are working in the program. The remaining participants who do not transfer into other jobs or programs will be supported until September 30, 1980, after which time the availability of funding is uncertain.

The Employment and Training Administration has budgeted \$10 million for this purpose.

EMPLOYMENT SERVICES TO OLDER WORKERS

BACKGROUND

Within the broad framework of the Wagner-Peyser Act of 1933, as amended which established the Federal-State employment service system, the State employment services provide intensive counseling, assessment, job development, placement, and referral to training and social services to meet the employment-related needs of middle-aged and older jobseekers.

The ultimate objective of these services is to minimize the duration of unemployment experienced by men and women who lose their job when in their mid-forties or later years, and to assist all middle-aged and older workers in obtaining and remaining in employment which utilizes their highest skills.

Although the unemployment rate for middle-aged and older workers is lower than for the younger age groups, the duration of unemployment experienced by men and women who lose their job when in their midforties or later tends to increase. The Age Discrimination in Employment Act (ADEA) of 1967, as amended, recognizes this trend in its coverage of most workers who are at least 40 years of age but less than 70. For purposes of recordkeeping and statistical reporting, the employment service uses age 45 as a reference point for the term "older workers."

FISCAL YEAR 1979 ACCOMPLISHMENTS

In fiscal year 1979, the State employment services placed 389,098 individuals age 45 and over in jobs. This reflects the placement of more than half of the older workers referred by State employment service offices to job openings as well as the placement of nearly 20 percent of all new and renewal applicants age 45 and over. This placement figure also represents the significant increase in fiscal year 1979 in the number of older workers for whom job development contacts were made—just over 23 percent of whom were placed as a result of these job development contacts.

The following table "Employment Services for Older Workers" provides comparative data on public employment services to jobseekers age 45 and over, 55 and over, and to all applicants regardless of age.

A total of 120,851 veterans age 45 and over were placed in jobs by the State employment services in fiscal year 1979.

The public employment services in Arkansas, Florida, Georgia, Illinois, Massachusetts, and Virginia augmented their staff with specially trained low-income retired men and women who work on a half-time basis providing intensive job development and community outreach services for applicants age 55 and over. Similar services are also provided in the California, Michigan, Ohio, and Texas State employment services.

EMPLOYMENT SERVICES FOR OLDER WORKERS, FISCAL YEAR 1979

[Numbers in thousands, except percent]

Employment services for older workers	Fiscal year 1979 (all fund sources)			Change from a year ago ¹ (percent)		
	Total	Age 45 and over	Age 55 and over	Total	Age 45 and over	Age 55 and over
New applicants and renewals.....	15,524.8	1,970.7	823.6	0.4	-2.2	-2.8
Individuals referred to job openings.....	8,156.8	776.5	292.8	-1.4	INA	INA
As percent of new applicants and renewals.....	52.5	39.4	35.6	(53.5)		
Individuals placed in a job.....	4,537.2	389.1	149.3	-1.9	-4.8	-2.8
As percent of individuals referred to job openings.....	55.6	50.1	51.0	(55.9)		
As percent of new applicants and renewals.....	29.2	19.7	18.1	(29.9)	(20.3)	(18.1)
Individuals counseled.....	1,071.8	127.7	46.2	2.2	4.0	8.3
As percent of new applicants and renewals.....	6.9	6.5	5.6	(6.8)	(6.1)	(5.0)
Individuals placed after counseling.....	302.1	27.1	9.2	2.0	4.5	8.4
As percent of individuals counseled.....	28.2	21.2	20.0	(28.2)	(21.2)	(19.9)
As percent of new applicants and renewals.....	1.9	1.4	1.1	(1.9)	(1.3)	(1.0)
Individuals placed as a result of job development.....	583.2	57.0	21.4	3.4	8	8
As percent of new applicants and renewals.....	3.8	2.9	2.6	(3.6)	(2.8)	(2.5)
Individuals for whom job development contacts were made.....	1,740.8	243.6	94.9	18.2	22.2	27.6
As percent of new applicants and renewals.....	11.2	12.4	11.5	(9.5)	(9.9)	(8.8)
Individuals tested (aptitude, proficiency and other).....	823.5	56.5	15.0	8.0	8.0	12.5
As percent of new applicants and renewals.....	5.3	2.9	1.9			
Individuals referred to training.....	297.2	21.3	7.1	-6.9	-25.4	-32.4
As percent of new applicants and renewals.....	1.9	1.1	.9			
Individuals referred to supportive services.....	1,129.5	157.7	61.4	22.5	22.7	25.9
As percent of new applicants and renewals.....	7.3	8.0	7.5	(6.0)	(6.4)	(5.8)

¹ Fiscal year 1978 percentages shown in parentheses for comparison.

Source: Office of Program Review, U.S. Employment Service.

State employment services participated in the annual observance of National Employ the Older Worker Week to foster public awareness of the benefits of hiring older workers and to emphasize year-round public employment services to older jobseekers.

A staff member of the U.S. Employment Service served on the Interdepartmental Task Force on Information and Referral created by the Cabinet-level Committee on Aging established under the Older Americans Comprehensive Services Amendments of 1973 (Public Law 93-29). The task force is concerned with implementation of the interdepartmental agreement on information and referral for older people signed by the Employment and Training Administration and 13 other Federal departments and agencies on December 21, 1974.

FISCAL YEAR 1980 INITIATIVES

(A) Provision of promotional and technical support for State employment service participation in the 1980 observance of National Employ the Older Worker Week.

(B) Continued involvement in the Interdepartmental Task Force on Information and Referral. Increased emphasis on information and referral services in programs funded under the Comprehensive Employment and Training Act and title V (senior community service employment program) of the Older Americans Act, as amended.

(C) Initial and refresher training of new and onboard local office staff by all State employment services as needed in techniques of counseling, placing, and providing other basic and support services for older jobseekers.

(D) Continued promotion of public employment service cooperation with State and area agencies on aging and other organizations concerned with employment of older people.

RESEARCH AND DEVELOPMENT

The Employment and Training Administration's Office of Research and Development conducts a program of research and demonstration projects to improve and/or develop new employment, training, and income maintenance programs, policies, and initiatives. A number of these projects focus on older workers.

RECENTLY COMPLETED PROJECTS

A major study, the research and development strategy on the employment-related problems of older workers, was completed in 1978. This work includes a systematic examination of all relevant older worker data, a review and evaluation of ongoing older worker programs, and an analysis of older worker policy issues and priorities. The study is expected to provide guidance for older worker research and development projects over the next several years.

The Office of Research and Development sponsored a 1978 survey of 600 elderly Hispanic Americans in Riverside, Calif., to study their participation in employment and training programs under the Comprehensive Employment and Training Act (CETA) and the Older Americans Act. The major findings of the survey are that elderly Hispanic Americans have a low participation rate in these programs and that their knowledge or awareness of the programs is minimal. It has been recommended that programs should be developed which are aimed specifically at the Hispanic elderly and staffed with bilingual/bicultural personnel.

Completed in 1979 was a demonstration of development and testing of job sharing (project JOIN). This project was conducted in the Wisconsin civil service system for persons wanting to return to work part-time, those planning to retire, and for full-time employed persons preferring to work part-time. The study measured the productivity of those in conventional work situations and the impact of creating less than full-time jobs on the balance of the work unit where persons share jobs. Findings indicate that job sharing can be implemented successfully and can benefit the employer as well as the workers.

A study concerned with the feasibility of using retired teachers to make a significant impact on the solution of educational problems in the District of Columbia was completed in 1979. Consideration was given to employing retired teachers on a voluntary basis in supplementary educational and extra-curricular activities for full-time students as well as in community and adult education programs, including programs for senior citizens. Since the findings of the feasibility study were positive, consideration is currently being given to undertaking a demonstration project in which retired teachers would be employed, on a voluntary or paid basis, as supplementary staff in the District of Columbia school system.

In response to a request from the Organization for Economic Cooperation and Development (OECD), a paper was prepared on socioeconomic policies and programs for the elderly. The Office of Research and Development coordinated preparation of the paper with inputs provided by other Department of Labor offices, various Federal agencies, and other organizations. The paper describes and analyzes policy options, with emphasis on employment and related social programs and policies conducive to the labor market participation and social and community involvement of the elderly.

ONGOING PROJECTS

A continuing major effort supported by the Office of Research and Development is the National Longitudinal Surveys of Labor Force Behavior. One of the groups studied is men who were ages 45 to 59 in 1966. The men in this group have been surveyed at regular intervals and plans are to reinterview these older men—and women comprising another study group who were ages 30 to 44 in 1967—over an additional 5-year period. The surveys focus on the interaction among economic, sociological, and psychological variables that permit some members of a given age-education-occupation group to have satisfactory work experiences while others do not. The U.S. Bureau of the Census draws the samples and collects and

tabulates the data for the National Longitudinal Surveys. Ohio State University prepares the data collection schedules, plans the tabulations, analyzes the results, and prepares reports for each group studied. Reports on many of the surveys are reproduced as research and development monographs.

A project analyzing the National Longitudinal Surveys data is estimating the effects of social security benefits on retirement rates of men over age 62 and the effects of aging on earnings and labor supply. The factors under study include ill health, forced retirement, other layoffs, and the availability of private pension income.

A successor to project JOIN is a demonstration conducted in the Wisconsin civil service system to develop and test alternative employment options for persons approaching retirement age for retirees desiring to reenter the work force but preferring an other than traditional 5-day, 40-hour workweek. Factors to be analyzed include the effects on income, job satisfaction, morale, health and productivity, and comparison of job option participants and a matched standard workweek group. A major objective is to develop a model preretirement employment policy for the State of Wisconsin which is structured so that components could be used by other State and local governments.

The Office of Research and Development is also sponsoring a study to determine to what extent and under what conditions persons receiving private pension benefits continue to work. The study is focusing on nonsupervisory personnel from three large companies, which provides a data base suitable for comparison with an earlier study of professional and managerial personnel from the same firms.

The Office of Research and Development gives grants to universities to support doctoral dissertation research. Two of these dissertation grants support analyses of the National Longitudinal Surveys of older men. The first, being written at Yale University, is a study of early retirement and its effects, with the objective of developing information on unemployment compensation, social security, and other retirement-related areas. The second dissertation, being written at Cornell University, is an attempt to derive a theoretical model for determining the labor participation/labor supply decisions of older males. This model takes into account not only the impact of the aging process and health factors on the retirement decision but also the effect of public policy directed at the welfare of the aged. It is expected that the methodology developed will make it possible to generalize on the entirety of the available labor supply responses of older workers.

A third dissertation, being written at the University of Wisconsin, will provide additional information on factors influencing older workers' retirement decisions, with the focus on analyzing patterns of labor supply before and after retirement, and on age at retirement.

OTHER PROGRAMS FOR OLDER WORKERS

RURAL TRANSPORTATION INITIATIVE

This interagency program is intended to enhance the access of people in non-urbanized areas to health care and social services, as well as to shopping, education, recreation, other public services, and employment, by encouraging the maintenance, development, and use of coordinated transportation services. The program specifically focuses on assuring that necessary transportation resources are available in the context of ongoing programs, removing administrative barriers to coordination of services as fully and expeditiously as possible, and providing technical assistance and support to State and local officials in the development and evaluation of such services. Participants in the implementing interagency agreement include the Departments of Labor; Transportation; Health, Education, and Welfare; and Agriculture; and the Community Services Administration; ACTION; and the General Services Administration.

The Department of Labor is providing funding to train and employ workers such as drivers, dispatchers, and mechanics for jobs in public transportation systems in the 14 demonstration States. Grants totaling approximately \$4.7 million in CETA title III discretionary funds were awarded to five of the national nonprofit organizations that sponsor title V senior community service employment programs under the Older Americans Act. The programs are being run in accordance with SCSEP regulations and persons hired must meet the SCSEP eligibility criteria.

SUBSCRIPTIONS

For over 10 years the Employment and Training Administration has been purchasing a bulk 12-month subscription to "Aging and Work," a quarterly journal published by the National Council on Aging. Through this subscription, the Employment and Training Administration provides copies of the journal to CETA prime sponsors, the local offices of State employment security agencies, and State and area agencies on aging.

PROJECTS FOR OLDER WORKERS

CETA section 308 authorizes programs to facilitate increased labor force participation of low-income persons age 55 and over. It is anticipated that approximately \$2 million from CETA discretionary funds will be available in fiscal year 1980 to fund activities authorized under this section.

WEATHERIZATION

The Department of Labor's major involvement in weatherization dates back to an interagency agreement signed in 1977 between Labor, the Federal Energy Administration (now the Department of Energy), and the Community Services Administration (CSA). The weatherization programs assist low-income families and individuals, particularly the elderly and the handicapped. The Department, through CETA prime sponsors, provides CETA workers to install insulation and related materials.

In fiscal year 1979, funds for weatherization program materials and administration were consolidated in one appropriation for the Department of Energy (DOE). DOE was to grant funds to State energy offices or State economic opportunity offices. These State agencies were, in turn, to subgrant funds to local community action agencies (CAA's) to operate weatherization programs. CAA's were to use DOE funds for materials and project supervision and to negotiate agreements with CETA prime sponsors for installation laborers. Further, the 1978 CETA amendments included several new provisions to enhance CETA participation in weatherization projects and activities.

In addition to the major emphasis placed on weatherization under CETA public service employment programs, other CETA programs have also carried out weatherization and related energy conservation activities. Under the older worker program, a number of projects have been launched which provide weatherization services in cooperation with various other agencies including HUD, CSA and the Administration on Aging. Because workers shift among activities in older worker projects, a precise count of the numbers of workers involved in weatherization activities is not available. However, it is estimated that between 1,500 and 2,000 older workers are engaged in housing rehabilitation and weatherization activities on homes of older persons.

PROMOTION AND DEVELOPMENT PROGRAM

The Employment and Training Administration awarded a \$116,000 contract to the preretirement planning center (based in Iowa). The center, working in conjunction with a senior community service employment program, conducted by the National Retired Teachers Association/American Association of Retired Persons and with the employment security agencies in four States, trained 118 older citizens to serve in local job service offices as older worker placement specialists. This effort, now in its fifth year, has demonstrated that older workers can be particularly effective in placing their peers.

RECENT COURT DECISIONS

On November 14, 1978, the U.S. District Court for the Western District of Washington entered an order granting the defendants' motions to dismiss in *Orin O. Osborn, et al., v. American Association of Retired Persons, et al.*

In that case the U.S. Department of Labor and the American Association of Retired Persons/National Retired Teachers Association (AARP/NRTA) were sued by a group of persons over the age of 55 who were participants in the senior community service employment program under title IX of the Older Americans Act.¹ The plaintiffs claimed that they were paid lower wages than was required

¹ Title IX is now title V in the present act.

by the act, and denied fringe and medical benefits. The central issue was whether the codefendant, American Association of Retired Persons ("AARP") was the employer of those qualified individuals hired with act funds, or whether the employers were the host agencies (generally units of local government) in locations where the individuals were placed by AARP. While AARP paid the individual participants the minimum wage, similar positions in the host agencies would often pay two to three times the minimum wage. In 1977 AARP placed individuals at 92 project sites in 26 States and in Puerto Rico, expending \$31.4 million. An adverse decision would have severely impacted the level of placements in addition to raising a significant issue as to the source of any funds to pay the backwage claims.

The court, regarding the first impression issues raised by this case, held that plaintiffs have no private cause of action against the defendants under the act. The court, in dicta, found that administrative remedies under the act are required to be exhausted; that the court should defer to the agencies interpretation of its own regulations; and that AARP, not the host agencies, was the employer.

The plaintiffs have filed an appeal with the U.S. Court of Appeals for the Ninth Circuit. That appeal is still pending.

SUMMARY OF ACTIVITY OF PENSION AND WELFARE BENEFIT PROGRAMS AFFECTING AGING

The Office of Pension and Welfare Benefit Programs (PWBP), an organization within the Department of Labor (DOL), administers title I of the Employee Retirement Income Security Act of 1974 (ERISA). The purpose of ERISA is to protect retirees who are receiving benefits from private sector pension plans and welfare plans, workers who participate in private pension and welfare plans and the beneficiaries of both retirees and active participants—to see that workers are not required to satisfy unreasonable age and service requirements before becoming eligible for pension plan participation and vesting benefits; to see that the money will be there to pay pension benefits when they are due; to see that plans and plan funds are managed prudently; to see that retirees and workers are supplied with the information needed by them regarding their plans; to see that spouses of retirees are given protection and to see that the benefits of retirees and workers are protected if the plan should terminate.

SUMMARY OF PWBP ACTIVITY

DOL is given the following responsibilities under ERISA:

A. ENFORCEMENT

PWBP is responsible for enforcing provisions of ERISA, with the greatest emphasis being placed on obtaining compliance with the fiduciary provisions. These provisions require, among other things, that plan trustees and administrators shall perform their plan duties solely in the interest of participants and beneficiaries. Investigations are conducted and where violations are found, the Secretary of Labor may file a civil action to recover plan assets or remove those persons from their positions of trust. The Secretary also may intervene on behalf of any retirees, active plan participants or their beneficiaries who allege that a violation of fiduciary responsibilities has occurred in the management of a plan's financial affairs. Where violations are discovered, PWBP's general priorities are the following: Move quickly to prevent any future loss of assets; recover assets that were lost; and, where appropriate, remove the trustees responsible for the loss.

Strengthening the compliance program was the major priority for PWBP in 1979. As part of this effort, a number of program improvements were implemented in 1979 which included continuing to improve targeting methods, to closely monitor and direct field activities, and to provide additional specific guidelines to the field regarding our compliance strategy.

The program improvements implemented during 1979 were part of PWBP's effort to shift to an almost total emphasis on conducting fiduciary investigations, which protect and recover plan assets in the event of misuse. This is critical to insuring that funds are available to pay promised benefits from pension and welfare plans. As a result, 1,233 fiduciary cases were closed during this year, an increase of 16 percent over the previous year.

B. REPORTING AND DISCLOSURE

(1) Title I of ERISA prescribes, among other things, the contents of certain reports that administrators of benefit plans must file with the Federal Government. These include annual financial reports (Form 5500 series); summary plan descriptions; and the booklet administrators must give to participants and beneficiaries which describes the plan benefits, how these benefits are earned and how these benefits may be lost.

During 1979, PWBP and the IRS proposed a compliance oriented annual report for small plans which will be filed once every 3 years, with a registration form to be submitted for every other 2 years. These returns, which replace an annual filing, will more effectively assist the agencies in their enforcement efforts.

(2) PWBP maintains a facility where reports submitted to the Department may be examined. Copies are available at a slight fee. Phone and mail requests are also filled. The address is: Department of Labor, PWBP Public Disclosure Room, Room N4677, 200 Constitution Avenue NW., District of Columbia 20216. The phone number is (202) 523-8773.

C. PUBLIC EDUCATION AND INFORMATION

The Office of Communications and Public Services (OCPS) in PWBP distributes publications describing the protections of ERISA for retirees and workers. The office works with magazines such as "Modern Maturity" and "Dynamic Years" in providing information about benefit plans to retirees. Our staff in our network of field offices and in the national office responded in 1979 to approximately 189,000 letters and phone calls from benefit plan participants, beneficiaries and persons involved in the administration of plans.

The agency also maintains a speakers bureau which will send specialists on various facets of benefit plans to address interested groups. The address is: Department of Labor, PWBP, OCPS, Room N4662, 200 Constitution Avenue NW., District of Columbia 20216. The phone number is (202) 523-8921.

D. RESEARCH AND DEVELOPMENT

PWBP conducts a program of research concerning benefit plans, which may be used for developing future legislation. During 1979, the following studies related to retirement and pension plans were initiated.

(1) A study to determine the extent to which employed individuals are covered by pension plans and to what extent they are vested.

(2) A study to determine the characteristics of pension plan provisions and benefits.

PRESIDENT'S REORGANIZATION PLAN No. 4

During 1979 the President's Reorganization Plan No. 4, which realines ERISA responsibilities between the Departments of Labor and Treasury, was in effect. One of the elements of this plan calls for an evaluation to be conducted during 1979, which includes an examination of alternative methods of administering ERISA. This evaluation is nearing completion and will address the coordination of ERISA with other retirement income policies and programs.

One of the most significant aspects of the reorganization was that the Department would assume exclusive jurisdiction over ERISA's fiduciary standards and prohibited transactions provisions—including the authority to issue administrative exemptions. In the 4 years, 1975-78, prior to the reorganization, a total of 609 applications were resolved. In the 12-month period since the reorganization took effect, we have resolved 683 exemption applications. During the past 12-month period we have received 471 requests—a number significantly higher than we would have expected based on historical data. We attribute this increase in requests to the fact that potential applicants can now expect the Department to respond to their submission in a timely manner. Despite this increase in requests, we have been able to reduce our inventory of pending applications of open cases from 539 at the beginning of calendar year 1979 to 327 as of December 31.

RECENT COURT DECISIONS

In the past year, the Department has initiated more than 20 cases to enforce the provisions of ERISA. Some of the more important principles are contained in the following cases.

MARSHALL V. SNYDER

In this case, the Department succeeded in establishing the general principle that payments to persons who serve as trustees of plans and to persons providing services to plans must be reasonable. Similarly, the case establishes that all payments by plans must be reasonable and for the exclusive benefit of the participants and their beneficiaries. The excessive remodeling fees for the plan's offices did not meet this standard. Finally, the case establishes that trustees, the persons who administer plans, cannot loan the plan's funds to another plan for which they also serve as trustees. As Congress provided in ERISA, such transfers between plans with identical trustees create an intolerable conflict of interest and must be prohibited.

MARSHALL V. DEKEYSER

The important principle established by this case was that any program established by employers for their employees which is intended to provide funds for retirement purposes is covered by ERISA. The trustees of this plan did not believe that they or the plan were subject to ERISA, but the court ruled that the views of the trustees were not at issue. If the program is a plan as defined by ERISA, the trustees must be held to the strict requirements imposed by ERISA. The case also establishes the principle that persons who do not hold positions of trust with plans can still be liable to the plan if they knowingly participate in a violation by the trustees.

MARSHALL V. COHN

This case establishes the general proposition that trustees of a plan cannot obligate the plan to purchase securities issued by the corporation which sponsors the plan, unless certain very stringent requirements are met.

Numerous other cases have been filed by the Department during this year which are still in litigation. It can be expected that these cases will establish the following principles:

(1) When the trustees of a plan hire someone to provide services to the plan, they must take steps to insure that they are hiring the best possible person. They cannot simply hire a friend or relative unless they are convinced that he or she is the most qualified.

(2) When the trustees of a plan make an investment, with plan funds, they must act as prudent men would act and assure themselves through investigation that the venture they are investing in is a good investment.

(3) When the trustees of a plan buy insurance to help them provide benefits promised under the plan, they must buy the kind of insurance best suited for the plan and must not accept any funds paid to them by the insurance company that may influence them to buy a more costly form of insurance.

EMPLOYMENT STANDARDS ADMINISTRATION PROGRAMS

On July 1, 1979, the Equal Employment Opportunity Commission (EEOC) assumed enforcement responsibilities previously carried out by the Department of Labor under the Age Discrimination in Employment Act of 1967 (ADEA), as amended, with respect to protection against age discrimination in private sector and State and local government employment. (The EEOC had already assumed responsibility on January 1, 1979, for ADEA enforcement in the Federal sector, for which the Civil Service Commission previously had jurisdiction.) Under Reorganization Plan No. 1 of 1978, which effected these transfers the Department of Labor continues to be responsible for research (including studying the effects of the 1978 ADEA amendments) and for educational and informational activities under the ADEA relating to the expansion of employment opportunities for older persons.

The Department has recently awarded research contracts to enable the Secretary to fully implement the congressional directive in section 5 of the ADEA that calls for an appropriate study of institutional and other arrangements giving rise to involuntary retirement. The 1978 amendments to the act stipulated that the section 5 study include: (1) An examination of the effect on private sector and non-Federal public employment of raising the upper age limit from age 65 to 70, (2) determination of the feasibility of raising or eliminating the current (age 70) upper age limit, and (3) examination of the effects of the exemptions allowing mandatory retirement at ages 65 through 69 of tenured teaching personnel in institutions of higher education and of certain executive employees.

The research contracts which have been awarded to assist the Department in meeting the section 5 study requirements will provide information on these and other issues related to involuntary retirement and the effect of raising the age at which mandatory retirement is allowed. Data on employment and retirement behavior of older persons will be analyzed to assess the impact of mandatory retirement on older workers and others in the labor force, including younger workers and minorities. A survey will examine institutional settings and factors leading to mandatory retirement, why mandatory retirement age standards are established, and attitudes and perceptions regarding mandatory retirement. Responses of firms and employees to the change in the legally permissible mandatory retirement age under the ADEA will be investigated, including information concerning employer retirement, pension and personnel policies, and union retirement policies. Also, the effects of the executive employee exemption will be studied, and work under one contract will focus exclusively on investigating the effects of the temporary exemption for tenured teaching personnel in institutions of higher education. The results of the contracted research will be utilized by the Department of Labor in developing its report on involuntary retirement for submission to Congress and the President.

RECENT COURT DECISIONS

In fiscal year 1979 the courts resolved some important questions about procedure under the Age Discrimination in Employment Act (ADEA). In *Oscar Mayer & Co. v. Evans*, 99 S. Ct. (1979), the Supreme Court held that although prior resort to State remedies is required in a private action under the ADEA, failure to commence State proceedings does not justify dismissal of the Federal suit; rather, the Federal action should merely be held in abeyance while the State is given an opportunity to act. Subsequently, in *Marshall v. Chamberlain Mfg. Corp.*, 601 F. 2d 100 (C.A. 3, 1979), the Third Circuit held that, unlike a private ADEA plaintiff, the Government has direct access to the Federal courts without prior resort to State remedies. These ADEA decisions will significantly reduce the number of cases which are dismissed for technical procedural deficiencies.

Two major court of appeals decisions defined the Government's duty to seek voluntary compliance before filing suit under the ADEA. In *Marshall v. Sun Oil Co. (Delaware)*, 605 F. 2d 1331 (C.A. 5, 1979), the Fifth Circuit held that the Government need not separately discuss and document each individual claim during conciliation in a large scale discrimination suit. When an employer refuses to rebut or discuss statistical evidence and merely denies any wrongdoing, the Government's duty to conciliate ends. And the Tenth Circuit held that even where the Department's efforts at conciliation are not completely satisfied prior to commencing a suit, a court should not dismiss but should stay the proceedings for further conciliation. *Marshall v. Sun Oil Co. of Pennsylvania*, 592 F. 2d 563, (C.A. 10), cert. denied, 100 S. Ct. 49 (1979).

The courts continued to face the question of how age discrimination in violation of the ADEA may be proven. In *Loeb v. Textron, Inc.*, 600 F. 2d 1003 (C.A. 1, 1979), the First Circuit held that, at least where the employer denies that age was a consideration in a decision to discharge, the employee must prove that he would not have been discharged "but for" his age. The employee does not necessarily have to prove that he was replaced by a younger person or a person outside the protected age group. In a significant district court decision, the U.S. District Court for the Northern District of Georgia held that appropriate evidence could create an inference of age discrimination against an employee whose position was eliminated entirely, or whose position was eliminated but whose duties were filled by others of his age, or who was replaced by another member of the protected age group. *Moore v. Sears, Roebuck and Co.*, 464 F. Supp. 357 (N.D. Ga. 1979).

The Department of Labor received a significant decision under the ADEA in *Marshall v. Goodyear Tire & Rubber Co.*, 19 EPD ¶ 8973 (W.D. Tenn. 1979). The U.S. District Court for the Western District of Tennessee ruled that Goodyear's policy of hiring younger employees for "heavy" production jobs at its Union City, Tenn., manufacturing plant had resulted in unlawful discrimination against 572 older applicants for employment. The court concluded that Goodyear had failed to meet its burden of proving that age was a bona fide occupational qualification reasonably necessary to performance of the jobs in question. The outcome of this case could affect industry-wide practices similar to those maintained at all Goodyear production facilities.

The legality of involuntary retirement continued to be an issue in cases predating the 1978 amendments to the ADEA, which made clear that no employee benefit plan could require or permit the involuntary retirement because of age of employees within the protected age group. One argument in these cases is that under the Supreme Court's ruling in *Bradley v. School Board*, 416 U.S. 696 (1974), the clarifying amendment should be given effect in pending cases unless manifest injustice would result. At year's end this argument had been made in pending cases in three courts of appeals: *Sikora v. American Can Company*, No. 79-1299 (C.A. 3), *EEOC v. Baltimore and Ohio Railroad Company*, Nos. 79-1210, 79-1211 (C.A. 4), and *EEOC v. Shell Oil Company*, No. 79-4053 (C.A. 9).

Pending in the U.S. District Court for the Northern District of Ohio was *EEOC v. Great Atlantic & Pacific Tea Company, Inc.*, No. C 77-586 (N.D. Ohio W.D.), an important suit challenging the denial of severance benefits to terminated employees who, because of their age and service, were eligible for early retirement benefits. It was the position of the Government that the employees had been denied benefits because of age without appropriate justification by significant cost considerations. This position was consistent with the Government's interpretation of the ADEA as generally permitting the reduction of benefits for older workers only to the extent necessary to achieve approximate equivalency in cost for older and younger workers. 29 C.F.R. § 860.120 (1979).

Also pending were several suits involving the question of whether airline pilots, who are prohibited by a Federal Aviation Administration (FAA) rule from flying in that capacity after age 60, may nonetheless continue their employment in the capacity of flight engineers. The EEOC intervened as a plaintiff, adopting the Department of Labor position that, since there was no FAA rule prohibiting such employment and since age was not a bona fide occupational qualification for flight engineers, it was unlawful to deny pilot requests to continue as flight engineers after age 60.

ITEM 10. DEPARTMENT OF STATE

OCTOBER 29, 1979.

DEAR MR. CHAIRMAN: In response to the letter of October 3 from you and Senator Domenici to Secretary Vance, we are pleased to supply the following information concerning programs for the elderly.

In conducting refugee and other programs admitting persons to the United States, the Department frequently recommends waiver of normal requirements for the granting of immigrant visas to elderly persons on humanitarian grounds in recognition of the need and desirability of keeping family units together.

In response to House and Senate resolutions passed in 1977, the Department has sought to bring matters affecting the elderly to world attention. The 1977 resolutions called on the United States to support a resolution with the United Nations which would call for both an international year and a world assembly on aging in 1982. Following consultation between interested congressional leaders and officials of the Department, the U.S. Ambassador to the United Nations was instructed to introduce a resolution in the 32d United Nations General Assembly which would ask the United Nations members to inform the Secretary General of their views on the desirability of such a special year and assembly. Subsequently, it became evident there was considerable sentiment among United Nations members opposing the proliferation of international years and, after discussions of the issue with the Congress, the United States introduced a resolution which concentrated on achievement of a world assembly. On December 14, 1978, the 33rd United Nations General Assembly passed resolution A/33/382 "to organize, in consultation with member states, . . . a World Assembly on the Elderly in 1982. . . ."

With respect to programs for employees of the Department, we provide special physical examinations for Foreign Service employees prior to their separation in an effort to identify and diagnose any latent illness or diseases caused by service abroad or for which treatment should be sought.

The Department provides counseling whenever possible to interested employees prior to their retirement to assist them in making the adjustment to a retired status or in seeking other employment if they wish to embark on a second career.

The Department also administers the Government-wide overseas allowance program. Under this program, employees with dependent parents who reside with them abroad are entitled to both special quarters and cost-of-living allowances in recognition of the extra costs they incur.

You also asked about certain precedent setting court decisions rendered during fiscal year 1979. The only decision in which the Department was involved that might possibly fall in this category was the Supreme Court decision of February 22, 1979. In this 8-1 decision, the Court upheld the constitutionality of section 632 of the Foreign Service Act of 1946, as amended. Section 632 provides for the mandatory retirement of members of the Foreign Service at age 60. The Court found that the conditions of service applicable to Foreign Service employees were sufficiently different from those generally applicable to Civil Service employees, that the requirement for Foreign Service employees to retire at age 60 does not violate the due process clause of the fifth amendment even though mandatory retirement for age is not established for Civil Service employees except for those in special categories.

Thank you for the opportunity to contribute to this report of your committee.

Sincerely,

J. BRIAN ATWOOD,
*Assistant Secretary for
Congressional Relations.*

ITEM 11. DEPARTMENT OF TRANSPORTATION

JANUARY 14, 1980.

DEAR MR. CHAIRMAN: In response to your letter of October 5, 1979, I am pleased to forward to you the enclosed report which summarizes significant actions taken by this Department during the past year to improve transportation facilities and services for older Americans.

If we can assist you further, please let us know.

Sincerely,

NEIL GOLDSCHMIDT, *Secretary.*

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during 1979 to improve transportation for elderly persons.¹ The information included in the report was furnished by the Office of the Secretary and by the following operating elements of the Department: Federal Aviation Administration (FAA), Federal Highway Administration (FHWA), Urban Mass Transportation Administration (UMTA), National Highway Traffic Safety Administration (NHTSA), and Research and Special Programs Administration (RSPA).

REGULATIONS

Office of the Secretary.—On May 31, 1979, the Department published in the Federal Register rules to implement section 504 of the Rehabilitation Act of 1973, relating to nondiscrimination against handicapped persons in federally assisted programs. The regulation, which became effective on July 2, 1979, sets forth standards and time tables for making all modes of transportation accessible to disabled individuals.

The Federal Aviation Administration, the Federal Highway Administration, the National Highway Traffic Safety Administration, the Urban Mass Transportation Administration, and the Research and Special Programs Administration have begun to offer detailed guidance to their field staffs and to grant recipients on implementing this regulation.

Office of the Secretary.—The Office of the Assistant Secretary for Policy and International Affairs has negotiated a contract with a consulting firm to monitor the development by grant recipients of transition plans called for by the Department's section 504 regulation. Each recipient must submit to the Department a transition plan showing how it will implement the regulation.

Federal Highway Administration.—FHWA, in cooperation with UMTA, continued monitoring the activities of metropolitan planning organizations in meeting the elderly and handicapped "special efforts" requirements in planning transpor-

¹ Many of the activities highlighted in this report are directed toward the handicapped. However, more than one-third of the elderly are handicapped and will benefit from these activities.

tation facilities, as set forth in regulations governing transportation for elderly and handicapped persons.

The FHWA continued to monitor State compliance with section 402(b)(1)(f) of title 23, U.S.C., which provides for curb-cuts at pedestrian crosswalks, and the FHWA requirement that all new facilities on Federal-aid highways be designed to accommodate handicapped persons.

POLICIES AND GUIDELINES

Federal Highway Administration.—FHWA entered into an agreement with the Architectural and Transportation Barriers Compliance Board (A&TBCB) to facilitate continued progress in making Federal-aid pedestrian underpasses and overpasses accessible to handicapped persons. Some of the features of this agreement are: FHWA adoption of certain sections of the American National Standard Specifications for making buildings and facilities accessible to, and usable by, the physically handicapped ("ANSI standards"), which relate to the design of pedestrian overpasses and underpasses; a commitment by FHWA to initiate notice and comment rulemaking to develop standards to supplement and clarify these ANSI standards; an initiative by FHWA to encourage the States to establish inventories of post-1969 Federal-aid overpasses and underpasses, as well as priorities and timetables to modify them so as to be accessible to handicapped persons; and a continuation of FHWA's research and development, training, and consultation activities related to full accessibility issues. This agreement, which results from a citation issued by the A&TBCB with respect to the design for a pedestrian overpass in Omaha, Nebr., is currently being implemented.

FHWA encourages each State to make an inventory of its pedestrian overpasses and underpasses constructed with Federal-aid highway funds to determine which facilities do not meet section 5.1 of the ANSI standards. Based upon the inventory, each State is to develop a plan with respect to making these facilities accessible. In April 1980, the FHWA will review the status of each State's progress.

Federal Aviation Administration.—FAA has been actively participating in efforts to implement the recommendations on transportation made by the White House Conference on Handicapped Individuals. Of the 36 recommendations made, FAA has responded on 11 that are within the agency's purview. The agency further assisted the conference implementation staff by supplying needed materials for their final report.

FAA continues to work with the Air Transport Association on developing uniform procedures among airlines for transporting elderly and handicapped persons. The background gained from this effort was used to assist Civil Aeronautics Board personnel in preparing their proposed rule implementing section 504 of the Rehabilitation Act of 1973.

Investigators of aircraft accidents are continuing to feed information into FAA's Civil Aeromedical Institute computer bank on the human factors aspects of aircraft accidents and incidents. This information should prove useful to the FAA and the airline industry in the identification of special problems that are likely to be experienced by elderly and handicapped persons during airline accidents.

CAPITAL ASSISTANCE

Federal Highway Administration.—In 1979, all the various categories of the Federal-aid highway funds were available to provide facilities to accommodate handicapped and elderly persons within the right-of-way on the Federal-aid highway systems. Under certain conditions Federal-aid funds (except interstate system funds) could also be used to provide such facilities along Federal-aid system highways off the right-of-way. Facilities not on or along highways included in the Federal-aid system were eligible for funding from one smaller category of funds (the safer off-system roads program).

Urban Mass Transportation Administration.—During fiscal year 1979 UMTA set aside \$20 million under section 16(b)(2) of the Urban Mass Transportation Act of 1964, as amended, to provide grants to private nonprofit organizations for the acquisition of capital equipment for the provision of transportation services to elderly and handicapped people. Grants totaling nearly \$25.7 million have been awarded to 48 States, the District of Columbia and Puerto Rico, utilizing money also left over from previous years.

Federal Aviation Administration.—Under FAA's airport development aid programs, grants in excess of \$24 million have been obligated by airport operators for improving terminal facilities. A condition for accepting these grants is that improvements must incorporate the requirements of the ANSI standards.

FAA has requested funds in the amount of \$1 million for planning and completing modification at Washington National and Dulles Airports, some of which would improve access to these facilities by handicapped and elderly persons.

Modifications which are underway or which have been completed at Washington National and Dulles Airports include: (1) Increasing the number of parking spaces for elderly and handicapped persons, (2) lowering curbs at crosswalks, (3) installation of ramps for persons who cannot use stairs, (4) installation of amplified telephones for use by persons with hearing impairments, (5) assisting with installation of TELEX for use by persons who are totally deaf, (6) provision of private toilet facilities for persons who require the assistance of attendants, and (7) placing into service a lift-equipped van for use by persons traveling between the terminal and the Metro rail station at National Airport.

INFORMATION DISSEMINATION

Federal Aviation Administration.—FAA has developed a slide presentation which illustrates some of the problems disabled persons experience in traveling through airports. This slide presentation, which will be released in early 1980, will assist aviation personnel in understanding better some of the problems disabled people experience in using airport terminal facilities.

During 1979, the FAA in cooperation with the Airport Operators Council International and the Architectural and Transportation Barriers Compliance Board, published a third edition of "Access Travel: Airports." This guide lists services available to handicapped persons at 282 terminals in 40 countries. Copies are available from the Architectural and Transportation Barriers Compliance Board, 330 C Street SW., Washington, D.C. 20201, at no charge.

FAA has prepared and distributed a report setting forth the results of studies conducted during 1978 on evacuation of aircraft with special emphasis on blind persons. The report can be obtained through the National Technical Information Service. The report concludes that the use of canes by blind persons during emergencies increases the time to evacuate the airplane, and that canes carried on an airplane might create serious safety problems for other persons. The FAA is now evaluating all arguments on use of canes before deciding if present regulations need revision.

WORKSHOP

Federal Highway Administration.—Under the sponsorship of FHWA's National Highway Institute (NHI), three different training courses and one pilot training course were conducted in 1979 that included discussions of the transportation problems of elderly and handicapped persons. These courses were: "Public Transportation—An Element of the Urban Transportation System," "Pedestrian and Bicycle Considerations in Urban Areas—An Overview," "Design of Urban Streets," and—the pilot course—"Location Planning and Design of Safety Rest Areas."

Section 18 of the Urban Mass Transportation Act authorizes grants for capital, operating, and technical assistance in providing public transportation in non-urbanized areas. This program is being administered jointly by the FHWA and the UMTA.

Staff from the FHWA have explained the potential benefits of the section 18 program at many conferences/workshops attended by both elderly citizens and those persons involved with programs for the elderly. In addition to the White House conference on "Improving Transportation in Rural America," presentations have been made at the Older Adults Transportation Service Conference in Missouri, and at three regional conferences sponsored by the National Council on the Aging.

Urban Mass Transportation Administration.—On May 20-23, 1979, the Transportation Research Board and UMTA sponsored a conference on vertical movement in transit stations. The objectives of this conference were: (a) To identify the issues toward improving vertical movement for elderly and handicapped people in transit stations, (b) to determine the range of potential solutions that apply, and (c) to determine research needs and establish a 5-year research program aimed at solutions implementation.

Federal Aviation Administration.—FAA continues to conduct workshops for airline industry and FAA personnel on emergency evacuation procedures. During each workshop, emphasis is given to procedural instructions for assisting elderly and handicapped persons under emergency conditions.

RESEARCH COMPLETED

Federal Highway Administration.—FHWA completed a study on the feasibility of accommodating elderly and physically handicapped individuals on pedestrian over and undercrossing structures. This study will provide the base data for developing design guidelines to make highway crossing structures accessible to elderly and handicapped persons.

National Highway Traffic Safety Administration.—Research in the area of automatic occupant restraints led to the development of the vehicle safety standard on automatic crash protection, issued by the Department in 1977, which will provide manufacturers with the alternative of air bags. These automatic devices will benefit the elderly because current inconvenient belts can be replaced by more comfortable protection which requires no physical activity by the driver or occupants of the automobile. The higher protection afforded will benefit the elderly, who are often more vulnerable to the effects of automobile crashes. In this regard, all crash standards are especially beneficial to older drivers and passengers.

Research and Special Program Administration.—Supported by a grant from the Office of University Research, the Transportation Training and Research Center of the Polytechnic Institute of New York has completed a study to develop a methodology for evaluating existing and new transportation services with respect to meeting the travel needs of elderly and handicapped persons, and to develop suggested service standards for handicapped persons.

RESEARCH ONGOING

Federal Highway Administration and Department of Health, Education, and Welfare.—FHWA and the Department of Health, Education, and Welfare are jointly sponsoring a study being conducted by the University of Tennessee which is designed to make an evaluation of the escalation of insurance rates for operation of public transportation in rural areas, and for providers of special transportation services for elderly and handicapped persons. The study is being conducted pursuant to section 18 of the Urban Mass Transportation Act of 1964, amended.

National Highway Traffic Safety Administration.—The elderly driver retraining program is a cooperative project with the National Teachers Association and American Association of Retired Persons to define driving problems of special relevance to elderly persons. This joint effort, scheduled to be completed in 1981, involves development of a voluntary program of driver retraining, and evaluation of retraining of older problem drivers. The project will also produce older driver safety information appropriate for public dissemination.

Research by the Department of Transportation has found that elderly drivers can benefit from special information on the effects of the aging process on driver performance. On the basis of this research, the State of Nebraska has developed and published a driver's manual for persons over 50 years of age. The manual emphasizes that most drivers over the age of 50 have established good driving records over many years, and are significantly better drivers than young, beginning drivers, but that older drivers have higher accident rates than those in their middle years. The manual acquaints older drivers with the driving problems to anticipate as aging advances, enabling them to overcome the problems and lower the probability of accidents. The State of Nebraska is currently evaluating whether use of the manual is contributing to a reduced accident rate among elderly drivers.

Federal motor vehicle safety rulemaking will be initiated during 1980 to develop performance and equipment standards for handicapped persons, based on current standards issued by the Veterans Administration. Earlier research indicated that 5 million nonveteran drivers will be affected by the new standards. By specifying appropriate human engineering guidelines, the driving tasks for these licensed citizens will become more manageable.

Research and Special Programs Administration.—With financial support provided by the Office of University of Research, Shaw University in Raleigh, N.C., is nearing completion of an investigation of the use of school buses for transporting elderly and nonstudent, nonwheelchair confined disabled persons during off-peak hours, including the legal and institutional barriers to such use.

The Transportation Center of the University of Tennessee at Knoxville is examining ways to overcome the insurance barriers which social service agencies face in delivering transportation services to elderly persons. This project is utilizing information provided by nontransportation agencies at the Federal and local levels.

Urban Mass Transportation Administration.—The Urban Mass Transportation Administration has awarded a grant to the Washington Metropolitan Area Transit Authority (WMATA) to develop a specification for installing an inclined elevator

in WMATA's Huntington, Va., station. The WMATA's Huntington station is expected to become the first transit station in this country to be equipped with an inclined elevator. The information to be obtained through this grant is expected to be of use to the inclined elevator subcommittee of the American National Standards Institute, transit operators who may wish to consider the inclined elevator as an option toward achieving station accessibility, and to U.S. elevator manufacturers.

Section 321(a) of the Surface Transportation Assistance Act (STAA), signed by the President in November 1978, requires that the Secretary of Transportation provide assistance to operators of fixed guideway public mass transportation systems for the purpose of developing detailed cost estimates for making these systems (rapid commuter, and light rail) accessible to and usable by handicapped persons. Operators of these systems are also required to provide the Secretary with comments on the desirability of the improvements needed to make the systems accessible. Section 321(b) of the STAA requires that the Secretary evaluate light and commuter rail systems to determine ways to make, and the desirability of making, these modes accessible to the handicapped. Work is underway on these studies, and the Secretary will report the results to Congress in 1980.

A contractor is studying the feasibility of retrofitting existing lifts on light and commuter rail cars. Emphasis is being placed on interface requirements and effects of retrofit on car body structure.

DEMONSTRATIONS

Federal Highway Administration.—The 4-year pedestrian safety demonstration project is continuing in the Commonwealth of Puerto Rico. This project specifically recognizes that older pedestrians are over-represented in pedestrian fatalities, and will include evaluation of measures to enhance the safety of older pedestrians.

Urban Mass Transportation Administration.—In Washington, D.C., a joint effort between the Washington Metropolitan Area Transit Authority (WMATA) and the George Washington University's (GWU) Rehabilitation Research Center, has resulted in the development, testing, and packaging of a sensitivity and skills training program for WMATA bus operators. In addition, GWU is developing a model training program for allied health professionals to use in training handicapped persons in the use of lift-equipped buses. The objective of this project is to maximize the use by handicapped persons of 150 lift equipped transit buses being introduced into transit service in the Washington metropolitan area. The program training materials, including two films, will be made available for national distribution.

In New York City's Lower East Side, an experimental door-to-door service for the disabled, known as Easyride, was amended to allow for 2 additional years of operation. This amendment will allow further time for developing third-party contracts and continuing research on the impact of transportation service on the users.

ITEM 12. DEPARTMENT OF THE TREASURY

JANUARY 16, 1980.

DEAR LAWTON: In response to your request, I am pleased to submit the Treasury's report on activities during 1979 which affected the aged. I hope this information will be useful both to the committee and to others concerned with the welfare of older Americans. Copies of this report have also been furnished to Senator Domenici.

Best wishes.

Sincerely,

G. WILLIAM MILLER, *Secretary.*

Enclosures.

TREASURY ACTIVITIES IN 1979 AFFECTING THE AGED

The Treasury Department recognizes the importance and special concerns of older Americans, a group comprising a growing proportion of the population.

In the area of economic policy, the Treasury has been involved in the development and implementation of administration policies to fight inflation, which strikes particularly hard at retired persons living on fixed income. The Secretary, as managing trustee of the social security trust funds, is also concerned with preserving the financial soundness of social security, a major source of income to persons over the age 65.

The agency of the Treasury with whom the greatest number of older Americans have contact is the Internal Revenue Service (IRS). Special activities of the IRS directed at helping persons age 65 and over are detailed in the next section. Activities of other Treasury agencies which affect older Americans are summarized in the last section of the report.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

The Internal Revenue Service places considerable emphasis on informing persons aged 65 and over of their tax rights and responsibilities. IRS also continues to make a special effort to inform older Americans who, because of immobility, impaired health, or any of several other factors, may miss out on some tax benefits to which they are entitled unless IRS reaches them directly. IRS recognizes that, as is the case with many social programs, the people most likely to miss out on the benefits are those with the greatest need for them.

During 1979, IRS issued a number of informational materials targeted to taxpayers age 65 and older with the following themes:

- All taxpayers age 65 or over receive an extra personal exemption. For returns filed in 1979 covering the 1978 tax year, single taxpayers aged 65 and over were not required to file a Federal income tax return unless their income for the year was \$3,700 or more (as contrasted with \$2,950 or more for single taxpayers under age 65). Married taxpayers who could file a joint return were not required to file unless their joint income for the year was \$5,450 or more, if one of the spouses was 65 or over, or \$6,200 or more if both were 65 or over.
- The special tax credit for the elderly enables persons over 65, or persons under 65 who had pension or annuity income from a public retirement system, to reduce their taxes by as much as \$375 if single, or \$562.50 if married and filing a joint return.
- The entire gain on a house sold before July 27, 1978 can be excluded from income if the selling price is \$35,000 or less. For selling prices above \$35,000, a part of the gain is excludable. For houses sold after July 26, 1978, persons age 55 and over are allowed a once-in-a-lifetime exclusion of up to \$100,000 of gain on the sale.
- Much of the income received in retirement years is free from Federal income tax. This includes social security payments, railroad retirement benefits, payments from a general welfare fund, and payments for blindness.
- Retirees with taxable pension income can avoid paying estimated tax or receiving a large tax bill at the end of the year by filing a Form W-4P authorizing the payor of the pension to withhold taxes from the pension payments.
- IRS-operated services, such as free tax information by mail, free telephone assistance, walk-in service at many IRS offices, and temporary offices during the filing season, can be of help to elderly taxpayers.
- Many community organizations and national retirement organizations offer IRS-approved volunteer assistance (VITA) programs to taxpayers who cannot visit an IRS office for tax help. Training for VITA volunteers emphasizes the problems for the elderly.

To communicate tax information of interest to the elderly, the IRS used the print and broadcast media, specialized newsletters, and organizations serving older Americans:

- Benefits for Older Americans, a filmed television public service announcement (PSA), was sent to each of three major networks and approximately 1,000 television stations nationwide. Statistics from Broadcast Advertisers Reports, a firm which tracks the play of commercials and PSA's indicate that this PSA was used more than any other produced by IRS in 1979.
- Three recorded radio PSA's concerning older Americans were sent to the major networks and to about 6,700 local radio stations. A recorded radio interview program on benefits for older Americans was provided to 4,200 stations. IRS also sent stations several live copy radio PSA scripts to be read on-the-air by local announcers and a live copy radio interview program script.
- Materials of interest to older Americans for the print media, including news releases, feature stories, question and answer columns and captioned illustrations, were provided to newspapers, periodicals and newsletters nationwide. Print materials were also sent to senior citizen and retirement organizations such as the American Association of Retired Persons, National Council of Senior Citizens, National Retired Teachers Association, and to State offices

of services for the aging. A newspaper supplement with an article geared toward older Americans was sent to 4,500 local newspapers.

- IRS updated and published the following publications that deal with tax issues of particular interest to the elderly: publication 524, "Tax Credit for the Elderly"; publication 554, "Tax Benefits for Older Americans"; publication 559, "Federal Tax Guide for Survivors, Executors, and Administrators"; publication 567, "Tax Information on U.S. Civil Service Retirement and Disability Retirement"; publication 575, "Tax Information on Pension and Annuity Income"; and publication 523, "Tax Information on Selling or Purchasing Your Home." Publication 523 has a section specifically dealing with the capital gains exclusion on sale of a residence for taxpayers over 55.

All of these publications are available free of charge at IRS offices. They are also used extensively in taxpayer education programs, often in cooperation with organizations especially interested in problems of retired people.

The following are additional activities in which the IRS engaged during calendar year 1979 that benefited elderly taxpayers:

- Mailed a notice to taxpayers, all of whom were over 70½ years of age, who had paid taxes in 1977 or earlier with respect to an individual retirement account transaction, to advise them that they may be entitled to a refund of these taxes because of retroactive relief provided by the Revenue Act of 1978.
- Special training on credit for the elderly, schedules R & RP, pensions and annuities, and other issues affecting the elderly, was provided for employees who performed tax assistance work during the 1979 filing period.
- The IRS continued conducting "retiree income tax seminars" as part of its overseas taxpayer assistance program. These seminars, which are designed to assist retirees and senior citizens residing abroad to determine their correct U.S. tax obligations, consist of discussions of tax laws and forms applicable to this particular tax-paying group. The discussions are followed by an exercise in the preparation of a tax return under the guidance and assistance of a tax assistor.
- Emphasis was continued on securing first floor space in IRS offices or, alternatively, easy access to elevators as an aid to handicapped and senior citizens.

Regulations and Rulings Activities

During 1979, final regulations were issued to provide guidance with respect to the income tax deduction for expenditures for the removal of architectural barriers to the elderly and handicapped.

In 1979, IRS published the following revenue rulings affecting senior citizens:

(1) Rev. Rul. 79-173, 1979-1 C.B. 86, which provides that basic medicare benefits received by or on behalf of an individual are disregarded in the computation of support for purposes of sections 151 and 152 of the code.

(2) Rev. Rul. 79-175, 1979-1 C.B. 117, which provides that premiums voluntarily paid for basic medicare coverage by a taxpayer not otherwise entitled to such coverage qualify as amounts paid for medical insurance under section 213 of the code.

(3) Rev. Rul. 79-342, 1979-45 I.R.B. 6, which provides that cash remuneration paid to employees under the nutrition program for the elderly, 42 U.S.C. section 3045 (1976), is includible in gross income and is "wages" subject to the Federal Insurance Contributions Act and income tax withholding. Food benefits received by eligible employees under the program are not "wages" and are not includible in gross income.

(4) Several revenue rulings were issued holding that organizations formed to provide services benefiting the elderly qualify for tax exempt status under section 501(c)(3) of the Internal Revenue Code. These include Rev. Rul. 79-18, 1979-1 C.B. 194, pertaining to an organization formed to meet housing needs of the elderly, by building and operating an apartment rental complex especially for them, under the sponsorship of community leaders; Rev. Rul. 79-17, 1979-1 C.B. 193, pertaining to a hospice designed to assist terminally ill persons on an inpatient and outpatient basis; Rev. Rul. 79-19, 1979-1 C.B. 195, pertaining to an organization formed to meet the housing needs of the physically handicapped by building and operating an apartment rental complex especially for them; Rev. Rul. 79-358, 1979-45 I.R.B. 9, pertaining to an organization that makes private hospital rooms available to those who medically need but cannot afford a private room; and Rev. Rul. 79-359, 1979-45 I.R.B. 10, pertaining to an organization that provides religious burial services.

Forms Activities for the Elderly

This year, linguistic experts from the American Institutes for Research (A.I.R.) worked with the IRS in order to make schedules R and RP, Credit for the Elderly, easier to understand. The Service believes it has made considerable progress in redesigning the schedules to make them easier to prepare and in clarifying the instructions for the schedules to make them easier to understand. Further, IRS 1979 instructions offer to compute the credit for the elderly as well as the tax.

The A.I.R. linguistic experts also helped IRS to clarify the reporting of income from pensions and annuities on schedule E (Form 1040), Supplemental Income Schedule.

The instructions for Form 4972, Special 10-Year Averaging Method, and Form 5544, Multiple Recipient Special 10-Year Averaging Method, used to report lump sum distributions from qualified retirement plans, were reviewed and extensively revised. Although IRS does not have a readability analysis available at this time, it feels that the revisions (including the use of line-by-line instructions) have greatly simplified these forms and instructions.

OTHER TREASURY ACTIVITIES AFFECTING OLDER AMERICANS

Other agencies of the Treasury may have an impact upon the aged as part of their specific functions. Developments during 1979 include:

- The Treasury has supported legislation to phase out regulation Q, an interest rate ceiling on deposits in financial institutions. While large depositors can achieve near-market interest rates by purchasing money market certificates (\$10,000 minimum denomination), small depositors, often the elderly, are limited to a 5¼-percent passbook interest rate (5½ percent for depositors at thrift institutions). Small depositors are likely to receive more equitable interest rates by phasing out regulation Q. This legislation will be considered when the Congress reconvenes.
 - The Treasury continued its expansion of the direct deposit program for Federal recurring payments. This program offers an added measure of convenience and security to many people, including retirees, who depend on regular Government checks by permitting direct deposits into a personal checking or savings account. The service was implemented in 1975 and now includes social security benefit, supplemental security income, civil service retirement, railroad retirement, Veterans Administration compensation and pension payments, and certain Federal salary payments. As of December 1979, over 11 million recipients have enrolled in the program, representing over 25 percent of total recipients. Since 1977, a nationwide educational campaign has been underway to inform recipients about the advantages of the program. Treasury's goal is to have 55 percent of all eligible recipients enrolled in the program by 1985 and 80 percent by 1990.
 - The Treasury also continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. During fiscal year 1979, the Service closed 28,029 social security check forgery cases and 9,746 supplemental security income forgery cases. Most of these checks were issued to retirees. Approximately 64 percent of the checks were cleared, that is, the identity of the forger discovered.
 - The U.S. Customs Service, in coordination with the Department of Commerce, actively participated in the U.S. Travel Service's "port receptionist program." Port receptionists are located within the boundaries of the Customs facility at many major airports and are available to provide necessary wheelchair/mobility, etc., services to the elderly and the handicapped. When notified by the U.S. Travel Service that an elderly or infirm traveler is arriving, Customs makes every effort to facilitate the traveler's clearance through Customs. The port receptionists are, in most cases, bilingual and can provide assistance to both U.S. citizens and foreign travelers who are elderly or infirm.
- Finally, the Department of the Treasury makes every attempt to participate in the governmentwide effort to end discrimination against particular groups, including the aged, in employment and in the accessibility of public information and facilities:
- Throughout the Department's facilities, architectural modifications and new buildings include ramps, security bars in restrooms, and other aids to insure that Treasury facilities are usable by all individuals, including the elderly handicapped.

- In employment, Treasury Offices and Bureaus have either implemented or are developing a part-time employment program (PTEP) as a result of Public Law 93-437 (October 10, 1978). Implementation of the program includes a particular focus on special interest organizations such as organizations of older people. The PTEP is a viable and effective vehicle through which retirees and the elderly can obtain meaningful and valuable employment. The employment of the elderly benefits both the individual by supplementing his or her financial intake and the agency by the addition of productive employees to the regular work force.
- The Treasury offers preretirement planning seminars to employees on a biannual basis. These seminars are offered on a more frequent basis by the Philadelphia Mint and will be extended throughout the Bureau of the Mint during succeeding fiscal years.

OFFICE OF REVENUE SHARING ACTIVITIES AFFECTING THE AGED

GENERAL REVENUE SHARING PROVISIONS AFFECTING THE AGED

The general revenue sharing program is a direct general fiscal assistance program that provides funds to State and local governments. No application is required of State and local jurisdictions to receive these moneys, although a statement of assurance of compliance with revenue sharing law is required. Therefore, revenue sharing is described best as an "entitlement" program.

Congress created the program in 1972 with the intent of sharing Federal income tax with State and local governments. Legislative provisions of the program indicate an intent to disburse these funds with minimum restrictions on the use of funds and allow maximum flexibility by State and local officials in determining how they spend the money.

The State and Local Fiscal Assistance Act of 1972 (Public Law 92-512) was authorized for a period of 5 years to end in December 1976. However, the program was extended under the 1976 amendments (Public Law 94-488) through September 30, 1980. For the two respective periods, a total of \$55.8 billion will be distributed to State and local jurisdictions based on a formula prescribed by the revenue sharing act.

Originally, State and local governments were required to use the funds in priority categories contained in the act. Under the 1976 amendments, the funds may be used for any purpose which is a legal use of the jurisdiction's own funds under State and local law. Thus, recipients are to this extent free to use shared revenues for expenditures of benefit to the aged.

Extension of the program brought a number of substantive changes from the original act, which became effective January 1, 1977. Among them were several areas which could be viewed as affecting elderly persons. These amendments:

- Strengthened the nondiscrimination requirements to include specific protection against age discrimination. This provision, which became effective July 1, 1979, does not apply to employment discrimination.
- Provide for special public participation requirements relative to the participation of citizens in the decisions on expenditure of GRS funds and encouraged recipient governments to include senior citizens in this process.
- Repealed the provisions which restricted the use of funds to certain priority expenditure categories. Eliminated the prohibition against the use of revenue sharing funds as local matching money for Federal grants.

The removal of the prohibition against using GRS funds as matching money for Federal grants may have increased the availability of funds for use in the social services areas.

GRS contributions to aged Americans are likely to be found primarily in the areas of public participation and nondiscrimination. Activities in these areas which may increase the accessibility and accountability of governments to the aged as a special class are:

- Publication of the proposed age discrimination regulations in December 1979.
- Publication in mid-1980 of the final age discrimination regulations, which are designed to deal with discrimination in services.
- Publication in mid-1980 of the final regulations with respect to a qualified handicapped individual. These regulations are amendments to the current interim nondiscrimination regulations which address service delivery, employment, and accessibility of programs to the handicapped.

The Office of Revenue Sharing continues to conduct outreach activities to groups requesting assistance in program interpretation. This office also follows up on all complaints filed with it.

ITEM 13. ACTION

JANUARY 14, 1980.

DEAR SENATOR CHILES: Thank you for the opportunity to provide information for "Developments In Aging," the annual report of the Senate Special Committee on Aging.

More than 270,000 volunteers age 60 and over served in the three older Americans volunteer programs (OAVP) administered by ACTION in fiscal year 1979. This includes approximately 250,000 volunteers in the retired senior volunteer program (RSVP), 16,640 in the foster grandparent program (FGP) and 3,300 in the senior companion program (SCP). All programs are authorized under title II of the Domestic Volunteer Service Act of 1973, as amended. Prior to fiscal year 1974, the OAVP programs were authorized under title VI of the Older Americans Act of 1965, as amended.

The Volunteers in Service to America (VISTA) programs has, throughout its 15 year history, been aware of the wealth of knowledge and skills, as well as the particular needs and problems of older Americans. Approximately 22 percent of all VISTA projects are designed to serve older people in poverty and 18 percent of VISTA's are themselves 55 years of age or older. In addition, 6 percent of university year for ACTION volunteers are 55 or over and 5 percent of Peace Corps volunteers are 51 or over.

In response to the committee, I am pleased to enclose a statement summarizing ACTION's major older American volunteer activities during the course of the past year.

Sincerely,

KAREN PAGET,
Deputy Associate Director,
Domestic and Antipoverty Operations.

Enclosure.

OLDER AMERICANS VOLUNTEER PROGRAMS

The OAVP programs serve a dual purpose in uniting the time and energy of mature, experienced, and skilled people with unmet community and individual needs. There are no educational or experiential requirements for participation. Foster grandparent and senior companion volunteers serve 20 hours per week. They receive a weekly stipend of \$32 to cover the cost of volunteering. Persons whose income is not more than 125 percent of the poverty line as established under the Economic Opportunity Act of 1964, as amended, are eligible to serve in these programs. The stipend is by law not to be considered income for tax purposes or eligibility for other Federal or State programs. RSVP volunteers serve, on the average, 4 hours per week. They receive no stipend.

All volunteers serve under the sponsorship of local organizations. Categorical grants are awarded by ACTION to private, nonprofit organizations and public agencies which recruit, train, place, and support volunteers. Day-to-day supervision is provided by volunteer stations which are public or private nonprofit agencies and organizations such as proprietary health care organizations, hospitals, day care centers, units of local governments, and community action programs. ACTION field staff provides technical assistance to sponsors and training for project staff. Funding is shared between the sponsor and ACTION.

ACTION is committed to the principle that the satisfaction of each volunteer is a direct result of her or his involvement in activities which will improve the lives of others and enrich their own. To accomplish this commitment, OAVP seeks to:

- (1) Encourage the recognition of older persons as a solution to problems rather than as a problem.
- (2) Influence OAVP projects to develop program activities which include advocacy, self-reliance, and mobilization of local resources to meet local needs.
- (3) Coordinate OAVP program activities with other ACTION programs including VISTA and Peace Corps.
- (4) Encourage volunteer assignments in RSVP and FGP which increase cross-generational contacts.
- (5) Encourage increased State and/or local funding of OAVP and OAVP-type projects.

The OAVP program concept has been greatly expanded by the use of State and local moneys to create non-ACTION OAVP-type projects or to supplement existing ACTION projects. More than 30 States and local governments are providing approximately \$14 million for this purpose. These moneys are in addition to the required local matching funds provided by all project sponsors. Since most

State and local projects wish to be identified with one of the respective OAVP program titles, they have entered into written memoranda of understanding with ACTION. These memoranda allow the local projects to use the generic Federal program name and make the volunteers serving in these projects eligible for the income disregard provision of the ACTION legislation. Project staff participate in ACTION training activities, receive program assistance materials and utilize the technical expertise of ACTION staff.

OAVP has made a special effort to encourage members of minority groups to participate as volunteers and sponsors in all three programs. More than 16 percent of the RSVP volunteers, 35 percent of the foster grandparent and 38 percent of the senior companions were minorities in 1979. Continued emphasis has been placed on recruiting males, older persons and handicapped volunteers.

Improved cooperation with other agencies that deliver social services is a major OAVP objective. A summary of existing interagency agreements includes:

<i>Agency</i>	<i>Purpose</i>
Administration on Aging (AoA), title III. (Title VII is merged under title III)-----	To have at least one ACTION OAVP project in each AoA service area. To assign senior volunteers to assist in achieving the purpose of the title III nutrition program. To provide opportunities for seniors to serve children as well as other seniors in public schools.
State agencies on aging agreements with each ACTION State program office.	To promote use of ACTION full and part-time volunteers to serve in State AoA programs.
DHEW Office of Education, right to read (RTR).	To assign senior volunteers to assist with literacy programs sponsored by RTR.
Department of Commerce, National Fire Prevention and Control Administration.	To engage senior volunteers in a public education program to reduce fire loss in their communities.
DHEW Bureau of Education for the Handicapped.	To utilize senior volunteers in public awareness and advocacy activities to promote community responsiveness to the requirements of the act.
DOT, Urban Mass Transportation with Administration on Aging (title III at HEW).	To assist in identification of transportation services for lonely and isolated elderly persons.
HUD, Public Housing Administration----	To develop a mutual benefit program where senior volunteers can be recruited from public housing where they live to help satisfy the basic human needs of other public housing residents of all ages.
HEW, Administration for Children, Youth, and Families (ACYF).	To coordinate more use of foster grandparents and RSVP volunteers with ACYF programs for children who are abused and neglected, or in danger of being separated from families, or are in need of foster care and adoption, or who are classified as status offenders, runaway youth, and teenagers facing special problems.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)

The retired senior volunteer program was established to provide a variety of opportunities for persons of retirement age to participate more fully in the life of their community through significant volunteer service. Through RSVP senior volunteers are making significant contributions toward solving some of the pressing problems of their communities. In turn, the program enables the volunteers to find the dignity and usefulness they seek.

The retired senior volunteer program was originally authorized in 1969 and funded in 1971. In July 1971, it was transferred to ACTION.

As an inherently local program, each RSVP project is locally planned, operated, and administered, and supported on a cost-sharing basis. The non-Federal support of the budget may not be less than 10 percent during the first year. Grantees are expected to increase the local share of the project costs by 10 percent each year and to assume a minimum of 30 percent financial responsibility at the beginning of the third year and each year thereafter. Exceptions to this requirement may be granted by ACTION in individual cases of demonstrated need.

There are no income, education, or experience requirements to becoming an RSVP volunteer. Orientation and in-service instruction are provided for the volunteers. Volunteers serve without compensation, but reimbursement is provided for transportation between their homes and volunteer assignments. Accident and liability insurance are also provided.

Too often older citizens have been regarded as a problem. The retired senior volunteer program sees them as a resource capable of improving community life. They serve in hospitals, nursing homes, schools, crisis centers. They are involved in projects dealing with health care delivery, nutrition, skyrocketing utility rates, and fixed income counseling. As advocates they work to ensure that low-income persons receive benefits to which they are entitled. Numerous examples illustrate the value of the contributions of RSVP volunteers to their communities.

An RSVP volunteer in Detroit, Mich., played a strong advocacy role on behalf of seniors in the Detroit area. As an outreach worker assigned to Detroit's energy conservation project, the senior volunteer has been involved in a utilities relief program that protects elderly and low-income customers from losing service by giving them 3 months grace to make payments.

Augmenting that program is a project to teach the community how to conserve energy. About 150 volunteers are involved in training community residents on how to make house-to-house energy audits and to educate citizens on the 10 most important things they should know about conserving energy.

An RSVP volunteer coordinator in King County, Wash., underscores the importance of services provided by the volunteers. "The community agencies tell me over and over that they don't know how they would exist without our people," he states. In King County, about 1,400 RSVP volunteers serve in more than 70 nonprofit organizations in a variety of ways.

In Snohomish County, Wash., an RSVP volunteer whose degrees range through Ph. D. in biochemistry, assists in the middle school industrial arts class at the sixth grade level. Because he "likes to be kept busy," this volunteer receives a tremendous satisfaction from using his special talent for teaching young people. The class instructor states, "We just can't do without him."

In 1979 10 RSVP projects (one in each of ACTION's 10 regions) developed a Fixed Income Consumer Counseling (FICC) component to recruit, train, and coordinate RSVP volunteers to deliver to persons on fixed incomes information and guidance in areas such as health and nutrition, consumer concerns, crime and victimization, banking and financing, rebate programs, legal aid, energy conservation, and other services.

Since 1971, the retired senior volunteer program has experienced considerable growth. In 1972, with a budget of \$15 million, there were 84 RSVP projects and 1,816 senior volunteers. As of December 1979, there were 682 federally funded projects, plus 11 which were completely locally supported. Volunteers now serve in projects located in all 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Many States now appropriate funds to support RSVP projects. On the basis of the 1979 Federal appropriation of \$2,100,000 for the retired senior volunteer program, annual Federal cost per volunteer is estimated at slightly over \$80.

In the fall of 1978, RSVP designed 113 demonstration projects under the major categories of advocacy, deinstitutionalization/prevention of institutionalization, criminal justice, housing/food, and energy conservation. According to an interim survey completed at the midway point of the year-long demonstrations, about 1,500 volunteers have taken part in this effort nationwide. A final assessment of the accomplishment of these special emphases is being made during the current year.

The retired senior volunteers serving in RSVP projects have, through their achievements, earned the respect and support of their own communities, the aging network, and professional gerontologists. They have not only proved to be formidable advocates of their own interests, but remain independent and productive contributors of services to their communities rather than just recipients.

SENIOR COMPANION PROGRAM (SCP)

The senior companion program offers volunteer opportunities to provide personal assistance and companionship to primarily older adults to help them achieve their highest level of independent living.

The senior companion program has grown from 18 pilot projects and 1,000 senior companions in fiscal year 1975 to 54 projects and approximately 3,350 senior companions as of December 1979. The operating budget in fiscal year 1979 was \$7 million.

The senior companion program provides a visible demonstration that older persons can perform a critical role in contributing to the solution of problems that affect them. SCP fosters independence and enhances the self-esteem of the senior companions by engaging them in activities which improve the lives of individuals and communities.

SCP assists in meeting the long-term care needs of moderately and generally impaired adults, focusing on older adults whose physical, mental, or emotional impairments put them at risk of inappropriate or unnecessary institutionalization. Senior companions are placed at or through volunteer stations, which are direct health care providers, social service agencies, and Federal and State long-term care networks.

Approximately 80 percent of the senior companions are assigned to assist older persons to remain in their own places of residence.

The senior companions also assist clients in patient-release programs in acute care hospitals, mental health, and other long-term care facilities to make the transition and adjustment to living in less restrictive settings.

In all placements, the senior companions serve as advocates by linking clients to appropriate services and assuring that they receive benefits to which they are entitled.

Senior companions receive a stipend for their service. They are also provided or reimbursed for transportation and meals for days of service, orientation or training. Volunteers are covered by accident and liability insurance and receive annual physical examinations. Senior companions are also provided an orientation and regularly scheduled in-service instruction.

During 1979, the 5 test projects initiated in 1978 were continued. The new concepts incorporated into the projects design, included: (1) The integration of senior companions into a plan of care developed by community organizations with the capacity to coordinate the health and social needs of clients served; (2) enrichment of volunteer training; and (3) broadening the community's role in the structure and composition of advisory councils.

Six demonstration components were added to existing projects to demonstrate the use of volunteers in patient-release from acute care hospitals, mental health, and hospice care.

FOSTER GRANDPARENT PROGRAM (FGP)

The foster grandparent program (FGP) was originally developed as a cooperative effort between the Office of Economic Opportunity and the Department of Health, Education, and Welfare. It was given a legislative base in 1969 and transferred to the Administration on Aging in HEW. In July 1971, the program was transferred to ACTION.

The FGP enables low-income persons aged 60 or over to remain active in their community through person-to-person service to children with special or exceptional needs in health, education, welfare, and related settings. The foster grandparents derive a renewed sense of dignity and self-worth from their special service roles. In addition to a stipend, they receive additional tangible benefits in the form of transportation to and from their volunteer station, a noon meal on the days (5 days per week) they serve, accident and liability insurance, and an annual physical examination.

Children are assigned foster grandparents on the basis of their potential for improvement in personal or social adjustment, skill development and for deinstitutionalization. In the latter case, foster grandparents will follow deinstitutionalized children needing continuing attention to their own homes when possible and approved. Initial assignments of foster grandparents are also made in cases where they can have the greatest impact in the delay or prevention of institutionalization of children living in a home environment.

Foster grandparents give attention and affection to the children to whom they are assigned. Ideally, the volunteers spend 2 hours with each of 2 children on a daily basis. Some group settings are not permissive of a strict one-on-one assign-

ment basis. In these cases, foster grandparents may serve several children as long as the setting is conducive to the establishment of person-to-person relationships among the volunteers and the children they serve. The program provides social, psychological, and educational benefits to children with developmental disabilities and related special needs. The foster grandparents simultaneously benefit from alleviation of some of the consequences of poverty and loneliness. Their psychological outlook and physical health are improved. The mutually benefiting relationship also has a notably positive effect on the children's development and the outlook of their families. The program provides a degree of protection of human rights of both "grandparent" and "grandchild," ensuring that each group is dealt with fairly and humanely.

Foster grandparents are provided orientation prior to assignment to individual children. Subsequently they are provided monthly in-service training. They function as stipend volunteers and are not in the regular work force. Their activities are limited to those which would not supplant the hiring of or result in the displacement of employed workers, or impair existing contracts for service. Foster grandparents may not provide physical therapy, babysitting service, housecleaning service, or other services normally performed by volunteer station staff to the children they serve. Foster grandparents are expected to accept supervision of volunteer station and project staff. Appropriate volunteer grievance and appeal procedures are the responsibility of the individual project sponsors.

Project staff are employees of the project sponsor; they are not employees of the Federal Government. ACTION requires concurrence in the selection of project directors.

The project director, on behalf of the sponsor, recruits, trains, and exercises general supervision over the volunteers. This person also develops memoranda of understanding with volunteer stations where volunteers are to be placed. He/she also ensures that foster grandparents are assigned to children with demonstrated special needs.

Project sponsors, in accepting ACTION grants to operate foster grandparents projects, agree to abide by agency regulations and policies. ACTION, in turn, provides training and technical assistance to sponsors and project staff, and promotes cooperation and coordination with other Federal, State, and local entities concerned with the needs of low-income elderly and children with special needs, including transportation needs.

The foster grandparent addresses the most pressing basic human needs, both in seeking the poorest of the poor to serve as foster grandparents, and in the selection of individual children the volunteers serve.

During the entirety of fiscal year 1979, the program operated under authority of a continuing resolution at the 1978 level of \$34.9 million, maintaining volunteer strength of 16,640 foster grandparents serving approximately 41,500 children.

There remain 198 (federally-funded) projects with at least one project in each State, Puerto Rico, the Virgin Islands, and the District of Columbia. Additionally, more than 30 States have now appropriated varying sums to expand foster grandparent opportunities and services. Michigan presently leads the way in this regard with 8 non-federally funded projects in operation, providing approximately 500 additional low-income elderly residents the opportunity to serve in and benefit from the program.

In 1978 amendments to the Domestic Volunteer Service Act of 1973 included both a stipend increase and higher income eligibility levels. The stipend increase was conditioned upon enactment of appropriations sufficient to pay the additional cost without disenrolling any volunteers. The stipend was increased effective November 3, 1979 from \$1.60 per hour to \$2 per hour.

VOLUNTEERS IN SERVICE TO AMERICA (VISTA)

ACTION legislation requires that VISTA encourage "fullest participation of older persons and older person membership groups as volunteers and participant agencies . . ."

A 1979 survey revealed that over 875 VISTA volunteers are serving over 200 community-based programs that are advocating for the needs of America's senior citizens. VISTA's have helped coordinate senior companionship and recreation programs at local community centers, as well as working with meals-on-wheels, and the Federal food stamp program to guarantee adequate food and nutritional education to seniors who are homebound. They have helped low-income older Americans receive FHA grants for indoor plumbing, insulation, and home rehabilitation, and have worked to set up food and health cooperatives. As

of November 1, 1979, approximately 18 percent of all VISTA's were 55 years of age or older, including 113 persons who are over 70 and older among 535 in the over 55 category.

The following are examples of VISTA's serving older Americans:

Senior Federation Services of Minnesota, St. Paul, Minn. (9 volunteers).—The Senior Federation Service of Minnesota has been in existence since 1973 when a group of clergymen and citizens concerned about the problems of seniors got enough money to operate a full-time program. From a small organization, it has grown into a statewide program with over 180,000 members. VISTA's have been instrumental in this growth since their arrival in 1974. Presently, there are 9 VISTA's on the site. One of them is developing a model for discount buying which will be implemented throughout the State. Within 1 year, she has succeeded in getting over 100 stores in her region (the federation divides the State into 12 regions) to offer discounts on food, medical treatment and drugs, and clothing to seniors. Her success has attracted the attention of local colleges who have invited her to speak and give workshops as well as that of the State Governor.

The federation, as a whole, has set up medical programs for seniors, successfully lobbied for weatherizations laws, been instrumental in the State passing 11 laws concerning the upkeep of nursing homes; and successfully fought against power and light increases during the past 2 years. All of the VISTA's are involved in one or more of these areas.

Through the federation's efforts, which have resulted in the many savings listed above, the seniors of Minnesota, can now look forward to an economically more secure future.

New York State Office for the Aging, Albany, N.Y. (4 volunteers).—A volunteer works in conjunction with a RSVP program in a small town in upstate New York. She works primarily with handicapped elderly people who still have much to offer to the community but who are isolated due to their handicap. The volunteer works with various agencies and business to establish volunteer positions and then matches the elderly clients with a suitable position.

In addition, through her work, it was discovered that there were a great many architectural barriers within the town which inhibited the mobility of the handicapped population. The volunteers organized a committee of interested elderly people to study the problem and publish a list of agencies, businesses, restaurants, and other services that were accessible to handicapped persons. This group will continue operating to establish building codes within the town. The group has advanced to the point where they will survey a business for architectural barriers even though it may cause hard feelings.

The volunteer has also been able to acquire some title V positions which will allow qualified elderly people to work in the community and to possibly continue the work the VISTA volunteer has started.

National Citizens Coalition for Nursing Home Reform; Larimer County Council on Aging, Fort Collins, Colo.—In Colorado, a 68-year-old retired professor, who was trained in nursing home advocacy by the State of Colorado's ombudsman program, has re-enrolled as a VISTA under the national grant to the National Citizens' Coalition on Nursing Home Reform. In her first year as a VISTA, the volunteer helped create the nursing home task force of the Larimer County Council on Aging in Fort Collins, Colo., and in turn recruited about 100 people willing to regularly visit the nursing homes in Fort Collins and Loveland. Under the grant, the VISTA will coordinate their visits and the work of a committee which deals with the problems in homes uncovered by the visitors to help them be more sensitive and effective in recognizing real problems as they arise; and also will work with resident councils in 5 nursing homes in Fort Collins.

The volunteer has been a tireless worker to improve the quality of life in the area's nursing homes. She has sought to shorten the intellectual and emotional distance between the nursing home and the community.

THE OFFICE OF VOLUNTARY CITIZEN PARTICIPATION

The office of voluntary citizen participation (OVCP) has been involved actively in projects for the elderly and with those using older Americans as volunteers. The office is developing more programs through grants dissemination of information on present program opportunities to the State office of voluntary citizen participation, and liaison with the older American volunteer programs (OAVP) in ACTION's domestic operations.

During fiscal year 1979, two of 65 grants awarded under the minigrant program went specifically to Older American projects, although many other projects included an emphasis on the elderly. One of these two grants located in Kearney, Nebr., subsidized a community information and referral service; the other, located in Washington, D.C., involved seniors and youth groups working together in a crime deterrent project.

OVCP initiated the concept behind and offered technical assistance to Fitchburg Action to Conserve Energy (FACE), an energy conservation campaign based on the idea of voluntary action developing local resources. The plight of the elderly due to rising energy costs and fixed incomes was a major concern. Volunteers trained in no cost/low cost energy techniques helped weatherize the homes and apartments of many senior citizens in Fitchburg, Mass. All in all, 6,300 of the 14,000 homes in this small New England town were readied for the winter by the citizenry through their own efforts and the FACE project.

Presently, OAVP and OVCP are collaborating on a mailing to the 26 State offices of voluntary participation (S/OAVP). These offices are in regular touch with State government departments, State legislatures, and the leadership of private voluntary organizations. They are in a good position to disseminate information about the OAVP program models, to educate and inform State government personnel and elected officials of the benefits of State support for expansion and enhancement of programs, and to identify both recipient groups and volunteers in conjunction with local sponsors.

OVCP is mandated to develop voluntary action and citizen participation on a local level. Often older Americans are overlooked as a rich resource. OVCP will continue to encourage the use of this valuable asset among its clientele.

ITEM 14. CIVIL AERONAUTICS BOARD

JANUARY 10, 1980.

DEAR SENATOR CHILES: You asked for information on our major initiatives and programs that had either a direct or an indirect impact on the elderly during 1979. This information is to be included in the annual report, "Developments in Aging."

Under section 403(b)(1) of the Federal Aviation Act of 1958, as amended, airlines have been able to offer discount fares to the elderly, but only on a space-available basis. This limitation prevented senior citizens from securing reservations more than one day in advance of travel at the discount rate, and may have inhibited many from using the lower fare available to them. On August 8, 1979, the Board, by order 79-8-49, exempted airlines from the provision in section 403 restricting discount fares for the elderly to a space-available basis. This permitted the airlines to offer special discounts to the elderly on an unrestricted reserved-seat basis.

Although order 79-8-49 enabled airlines to accept advance reservations for elderly persons at a special fare, none have yet chosen to do so. In fact, fewer carriers are offering any sort of discount for the elderly now than were a year ago. However, the airlines, following the increased competition possible under the Deregulation Act, have offered a wide variety of discount and special fares for all passengers. A record number of passengers—about 50 percent—traveled at fares 10 to 70 percent below the standard coach fare. These other discounts are usually offered on a reserved-seat basis, although advance purchase and minimum or maximum stay requirements may apply. These fares and the rules for them are decided by the airlines. Many of the airlines apparently no longer consider senior citizen fares necessary because the elderly, as well as other members of the public, can travel at a reduced rate using one of the many discounts offered.

On September 20, 1979, the Board, as required by law, issued a notice of proposed rulemaking, SPDR-74, 44 FR 55383, September 26, 1979, proposing regulations to prohibit discrimination against air travelers on the basis of age, and to implement the Age Discrimination Act of 1975. In addition to prohibiting age discrimination in air transportation, the proposed rule would require airlines to complete a written self-evaluation of compliance with that act, and when requested, provide the Board and the public with information, including the self-evaluations, to determine whether there has been a violation of its provisions. The proposal also established procedures for filing complaints alleging age discrimination on

the part of an airline. Section 378.5 of the rule, however, exempts discounts for the elderly from the Age Discrimination Act's prohibition.

We believe that Board policy, combined with the major changes of the Airline Deregulation Act of 1978, have created a favorable atmosphere for many innovative low-price service offerings. Liberalized entry regulation and expanded pricing flexibility have resulted in air service improvements throughout most of the country. These improvements have occurred at small communities as well as large hubs. The Board has also adopted consumer protection rules for charter participants, providing greater protection to people who use this type of low-cost travel, such as senior citizens and others on fixed incomes. These actions, as well as the increasingly competitive airline industry that reduced regulation has fostered, will benefit all air travelers, and particularly the elderly, who may have previously found air transportation to be too costly or inconvenient.

Please let us know if we can be of further assistance.

Sincerely,

MARVIN S. COHEN, *Chairman.*

ITEM 15. COMMISSION ON CIVIL RIGHTS

JANUARY 18, 1980.

DEAR SENATOR CHILES: We are pleased to submit the enclosed response to your request related to information that will be assembled as part of the committee's annual report, "Developments in Aging."

If we can be of further help on this or any other matter, please let me know.

Sincerely,

LOUIS NUNEZ, *Staff Director.*

Enclosures.

REPORT OF MAJOR ACTIONS OF THE U.S. COMMISSION ON CIVIL RIGHTS— FISCAL YEAR 1979

Before October 1978, the U.S. Commission on Civil Rights' jurisdiction over "age" and "age discrimination" matters was limited to a special short-term mandate of the Age Discrimination Act of 1975 (Public Law 94-135) that the Commission study and report on the nature, scope and extent of age discrimination in federally-assisted programs. The Civil Rights Commission Act of 1978 (Public Law 95-444) expanded the Commission's general authority to include discrimination based on age.

Also, in October 1978, as part of its action to reauthorize the Older Americans Act, the Congress amended the Age Discrimination Act (Public Law 95-478), adopting several recommendations made by the Commission in its report of the age discrimination study which was released in January 1977. Most notable among these were deletion of the term "unreasonable" from the purpose clause of the original statute, and the incorporation of a private right of action against alleged perpetrators of unlawful actions based on age.

Within this same piece of legislation (Public Law 95-478), the Congress directed the Commission to conduct a study of discrimination based on race or ethnic background in federally-assisted programs for older persons. The Commission plans to initiate this study in fiscal year 1980.

Most of the Commission's activity related to "age" and "aging" was devoted to overseeing the development and issuance of general governmentwide regulations to implement the Age Discrimination Act, as amended, by the U.S. Department of Health, Education, and Welfare (HEW). This included our testifying at one of the public hearings held by HEW on its proposed rules, and our submitting extensive comments. After HEW published its proposed rules, we wrote to the President Pro Tempore of the Senate and the Speaker of the House of Representatives urging the Congress to reconsider several of our proposals to amend the Age Discrimination Act which were not adopted by the Congress in October 1978. A copy of the letter to Senator Magnuson is appended as part of this report.

In addition, the Commission has been taking steps to modify, where feasible, its current research projects and investigations to reflect the concerns inherent with the new jurisdiction over age; has initiated liaison activities with those in the field of aging in both the public and private sectors; and has expanded its library collection to include works related to "age" and "aging."

U.S. COMMISSION ON CIVIL RIGHTS,
Washington, D.C., October 2, 1979.

HON. WARREN G. MAGNUSON,
President Pro Tempore of the Senate,
Washington, D.C.

DEAR SENATOR MAGNUSON: The Age Discrimination Act of 1975 directed the U.S. Commission on Civil Rights to conduct a study of "unreasonable" discrimination based on age in the administration of programs or activities receiving Federal financial assistance. We reported our findings and recommendations to the President and the Congress on January 10, 1978.

After weighing the evidence gathered from our field studies and public hearings, the Commission concluded that prohibiting the use of age as a basis for denying individuals' access to needed services and benefits constitutes sound public policy. The Commission concluded further that the Age Discrimination Act, with certain modifications, could be a vital tool for opening up opportunities to persons of all ages to take advantage of available services and benefits. To implement our recommendation that "age" be used as a criterion for eligibility in Federally-assisted programs only when Federal legislation contains a specific authorization for doing so, we proposed the following statutory modifications:

Deletion of the term "unreasonable" from the purpose clause of the Age Discrimination Act.

Repeal of section 304(b)(1) of the act. Known as the "exception" provision, this section excuses otherwise age discriminatory actions if they "are necessary to the normal operation of the program or to the achievement of any statutory objective."

Modification of section 304(b)(2) of the act to conform to our conclusion that only the Congress should authorize age distinctions in federally-assisted programs. This "exemption" provision removes from the jurisdiction of the Age Discrimination Act, any program or activity "established under authority of any law," if the law's intended beneficiaries are defined in age or age-related terms. (emphasis supplied).

Authorization of affirmative action to overcome the effects of conditions which have resulted in restricting participation of persons of a particular age.

The Congress adopted our recommendation to delete the term "unreasonable" from the purpose clause of the act when it passed the 1978 amendments to the act; however, it retained the "exception" and "exemption" provisions. Although still convinced that the actions we sought were essential to a vigorous and unequivocal implementation of the Age Discrimination Act, we deferred pressing further action until we could determine how the Department of Health, Education, and Welfare would rule on these difficult provisions. (The Age Discrimination Act required the Department to issue general implementing regulations which establish mandatory standards for other Federal departments and agencies in developing their own "agency-specific" regulations.)

As expected, most of the debate during the regulatory process focused on how the Department ought to interpret the act's exception and exemption provisions. We advocated the view that the Department ought to take that position on each issue which offered the best chance for giving full and positive effect to the act's protective intent. Specifically, we urged the Department to establish exacting standards for recipients of Federal funds to meet in order to justify otherwise age discriminatory actions as permissible under section 304(b)(1) of the act. In addition, we urged the Department to confine application of the section 304(b)(2) exemption to age distinctions in Federal statutes.

The Department published its final age discrimination regulations this past June. Unfortunately, we are not persuaded that the regulations go far enough in effectively eliminating age discrimination in the delivery of services and benefits financed with Federal funds. Moreover, we believe that the final regulations make it clear that so long as the exception and exemption provisions remain in the law in their present form, it will be impossible to achieve the overall objective of the Age Discrimination Act.

It seems that the Department agrees with our position at least with respect to the act's exemption provision. When former Secretary of Health, Education, and Welfare Califano released the Department's regulations, he indicated his support for statutory change:

... This ... exemption leaves intact all age distinctions that are explicitly "established under authority of any law." As written, the statute is simple and clear: "Any law" must mean Federal, State, and local law.

Last year, the Congress considered whether this exemption should be limited to Federal law only. The House of Representatives passed a bill that would have limited the exemption only to age distinctions recognized in Federal law.

The Senate, however, refused to accept this limitation, and the broad exemption extending to Federal, State, and local laws, was left intact.

In light of this legislative history, I am compelled to follow congressional intent and exempt age distinctions explicitly contained in Federal, State, and local laws from coverage by the act.

But I believe it makes little sense to permit State and local governments to establish age distinctions, when federally funded programs are involved.

But, no matter how strongly I feel, I cannot—and I should not—attempt to do by bureaucratic means what the Congress has explicitly refused to do by legislation.

I do believe, however, that the exemption should be eliminated for State and local laws involved in the administration of federally funded programs.

We concur in the former Secretary's assessment of the exemption provision. We would add that applying the exemption to State and local laws effectively enables different State legislatures to establish different rules for age discrimination, thus potentially jeopardizing uniform application of this national civil rights law. We are also concerned about the implications that the Federal legislature and State legislatures are coequal authorities in determining how Federal funds will be spent at least with regard to matters of age discrimination. We do not believe that the Congress would have intended such a result, particularly with respect to civil rights matters.

We urge the Congress to reconsider our proposals to amend the Age Discrimination Act during this session.

We do not believe that when the Federal Government enacts a program for the benefit of the general population that any State or local government which utilizes these funds should have the right to amend the programs in such a manner as to effectively deny one or more age groups access to benefits or services; we believe that all age groups should have their "fair share" of whatever resources may be available.

We believe that leaving in the Age Discrimination Act such expressions as "reasonably takes into account" or "based upon reasonable factors" places far too much discretion in the hands of administrators to perpetuate the age discriminatory practices which have worked their way insidiously into the delivery of services and benefits supported by the Federal Government.

We believe that what are alleged to be sound reasons for making exceptions to a policy against age discrimination should be subjected to the scrutiny of the elected representatives of the people; namely, the members of the Congress and the President. The principle that is at stake, namely the dignity and worth of the individual, is so important that we should deviate from it only when those who propose such a deviation have sustained the burden of proof before our highest legislative body.

I hope that you will find that our position has merit, and that appropriate action should move forward. The Commission, of course, stands ready to assist the Congress in any way you believe would be useful.

Very sincerely and cordially yours,

ARTHUR S. FLEMMING, *Chairman.*

ITEM 16. COMMUNITY SERVICES ADMINISTRATION

JANUARY 18, 1980.

DEAR SENATOR CHILES: The Community Services Administration (CSA) is pleased to submit to you its annual report on the agency's fiscal year 1979 activities on behalf of low income senior citizens.

The major achievements of CSA in fiscal year 1979 have been the development of new policies, strategies, and goals for all of the programs which the agency funds and administers. One of the major foci has been to ensure that in all CSA instructions to its grantees and the new or proposed regulations resulting therefrom, include the elderly poor in the initial planning, funding, and implementation of the programs.

New data collection and program management systems are being tested and fiscal year 1980 plans are being directed toward having these systems in place before fiscal year 1981. The data collection system will enable the agency to have at any given time information how each programmatic area's activities are impacting on the low-income elderly.

The purpose, goals, methods of implementation, standards of performance, and results of interagency agreements are presently being assimilated to permit CSA to initiate a number of mutual support agreements with other Federal agencies.

If the Community Services Administration can supply you with any additional information, other than that which is included in our enclosed annual report, please feel free to advise us.

Sincerely,

GRACIELA (GRACE) OLIVAREZ, *Director*.

Enclosure.

SERVICES PROVIDED TO THE ELDERLY POOR DURING FISCAL YEAR 1979 THROUGH PROGRAMS FUNDED BY THE COMMUNITY SERVICES ADMINISTRATION

LEGISLATIVE MANDATE

The Economic Opportunity Act of 1964, as amended, charges the Community Services Administration with the following responsibilities to aid the low-income poor:

- (1) To identify the needs of poor persons over 60 years old.
- (2) To meet identified needs in one or more of the following areas: (a) development and provision of new employment and volunteer services; (b) effective referral to existing health, welfare, employment, housing, legal, consumer, transportation, education, and recreational and other services; (c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; (d) modification of existing procedures, eligibility requirements and program structures to facilitate the greater use of, and participation in, public services by the older poor; (e) development of all season recreation and service centers controlled by older persons themselves, and other activities and services needed to meet the requirements of the elderly poor or to assure them greater self-sufficiency.
- (3) To make maximum use of the services of other Federal agencies, particularly the Administration on Aging of the Department of Health, Education, and Welfare.
- (4) To seek sponsorship by the community action programs of programs funded under titles III, V, and VII of the Older Americans Act of 1965, as amended.
- (5) To develop and carry out pilot projects which aid elderly persons to achieve greater self-sufficiency.
- (6) To serve the elderly poor in all other components of the Community Services Administration programs.
- (7) To plan for the participation of the poor in programs funded under the Economic Opportunity Act; to review continuously programs that insure the needs of the elderly poor are considered; to maintain interagency liaison with the objective of a coordinated national approach to the elderly poor, and to determine the need for new programs and recommend legislation to Congress.

DEMOGRAPHIC TRENDS

The number and percentage of persons over 60 has risen since the turn of the century, paralleling improvement in life expectancy and reductions in the birth rate. In 1900, 1 person in 25 was over 65 years old. In 1978, slightly more than 1 person in 10 in a national population of 220 million was over 60 years old. By 2035, the Census Bureau projects that almost 1 person in 4 will be over age 60. The number of elderly people who are poor or near poor has been reduced in the last decade, based on 1978 census data. In 1978, there were 4.2 million older persons in poverty and an additional 3 million older persons with incomes less than 125 percent above poverty thresholds.

Because of the gap in life expectancy between men and women, a high proportion of the elderly poor are females living alone; 40.6 percent of women over age 75 lived alone. The proportion of the elderly poor that is extremely old (age 85 or older) is rising. In 1975, 37.4 percent of the elderly were age 75 or older compared to 29 percent in 1900 and 33.7 percent in 1960.

Economic and Social Trends Affecting the Elderly Poor

There are a number of trends, both positive and negative that have recently affected the quality of life for the elderly poor. Some of the *positive trends* have been:

- Extension of mandatory retirement to age 70. Elderly persons seeking paid employment to supplement retirement income or wishing to continue in their jobs are protected by antidiscrimination laws.
- Increased Federal regulation of private pensions. Enactment of ERISA greatly increased accountability of private sector employers for adequately funding benefits, created mandatory vesting rights for employees, and increased portability of pensions.
- Improvements in medical care are increasing life expectancy, thereby the number of citizens who enjoy good health to older ages is increasing.
- Increased tendency to index the level of Federal transfer payments to increases in the cost of living has slowed the erosive effect of inflation on benefits.
- Laws regarding public accommodation for the physically handicapped have increased access of the elderly to public transportation and public buildings.
- Discounts for senior citizens for transportation, prescription drugs, cultural events, personal services, and entertainment are a growing trend.
- Increased provision by Congress of income transfer programs and social services programs designed to serve the elderly poor is reducing poverty.
- Emphasis on the problems of the elderly by the President. President Carter has called for a decennial White House Conference on Aging in 1981.

Some of the *negative trends* have been:

- Increased cost of health care. The cost of physicians' services, hospital care, nursing home care, and day care facilities is increasing. The deficit between medicare benefits, insurance, and the cost of medical care is increasing.
- Increased cost of energy for heating, cooling, and cooking. The elderly have been disproportionately affected because many live alone or with a spouse in older, poorly insulated homes, much too large for one or two persons. The aged are more vulnerable to the effects of excessive heat and cold than other adults.
- Increased property taxes. Many of the elderly are forced to sell their homes to pay delinquent taxes. These homes are frequently the owner's only substantial financial asset.
- Rental costs, where there are no rental cost ceilings, are forcing the low-income elderly to move to poorer housing accommodations.
- Food costs are increasing relative to other costs. In 1979, increases in the cost of food accounted for slightly less than half of the 13.1 percent increase in the cost of living index.
- Failure of private pensions to keep pace with inflation because benefits are paid at a fixed rate, not indexed to living costs.
- Rising fear of physical assault, theft, con games, and living in unsafe neighborhoods. In 1975, at least one-third of the older population had at some time experienced criminal victimization.
- Fewer opportunities for the elderly to live with children or younger relatives. Currently the average U.S. family moves every 3 years, frequently to a different area. Decline of extended families increases the cost of living for the elderly, increases social isolation, and decreases the family support needed for independent living.
- Decline in financial support from children. Increased living costs have created circumstances where two incomes are frequently needed to support a nuclear family.
- Increases in rental costs are forcing the elderly poor to cut back on food and medical care, and other requisite needs.
- High rates of conversion of rental to condominiums are resulting in the elderly poor being uprooted from long established living patterns. Frequently, those affected are unable to find adequate housing they can afford.
- Decline in the number of public transportation routes, particularly in rural areas, is affecting the ability of the elderly to get to markets and other numerous needed services.
- Increased costs are preventing the elderly from buying the clothing and household furnishings they need for warmth. Frequently, the elderly poor are unable to afford enough clothing to enable them to layer several garments for protection against the cold.

COMMUNITY SERVICES ADMINISTRATION PROGRAMS

CSA funds programs that assist low-income older persons through section 221, local initiative (LI) funding of community action agencies; section 222, special programs and assistance; and section 232, research and pilot programs. CSA grantees, particularly community action agencies and national grantees funded to provide back-up assistance in specialized areas, act as a network that links together and focuses on the needs of the elderly poor, and garners assistance from Federal, State, and local Government and voluntary sources.

The major CSA programs providing assistance to the elderly poor are local initiative programs, senior opportunities and services, community food and nutrition programs, housing programs, and energy programs.

Generally, programs designed to meet the needs of the elderly poor in local communities, whether by advocacy, better integration of services at the State level and at the point of delivery, or by direct services, are funded and administered by regional offices. Programs which advocate for the interests of the elderly as they are affected by national policies, most programs which test new approaches to serving the elderly poor, and programs which provide specialized support to regionally funded programs are funded and monitored by the CSA National Office.

Senior Opportunities and Services Programs

The senior opportunities and services (SOS) program was authorized by the 1967 amendments to the Economic Opportunity Act. The program was intended to provide assistance for meeting those problems of the elderly poor that could not be met by CSA programs serving all age groups. In 1979, CSA revised its priorities and funding policies for SOS programs to assist the increasing numbers of vulnerable and frail, elderly poor to remain in their homes and avoid institutionalization; to assist the elderly poor to organize and advocate for their own interests; to strengthen the capability of grantees of the Community Services Administration in planning and programming; and to help the elderly avoid criminal victimization. The policy areas adopted were: outreach and followthrough, access and advocacy, innovative programming and integrated services, income maintenance and employment, elderly victimization, independent living, nutrition, transportation, and age discrimination. The new CSA policies are equally enforceable on all grants made by headquarters and regional offices. (See attachment A for the SOS policy statement for 1979.)

In 1979, CSA also changed its program reporting to yield information on unduplicated numbers of beneficiaries in each program area. The new reporting system, the *interim data highlight*, began in the last quarter of 1979. The 1980 annual report will reflect additional programmatic information collected under the new system. Currently available data on beneficiaries by policy area is summarized in attachment B.

Funding during fiscal year 1979 is summarized in attachment C.

Independent Living

By far, the greatest emphasis in SOS programs nationwide has been to provide a variety of types of assistance designed to prevent unnecessary institutionalization of older people, and to assist them to continue to lead full lives.

Senior opportunities and services programs and community action agencies' activities help elderly poor people apply for property tax rebates, appeal rises in assessments, repair homes, qualify for weatherization programs, qualify for assistance in paying utility bills, lower fuel bills by practicing simple, but effective energy conservation tactics, and receive food, clothing, shelter, and medical care in emergencies. Community action agencies and SOS projects find housing accommodations, stimulate construction of housing units for elderly poor people, and help them obtain homemaker services, visiting nurse services, and home-delivered meals. CAA's and SOS projects sponsor immunization and health screening clinics, health education classes for the elderly, and exercise programs. The agencies also operated community centers for low-income elderly people where they do craft work, hold social activities, provide congregate meals, organize educational and cultural programs, plan outings, exchange services, and share activities with children and teenagers. CAA and SOS volunteers telephone and visit homebound and isolated older people to provide companionship and information.

Demonstration Projects:

The West Philadelphia Fund for Human Development, Inc. in Philadelphia, Pa., was funded in fiscal year 1979, to demonstrate the capability of church consortia and their members to keep elderly persons out of institutions and functioning socially, through largely voluntary efforts. Participating churches in Philadelphia are Calvary United Methodist, St. Francis de Sales Roman Catholic, and Hickman Temple African Methodist Episcopal. A 50-block network of volunteers will be developed and trained to provide support services and to gather resources needed by elderly neighbors in the target area.

The retired senior volunteer program in Lansdowne, Pa., was funded to operate help alleviate loneliness today (HALT). This project is designed to demonstrate the feasibility of training active senior volunteers to provide a range of services necessary for homebound elderly poor, particularly those over 75, functionally disabled, and living alone to prevent their institutionalization. The project will establish referral and emergency services, transportation networks, initiate a volunteer recognition program, and train volunteers.

Regional Projects:

ABCD in Boston, Mass., funds a network of neighborhood senior citizen centers to provide low-income elderly with a range of social services, recreational, and educational programs. The centers are staffed largely by volunteers coordinated by a paid staff member.

The Upper Arkansas Council of Governments Community Action Agency in Canon City, Colo., sponsors a program, staffed by six volunteers, which assists elderly and disabled persons secure property tax and rent rebates. Under this activity, \$111,442 was returned to residents.

The Central Wisconsin Community Action Agency Council in Wisconsin Dells, Wis., helps elderly poor people cope with anxieties particularly related to the problems of aging and dying, wills, and inability to sleep, by holding "worry clinics". Five groups are meeting and two have requested more frequent sessions.

The Hill Country Community Action Program in San Saba, Tex., serves a 9 county rural area through 25 senior centers providing integrated and comprehensive services to support independent living. Among services provided are legal and financial counselling, residential repair and renovation, weatherization, home health services, shopping, letter writing, library services, performing chores, friendly visiting, telephone reassurance, congregate and home delivered meals, employment, continuing education, leisure time activities, outreach, referral and followup. In 1979 over 600 meals per day and 12,000 transportation trips per month were provided to the low-income elderly. The grantee mobilized \$832,000 in other resources with an SOS grant of \$81,000.

Innovative Programing and Integrated Services

CAA's have put together and are operating integrated services by combining categorical programs with SOS and local initiative funding, volunteer, and fund raising efforts. CAA's are participating increasingly with area agencies on aging (AAA) in developing area plans, and as program operators. A common pattern is for a CAA to operate a congregate meals program funded from AoA, title III, bring people outreached by SOS staff to the meals by means of AoA, a Department of Transportation, or by an SOS funded program. Afterwards, a social hour organized by SOS staff might be provided and held in a center funded by the Administration on Aging or HUD. Another common pattern is for elderly shut-ins outreached by SOS staff to receive homemaker services provided under an agreement with a county social services office. Home-delivered meals funded by SOS or the area agency on aging (AAA), and visits and telephone reassurance from an SOS volunteer are also provided. An elderly program participant may be living in a house that has been weatherized by a CAA program combining CETA title VI funds for labor costs, Department of Energy funds for materials and CSA funds for administration. The resident may have also participated in a CSA funded energy conservation education program to increase the benefits from the investment in weatherizing the house.

At the national level, CSA's sponsorship of innovative programs focuses on projects designed to stimulate research and training of professionals and para-professionals to work with the elderly poor. Regional programs stress innovative methods of integrating services and inventive types of services such as networks to barter services and home produced items and "worry clinics."

Pilot, Planning, and Feasibility Projects:

The National Council on the Aging with 13 colleges and universities was funded to develop and test model service and learning projects in 7 cities. The goals are to promote health and social services for older people, provide career development and learning opportunities for students and faculty in the aging field, and to promote collaboration between universities and social service agencies.

The Central Arkansas Development Council in Benton, Ark., was funded to conduct a feasibility and planning study to determine means for developing a rural gerontology center at Henderson State University where training, research, and education concerned with elderly rural people will be conducted. A congregate housing facility will be developed by converting an eight-story women's dormitory.

Regional Projects:

The Lake County Economic Opportunity Council, Inc. in Hammond, Ind., participated in a six county area aging plan for almost \$4 million which secured assistance through the Older Americans Act under titles III-B, III-C, XX, V, and IV, the Older Hoosiers Act Urban Mass Transit Administration under sections 5 and 18 and expects to receive weatherization and emergency crisis assistance allocations. With the combined resources provided under the plan, the CAA and its delegate agencies provide integrated services which include outreach, information and referral, emergency energy assistance, weatherization, congregate meals, transportation, legal counselling, job placement, consumer assistance, and recreational activities.

The Community Action Commission of Santa Barbara County, Inc. in Santa Barbara, Calif., strives to make programs less dependent on SOS funding by seeking diverse funding sources and establishing programs in local government. In 1979 the CAA spunoff transportation services to four agencies secured four allocations of revenue sharing funds from different sources, obtained funding from three sources to operate two new transportation projects . . .

Access and Advocacy

The senior opportunities and services (SOS) programs and community action agencies' activity help low income older people qualify for food stamps, emergency energy assistance, social security benefits, SSI, veteran's benefits, medicare, homemaker services, visiting nurse services, and pensions. CAA's advocate on behalf of applicants with officials and represent applicants at fair hearings. CAA's organize groups and associations of low-income senior citizens and provide training in the legislative process to enable the low-income elderly to advocate effectively for their own interests.

Demonstration and Pilot:

The National Senior Citizens Law Center in Los Angeles, Calif., was funded to provide substantive information to the CSA advocacy network about legal areas of concern to the elderly poor; to provide training in advocacy techniques and resources; to serve as an information link on issues of current concern; and to train participants to provide similar training.

Regional Projects:

The Community Relations-Social Development Commission in Milwaukee County, Wis., funds project involve which stimulated an estimated 7,600 elderly citizens to participate in public hearings and meetings regarding the welfare of the low-income elderly on social security, SSI, title XIX, title XVIII, and those participating in housing programs.

Outreach and Followthrough

Outreach and followthrough are the means used by SOS programs to locate the elderly poor, to determine who needs which services, and to link the individual to the services provided by the CAA, the area agency on aging (AAA) local government, the voluntary sector and other available resources.

Volunteers and community aides, funded by section 221, local initiative funds, outreach elderly poor people, as well as SOS outreach workers are funded specifically for this purpose. Providing coverage in rural areas is particularly difficult and expensive on a per contact basis because of the distance involved between each client and the relative lack of service delivery programs.

CSA stresses the importance of followthrough on outreach contacts, by not counting as beneficiaries in 1980, individuals who were contacted and assessed but did not receive additional assistance. Other outreach methods used included community meetings, newsletters, and the development and distribution of directories of available services.

Regional Programs:

The Caddo Community Action Agency, Inc., in Louisiana conducts an outreach program with the assistance of 184 volunteers. The agency provides services to 2,700 elderly.

The Ozarks Area Community Action Corporation in Springfield, Mo., which serves 10 rural counties, enhances its outreach capability by the use of an automated management information system used to record needs and track services provided.

Nutrition

Senior opportunities and services programs and community action agencies organize, sponsor, and supplement staffing for communal and home delivered meals provided under title III of the Older Americans Act. CAA's outreach participants provide transportation to dining centers and provide social, educational, and cultural activities after the meal. CAA's have found ways to prepare meals onsite, economically, from fresh meat and produce. CAA's provide nutrition education to the elderly, and secure assistance for the elderly in preparing meals at home through homemaker programs and voluntary assistance. The agencies also help low-income elderly people qualify for food stamps, as well as assist low-income people to raise their own food and livestock, and hold workshops on food preservation.

Regional Programs:

The Benton-Linn Community Services Agency in Corvallis, Oreg., sponsors a multifunded nutrition project that provides a variety of related services. During a 6-month period the agency served congregate meals to over 1,635 poor and near poor older adults, where three-quarters of the participants in the meals programs also received consumer education. Forty percent of the participants were transported and escorted by volunteers. Eighty percent received information on services. Other services provided were health screening, and assistance in grocery shopping. Over three-quarters of participants also joined a recreation program. The project was carried out with the assistance of 849 volunteers.

The Dickson-Iron County CAA in Iron River, Mich., developed 22 acres of community gardens which are worked by elderly participants for their own benefit. Some of the food raised is used to supplement the nutrition program, which served congregate meals to over 4,500 poor and near poor elderly people at 9 multipurpose senior centers and meals on wheels to 408 elderly.

Transportation

Transportation, particularly in rural areas, is a crucial element in bringing the elderly to services, getting services to homebound elderly, and encouraging socialization. Senior opportunities and services programs and community action agencies use agency vehicles interchangeably to provide individual and group transportation to the elderly. CAA's administer grants from the Department of Transportation and other sources to operate scheduled transit and dial-a-ride systems. CAA's assist State and local authorities to apply for funds to establish and operate transit systems. CAA's assist elderly poor to use existing transit systems, and to advocate for new routes and favorable fare structures. Transportation is provided for grocery shopping, medical appointments, congregate meals, social activities, and visits to service providers.

Regional Projects:

The Human Resources Department in Phoenix, Ariz., receives funding from multiple sources for a dial-a-ride system which provides over 136,000 rides. Over 5,300 elderly poor hold dial-a-ride cards.

Blue Valley Community Action, Inc. in Fairbury, Nebr., is helping to bring needed public transportation to the elderly in a six county rural area by preparing a transit development plan documenting the need for additional services. The plan was included in the State's application for 16(b)(2) funds.

The Northern Kentucky Community Action Commission in Newport, Ky., helped organize and participates as a member of the board of a new transportation agency, Northern Kentucky Transit. The agency acts as a broker of transportation services for participating agencies and plans to acquire specialized vehicles for the handicapped. In 1979, the agency provided over 23,000 rides under a title III grant.

Income Maintenance and Employment

Efforts to help the elderly poor obtain a more adequate living are curtailed by lack of jobs, particularly in the private sector.

Senior opportunities and services programs and community action agencies' activities assist elderly poor persons to obtain paid employment in federally funded programs including SOS, and other Federal programs such as CETA, foster grandparents, green thumb, nutrition programs, and title III of the Older Americans Act, and title XX of SSA, which provide social services programs and refer elderly poor people to part-time employment in the private sector. As reported under advocacy, CAA's assist elderly poor persons obtain income under social security, SSI, veterans' benefits, and also private pensions. CAA's provide outlets for low-income elderly people to sell crafts and homemade specialties, and encourage barter networks.

Regional Projects:

Altamaha Area Community Action Authority, Inc., in Reidsville, Ga., promoted the development of a retail discount program and enrolled over 2,000 elderly in 5 rural counties. The agency also attempted to assist 200 elderly to achieve economic independence through making and selling craft items. This approach was not successful in providing a major source of personal income, but holds promise as a source of supplemental income.

The Anne Arundel County Economic Opportunity Committee, Inc., in Annapolis, Md., provides administrative support for a senior aides program providing part-time employment for 54 seniors. The agency sponsors 2 novelty stores which provide opportunities for approximately 100 seniors to sell hand-crafted items netting approximately \$6,000 in 6 months.

Elderly Victimization

Elderly victimization projects address increasing fear and insecurity among the elderly concerning personal safety, security of their homes and neighborhoods, and vulnerability to consumer fraud. Senior opportunities and services programs and community action agencies' activities are organizing elderly poor people in low-income neighborhoods to participate in neighborhood crime alert programs sponsored by local police; are providing workshops on techniques to avoid or escape physical attack, thereby assisting the elderly make their homes safer. CAA's help the elderly poor avoid victimization in con games by conducting consumer action workshops, operating consumer complaint hot lines, and publicizing information on comparative prices for prescription drugs and other items.

Demonstration Projects:

The senior citizens crime assistance and prevention program with projects in New York City, Milwaukee and New Orleans completed its second year of operation in 1979. CSA is planning to provide an additional year of funding for two projects. The evaluation of these projects identified factors in program operations that contributed to the objectives of helping the low-income elderly avoid victimization, establishing social networks and strengthening neighborhoods; aiding elderly victims of crime, expanding public awareness of the problem of crime against the elderly, and activities needed to combat it.

Regional Projects:

The Camden County Council on Economic Opportunity in Camden, N.J., conducted crime prevention workshops, organized a neighborhood watch program in low-income neighborhoods, and provided transportation and escort service to banks and shops. Over 500 elderly participated.

The Economic Opportunity Association of Greater Toledo in Toledo, Ohio, operated a program to install locks, smoke detectors, and door viewers in the houses of elderly people living in low-income neighborhoods. The project is to be expanded with a grant under title III of the Older Americans Act. Six hundred sixty-one elderly households benefitted.

Local Initiative Programs

In fiscal year 1979, the Community Services Administration received \$363 million of local initiative (LI) funds. Of this amount, \$76 million, more than one-fifth of the total, was spent in the provision of services or assistance to low-income elderly. In fiscal year 1979, the 199 senior opportunities and services (SOS) program funds totalled \$9.4 million. Of this amount, \$852,000 was used for headquarters funded pilot programs. These LI and SOS funds generated \$471 million from HEW, HUD, USDA, DOL, and State and local governments for elderly citizens. The statistical reports are unavailable on the final number of people served by the demonstration and pilot programs and are not included in the number of low-income elderly persons served, which is displayed elsewhere in this report. The above local initiative and SOS funds, totalling \$84 million, allocated by the agency to serve the low-income elderly, does not include other agency funds from the community food and nutrition, energy, and rural housing program funds. A considerable part of these funds went to serve the low-income elderly.

In 1980, CSA plans to begin the implementation of a comprehensive planning, application, and program management system: the grantee program management system (GPMS). The agency anticipates that this change will upgrade planning by community action agencies for all programs, including SOS. The performance reporting system to be implemented with the GPMS will give improved information on all services provided to the elderly poor by section 221, (LI) local initiative programs.

Housing Programs

The CAA's and other limited purpose agencies funded by CSA indicated in a recent survey that they place housing as a priority need of the elderly poor whom they are serving. With \$15 million in local initiative funds and about \$6 million in 51 research and demonstration programs, grantees in rural areas and approximately 400 CAA's are using section 221, local initiative funds, to help the low income obtain better and more affordable housing. CSA supports programs for more than 500 local agencies that provide housing services for the poor in their communities.

Elderly persons, who as a group are the most desperately in need of housing assistance, are the greatest beneficiaries of the housing program. This is particularly true with the extensive work that is being done with rural home repair projects. Agency funding enables local organizations to help poor residents of the community qualify for Farmers Home Administration loans and grants. It also undertakes, often with CETA labor, the actual repair of the home. The elderly poor (over 62) especially benefit from this program as they may become eligible for an outright grant if their incomes are too low to qualify for the low interest (1 percent) FmHA home repair loan. There is a greater need for grants to the elderly under the 504 FmHA programs because a major segment of the poor receiving assistance in housing are elderly. CSA programs provide staff support for rural housing development and rehabilitation management of subsidized rental housing and senior citizens housing.

Community Food and Nutrition Programs

Examples of types of CFN programs and program elements with substantial participation of the elderly poor are:

(1) *Chore services.*—A worker comes into the home of the elderly to help with the preparation of meals and to perform other needed household tasks as required.

(2) *Home shopper.*—Elderly people who cannot get out, plan a grocery list with a home shopper who goes to the store to purchase items. The shopper will also plan meals with the elderly who are mobile, prepare shopping lists, and accompany them to the store for purchases. The salary of such "shoppers" is paid by CFN funds.

(3) *Transportation.*—Provided for volunteers to deliver home meals and to assist others to get to Federal nutrition program centers.

(4) *Pantry service.*—Serves as a mobile grocery store for the elderly, and delivers commodities which the elderly run out of prior to the receipt of monthly checks and these commodities are sold at reduced cost. Food items are supplied by co-op stores and CFN funds pay for the truck driver. The truck routes include homes for the elderly, and apartments and projects where elderly people are congregated.

(5) *Farmer's markets.*—Located in city parking lots have reduced food costs for the urban elderly poor by eliminating the middle businessman.

(6) *Garden and livestock projects.*—CFN projects provide seeds, fertilizers, livestock, feed, and information. CETA workers and youth programs participants help with the work that is too physically demanding for elderly participants.

(7) *Community canneries.*—The CFN program funds facilities for preserving locally raised food, which provides food for year round consumption at low cost. These facilities are used extensively by the elderly poor.

Energy Programs

The elderly poor are most severely affected when required to cut back on energy consumption. When even moderate cold can induce fatal hypothermia in the aged, merely lowering the thermostat to the recommended level of 65 degrees puts the lives of many elderly in jeopardy. Because most elderly people are on fixed incomes they are often forced to make a life and death choice between food and fuel.

During the winter of 1979-80 CSA will administer \$400 million in assistance to meet the emergency energy needs of the poor and near poor: Emergency crisis assistance program (ECAP) is \$380 million and \$20 million for crisis intervention to CAA's. These programs will give priority to the elderly by special outreach and eligibility certification. SSI recipients are automatically eligible for benefits. A substantial proportion of the total energy appropriations is expected to benefit the elderly.

Some examples of local energy programs with substantial participation of the elderly poor are as follows:

The personal energy program in Portland, Maine, provides assessments of energy conservation potential for households with advice on energy saving techniques, energy conservation workshops, nutrition workshops, and a personal kit including winterized clothing and blankets. The program has prevented accidental hypothermia among participants.

The solar utilization/economic development and employment program paid the wages of 225 participants in public employment and on-the-job training programs to begin the assembly and installation of solar equipment. This project was jointly funded by CSA, and DOL, (CETA) funds.

The State Economic Opportunity Office (SEOO) in Atlanta, Ga., developed an education program on energy fraud and misrepresentation that affect the poor, the elderly and the handicapped. The grantee also operates an energy consumer information service.

The Adams County Improvement Association in Commerce City, Colo., provides workshops to train low income and elderly consumers to use the legal system to obtain their rights.

The National Consumer Law Center Energy Project in Boston, Mass., uses legal strategies and remedies to assist the poor and the elderly to get energy in safely and fairly and at reasonable costs. These grants brought about changes in laws and administrative regulations relating to energy matters which disproportionately affected or discriminated against the elderly poor. These grants assure the poor of information and participation in decision making processes at state and regional levels which determine energy policies. CSA funds helped establish a nationwide network of State, regional and national energy advocacy programs.

ATTACHMENT A.—Older poor persons policy statement

I. GENERAL CSA OLDER POOR PERSONS POLICIES

CSA's policy on the older poor will focus on the goals of promoting the highest possible level of independent living, preventing or delaying institutionalization, providing supportive services especially for the functionally dependent, increasing the access of the elderly poor to services, and overcoming and eliminating discrimination on the basis of age.

II. SPECIFIC CSA OLDER POOR PERSONS POLICIES

A. Outreach and Followthrough

Policy: CSA will support programs designed to increase the outreach capabilities of CAA's and other community organizations and institutions to reach the older poor.

B. Access and Advocacy

Policy: CSA shall continue to advocate directly and to assist national and local public interest advocacy efforts for the recognition of the needs of the older poor and allocation of resources to meet those needs.

C. Innovative Programing and Integrated Services

Policy: CSA will support programs which coordinate multiservice delivery and simplify and codify application procedures. CSA shall also fund innovative programs which demonstrate an integrated approach in dealing with the total life and environment problems of the older poor.

D. Incomes Maintenance and Employment

Policy: CSA will continue to support programs to train or retrain the older poor for specific job opportunities that will assist them in supplementing their incomes up to the amount allowed by existing legislation. CSA will advocate for changes in existing legislation which provides for reduced benefits when the elderly increase their earned income. CSA will support vocational rehabilitation programs which do not restrict the full participation of poor older adults.

E. Elderly Victimization

Policy: CSA will support programs, on its own and where appropriate with other Federal agencies, which help to prevent the victimization of older poor persons and provide them with appropriate social services if they are victimized by criminals or consumer fraud.

F. Independent Living

(1) Housing.

(2) Energy.

(3) Noninstitutional health care services.

(4) Isolation: *Policy:* CSA will support and encourage programs that will help maintain the independent living style of the older poor, including the following: (1) Programs that assist the older poor to retain their current home or to seek improved housing, either owned or rented, in an effort to provide a decent affordable living environment; (2) programs that implement energy conservation to reduce fuel costs for the older poor so that they can maintain independent residences; (3) programs that provide crisis intervention assistance; (4) public policies and health care models which de-emphasize the institutionalization of the elderly and which place emphasis upon community-based home health care assistance; and (5) programs which bring the older poor back into the mainstream of society.

G. Nutrition

Policy: CSA will support programs dealing with both formal and informal nutrition education for the older poor. CSA shall advocate with other Federal agencies to redesign programs, legislation, and eligibility requirements to enhance service delivery. At the local level, CSA shall encourage efforts to improve the effectiveness of delivery of food and nutritional services to the older poor.

H. Transportation

Policy: CSA will support programs that will provide the older poor with access to adequate and affordable transportation, particularly in rural areas.

I. Discrimination

Policy: CSA will continue to support in its policies and programs allocation patterns which insure a fair share of resources to all age groups. CSA will support programs and policies which encourage the elimination of age, sex, and race as a factor in determining federally supported services and benefits.

ATTACHMENT B.—*Elderly persons served by SOS by program category*

Independent living.....	115,664
Access and advocacy.....	48,747
Innovative programing and integrated services.....	56,980
Outreach and followthrough.....	170,037
Transportation.....	114,335
Income maintenance and employment.....	10,867
Nutrition.....	26,022
Total.....	542,652

In fiscal year 1979, SOS reports, having differing program year beginning and ending dates, disclosed that 133 of the 192 regional office grantees reported serving more than 500,000 low-income elderly. Participants may have served in more than one program category, based on the fact that some SOS grantees reported for only 3 to 6 months of the 1979 fiscal year and reports were not available for many of the largest metropolitan areas, our conservative projection is that the 192 SOS grantees served at least 1 million low-income persons in fiscal year 1979.

ATTACHMENT C.—*Fiscal year 1979 funding of SOS programs*

Headquarters demonstration grants.....	\$786,995
South Bronx Community Corp., New York, N.Y.....	70,000
Community Development Agency, New York, N.Y.....	148,334
West Philadelphia Fund for Human Development, Philadelphia, Pa.....	114,373
Retired senior volunteer program, Lansdowne, Pa.....	38,620
Community Relations-Social Development Commission, Milwaukee, Wis.....	183,334
Central Arkansas Development Council, Inc., Benton, Ark.....	49,000
Total Community Action, Inc., New Orleans, La.....	183,334
Regional SOS grants.....	8,696,500
Total.....	9,483,495

The National Council on Aging Program "Intergenerational University Service/Learning Center Projects," was funded in August 1978 in the amount of \$211,000. In fiscal year 1980, CSA is considering refunding the project in the amount of \$238,552.

ITEM 17. COMPTROLLER GENERAL OF THE UNITED STATES

JANUARY 17, 1980.

DEAR SENATOR CHILES: In response to your letter dated October 5, 1979, written jointly with the Honorable Pete V. Domenici, requesting information on our major activities concerning aging, we are enclosing a list of reports issued during calendar year 1979 on reviews of Federal programs concerning the elderly (enclosure I). We have also included a list of jobs in progress which concern the elderly (enclosure II) and a statement of the General Accounting Office's "in-house" activities which relate to older persons (enclosure III).

Copies of the issued reports are being provided to your office separately. A summary of the major findings and conclusions for each report is included in a digest bound in the report or in the letter transmitting it.

Sincerely yours,

ELMER B. STAATS,
Comptroller General of the United States.

Enclosures.

ENCLOSURE I.—*General Accounting Office reports issued which concern the elderly*

<i>Title of report</i>	<i>Date</i>
Report to the Congress: "Problems in Auditing Medicaid Nursing Home Claims" (HRD-78-158).	Jan. 9, 1979.
Letter to the Chairman, Senate Committee on Appropriations, on Review of Railroad Retirement Board's Calculations of the Annual Appropriations Necessary to Phase Out Dual Railroad Retirement and Social Security Benefits (HRD-79-33).	Jan. 11, 1979.
Report to Senator William Proxmire: "Social Security Should Improve Its Collection of Overpayments to Supplemental Security Income Recipients" (HRD-79-21).	Jan. 16, 1979.
Report to the Congress: "Social Security Administration Should Improve Its Recovery of Overpayments Made to Retirement, Survivors, and Disability Insurance Beneficiaries" (HRD-79-31).	Jan. 17, 1979.
Report to the Secretary, Health, Education, and Welfare: "Erroneous Supplemental Security Income Payments Result From Problems in Processing Changes in Recipients' Circumstances" (HRD-79-4).	Feb. 16, 1979.
Report to the Congress: "The Department of Justice Should Improve Its Equal Employment Opportunity Programs" (FPCD-78-79).	Feb. 23, 1979.
Report to the Congress: "Actions Needed to Stop Excess Medicare Payments for Blood and Blood Products" (HRD-78-172).	Feb. 26, 1979.
Report to the Congress: "Hospice Care—A Growing Concept in the United States" (HRD-79-50).	Mar. 6, 1979.
Report to the Congress: "State Programs for Delivering Title XX Social Services to Supplemental Security Income Beneficiaries Can Be Improved" (HRD-79-59).	Apr. 11, 1979.
Report to the Senate Committee on Finance: "Evaluation of a Proposal to Increase Medicare Equity Return Payments to For-Profit Hospitals" (HRD-79-63).	Apr. 23, 1979.
Report to the Congress: "Home Health Care Services—Tighter Fiscal Controls Needed" (HRD-79-17).	May 15, 1979.
Letter to the Secretary, Health, Education, and Welfare: "Proposed Implementation of a Computerized National Recipient System" (HRD-79-88).	May 29, 1979.
Report to the Congress: "Rehabilitating Blind and Disabled Supplemental Security Income Recipients: Federal Role Needs Assessing" (HRD-79-5).	June 6, 1979.
Report to the Chairman, Subcommittee on Transportation and Commerce, House Committee on Interstate and Foreign Commerce: "Railroad Retirement Program—How Does It Compare to Other Selected Retirement Programs?" (HRD-79-41).	June 8, 1979.
Report to the Congress: "More Can Be Done to Achieve Greater Efficiency in Contracting for Medicare Claims Processing" (HRD-79-76).	June 29, 1979.
Letter to the Secretary, Health, Education, and Welfare, on analysis of the Social Security Administration's procedures for adjusting the benefits of persons who earn more than the allowable amount (HRD-79-89).	July 2, 1979.
Report to the Chairman, Subcommittee on Oversight, House Committee on Ways and Means: "Problems With Evaluating the Cost Effectiveness of Professional Standards Review Organizations" (HRD-79-52).	July 19, 1979.
Report to the Secretary, Health, Education, and Welfare: "Flaws in Controls Over the Supplemental Security Income Computerized System Cause Millions in Erroneous Payments" (HRD-79-104).	Aug. 9, 1979.

ENCLOSURE I—Continued

<i>Title of report</i>	<i>Date</i>
Report to the Chairman, Subcommittee on Health, House Committee on Ways and Means: "Comparison of Physician Charges and Allowances Under Private Health Insurance Plans and Medicare" (HRD-79-111).	Sept. 6, 1979.
Report to the Congress: "Conditions of Older People: National Information System Needed" (HRD-79-95).	Sept. 20, 1979.
Report to Senator Richard Schweiker: "Pennsylvania Needs an Automated System to Detect Medicaid Fraud and Abuse" (HRD-79-113).	Sept. 24, 1979.
Letter to Representative William Clay on inappropriate handling by the city of St. Louis Health and Hospital Division (HRD-79-120).	Sept. 25, 1979.
Report to the Congress: "Simplifying the Medicare/Medicaid Buy-in Program Would Reduce Improper State Claims of Federal Funds" (HRD-79-96).	Oct. 2, 1979.
Letter to the Chairman, House Select Committee on Aging, on potential effects of a proposed amendment to medic-aid's nursing home reimbursement requirements (HRD-80-1).	Oct. 15, 1979.
Letter to the Chairman, Subcommittee on Human Services, House Select Committee on Aging, on conditions and needs of people 75 years old and older (HRD-80-7).	Oct. 15, 1979.
Letter to the Chairman and Ranking Minority Member, Senate Special Committee on Aging, on the potential need for and cost of congregate housing for older people (HRD-80-8).	Oct. 15, 1979.
Report to the Secretary, Health, Education, and Welfare: "The Social Security Administration Needs to Develop a Structured and Planned Approach for Managing and Controlling the Design, Development, and Modification of Its Supplemental Security Income Computerized System" (HRD-80-5).	Oct. 16, 1979.
Letter to Representative Charles E. Grassley on distribution of senior community service employment program positions (HRD-80-13).	Nov. 8, 1979.
Report to the Congress: "Health Costs Can Be Reduced by Millions of Dollars if Federal Agencies Fully Carry Out GAO Recommendations" (HRD-80-6).	Nov. 13, 1979.
Report to the Congress: "Identifying Boarding Homes Housing the Needy Aged, Blind, and Disabled: A Major Step Toward Resolving a National Problem" (HRD-80-17).	Nov. 19, 1979.
Report to the Chairman, Subcommittee on Social Security, House Committee on Ways and Means: "Indirect Costs of the Social Security Administration's Disability Programs Are Excessive and Should Be Reduced" (HRD-80-23).	Nov. 19, 1979.
Report to the Congress: "Entering a Nursing Home—Costly Implications for Medicaid and the Elderly" (PAD-80-12).	Nov. 26, 1979.
Report to the Congress: "Minimum Social Security Benefits: A Windfall That Should Be Eliminated" (HRD-80-29).	Dec. 10, 1979.

ENCLOSURE II.—*General Accounting Office jobs in progress which concern the elderly*

Review of delivery of benefits and treatment provided to beneficiaries of Veterans Administration programs, retirement and survivors insurance, disability insurance, and supplemental security income program.

Review of the examination of supplemental security income resource eligibility criteria and verification procedures.

Survey of the Social Security Administration's implementation of supplemental security income legislation.

Review of large retroactive payments to supplemental security income recipients.¹

Survey of supplemental security income payments to recipients residing outside the United States.

¹ Being performed at the request of committees or individual Members of Congress.

- Review of boarding homes financial records.¹
- Survey of the Social Security Administration's retirement and survivors insurance program.
- Review of travel expenditures at the Railroad Retirement Board in Chicago, Ill.
- Survey of social security benefits for spouses and their dependents.
- Survey of the administration of certain financial transactions, income, and benefit provisions of social security (retirement and survivors insurance, and disability insurance) trust funds.
- Review of lump sum death benefits under the Social Security Act.
- Review of benefits for delayed retirement credits under the Social Security Act.¹
- Survey of income security programs in the United States' territories and possessions.
- Survey of social security payments to foreign beneficiaries.
- Survey of Social Security Administration's disability insurance program.¹
- Survey of the processing of cases under the continuing disability investigation program.
- Survey of federally administered disability programs.
- Review of Social Security Administration's rehabilitation programs.¹
- Survey of uncashed supplemental security income, Veterans Administration pension, and AFDC checks.
- Review of proposed legislation concerning newly arrived aliens receiving supplemental security income.
- Review of consideration of years worked in the calculation of social security benefits.
- Review of Social Security Administration's efforts to improve the quality of its social security number file.
- Survey of benefits to divorced spouses under the Social Security Act.
- Survey of the problems associated with assigning and reissuing of social security cards.
- Review of security of social security beneficiaries records used by State agencies and outside contractors.
- Review of the effects of worker's compensation benefits on social security programs.
- Review of the disposal of Social Security Administration's records.
- Review of income and asset verification systems for needs based benefit programs.¹
- Review of the Railroad Retirement Board's operations at Chicago, Ill.
- Survey of the paperwork burden on the elderly.
- Financial audit of the District of Columbia's Office on Aging.¹
- Review of weatherization programs under title IV of the 1976 Energy Conservation and Production Act.
- Review of the Department of Agriculture's commodity donation program.¹
- Review of socioeconomic impacts of pollution laws and regulations on small cities and towns.
- Review of Federal efforts to house handicapped persons.
- Review of Federal efforts to house rural families.
- Review of alternatives for an American system of income security.
- Review of the Administration on Aging's model projects program.
- Review of the administration of contractors providing services under title XX of the Social Security Act.
- Survey of State planning and reporting systems under title XX of the Social Security Act.
- Survey of title IV education and training programs under the Older Americans Act.
- Review of the need for establishing a comprehensive, coordinated system of services for older Americans.¹
- Analysis of the well being of older Americans living in rural versus urban areas.¹
- Review of the planning and management of social services by State and area agencies on aging.¹

¹ Being performed at the request of committees or individual Members of Congress.

- Review of recovery of medicaid overpayments.
- Review of physician management of medicaid patient drug regimes.
- Survey of HEW's maximum allowable cost/estimated acquisition cost drug pricing programs.¹
- Review of effectiveness of medicare/medicaid research and demonstration program.¹
- Survey of State medicaid fraud control units.
- Survey of prices paid by hospitals for routine supply items.
- Survey of health facilities use of contract management services.
- Review of ACTION's older American volunteer programs.

ENCLOSURE III.—*General Accounting Office internal activities which have impact on the elderly*

Equal employment opportunity and merit promotion, two programs covered by GAO orders, provide the basis for our policy regarding employment of the elderly. From the prohibition of discrimination on the basis of age in employment and in selection for job vacancies, other policies and practices evolve. For instance, because training is important to enhance effectiveness and provide opportunities for advancement, older employees are included in opportunities for training, both in-house and outside the agency.

In keeping with the policy of nondiscrimination, persons over 40 are recruited for available positions with the Office. Although an employment freeze limited our level of recruitment for much of the year, as of November 16, 1979, 665 persons have been appointed to permanent and temporary positions this year. Of that number, 89 persons (13 percent) were age 40 and older at the time of their appointment.

As of November 16, 1979, 1,848 persons age 40 and older (31.8 percent of our work force) are on the rolls of the General Accounting Office. Although employees in this age group participate widely in all our programs, we especially note that we have three employees age 40 and older in the upward mobility program and two in the cooperative education program. These programs usually draw participants from a younger population.

The employee health maintenance examination, a comprehensive and professional medical examination, is available on a 2-year cycle for all employees age 40 and older. Employees nearing retirement age have available individual preretirement counseling. We are planning preretirement seminars for 1980. Our equal opportunity office also provides information and advice to persons regarding complaints of alleged discrimination because of age.

ITEM 18. CONSUMER PRODUCT SAFETY COMMISSION

JANUARY 9, 1980.

DEAR SENATOR CHILES AND SENATOR DOMENICI: Thank you for giving us the opportunity to be included in the annual report, "Developments in Aging," of the Senate Special Committee on Aging.

Although our activities are not directed solely to programs for the elderly, improving product safety for older Americans is an important and continuing objective of the Consumer Product Safety Commission.

Enclosed is the information that you requested. Please let me know if you have any questions.

Sincerely,

LINDA B. KISER,
Director of Congressional Relations.

Enclosure.

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulation to ensure safer consumer products. The act established the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses, and deaths. An amendment to the CPSA requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a consumer product safety) rule."

¹ Being performed at the request of committees or individual Members of Congress.

Our 1979 activities, including injury-data collection, research studies, standards-development, and information/education programs, were not directed solely to programs for the benefit of our 20 million older Americans. However, improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission. While none of the laws administered by CPSC is applicable solely to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various home structures, including bathtubs and showers, floors, carpets and rugs, and stairs. The Commission has an active interest in developing programs aimed at the elderly.

INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries is the National Electronic Injury Surveillance System (NEISS). The NEISS is composed of a statistically selected set of 74 hospital emergency rooms located throughout the country which report to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. We estimate that, in 1978, 370,000 persons 65 or older were treated for product-related injuries in hospital emergency rooms in the continental United States. The elderly are hospitalized for these injuries at a much higher rate (17 percent) than the population as a whole (4 percent). Injuries associated with stairs, ramps and landings are suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are floors and flooring materials, chairs, doors, beds and bathtub and shower structures.

Since not all accident victims are treated in hospital emergency rooms, the Commission must collect information from other sources. For example, we receive copies of death certificates where the cause of death appears to be product-related. Accidents are the sixth leading cause of death among persons 65 years of age or older. In 1977, there were approximately 24,000 accidental deaths in the United States among persons in this group. The CPSC estimates that 15,000 of these deaths resulted from accidents involving consumer products.

INFORMATION AND EDUCATION ACTIVITIES

The Commission continues to print and distribute several publications specifically prepared for older consumers. Some of these address product hazards which present the greatest risk to older people, including: "Stairway Accidents"; "Upholstered Furniture"; "Stairs, Ramps, Handrails, and Landings"; "Bathtubs and Showers"; "Kitchen Ranges"; and "Flammable Fabrics."

Some of our publications (primarily in the area of flammable products and ignition sources) are being revised to make them easier to read by enlarging the type, simplifying the language, and leaving more space between lines. These revised publications should be available for distribution early in 1980.

Special attention is being paid to fire safety with older consumers. A research project is analyzing accidents showing which products are most frequently involved in injuries to older people. Based on the results of this research, new materials will be developed to inform older consumers of the hazards of fire. A pilot project is being launched in five communities in the "fire belt" (an area with a very high rate of fire incidents) extending from Oklahoma to North Carolina. Community action programs in those five communities will conduct fire safety information programs with older consumers in the area, and the new Commission materials will be incorporated into the ongoing programs of the community action programs. If this project contributes to a rise in awareness among older consumers of fire hazards, it may serve as a model for conducting fire safety programs in other communities.

In addition to fire safety, other product hazards will be identified as "high-risk" problems for older consumers. The Commission will develop new information materials designed to reach older people with important safety messages about these hazards, such as stairway accidents and bathtub slips and falls.

Each year, during National Poison Prevention Week, the Commission conducts an information program urging the use of child-resistant closures, which have proven to be very effective in reducing deaths and injuries with poisonous household products. However, we also distribute a pamphlet informing older consumers and the handicapped that they can get easy-to-open packaging simply by asking the pharmacist for it. We plan to mail this pamphlet to all U.S. pharmacists this year to make this information more widely known.

The Commission's hotline—a toll-free telephone system serving all 50 States plus Puerto Rico and the Virgin Islands has enabled many older consumers to contact the Commission easily. During fiscal year 1979, we received more than 300,000 calls on the hotline, and we have added a teletypewriter (TTY) to make it possible for deaf consumers to contact us. The hotline provides useful safety information and recall warnings to all consumers, including older people.

OTHER MAJOR ACTIVITIES RELATED TO THE AGING

The Commission recognizes that many products used by all segments of the population may present special problems for the elderly. These special problems are examined carefully in our standards-setting procedures.

The Commission has considered special structural and architectural studies of hazards in residences, using injury data to develop models of hazard accidents. Research into stairway accidents, for example, has shown that the elderly depend on handrails for stability, on good lighting, and on uniform tread conditions.

With this information, the Commission works with architects, home builders, and government agencies at the Federal, State, and local levels, to effect long-term improvements in home design and construction (which include stairs, ramps, and handrails), and has developed home safety checklists for consumer use.

The Commission has also been concerned about the hazards in bathrooms encountered by the elderly. The Commission worked with the American Society for Testing and Materials' F15.03 Committee on Safety Standards for bathtubs and showers, to develop standards for slip-resistant bath surfaces, antiscald systems, grab bars, and thermal shock prevention devices for bathing. CPSC has also developed general information and educational materials to increase the awareness of the elderly to these hazards.

Additionally, since the elderly and the very young are the most susceptible to scald injuries because they are either unaware of the hazard or cannot react quickly to it, the Commission will continue to support voluntary efforts to develop requirements for warning labels on hot water heaters, and to lower the factory preset temperature on the heaters.

The Poison Prevention Packaging Act, and the Commission's regulations used under it, provide for noncomplying packaging to be available for the aged and handicapped so they need not purchase products having child-resistant closures if they are unable to use them. They or their physicians can also request that prescription drugs be packed in conventional packaging.

ITEM 19. ENVIRONMENTAL PROTECTION AGENCY

NOVEMBER 30, 1979.

DEAR SENATOR CHILES: I am pleased to respond to your letter of October 5, 1979, in a very positive way on the activities of older workers in the prevention, abatement, and control of pollution.

The Environmental Protection Agency (EPA), in concert with State environmental agencies and with the financial aid of the Administration on Aging, established the senior environmental employment (SEE) program which has provided meaningful full and part-time employment to several hundred older Americans in jobs relating to the prevention, abatement, and control of environmental pollution. The jobs include surveying toxic chemicals used in industrial areas, educating the public on areawide water quality planning, educating the public on programs in noise abatement, establishing and managing agency environmental libraries, presenting educational programs on the uses of pesticides and the hazards of poisoning to farmworkers, and working on surveys of environmental carcinogens.

As a result of this success, EPA, the States, and the Department of Labor are working to expand the program into a Senior Environmental Employment Corps, as referred to in the Older Americans Act amendments of 1978. The SEE Corps will ultimately operate in all eight environmental program areas and in all 50 States. In preparation for this development, EPA has funded a national pesticide use survey which will employ only senior workers to carry out a statutory program to document pesticide use patterns. Begun in Florida, the program will be a pilot for use in other States.

EPA has supported other activities of title V older workers programs in Florida, California, Iowa, and Washington. In addition, the agency has helped support a poison alert project staffed by older workers in the States of California, Washing-

ton, and Iowa. Other States were supported to conduct noise surveys and studies; and in Washington State, older workers are monitoring landfills to measure the gases seeping from underground to the surface.

Our present plans call for employing several retired minority science teachers to coordinate a laboratory apprenticeship program for minority youth. The program will be hosted by EPA labs in the summer of 1980.

EPA has placed a priority on the use of existing Federal and State human resource development activities for environmental needs rather than requesting EPA funds for this purpose. Cooperative Federal/State programing can provide increased numbers of qualified persons in pollution control occupations by using existing human resource development efforts. We believe that the expanded SEE Corps will provide an excellent example of this possibility. Expanding SEE will provide an opportunity for many more older citizens to participate in and benefit from the program while improving environmental quality for everyone.

Sincerely yours,

DOUGLAS M. COSTLE, *Administrator.*

ITEM 20. FEDERAL COMMUNICATIONS COMMISSION

OCTOBER 29, 1979.

DEAR MR. CHAIRMAN: This is in response to your letter of October 11, 1979, which requested fiscal year 1979 information regarding initiatives or programs by this Commission that impact either directly or indirectly on the elderly. Such information would be included in part 2 of your committee's next periodic report of "Developments in Aging," scheduled for publication in February of 1980.

The Federal Communications Commission has the mandate to regulate communications ". . . so as to make available, so far as possible, to all the people of the United States a rapid, efficient, nationwide, and worldwide wire and radio communication service. . . ." 47 U.S.C. §1. Consequently, our actions are generally broadly based and do not focus directly upon the needs of the elderly. From time to time, however, issues do arise which are of special interest or applicability to the elderly; in such cases, we undertake to fully consider the special needs of the elderly as they are presented to us.

During the past several years, this Commission has assisted in the initiation of efforts to provide closed captioning of television for the Nation's deaf and hearing impaired. Since a significant proportion of all persons with bilateral hearing losses are aged 65 or older, consideration of telecommunication needs of the deaf is a matter of interest to the elderly, although not specifically directed to the elderly.

Following the Commission's grant of authority in 1972 to the Public Broadcasting System (PBS) to initiate experiments in closed captioning and the Commission's adoption of rules in 1976 to permit closed captioning on the vertical blanking space of line 21 of the television broadcast signal for the transmission of captioned information for the deaf, PBS and the National Bureau of Standards, with funding provided by the Department of Health, Education, and Welfare (HEW), have worked together on the development of the closed captioning technology. As announced by HEW on March 23, 1979, a closed captioning project has been initiated which will include: (1) The provision of a total of up to 20 hours of captioned programing a week by early 1980 by PBS, ABC, and NBC, (2) the provision of special decoding devices by Sears, Roebuck & Co., and (3) the establishment and funding of a nonprofit National Captioning Institute by HEW that will caption programs for the television networks.

On April 5, 1979, the Commission held an open, public meeting to receive a comprehensive briefing on the status of the closed captioning project by representatives of ABC, NBC, PBS, and HEW. The Commission has recently stated in regard to that meeting:

We expect that the closed captioning project will be a success. However, if at a later date it is demonstrated that the project is not successful in making television programing more available and enjoyable to the hearing impaired, then it may be necessary for the Commission to determine if a rulemaking is warranted to ensure that the hearing impaired are not deprived of the benefits of television.

Petition for Reconsideration, License Renewal Applications (Los Angeles, Calif.), 72 FCC 2d 273, 281 (1979), appeal docketed, *Greater Los Angeles Council on Deafness, Inc., et al. v. Community Television of Southern California, et al.*, CV 78-4715 (C.D. Calif. Dec. 12, 1978).

Additionally, the Commission is currently analyzing responses to its February 1978, notice of inquiry regarding the provision by communications common carriers and equipment manufacturers of communications equipment for the deaf and hearing impaired, a copy of which is enclosed. As in the case of closed captioning for television, we anticipate that the information assembled by this inquiry will be of interest to the elderly, although not specifically directed to the elderly.

Finally, this Commission regularly receives requests from the elderly which urge relaxation of the international Morse code speed requirements for operator licenses in the amateur radio service. Recognizing that the Commission is currently precluded by article 41, section 3(1) of the ITU radio regulations from waiving or eliminating the telegraphy requirement in its entirety, the Commission in August 1978, sought public response to this issue as part of its notice of inquiry regarding the administration of telegraphy examinations to handicapped applicants for operator licenses in the amateur radio service, a copy of which is also enclosed. The Commission's staff is currently analyzing responses to this notice of inquiry. Moreover, the Commission's delegation to the World Administrative Radio Conference at Geneva has recently proposed changing the requirement of article 41, section 3(1) of the ITU radio regulations to a less restrictive recommendation which would allow the United States future flexibility in the development of licensing requirements in the amateur radio service.

Other than the efforts described above, the Commission has not expended funds during fiscal year 1979 on specific programs for the elderly, nor are we aware of any court decisions or litigation which would directly affect our concern for the elderly.

I hope this information will be of assistance to your committee.

Sincerely,

CHARLES D. FERRIS, *Chairman.*

ITEM 21. FEDERAL TRADE COMMISSION

JANUARY 11, 1980.

Dear SENATOR CHILES: I am pleased to submit a response to your request for a description of Commission activities for fiscal year 1979 which directly or indirectly affect the elderly. As you know, the Federal Trade Commission is responsible for enforcing the laws against unfair or deceptive commercial practices and unfair methods of competition. As demonstrated by the attached memorandum prepared by our staff, many of the activities we have undertaken to carry out this mandate benefit older people, particularly those who live on a fixed income.

If we can be of further assistance to the committee, we hope you will call upon us.

By direction of the Commission.

MICHAEL PERTSCHUK, *Chairman.*

Enclosure.

COMMISSION ACTIVITIES AFFECTING THE ELDERLY

The following is a brief description by the Commission's staff of some of the Commission's activities which affect elderly consumers. These matters fall into five categories: health, insurance, funerals, legal services, and credit.

A. HEALTH

1. VISION CARE

Eyeglasses rule.—The eyeglasses rule (trade regulation rule on advertising of ophthalmic goods and services) which became effective July 13, 1978 has three basic provisions. First, it removes State and local government bans on advertising by eye doctors and opticians. Second, it prohibits private associations or individuals from restricting advertising. Third, it requires eye doctors to give a copy of the eyeglass prescription to each of their patients immediately after an eye examination. The rule is designed to increase competition in the eye care industry, thereby lowering costs for consumers. The Department of Health, Education, and Welfare has estimated that 93 percent of persons over the age of 65 wear corrective lenses and that many of them are on fixed incomes. In addition, since elderly persons may suffer from decreased mobility, advertising should make comparison shopping easier for them.

Eyeglasses II.—The FTC is currently examining State and private regulations which prevent opticians from fitting contact lenses or from duplicating a pair of eyeglasses without a prescription. The Eyeglasses II investigation is also examining restrictions which prevent optometrists from practicing under a trade name; working for a lay corporation; locating their practice in a high traffic commercial location and having more than a specified number of branch offices. This investigation is examining whether those regulations raise the cost and decrease the availability of eye care goods and services, and whether they are justified by their impact on the quality of eye care provided to consumers. Given the large number of low-income or fixed-income elderly persons who wear or need to wear corrective lenses, enabling lower cost vision care providers to enter the market could greatly benefit the elderly.

2. DENTAL CARE

Dentures.—All States except Oregon currently prohibit independent practice by denturists and require that dentures be fit by a dentist. The FTC is investigating whether denturists should be permitted to offer their services directly to consumers.

Preliminary evidence from Canada and other foreign markets suggests that consumer costs may decrease and access to denture care increase where denturists are present in the market. Twenty-five percent of all Americans over age 65 reportedly need to have a complete upper or lower denture (or both) constructed, either because they have no dentures at all or because the dentures they do have are so ill-fitting that they are useless. High prices may prevent some elderly consumers from obtaining denture care.

Dentists.—The FTC is investigating public and private regulations which restrict dentists from offering their services in a commercial setting and which limit the locations where dentists may practice. The investigation is also examining regulations which restrict the functions which dentists may delegate to certain specialized dental assistants ("expanded function dental auxiliaries"). The Commission is examining these restrictions to determine whether they result in higher prices for dental care. At the same time, the investigation will examine the possible effects of these restrictions on the quality of dental care.

Several studies show that between one-and-two-thirds of all Americans need certain basic dental treatment. Since the elderly make up a large portion of this group, Commission action in this area may greatly benefit consumers over 65.

3. PRESCRIPTION DRUGS

Drug product selection (generic drug substitution).—In January 1979, the FTC issued a staff report examining State laws which prevent pharmacists from substituting lower cost generic equivalents for brand name prescription drugs. Since ant substitution laws prevent consumers from selecting a generic equivalent that is less expensive than the brand name product, such laws can result in higher consumer expenditures for prescription drugs. The Commission staff, in conjunction with the Food and Drug Administration, has concluded that modification of these state laws could result in significant consumer benefits without compromising quality, and has proposed a model statute for the States to consider. The modification of ant substitution laws could offer significant savings to persons over 65, who comprise 11 percent of the population but pay 25 percent of the national prescription drug bill.

4. HEARING AIDS

The FTC staff has proposed a rule to address false and misleading advertising of the therapeutic effects of hearing aids. Its primary feature is a provision which would give the consumer a right to return a hearing aid and obtain a refund after trying it for 30 days. One of the purposes of this provision is to discourage manufacturers and sellers from overstating the value of their hearing aids. The proposed rule also contains provisions prohibiting certain claims and marketing practices which the staff believes to be deceptive. Over 30 percent of consumers over 65 have some type of hearing impairment and the majority of hearing aids are sold to elderly consumers.

5. NURSING HOMES

The FTC is currently conducting an investigation into possible unfair or deceptive business practices by nursing homes against the approximately one-third of the Nation's nursing home residents who pay directly for their care. Although the industry is regulated by medicare and medicaid, such regulations concentrate on health and safety rather than other consumer problems, and in some instances

enforcement of such regulations may be inadequate. Staff has found evidence that private patients may be victims of various abuses, such as inadequate disclosures of material facts prior to admission.

6. PRIMARY HEALTH CARE SERVICES

One of the FTC's initiatives in health care is its nurse practitioner investigation. Nurse practitioners are registered nurses who have received advanced training which enables them to perform services beyond the traditional nursing role. Some studies indicate that nurse practitioner practice involves more direct and continuous patient contact than physician practice and that it results in high quality care. Studies also indicate that nurse practitioners are particularly effective in the management of certain chronic health conditions (such as diabetes, hypertension, heart disease) which affect the elderly.

A number of public and private restraints prevent nurse practitioners from delivering primary care directly to patients except when such individuals are acting under direct physician supervision. The Commission's staff is investigating the impact of these restrictions on the cost and quality of health care services as well as their effect on the availability and accessibility of care. Increasing consumer access to nurse practitioners may help to make available lower cost health care services.

7. COMPETITION IN THE HEALTH CARE SECTOR

The following projects are aimed at preventing anticompetitive conduct in the health care industry and thereby lowering the cost of health care. Consumers over the age of 65 spend almost three times as much on health care per capita as do consumers aged 19-64. Given the fixed income status of many persons over 65, these Commission initiatives may have a significant impact on elderly consumers.

American Medical Association ("AMA").—In October 1979, the Commission issued a decision in its case against the AMA. The Commission found that the AMA had imposed illegal restrictions on truthful advertising by physicians and medical organizations and on the ability of physicians to work on a salaried basis for hospitals and health maintenance organizations. The Commission ordered the AMA to stop imposing such restrictions. Pursuant to the decision, physicians will be able to provide consumers with truthful information about the services they offer, and hospitals and HMO's will be able to seek to hold down costs by employing physicians on a salaried basis. The Commission's order expressly provides that the AMA may adopt reasonable ethical guidelines to prevent false and deceptive advertising. The AMA has appealed the case to the court of appeals.

Blue Shield and certain prepayment plans.—This matter consists of a comprehensive review of the role of physicians and physician organizations in controlling Blue Shield plans—the largest source of private insurance for payment of medical bills. Commission staff analyzed the operation and control of the 70 Blue Shield plans to assess whether physician dominance of their operations has any impact on increasing physicians' fees or on discrimination against nonphysician providers. An econometric study by the Commission's Bureau of Economics indicates that Blue Shield plans which are controlled by representatives of medical societies may have higher reimbursement rates than other Blue Shield plans.

The Commission's staff has proposed the initiation of a rulemaking proceeding to consider issuance of a trade regulation rule limiting or prohibiting medical participation in control of Blue Shield and certain other open-panel medical prepayment plans.

Forbes Health System medical staff.—The FTC has obtained consent orders which prohibit physician groups from boycotting or otherwise discriminating against health maintenance organizations. Such organizations contract with consumers to provide health care in return for a fixed annual fee and often provide consumers with lower cost medical services than more traditional kinds of health care providers. Thus, physician group activities which limit the growth of these organizations can significantly increase the costs of health care. A consent agreement with the Forbes Health System medical staff prohibits the hospital system from discriminating against HMO-affiliated physicians in granting staff privileges.

Michigan Medical Society.—On July 27, 1979 the Commission issued a complaint alleging that the society's members conspired to fix prices and to boycott cost-containment procedures instituted by the Michigan Blue Shield Plan. This case is currently in litigation.

Indiana Federation of Dentists.—On October 18, 1978 the Commission issued a complaint alleging that the Indiana Federation of Dentists obstructed cost-containment measures instituted by insurers. This case is currently in litigation.

B. INSURANCE

While the FTC is not empowered to regulate the business of insurance (except in certain limited situations), it has the authority to conduct investigations of the insurance market and to report its findings to Congress and to the public. The FTC has undertaken the following projects which may have particularly great benefit for the elderly.

1. MEDI-GAP INSURANCE

In July 1978, the Commission released a policy issues paper on "medi-gap" insurance, the private health insurance sold to supplement medicare, which recommended that a study be undertaken to evaluate State regulatory approaches to the medi-gap market. The study is presently underway. Frequently voiced consumer complaints concerning medi-gap policies include allegations of confusing policy provisions which inhibit effective comparison shopping by consumers; exploitative sales practices which focus on the special vulnerability of the elderly population; the sale of policies which overlap and duplicate existing coverage; and low rates of return (ratio of benefits paid to premium collected). It has been estimated that 23 percent of the 23 million Americans over age 65 have two or more medi-gap policies which contain overlapping coverage—indicating a needless expenditure of funds by a segment of society peculiarly unable to afford such an expenditure. The investigation will attempt to determine what types of regulatory schemes are most effective in combating the problems in the medi-gap market.

2. LIFE INSURANCE

In July 1979, the Commission released a staff report on the current state of life insurance cost disclosure. One of the major conclusions of the report was that so little information exists for consumers about the relative costs of life insurance policies that companies paying 20 year rates of return of 2 percent or less compete successfully with companies paying 4 percent to 6 percent. Furthermore, while consumers have invested about the same amount of money in the savings component of life insurance policies as they hold in savings and loan passbook accounts, the average rate of return on all life insurance policies in force amounted to only 1.3 percent. Elderly policyholders have been adversely affected by the unavailability of rate of return information at the time of purchase. While many new cash value policies earn relatively low rates of return, substantially lower rates of return are being paid on older policies which do not pay dividends and are particularly unsuited to cope with accelerating inflation. In order to enable consumers to make more informed choices, the Commission has developed a life insurance cost disclosure system for consideration by the States.

3. AUTOMOBILE INSURANCE

The FTC is sponsoring research by the Massachusetts Institute of Technology on discriminatory rating classifications for automobile insurance. The study will assess the economic impact of a number of rating classifications including age.

4. PENSIONS

Past Commission studies have revealed that many of the problems consumers face in purchasing life insurance products also confront small businesses in selecting life insurance funded pension plans for their employees. The staff investigation in this area is designed to determine the sufficiency of cost information currently provided to prospective purchasers; the types of comparative cost disclosures which would prove most accurate and useful to purchasers; the likely impact of such disclosures upon the industry and upon consumers; and the most appropriate and feasible course of action for the Commission to take, if any, to ensure sufficient cost disclosure.

In 1977, 19.2 million individuals were covered by insurance company funded pension plans. Reserves behind these plans totalled \$101 billion, and contributions amounted to \$14.7 billion. Businesses and employees may have lost substantial amounts of money due to the selection of inappropriate insurance plans with low rates of return and early lapsing. Thus, this investigation may be of great importance to the protection of the post-retirement pension rights of millions of Americans.

C. FUNERALS

The FTC has tentatively approved issuance of a trade regulation rule which could affect almost 2 million persons who arrange funerals each year, including many elderly citizens. The proposed rule is intended to create a market place environment in which consumers will have access to accurate information prior to and at the time of purchase. The proposed funeral rule would require funeral directors to disclose itemized price information; prohibit misrepresentations of legal and cemetery requirements and the preservative or protective value of embalming, caskets and vaults; prohibit funeral directors from engaging in certain unfair practices such as requiring a casket for cremation and embalming without express permission; and prohibit similar tactics which hinder competition.

D. DELIVERY OF LEGAL SERVICES

The Commission's staff is currently conducting an investigation to determine whether various public and private restrictions have hindered the development of legal clinics and closed-panel third-party-payment plans for legal services. Legal clinics and closed-panel plans reputedly offer reduced fees and increased access to high-quality legal services and may be of particular benefit to the elderly, who because of decreased mobility are unable to take advantage of legal services. Such plans may also prove beneficial to elderly persons whose income exceeds limits established by government sponsored assistance programs, yet is insufficient to cover the high costs of private bar assistance.

E. CREDIT

Among the statutes in the credit area enforced by the FTC is the Equal Credit Opportunity Act, which prohibits discrimination on the basis of a number of factors including age. While Federal law permits a creditor to consider information related to age, credit cannot be denied, reduced or withdrawn solely because an otherwise qualified applicant is over a certain age. Furthermore, retirement income must be included in rating a credit application and credit may not be denied or withdrawn because credit-related insurance is not available to person of a certain age.

ITEM 22. LEGAL SERVICES CORPORATION

DECEMBER 13, 1979.

DEAR SENATORS CHILES AND DOMENICI: In response to your letter of October 5, 1979, the Legal Services Corporation is pleased to report on the services and benefits offered by our organization to older Americans.

As you know, the Legal Services Corporation was established by Congress in 1974 to provide financial support for civil legal assistance to poor people. The Corporation presently funds over 300 legal services programs around the country which provide legal assistance to the general poverty population. Because the elderly are found in disproportionate numbers within the poverty population, they are a major target for the provision of legal services.

Eligibility for legal services is governed by income and resources. The Corporation, as required by statute, has established a maximum income level for the receipt of legal services—125 percent of the OMB poverty line—and has set forth factors which local programs must take into consideration in developing their own eligibility guidelines. Within these parameters, each program has established procedures for determining the eligibility of applicants for legal services.

Similarly, priorities for the types of legal problems which will be addressed by local programs (again, within the parameters of the Legal Services Corporation Act and regulations) are determined on a local level, based on the legal needs of the particular community to be served. Thus, although the elderly poor are generally eligible for Corporation-funded legal services, one must look to the specific program's guidelines as to the types of cases handled and the actual financial eligibility requirements for that particular area.

While most local legal services programs do not exclusively serve older Americans—the elderly poor are served along with all low-income persons—many programs are beginning to identify separate units to address the special legal problems of the elderly. This has often been made possible through the joint funding of such specialized elderly units by the Legal Services Corporation and the Ad-

ministration on Aging. The Older Americans Act funding has enabled the legal services programs to undertake additional efforts on behalf of the elderly such as outreach and community legal education with a concomitant increase in the quantity and quality of services to the elderly.

The Corporation also funds the National Senior Citizens Law Center, a national backup center to provide support and technical assistance to local program staff on the legal issues unique to the elderly population. The center has provided training, developed manuals, and established a network of elderly advocates and clients. The center undertakes impact litigation on elderly issues as well as providing administrative and legislative representation on these issues in Washington, D.C. The center also communicates on a regular basis with the elderly network to keep them informed of the latest developments in elderly law.

Finally, the Legal Services Corporation is presently conducting a nationwide study of the special legal problems of the elderly and of their special problems in obtaining access to legal services. The results of this soon to be completed study shall guide the Corporation's future plans for meeting our goal of providing high quality legal assistance and assuring equal access to our system of justice for the redress of grievances for those otherwise unable to afford adequate legal counsel.

I hope this information will be helpful to you. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

DAN J. BRADLEY, *President.*

ITEM 23. NATIONAL ACADEMY OF SCIENCES

DECEMBER 31, 1979.

DEAR GENTLEMEN: This is in response to your request of October 5, 1979 for information in the programs of the National Academy of Sciences that affect the elderly for use in preparation of your committee's annual report summarizing Federal programs related to aging. On March 19, 1979, a similar response was submitted to your committee covering the previous year. In that year's response, the following information was provided:

In response to a 1977 request from the National Institute on Aging, a Committee on Aging was established within the NRC's Assembly of Social and Behavioral Sciences (ABASS) to provide assistance to that Institute in developing its research plans, including the stimulation of high-quality research on topics not yet receiving major attention, and to encourage behavioral and social scientists to participate in research and discussions on these topics. Workshops are planned by the Committee dealing with stability and conflict in the elderly family, with the new elderly (those who will be 65 or over in the next several decades), and with biology and behavior. These projects are to provide support on behalf of the 1979 White House Conference on the Family. Recently the Administration on Aging has asked that the NRC assist in developing options on manpower policy for the aging and to conduct assessments of needs measured against such policies. These tasks also are a responsibility of ABASS.

In updating the work of our Committee on Aging, you should know that the three workshops referenced in last year's report were held and the Academy is in the process of assembling three volumes of paper presented at the workshops. These volumes are to be published in the spring of 1980, and I have enclosed for your information the tables of contents for these three volumes. Future activities of the Committee are uncertain at this stage and we are dependent upon the availability of support funds for new initiatives that may be requested by the National Institute on Aging.

The items included in last year's report on a request for Academy assistance to the Administration on Aging in developing options on manpower policy for the aging did not materialize.

These are the only activities in which the National Academy of Sciences has been engaged during fiscal year 1979. Please do not hesitate to let us know if we may be of further assistance to your committee.

Sincerely yours,

PHILIP HANDLER, *President.*

Enclosure.

VOLUME I.—STABILITY AND CHANGE IN THE FAMILY

Editors: Robert W. Fogel, Elaine Hatfield, Sara B. Kiesler, and James G. March.

Preface: Overview on Aging: Some Biomedical, Social and Behavioral Perspectives. Robert Butler, M.D., Director, National Institute on Aging.

I. FAMILY ROLES AND BEHAVIOR

Gunhild Hagestad, Individual and Family Studies, Penn State University. Problems and promises in the social psychology of intergenerational relations.

Valerie Oppenheimer, Department of Sociology, University of California, Los Angeles. Life-cycle squeezes and adaptive family strategies.

John Whiting, Departments of Social Relations and Anthropology, Harvard University. Aging and becoming an elder: A cross-cultural comparison.

Daniel S. Smith, the Family and Community History Center, University of Chicago. Historical change in the household structure of the elderly in economically developed societies.

Frank F. Furstenberg, Department of Sociology, University of Pennsylvania. Remarriage and intergenerational relationships.

Tamara K. Hareven, Department of History, Clark University. Aging and life course transition in historical perspective.

Melvin L. Kohn (social psychology), National Institute of Mental Health. On the transmission of values in the family: A preliminary formulation.

II. FAMILY AND PUBLIC POLICY

W. Kip Viscusi, Department of Economics, Northwestern University. An assessment of aid to the aged: Incentive effects and the elderly's role in society.

Virginia P. Reno (Economics), Social Security Administration. Family economics and social security.

Ethel Shanas, Department of Sociology, University of Chicago, and Marvin B. Sussman, Department of Medical and Social Sciences, Bowman Gray School of Medicine, Wake Forest University. The family in later life: Social structure and social policy.

Herbert Kaufman, governmental studies program, Brookings Institution. Fear of bureaucracies.

Patrick E. Connor, School of Business, Oregon State University. Long-term care facilities and organization theory.

III. CLOSE RELATIONSHIPS

Elaine Hatfield, Departments of Sociology and Psychology, University of Wisconsin, and Jane Traupmann, Faye McBeath Institute on Aging, University of Wisconsin. The impact of intimacy on the mental and physical health of older Americans.

Harold H. Kelley, Department of Psychology, University of California, Los Angeles. Close personal relationships and aging.

William Griffitt, Department of Psychology, Kansas State University. Sexual intimacy in aging marital partners.

Stephen Weiler, Department of Psychiatry and Behavioral Science, State University of New York. Aging and sexuality and the myth of decline.

VOLUME II.—THE ELDERLY OF THE FUTURE

Editors: James N. Morgan, Valerie Oppenheimer, Sara B. Kiesler, and James G. March.

Preface: Overview on Aging: Some Biomedical, Social and Behavioral Perspectives. Robert Butler, M.D., Director, National Institute on Aging.

I. ANTICIPATING THE FUTURE

Eugene Hammel, Department of Anthropology, University of California, Berkeley. The kin of the aged in 2000 A.D.

Sara B. Kiesler, College of Humanities and Social Science, Carnegie-Mellon. The aging population, social trends and norms of behavior and belief.

II. GOVERNMENT AND POLICY

James A. Davis, Department of Sociology, Harvard University. Conservative weather in a liberalizing climate: Change in selected NORC general social survey items, 1972-78.

Neal E. Cutler, Andrus Gerontology Center, University of Southern California. Political characteristics of elderly cohorts in the 21st century.

Richard G. Fox, Department of Anthropology, Duke University. The welfare state and political mobilization of the elderly.

David Sears, Department of Psychology, University of California, Los Angeles. Life stage effects upon attitude change, especially among the elderly.

Joseph and Mildred Schlesinger, Department of Political Science, Michigan State University. Aging and opportunities for elective office.

III. ORGANIZATIONS

Shelby Stewman, School of Urban and Public Affairs, Carnegie-Mellon. The aging of work organizations: Impact on organizations and employment practice.

Jeffrey Pfeffer, Graduate School of Business, Stanford University. Some consequences of organizational demography.

W. Richard Scott, Department of Sociology, Stanford University. Reform movements and organizations: The case of aging.

IV. SOCIAL AND EMOTIONAL RESOURCES

Camille B. Wortman, Department of Psychology, Northwestern University. The importance of social support: Parallels between victims and the aged.

Robert L. Kahn and Toni Antonucci, Institute for Social Research, University of Michigan. Convoys over the life course: Attachment, roles and social support.

Robert R. Sears, Department of Psychology, Stanford University. The role of expectancy in adaption to aging.

Joel Cooper, Department of Psychology, Princeton University, and George R. Goethals, Department of Psychology, Williams College. Attitudes and self-concept of the elderly.

Jennie Keith, Department of Anthropology, Swarthmore College. Old age differentiation: Anthropological speculations on age as a social border.

V. SOCIAL CONDITIONS AND SOCIAL PROBLEMS

Beth Soldo, Center for Population Research, Georgetown University. The living arrangements of the elderly in the near future.

Raymond J. Struyk, Deputy Assistant Secretary for Research, Department of HUD. The changing housing and physical environment of the elderly.

Majorie Honig, Department of Family Economics, University of Illinois, and Giora Hanoch, Center for the Social Sciences, Columbia University. The labor market behavior of older people: A framework for analysis.

Judith Treas, Department of Sociology, University of Southern California. Women's employment and its implications for the status of the elderly of the future.

Alan Freiden (economist), Social Security Administration. Alternative economic-demographic models for social security financing.

James N. Morgan, Institute for Social Research, University of Michigan. Behavioral and social sciences and the future of the elderly.

VOLUME III.—THE BIOLOGY AND BEHAVIOR OF THE ELDERLY

Editors: James L. McGaugh, Sara B. Kiesler, and James G. March.

Preface: Overview on Aging: Some Biomedical, Social and Behavioral Perspectives. Robert Butler, M.D., Director, National Institute on Aging.

I. LONGEVITY, AGING AND MORTALITY

Sherwood L. Washburn, Department of Anthropology, University of California, Berkeley. Longevity in primates.

Richard Cutler, Gerontology Research Center, Baltimore City Hospital. Life-span extension.

Mervyn W. Susser, Division of Epidemiology, Columbia University. Environment and biology in aging: Some epidemiological notions.

Laurence K. Kotlikoff, Department of Economics, University of California, Los Angeles. Some economic implications of lifespan extension.

George M. Foster, Department of Anthropology, University of California, Berkeley. Old age in Tzintzuntzan, Mexico.

II. AGING BRAIN AND BEHAVIOR

William Bondareff, Department of Anatomy, Northwestern University Medical School. The neurobiological basis of age-related changes in neuronal connectivity.

William T. Greenough, Department of Psychology, University of Illinois. Experience and the changing brain.

Gary Lynch and Sara Gerling, Department of Psychology, University of California, Irvine. Aging and brain plasticity.

III. COGNITIVE AND SOCIAL FUNCTIONING

Lissy F. Jarvik and Joanne Steuer, Department of Psychiatry, University of California, Los Angeles. Cognitive functioning in the elderly: Influence of physical health.

Ellen J. Langer, Department of Psychology and Social Relations, Harvard University. Old age: An artifact?

IV. HEALTH

William A. Satariano and Leonard S. Syme, Division of Epidemiology, University of California, Berkeley. Life changes and disease: Coping with change.

Dan G. Blazer, Center for the Study of Aging and Human Development, Duke University Medical School. Social stress and mental disorders in the elderly.

Stanislav V. Kasl and Lisa F. Berkman, Department of Epidemiology and Public Health, Yale University. Some psycho-social influences on the health status of the elderly.

ITEM 24. NATIONAL ENDOWMENT FOR THE ARTS

JANUARY 15, 1980.

DEAR MR. CHAIRMAN: I am pleased to report to you on the fiscal year 1979 activities of the National Endowment for the Arts related to arts programing for older Americans.

Enclosed is a summary of the Endowment's advocacy efforts and programs for this very important segment of our society. We encourage all of our grantees to make their programs accessible to the broadest spectrum of the American population possible in the firm belief that the arts greatly enrich the lives of all individuals regardless of age.

I'm happy to report that the Endowment has made progress through expanded advocacy and improvements in funding for these activities. As you know, it is difficult to estimate the number of Endowment supported programs which serve older adults, as many Americans benefit from Endowment grants awarded to a multitude of museums, theaters, performing arts groups, media, and other arts organizations.

However, many Endowment grants provide arts activities that specifically include older persons as participants and audiences. A total of 107 grants in the amount of \$1,879,622 were awarded to arts organizations in fiscal year 1979; as compared to 39 grants which totaled \$683,500 given in fiscal year 1978. All of these activities addressed arts programing for older adults and examples are included in my summary.

Additionally, hundreds of arts programs for older people at the State and local levels are supported through our State arts agency network. Also, we are realizing a burgeoning interest on the part of over 2,000 public and private community arts councils throughout the country to develop more extensive arts programing for their older citizens.

The Endowment was the third Federal agency to publish proposed regulations in the Federal Register which prohibit discrimination by Endowment grantees on the basis of age. These regulations will serve to reinforce our continued efforts to assure that older Americans have as many opportunities in the arts as everyone else.

The Endowment and our National Council on the Arts will continue to reinforce our commitment to make the arts available to our older population through advocacy and support as outlined in this summary.

I trust this information will be useful to you in completing your annual report to Congress. Please advise me if I can be of further assistance.

Sincerely,

LIVINGSTON L. BIDDLE, Jr., *Chairman.*

Enclosure.

SUMMARY OF ACTIVITIES RELATING TO OLDER AMERICANS, FISCAL YEAR 1979

One of the Endowment's major goals is that of making the arts available to as many people as possible in firm belief that the arts greatly enhance the quality of life for all people, regardless of age. The arts minister to the spirit of the healthiest, yet perhaps the most neglected, older generation in American history.

Our National Council on the Arts, the Endowment's advisory body of 26 Presentially appointed artists and art patrons, has long been committed to making the arts accessible to older Americans as reflected in the Endowment's goals and as documented in previous reports to the Committee on Aging. The National Council has resolved that "No citizen, regardless of physical and mental conditions and abilities, age or living environment, should be deprived of the beauty and insights into the human experience that only the arts can impart."

The Endowment's Coordinator of the Office for Special Constituencies continues to serve as an advocate for arts programming for older adults, handicapped and institutionalized populations. Our advocacy efforts for special constituencies include: (1) Providing technical assistance to individuals and organizations seeking information and assistance in developing arts programs; (2) advocating more support for addressing the needs of special constituencies through the Endowment programs, State arts agencies and other Federal agencies; (3) initiating cooperative projects with other Federal agencies which serve to educate administrators and professionals serving special constituencies concerning the value and benefits of arts programming for special constituencies; (4) providing technical assistance to arts organizations regarding compliance with Federal regulations concerning special constituencies, including nondiscrimination of older adults, as well as, program accessibility for special constituencies; and (5) providing support for model projects which demonstrate innovative ways to make programs available to special constituencies.

The Endowment was the third Federal agency to publish proposed regulations in the Federal Register on October 2, 1979, prohibiting discrimination by Endowment grantees on the basis of age as required by the Age Discrimination Act. The regulations serve to reinforce our continued efforts to assure that older Americans have as many opportunities in the arts as everyone else.

To assist our grantees in implementing the regulations, the Endowment will support the publication of special technical assistance materials, through the arts and special constituencies project (similar to those produced by the project on arts access for handicapped people), which will give direction and information to further older people's opportunities in the arts.

We are presently assisting the Subcommittee on Human Services of the U.S. House of Representatives Select Committee on Aging in organizing congressional hearings on "The Arts and Older Americans," which are scheduled to take place on February 7, 1980. They are aimed at assessing current and future needs, drafting new legislation if necessary, and exploring new ways to encourage participation in the arts.

As you know, I submitted congressional testimony in the reauthorization of the Older Americans Act in March 1978 and I look forward to offering more extensive testimony on the value of arts programming for our older population.

Members of our National Council, Theo Bikel and Jessie Woods, plan to give testimony at the hearings. Mr. Bikel is a strong advocate for our special constituencies and recently spoke on the nationwide radio program "Prime-Time" regarding the needs of older people. Ms. Woods is the executive director and one of the original incorporators of Urban Gateways in Chicago, a community arts organization serving the Chicago metropolitan area which initiates extensive arts programming for older adults.

To assist in this vast advocacy effort, the Endowment's special projects program has continued to support the National Council on the Aging's Center on Arts and Aging for the past 5 years. Jackie Sunderland, the center's very dynamic director, has accomplished the task of creating a national awareness on the im-

portance of including cultural activities as a integral part of social service programs supported by State and local agencies dealing with aging programs. In the past 3 years, the center has convened or cosponsored 230 workshops and seminars which serve to stimulate the development of public and private programs that assist older Americans in taking part in the full cultural life of our Nation. The seminars bring representatives of the arts and aging fields together which are resulting in many coordinated programing efforts.

Further, the center continues to serve as a valuable national information and technical resource for arts and aging professionals to assist them in developing quality arts programs.

Endowment support has helped the center develop a stronger publications component. This month the center will publish the proceedings from the second NCOA/Endowment sponsored National Conference on the Arts and Aging, which will build on the knowledge gathered at the first national conference, and will serve as an important resource for programmatic, administrative and funding information. Also a monograph on how 3 States, Iowa, Rhode Island and South Carolina, are working in partnership to make the arts accessible to older people will be forthcoming in several months. I will be certain that you receive copies of both publications. In addition, the center serves as a catalyst by stimulating the creation of many publications on arts/aging issues through direct consultation and technical assistance to writers and publishers.

Working with the center, we expect a new awareness of and new direction for arts programs that involve older adults.

Although there continues to be a lack of recognition among many administrators and providers of arts programs to the needs of older adults as participants in the arts, the Endowment has made some progress through expanded advocacy efforts and modest improvements in funding which have produced increased arts programing.

It is difficult to determine the number of Endowment supported organizations which serve older Americans, as a wide spectrum of our population benefits from Endowment grants awarded to the multitudes of arts organizations across the country, including museums, theaters, performing arts groups, media arts, and so forth. However, during fiscal year 1979, the Endowment awarded 107 grants in the amount of \$1,879,622 that were specifically for projects that included older Americans as participants and/or audiences.

PROGRAM ACCESSIBILITY

Architectural barriers and the lack of program accommodations often impede older persons with disabilities from fully participating in arts activities. Architectural barriers in museums, performing arts centers, and other spaces where arts activities are being held often limit some older people's attendance. Further, people with hearing impairments may not be able or clearly hear a performance or those with visual impairments cannot see an art exhibit or read the program notes.

Early last year, the Office for Special Constituencies convened an arts advisory task force to work with the General Counsel's office in order to draft regulations for section 504 of the 1973 Rehabilitation Act which mandates nondiscrimination of handicapped individuals. Responding to the task force's technical assistance recommendations, we significantly enhanced the Endowment's advocacy and technical assistance for our special constituencies by increasing the technical assistance capability of the national arts and handicapped information service/arts and special constituencies project through increased support. In addition to the project's continued services to organizations concerned with program accessibility, they are providing a very comprehensive nationwide educational awareness seminar program, published materials directly related to program accessibility and a research library on access to the arts for Endowment staff and grantees' use. This year, their publications will include a handbook to assist our grantees in complying with the Endowment's age discrimination regulations.

The Endowment's final 504 regulations became effective May 25, 1979 and they are resulting in access to more cultural activities for people with disabilities. Grantees should have already evaluated their program in terms of program accessibility and implemented changes to effect access. They have until May 1982 to complete any necessary structural changes that limit access to their programs.

To further increase the awareness and sensitivity of the arts community to the possibilities for accommodating special constituencies in their programs, the

Office for Special Constituencies will continue to support model projects in this area.

The specific objectives of the model projects are to develop, implement, evaluate, and document ways of accommodating and integrating special constituencies in arts activities, both as audiences and/or participants.

In fiscal year 1979, \$200,000 was allocated for innovative arts programming related to special constituencies. These funds provided 25 model projects in 11 of the Endowment program areas. Further, \$300,000 has been approved for model projects in fiscal year 1980.

One example of the model projects is the Buffalo Philharmonic, which received a special constituencies grant through the Endowment's music program, to research and test a cordless amplification system, the phonic ear. This project is making it possible for people with severe hearing deficits to hear and enjoy the orchestra, and some are hearing music for the first time. It is being developed in consultation with St. Mary's School for the Deaf and 14 older Americans are working with the symphony to test the phonic ear. Already other major orchestras are asking about the program.

Another example is a grant awarded to Spectrum, focus on deaf artists in Austin, Tex., so that Spectrum may give direct technical assistance to dance organizations in Houston, New York, and San Francisco, to show them how to make their programs more accessible to people that are deaf and hearing impaired. They will also publish a handbook which outlines methods for making programs available to deaf people.

We are sure that this pilot effort will motivate new thinking and initiative. The documented projects will be highly publicized and published through the arts and special constituencies project to assist arts organizations in making their programs accessible to this very important part of our population.

The Endowment's design arts program supports architectural research projects, some of which are directed at improving the living environment of older persons:

Design Arts

Georgia Technical Research Institute is developing a new instructional module which will educate second and third year architecture students on design that provides for the needs of special constituencies, including programmatic access.

Margaret Gate Institute in Huntington, N.Y., has been working with patients, staff, and administrators in hospitals, homes for the elderly, and other institutions in solving problems of environment design and aesthetics. They are now realizing these concepts for final prototyping.

FINANCIAL BARRIERS

Economic factors often prevent older people's participation in cultural activities. The cost of tickets and transportation may prevent people on fixed incomes from attending performances or other arts programming. Endowment programs continue to support organizations which provide ticket subsidies, schedule programs where transportation is not a problem, and those that offer free or low-cost programs.

Expansion Arts

Articulture, Inc. in Cambridge, Mass., provides a free performing arts series for seniors in housing facilities, nursing homes, hospitals, and centers for older people.

Chamber Symphony Society of California, Inc., provides free and low-cost admission for older and handicapped individuals.

Greater Fall River Recreation Community, Inc., in Fall River, Mass., holds free "street theater" summer productions for its citizens with particular emphasis on seniors.

Horizon Concerts, Inc., in New York City, offers 204 free concerts, training of senior choruses, lecture-demos, and training sessions for staff members who work with special constituencies.

Iowa Arts Council has an extensive arts program for older people, and classes are held at locations convenient for the elderly. They are developing a handbook and slide presentation to assist organizations in developing a similar project.

Letumplay, Inc., in Washington, D.C., sponsors free jazz concerts in senior homes which are preceded by discussions between musicians and the audience.

New Stage Theater, in Jackson, Miss., continues to provide low-cost theater

tickets and free transportation for 3,000 low income older people. Professional staff holds arts education sessions for each performance.

Quincy Society of Fine Arts, in Illinois, offers 6-week artist-in-residence programs in senior centers and nursing homes.

University Circle, Inc., in Cleveland, Ohio, sponsors a variety of professional arts programs in 22 senior apartment buildings and centers.

Music

New Muse Community Museum, in Brooklyn, N.Y., has a senior citizens jazz program which provides 24 free concerts.

Orchestral Association, Chicago Symphony, presents 100 free lecture/ensemble programs for institutions and homes for the aged.

Rochester Philharmonic holds free matinee concerts of philharmonic repeats for senior citizens.

Spokane Symphony Society, in Washington, provides reduced-price matinee series tickets for senior citizens and students.

Theatre Development Fund, Inc., in New York City, launched a music voucher program to provide low-cost theater tickets for retired people, students, union members, and community groups.

Vermont Mozart Festival provides a series of free lecture/demonstrations and free concerts for the aged and others.

Special Projects

District 1199 Culture Center, Inc./Bread and Roses in New York City, provides funding for patients and workers at 5 geriatric centers and 30 hospitals and nursing homes to view plays, films and take part in arts workshops.

Theater

Afro-American Total Theatre, in New York City, provides free tickets for senior citizens to attend black theatre festival at Lincoln Center.

PARTICIPATORY ARTS PROGRAMING

Professional arts programing that encourage active participation by older Americans have continued to increase through Endowment advocacy and financial support. Artists are discovering the tremendous sensitivity and creativity that older people bring to the arts. Grantees that are providing participatory arts programing for older Americans include:

Artists-in-Schools

Chuck Davis Dance Company, in New York, offers dance/movement workshops for elderly, handicapped and institutionalized people.

The Learning Guild, Inc./Boston Center for the Arts, pairs the elderly and school-aged to learn new skills together for purposes of overcoming stereotypic concepts of each generation and to build self-sustaining arts partnerships.

Design Arts

City of Gardner, in Massachusetts, is developing a design and plan for the programmatic use and renovation of the historic silver smith works and victorian firehouse buildings. The silver works building will be a residential center for retired crafts people to provide living, learning, and working opportunities for visiting and resident crafts people. The firehouse will be a crafts skills center for intergenerational learning.

Expansion Arts

Adept New American Folk Center, in Houston, Tex., provides "Workshops in Open Fields" which includes instructions in crafts, visual arts, creative writing, drama, and exhibition programing for residents confined to senior citizens homes. They completed a documentary on disciplines developed in the area of "Geriatrics and Open Fields" in 1979.

Arts Experiment Station, in Tifton, Ga., provides arts exposure/training in a culturally isolated rural region. Their "Creative Living for Seniors" which involves several day long events designed to encourage productive living in elders via involvement in various creative arts experiences.

Birmingham Creative Dance Company, in Alabama, offers a variety of movement classes which are designed to promote personal development for seniors and emotionally handicapped youth.

Central Pennsylvania Village Crafts, Inc., works with older people and low-income groups to train them in quilting, dollmaking, woodcrafts, etc. in order to bring the competency of the trainees up to the organization's craft standards.

Chinese Culture Foundation, in San Francisco, provides workshops in Chinese dance and crafts for elderly.

Dance Exchange, in Washington, D.C., offers dance classes to older people throughout the city and produces intergenerational performances. Endowment support assists them in offering classes to centers lacking resources to support the program. Also provides training ground to develop teachers for special populations, including older Americans.

DeCordova and Dana Museum and Park, in Lincoln, Mass., operates an outreach program which includes workshops at senior centers and meal sites to acquaint older people with their school's offerings. They are then provided transportation to the class of their choice.

Detroit City Dance Center, Inc., expanded its workshops and classes to include seniors in 1979.

Fine Arts Council of Florida has a new visual and performing arts program for elderly which will take place in Pinellas County congregate dining facilities to serve as a model for replication.

Franklin County Parks and Recreation, in Rocky Mountain, Va., sponsors extensive arts programs for the rural elderly. Artists hold classes in 11 sites and display their artwork at local craft shops and shows.

Guthrie Theatre Foundation, in Minneapolis, Minn., produced an intergenerational troupe which performs "Flashbacks," based on lives of seniors who perform their own life stories.

Institute of New Cinema Artists, Inc., provides community outreach programs for senior citizens and youth. It produced films on how to avoid dangerous situations in New York City.

Jersey City Cultural Arts Commission, city hall, sponsored summer festival '79 which included twice-weekly performance of "Caravan" at more than 40 senior centers and institutional residencies in the city.

Madison Community Access Center, Inc., in Wisconsin, instructs and trains older people of the community in the art of videotape production.

Manchester Craftsmen's Guild, in Pittsburgh, Pa., provides free 7 days per week program in ceramics, textiles, and photography for inner-city elderly and minority individuals.

Monroe County Rural Heritage Alliance, Inc., in Union, W. Va., has older skilled craftspeople in senior centers teaching weaving, quilting, and pottery-making to members of the community.

New Organization for the Visual Arts, in Ohio, provides series of arts workshops and demonstrations for senior citizens.

Oklahoma Arts and Humanities Council, in Oklahoma City, sponsors a community arts program in which prison inmates teach at senior centers within a 60 mile radius of the institution.

Piedmont Citizens for Actions, Inc., in Worcester, Mass., sponsors "Senior Summer's World," in which professional elders perform with younger performers at housing for the elderly, nursing homes and nutrition sites. They also present the annual "Elder Extravaganza."

Roadside Attractions, Inc./Attic Theater, in Detroit, organized a senior citizen mime troupe which is being booked into local civic and social organizations.

Settlement Music School, in Philadelphia, is conducting a reinforced education pilot program in which retired musicians hold practice sessions with students and they attend performances together.

South Carolina Arts Commission provides artists-in-residence programming to facilities where older people meet, and hold exhibitions of their artwork. The program includes the Elders Repertory Acting Group, a unique short-term touring company of senior citizens.

Folk Arts

Kiana Traditional Council, in Alaska, is a cultural heritage program designed to revitalize traditional Eskimo crafts by stimulating the young to work with the elderly on skin sewing and sled building.

Maine Maritime Association produced a very successful intergenerational project in which the craft skills and techniques of the older generation were combined

with the talents of museum staff and apprentices to recapture the special skills and life styles of late 19th century intercoastal community life, and to create a replica of a 35-foot Tancook whaling schooner. The otherwise lost skills, techniques, and construction plans were revived through extensive consultation and teamwork with 20 older practitioners of Tancook Island, Mahone Bay. The Tancook replica was named "Vernon Langille" after the senior crafts practitioner (in his nineties) "whose intricate tricks of self sufficiency in older techniques shaped the theme and significance of the whole project." The schooner was launched on July 7, 1979.

Literature

Frederick Burk Foundation for Education, in San Francisco, sponsors a writer-in-residence program which combines the talents of professionals, senior citizens, and cancer out-patients. The poet meets with this unique group twice weekly as they share their thoughts and experiences, and instructs them in creative writing and poetry.

Hamilton College, in Clinton, N.Y., has developed a free program series of readings, residencies and workshops featuring both well-known and younger visiting writers. The new feature is a series of creative writing workshops staffed by resident writers at homes for the aged.

Brooklyn Institute of Arts and Sciences provides a multifaceted program for the older adult community which includes (1) introduction to the museum; (2) workshops on how the museum relates to its community; (3) seminar on the relationship of the museum's collections with the participants' cultural heritage; (4) examination of Brooklyn's environment-public arts and sculpture; and (5) Brooklyn heritage day highlight aspects of Brooklyn's cultural diversity and they present a distinguished senior citizen award.

Music

Concerto soloists of Philadelphia produces a new senior artists' showcase featuring performances by older Americans.

Special Projects

Hospital Audiences, Inc., in New York, continues to disseminate strategies for measuring effects of arts programing, and to offer advocacy and technical assistance in the area of the arts for special constituencies. They recently completed an extensive research project, which was funded by the Administration on Aging, to evaluate the impact of the arts on the frail elderly in nursing homes. This research was based on a medical model, rather than the anecdotal case histories, and should be extremely useful to the arts and aging field. The Endowment supports the national dissemination of this information as well as other informational publications such as "The Healing Role of the Arts."

New School for Social Research, in New York City, is expanding its new creative arts center for older adults which was established through Endowment funding in fiscal year 1978. It has developed curriculum and successfully trained 40 artists, senior center administrators, educators, and rehabilitation specialists in the area of working with older people in the various art forms including dance, crafts, visual arts, poetry, music, and drama. The School is presently developing an extensive recruitment program, and testing a modified and strengthened curriculum.

Rhode Island State Council for the Arts has expanded its community arts programs for aging, handicapped and institutionalized people.

St. Mary's Court, in Washington, D.C., sponsors a multiarts program for the residents of the new congregate residential facility for low- and middle-income elderly. The program is being held in conjunction with George Washington University's gerontology program to provide a training setting for George Washington University students. The artists are working with the George Washington University faculty and students to document and evaluate the program for purposes of replication.

Theater

Free Street Theater/Free Street Too, in Chicago, was the country's first professional senior adult theater company. They continue to sponsor and train this theater company of retired people for purposes of entertaining, as well as demonstrating the benefits of creative options to retired persons.

CONCLUSION

A large portion of our advocacy efforts are directed at administrators and practitioners in the arts and aging fields. Many arts administrators still need education through first-hand experience concerning the value of developing older people as audiences for the arts, and the tremendous creativity and sensitivity that they bring to the arts. Leaders and decisionmakers in the aging field must realize that the "joie de vivre" is as essential to one's existence as food and shelter, and that older people will benefit from a quality arts experience as much as the younger population.

To date there has been no legislation mandating that professional arts programming is an important choice for the field of aging. The arts have no identification or classification in the Older Americans Act. Public and private agencies in aging need to recognize how the arts enrich the lives of older Americans and assign a high priority to this significant issue.

The Endowment has developed interagency agreements with other Federal agencies, including the Department of Justice/Federal Bureau of Prisons and the Veterans' Administration, in which we share our expertise and resources for purposes of demonstrating the many positive effects of professional arts programming. Our Coordinator for the Office for Special Constituencies and Director of Interagency Relations are presently attempting to develop projects with the Administration on Aging, which will show how the arts can enhance the quality of life for their constituency.

The energy, wisdom and creative potential that older adults bring to the arts are part of our national cultural heritage. They are working with professional artists in ways that are beneficial to each other, the arts and society. Older Americans' participation in cultural activities is not an answer to all aging problems, but they do heighten self-esteem, stimulate self-growth and offer exciting opportunities for self-expression. The value of the arts in enriching the lives of older persons cannot be underrated!

The Endowment and our National Council on the Arts will continue to reinforce our commitment to make the arts available to our older population through advocacy and support as outlined in this summary.

The Special Committee on Aging's strong interest and support of the Endowment's work relating to this very important segment of our society are very much appreciated.

ITEM 25. NATIONAL ENDOWMENT FOR THE HUMANITIES

JANUARY 15, 1980.

DEAR SENATOR CHILES: I am pleased to enclose a report which summarizes major activities for or about the aging supported by the National Endowment for the Humanities in 1979.

It is my hope that you and your committee will find this summary of our activities and plans useful. I also hope that other readers of the report will be stimulated by it to develop other kinds of humanities projects to benefit older Americans and to increase understanding of the special problems and challenges they face.

Please let me know if we can be of any further help to your committee.

Sincerely,

JOSEPH D. DUFFEY, *Chairman.*

Enclosure.

REPORT ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1979

I. INTRODUCTION—NEH'S COMMITMENT TO THE AGING

The National Endowment for the Humanities recognizes the important contributions made by older Americans to scholarship in the humanities and to our society in general. It also recognizes that our senior citizens have a special need for the knowledge and perspectives which the humanities afford in making informed choices both in their personal lives and on larger, public questions. To this end, NEH encourages utilization by the elderly of Endowment-supported products (such as print materials, museum exhibitions, radio and television programs) and seeks increased participation of older Americans in a wide variety of NEH-supported activities, including scholarship, formal and informal educational programs, and discussions of public policy and other vital questions in communities throughout the United States.

Some of the ways in which the aging do participate in the Endowment's programs are discussed in section II of this report.

In order to ensure that older Americans receive access to Endowment funds and programs, the Endowment recently published its proposed regulations under the Age Discrimination Act of 1975. These regulations, which adhere very closely to those regulations disseminated by HEW, were distributed for comment in the Federal Register. It is expected that final regulations will be published in the very near future.

The Endowment hopes to have older Americans participate even more fully in activities funded by the agency in the future. Its plans in this area are discussed in section V of this report.

II. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS

In carrying out its congressionally mandated mission of furthering the understanding and use of humanistic knowledge in the United States, NEH responds to needs and interests in the humanities, primarily as they are expressed in applications for specific projects. The agency does not usually set aside fixed sums of money for work in any subject area or for particular constituencies. Consequently, there is no special NEH program for senior citizens using funds specifically allocated for that group; nor is there a formal program within the agency to support study of the aging process or of elderly people.

Nevertheless, through its regular selection process, NEH funds a large number of programs involving older individuals as project directors, project personnel, or consultants. One of the agency's most distinguished grantees, Dumas Malone, now 88 years old, is currently completing volume six of his monumental biography of Thomas Jefferson. This comprehensive history, which was begun in 1943 and has received continued support from the Endowment, won the Pulitzer Prize in 1975. Mr. Malone is just one of several notable older scholars aided by the Endowment who prove that age is no bar to significant achievements in the fields of the humanities. Other older Americans make different kinds of contributions to humanities projects supported by the Endowment. For instance, projects for the creation of language dictionaries, particularly for the Native American languages, frequently use elderly members of the tribe as consultants or informants. The Dictionary of Regional American English (DARE), supported by NEH, similarly sets considerable store by examples of American dialectic variations derived from older members of communities, and its project director, Frederic Cassidy, is himself over 70.

All of the activities supported by NEH to increase understanding and use of the humanities among the general public reach large numbers of older Americans. The following programs are particularly relevant or useful to older citizens:

Media Programs

The quality radio and television productions supported by the Endowment (e.g., the Adams Chronicles, the American Short Story series, and The Scarlet Letter) are especially useful to older people, many of whom cannot or prefer not to leave their homes. NEH encourages grantees to promote the use of media productions among senior citizens and urges applicants to plan media programs with this group in mind. Specific information on media programs and any adjunct material produced is provided to all organizations working for special groups, including the elderly.

In addition, many institutions of higher education, including community colleges, are offering courses for credit using NEH-supported television programs and accompanying written material. These courses, some of which do not require attendance on campus, are good opportunities for continuing a lifelong education, particularly for those elderly whose mobility may be limited by health or transportation problems.

Humanities radio programming serves a wide audience, including the visually handicapped, who might have limited access to the humanities in other media. For many elderly people confronting problems such as impaired vision and reduced mobility, these Endowment-funded programs provide access to information as well as a mechanism for communicating with others.

Courses by Newspaper

Since 1973, courses by newspaper has—with the support of the Endowment—been preparing materials for nontraditional college-level courses at University Extension, University of California, San Diego. These courses are offered to the general public nationally each September and January through the cooperation

of hundreds of participating newspapers and educational institutions. A series of newspaper articles prepared by outstanding scholars serves as the basis of a course offered at local colleges and universities for those readers desirous of earning college credit. More than 450 newspapers and 300 colleges and universities cooperate regularly to bring these courses to citizens of every State, Puerto Rico, Guam, the Virgin Islands, as well as parts of Europe, Canada, New Zealand, and the Far East.

Courses by newspaper offers several options for those who want to engage in lifelong learning. Use of the courses can vary from reading the articles only, to independent study of additional print material, to enrollment for college credit at hundreds of institutions in all parts of the Nation. Readership for the articles has always included a significant number of older Americans (20-40 percent of total readership is over 65).

In addition to their function as course materials, the materials developed for courses by newspaper can be used to stimulate public discussions in town meeting formats; as the basis for community programs at libraries; and as the outline for thought-provoking discussion by civic groups, churches, community organizations, and service clubs—all organizations with large numbers of elderly members.

In 1979, the two courses by newspaper were "Death and Dying: Challenge and Change," and "Connections: Technology and Change," both subjects of considerable and special interest to older Americans.

Other projects supported by NEH are specifically designed either to increase understanding of the special problems and challenges facing the elderly or to provide learning experiences in the humanities for older citizens. These are detailed in section III of this report. In addition, regrants of NEH funds through the State-based humanities committees have supported many locally initiated and conducted projects of these kinds, some of which are described in section IV.

III. SPECIFIC NEH GRANTS SERVING THE ELDERLY

In 1979, the Endowment awarded approximately \$2,028,000 for projects specifically designed—as a whole or in part—to increase knowledge about aging or to provide special materials or activities for older persons. Though there is obviously a good deal of overlap, these might be divided into three categories: (1) Programs about aging and the elderly in our society and others; (2) programs for older Americans; and (3) programs using senior citizens as consultants or resource people. Examples of such programs funded in 1979 follow:

A. *Programs About Aging and the Elderly*

(1) "Aging: New Perspectives in Introductory Courses in the Humanities".—This grant was made in support of a new introductory humanities curriculum at Case Western Reserve University designed to increase student awareness of the positive aspects of aging and to dispel their negative attitudes toward older people. Teaching strategies include seminars, field trips, team teaching, films, and role playing. Faculty for the courses are drawn from the departments of art, literature, classics, history, American studies, and music, and they, as well as their students, are sensitized to the concerns of the aging through the new curriculum.

(2) "Older Black Women in North Carolina".—This project involves the collaboration between a writer and a photographer to recognize older black women in North Carolina who have had significant achievement in one of these areas: The home, the church, the community, industry, the arts, and higher education. The collaboration will produce: (1) A book of texts; (2) a photographic exhibit; (3) articles and lectures; and (4) tapes of interviews for State archives, libraries and oral history programs.

(3) "Older American Folk Artists: Reflecting Life Experiences".—This grant, to the Institute of Gerontology at the University of Michigan, will be used to plan a traveling exhibit focusing on the perceptions of highly talented but unschooled and previously uncelebrated artists past 70—in order to document the dimensions and character of the contributions of such older folk artists, and to reflect philosophies and patterns of life that inspire these people.

The Institute of Gerontology of the University of Michigan and Wayne State University was established in 1965 by the Michigan State Legislature to develop and make available new and more effective programs for improving the quality of life for older persons.

(4) "Images of Old Age in America, 1790-1977".—This award, also to the Institute of Gerontology, is for an exhibit which seeks to communicate to the

general public, through the use of graphics, photographs, excerpts from literary and historical documents, and original text, the historical development of cultural values and attitudes toward the elderly in the United States and to explore the relationship between the perception and the reality of old age in each era.

(5) "The Country of the Pointed Firs".—Support has been given by NEH for the creation of a drama from Sarah Orne Jewett's classic American novel "The Country of the Pointed Firs." This book reflects Jewett's interest in the elderly and deals with the themes of aging and death by exploring ordinary life in a Maine port town at the turn of the century.

(6) "I Never Knew My Grandfather".—This grant to the Newark Museum Association is for a 1-hour documentary film on the historic and contemporary culture of Yuit Eskimos from two coastal villages in southwestern Alaska. The film will focus on selected families, showing the change that occurs in the lives of these individuals in the course of exposure to and absorption into modern American society. Original film footage from 1935-42 taken in the same locality will be juxtaposed with newly filmed material, showing elders of some families.

B. Programs for Older Americans

(1) "Living Legacies".—This grant to the National Center on Black Aged, Inc., is for the organization to highlight the contributions of older black Americans to American society as a whole by hosting the "Distinguished Black American" awards ceremony at the White House and compiling and circulating biographies of the recipients. It will also organize a group of older black Americans active in the humanities as a humanities resource group.

(2) "Generations: Senior Citizens as Family Historians".—This grant is to the Balch Institute for Ethnic Studies for a community project which will examine and interpret ethnic variations by training senior citizens to do family history. The program will eventually explore family histories of approximately 45 individuals drawn from 15 different ethnic groups and present the results in a series of preliminary programs in seven social centers for the elderly.

(3) "Elders Conferences".—This award was made to the Inupiat University of the Arctic to assist in developing Alaskan Elders Conferences in Nome and Bethel, Alaska. The conference will allow for the taping of much unrecorded oral history of the Eskimos.

(4) "Senior Centers Humanities Program".—This program, undertaken by the National Council on the Aging, is designed to enhance the lives and to increase the involvement of older Americans in the humanities. The program further seeks to offer creative opportunities for older Americans to become actively involved in community affairs and projects based upon their interests and involvement in the humanities. The audience will be 22.5 million older Americans. It will be offered at more than 800 service centers for older Americans, including senior centers, nutrition sites, day care programs, and nursing homes.

(5) "A Mid-American Shakespearean Chautauqua".—This grant to the University of Missouri supports interpretive programs in conjunction with the Folger Shakespeare Library exhibit and will provide bus transportation for elderly and handicapped persons. In addition, some of the interpretive programs will be held in senior centers.

(6) "Oklahoma Image".—This grant to the Oklahoma Department of Libraries is to improve libraries services and promote quality humanities programs, stressing Oklahoma's multicultural heritage. Senior citizens are among the major audiences for these programs.

(7) "Extended Museum Services for the Disadvantaged".—With this award, the Historical Society of Berks County, Pa., will develop a series of historical multisensory lectures centered in the utilization of museums artifacts to be presented to the disadvantaged at their meeting centers—nursing homes, senior citizen centers, and nutrition centers.

(8) "In Praise of Leisure: Victorian Newton Outdoors".—The Jackson Homestead in Newton, Mass., has prepared a carefully researched exhibit on the imaginative response of an urban community to the effects of industrialization through the use of recreation and leisure time. It examines far-sighted victorians' provisions for recreation space in the town of Newton, Mass., and compares 1890's and 1970's attitudes toward man's place in nature and his use of exercise for mental and physical health. There is an emphasis on reaching the elderly and/or handicapped people who are usually unable to attend exhibits.

(9) "Aging and Humanistic Values through Literature and History: An Exploration".—This grant to the Pierce County Rural Library District in Tacoma,

Wash., is for a library disseminated group project intended to reach 120 older adults and another 750 with humanities-oriented telephone programming. It includes the training of 12 volunteer leaders for project groups and provides transportation so that older adults can participate in activities.

C. Programs Using Senior Citizens as Resources

(1) "ECHO: A Navajo Cultural Exploration".—This youth project will enable Navajo young people to document various aspects of Navajo culture through interaction with local adults. The focus of this project will range from discovering methods of making certain uniquely Navajo articles to discussions with senior Navajo citizens concerning the ways in which Navajo lifestyles have changed through the years.

(2) "Documenting the History of Gee's Bend, Ala.".—Gee's Bend, Ala., is an all-black rural community, situated in the region known as the "black belt," the history of which stretches back before the Civil War. This project, undertaken by the Birmingham Public Library, will: (1) Record and transcribe conversations with the community's older residents; (2) record and preserve the folksongs unique to the area and significant community events; (3) photograph the community's residents, buildings, landscape, and major events; and (4) microfilm the paper records of the area midwives, burial societies, quilting bees, and churches.

(3) "Living Atlanta".—WRFG, an Atlanta community radio station, produced, broadcasted, and distributed a series of 45 half-hour documentaries illustrating aspects of Atlanta, Ga.'s history between World Wars I and II and the experiences of blacks and whites in a segregated city by utilizing the recollections of elder citizens who lived through that period of history.

(4) "Cincinnati Neighborhood Studies Project".—Citizen participation by older black residents at Mt. Auburn, one of the target communities reached by this program of the Cincinnati Historical Society, explored with consulting humanities scholars the community's history. Participants gathered new materials such as photographs, manuscripts, organization histories, and oral histories.

(5) "Families: An Exploration into Values and Value Making".—Older Americans are a source of information in the oral history component of this program of the Dallas Public Library. It explores the values of family through existing records left by families in literature, private papers, records, and memorabilia, and as family members—value makers and value transmitters.

(6) "Life and Times in Shoe City: The Shoe Workers of Lynn, 1850-1950".—This is a grant to the Essex Institute for a symposium in Lynn, Mass., with labor union leaders and shoe industry workers (mostly retired) and scholars to discuss the shoe industry in Lynn and its decline.

IV. STATE PROGRAMS AND THE AGING

The State programs division of the Endowment makes grants in the 50 States and in Puerto Rico and the District of Columbia to State humanities committees. These committees, in turn, respond to competitive applications from institutions and organizations within the State for humanities projects of broad benefit to the citizens of the State. The majority of the projects funded across the country focus on issues of public policy or of contemporary concern to the society. Therefore, many projects deal with the topics of biomedical ethics, death and dying, the status of the family within the society, and with other issues of particular concern to the elderly. Below, we have tried to enumerate projects which are specifically directed towards the elderly or focus directly on the problems of the elderly rather than on the galaxy of related issues of health care, family, etc., enumerated above.

Like the Endowment as a whole, the division of State programs has no computerized records of its grant-making activity, and as a result, no way of knowing exactly how many programs State committees sponsor each year for the elderly. However, of the over 2,500 grants made yearly by all State committees, well over 200 of these focus on the elderly.

Examples of State-Based Projects Directly Affecting Older Citizens

Of the many State-based regrant projects undertaken in 1979, the following few suggest the nature of the program and, it is hoped, will prove suggestive of content and concepts that can be duplicated elsewhere.

Although the variety of these projects can only be suggested here, they generally include one or more of the following features: Exploring the values and assump-

tions implicit in our behavior toward the elderly at present; exploring attitudes toward aging in other cultures or in other times in our history; considering future alternatives to our present behavior and attitudes; exploring major public issues with audiences limited to the elderly; and programs on the topics of death and dying.

Colorado.—Eight projects were funded by the Colorado humanities program:

(1) \$4,082 was granted to the Cache La Poudre Grange No. 456 in Bellvue and the Fort Collins Public Library for "Bellvue Voices: An Oral History Project," to record the stories of 30 residents over 70 years of age familiar with rural Colorado. Each interviewee will be photographed and a slide-tape show will be produced.

(2) Five 2-hour meetings of slides, readings, films, and discussions on the social, psychological, and physiological aspects of menopause were conducted by the Women's Health Services, Inc., with a grant of \$775. The project was called "Menopause: In Literature, in Art, in Medicine, and in Women's Experience."

(3) A \$10,500 grant to the Second Horizon Center funded a year-long noncredit course for senior citizens on some of the most significant ideas in the parallel developments of the humanities, science, technology, and several of the social sciences, "The Humanists Look at Science."

(4) Trinidad State Junior College received a \$965 grant to present a play, "Golden Cadillac/Golden Age" as a discussion vehicle for topics of problems of the elderly, retirement, attitudes toward aging, and the involvement of the aged in active, life-enriching activities. The presentation was videotaped for later distribution.

(5) A grant of \$993 to the Alamosa Senior Citizens Center and Adams State College funded a series of "Great Books Discussions: The Individual and Society."

(6) The Rocky Mountain Area Agency on Aging, Colorado Mountain College, and the High Country retired senior volunteer program received a \$1,000 grant for "The Years Ahead: Life for the Aging in Northwest Colorado." The project examined the quality of life for the aging in newspaper articles, radio programs, a collection of photographs, and oral history of the aging, illustrated booklets, and a slide-tape program. A later phase of the project included seminar discussions in 13 communities on public policy topics affecting the aging. The slide-tape show will also be transferred to videotape with narration and sound suitable for use by television.

(7) The Boulder Meetings of Friends and the Boulder Grey Panthers received \$950 for a series of discussion meetings introduced by a slide-tape show of students working with nursing home residents. Discussion focused on issues related to institutional care and the individual and were led by a scholar in the humanities. The project was called "Learning from Nursing Home Residents."

(8) "Learning, Unlimited: New Horizons for Older Citizens," was a project placing a humanist-in-residence in the Second Horizon Center for senior citizens, to offer three noncredit courses. The grant was originally \$8,934, but the program was so successful that the city of Colorado Springs has funded its continuation for a second year. Seventy-seven registered for courses; total attendance for the lectures and small discussion groups during 35 weeks was 2,975 senior citizens.

Louisiana.—Six projects were recently funded by the Michigan Council for the Humanities:

(1) Michigan State University received a \$300 grant to conduct a series of workshops on "Aging and the Humanities: An Historian's Perspective" with university, community, and senior citizens centers representatives.

(2) \$1,101 was awarded to Mature Minglers for a project for elementary school students and senior citizens organizations for "HISTOP (History Sharing Through Photographs)."

(3) The Muskegon-Grand Rapids Consortium received two grants, for \$1,600 and \$9,068 for a series of 10 community forums on death and dying.

(4) The Michigan Hospice Organization received \$11,479 to design a prototype educational program for the general public, "Hospice Education Project."

(5) A series of small group meetings bringing together teenagers and senior citizens was conducted with a grant of \$1,460, "Across the Generations: An Oral History Project in the Grand Traverse Region to Examine Changing Social and Moral Values."

(6) East Jordan Community Education received \$500 for its "Living History Project" to interview senior citizens and disseminate the results.

New Hampshire.—The New Hampshire Council for the Humanities made three regrants of interest last year:

(1) A 6-month course on women's literature was presented to the female residents of two nursing homes under an \$8,846 grant to the University of New Hampshire, "Encountering Who We Are: Education for the Nursing Home."

(2) A college-level residence learning experience for low-income urban elderly citizens was provided at Franklin Pierce College with a \$10,794 grant, "Humanities for the Aged."

(3) The New England Center for Social Invention received a grant of \$15,306 for "Gatekeepers to the Future," a conference for 60 retired professionals on the study of public policies and their effects on future generations.

Tennessee.—The Tennessee Committee for the Humanities last year provided a grant of \$19,581 in definite funds and \$24,000 in gifts-and-matching funds to the Memphis Arts Council for a series of lectures and discussions by humanists on art history, theatre history, musicology, and cultural history, followed by field trips. The project, "Arts/Aging for Memphians," has attracted 3,360 senior citizens for the 18 programs conducted so far. A quarter of the participants have been black.

Wisconsin.—The Wisconsin Humanities Committee funded five projects on the elderly last year:

(1) The Department of Governmental Affairs, University of Wisconsin-Extension, received an outright grant of \$16,588 for a series of community meetings to help elderly persons become better informed about government agencies and programs which directly affect their lives. Attendance of 314 at the series, called "Public Affairs Education for the Elderly," consisted largely of older adults of low income.

(2) "Constant Conflict II," also conducted by the University of Wisconsin-Extension, Madison, received \$13,858 for a series of discussion programs for older adults led by teams of academic humanists and two actors. Skits depicting public policy issues affecting lives of older citizens were followed by discussion. The series was attended by 1,627 persons, primarily low income, minority senior citizens.

(3) A 14-week series of half-hour lectures on educational TV produced by the University of Wisconsin was funded with a grant of \$11,450. The series included a local humanist conducting audience discussions on "Three Generations in American Life."

(4) "The Experience of Being Alone" was a series of lecture-discussion meetings on aspects of aloneness, including a lecture on "Growing Old and Being Alone." Sponsored by the Center for Women's Alternatives in Menomonie, the project received a grant of \$250.

(5) A series of bus tours for elderly audiences was conducted by the University of Wisconsin-Extension with a grant of \$4,521. Six programs on "Historic Preservation and the Urban Scene" developed around themes and locations, using public policy issues as the core subjects, illustrated by buildings. Three hundred seventy persons, all elderly, participated.

California.—The California Council for the Humanities made four grants in the past year on the elderly:

(1) \$28,991 was awarded to the Asian American Media Center in San Francisco for production of a 1-hour film on the low-income elderly in Chinatown, "Manongs: The Elderly in a Changing Chinatown Community."

(2) The National Conference of Christians and Jews was granted \$8,436 for a conference on "Growing Older and Retirement: Personal, Social and Political Issues," for invited leaders of religious, medical, legal, political, humanities, and educational organizations.

(3) The Center for New Corporate Priorities was granted \$10,275 for two 1-day discussion programs on "Inter-generational Housing: Legal Right? Cultural Necessity?"

(4) \$2,741 was granted to Western Public Radio for a radio documentary, "Japanese-Americans—Four Generations of Assimilation."

V. NEH PLANS FOR 1980

NEH support in 1980 for activities related to the aged cannot be estimated because the Endowment responds to, rather than solicits, inquiries and proposals initiated by individuals and organizations. Awards are made based upon, first, specialist peer review, and then, recommendations of the National Council on the Humanities which (by law) must advise the Chairman regarding action to be taken on all applications. Thus, the level of support and the kinds of projects supported will depend largely on the interest, imagination, and competence of those who conceive and plan humanities projects affecting older citizens.

However, an increase in humanities programs related to aging is expected in 1980, in view of the following facts: (1) Many of the projects described here are ongoing and those in the developmental stage promise valuable methods and materials; (2) many of the products described have great usefulness; (3) through local and national projects, people are acquiring experience in humanities programming for older citizens; and (4) there is increasing interest in the Nation in extending educational opportunities—formal and informal—to citizens of all ages. For example, through its regional workshops conducted by the National University Extension Association, the Endowment's Division of Education Programs this past year found a number of educational institutions enthusiastic about the possibility of carrying educational programs to populations of retired persons. With them, the Endowment is exploring ways of developing courses on the aging process for the elderly.

NEH encourages applicants and grantees to consider the problems and the potential of older Americans in their project designs. A feature article, highlighting the senior center humanities program, will appear in the first issue of the agency's new "Humanities" magazine this January. It is hoped that this article, entitled "Age of Enlightenment," and one in "American Education" from which it was adapted, will stimulate further interest in humanities programs for the elderly which the Endowment might support. A copy of the article is appended to this report. With wider knowledge of projects and products already supported, greater use of available materials in projects conducted by and for older people, and with increasing interest in the humanities on the part of individuals and organizations experienced in programming for older adults, for significantly larger numbers of older Americans, the humanities may become an important part of their lifelong learning experience.

APPENDIX I

AGE OF ENLIGHTENMENT

When the philosopher Lacydes, head of the Athens Academy in the third century B.C., took up the study of geometry as an old man, he was asked, according to his biographer, if this really was the time for learning. He replied, "If I should not be learning now, when should I be?"

In senior centers, public libraries, nursing homes, and churches across the country—wherever people over 60 come together—some 40,000 senior citizens are taking part in an adventure in education and self-knowledge that make them kin to Lacydes.

The senior center humanities program, sponsored by the National Council on Aging with NEH funding, enriches the lives of older Americans through courses designed to attract men and women who have never had the opportunity to read and discuss poetry, drama and history. The 8-week courses are free to the centers where they are given and to the participants. About 20 people are in each group, so the courses are really seminars, and free-wheeling discussion is the key to the program's success. Although some participants have already read Steinbeck, Hemingway, and Katherine Anne Porter—all authors represented in the curriculum—for most, the reading opens doors to a new world.

"Older Americans find their full reservoir of life experiences illuminated by literature, philosophy and history; in turn, their recollections and critical, creative vision contribute to understanding in these fields," says Edmund Worthy, senior center humanities program director.

The title of the course series—"Self Discovery Through the Humanities"—sounds the theme. Units include "Exploring Local History," "Images of Aging in Literature," "The Remembered Past," and, this new year, "Work Life" and "In the Old Ways: Ethnic Traditions in America." Readings range from the "Narrative of the Life of Frederick Douglass" and "Sweet Promised Land" by Robert Laxalt, to "The Sudden Sixties" by Edna Ferber and Grandma Moses' "My Life's History." Visits to museums, art galleries, historic landmarks, and wilderness areas are linked to the readings and discussions.

"What's different about this program, what's good, is that the people are happy to be learning—and to be learned from, too," says Rose Butler Browne, a program leader at St. Martin de Porres' Center in Providence, R.I. Dr. Browne, a retired teacher, is the first black woman to earn a Ph. D. from Harvard (1939). Her autobiography, "Love My Children," is a text in the unit "A Family Album." "These courses teach older people to be proud," she observes. "Proud of their ideas and opinions, and their accomplishments in life. They learn to speak out, knowledgeably and firmly."

Many of the men and women in the program have turned into serious compilers of local and oral history. To gather, preserve and share their memories of the past is a unique personal gift to their communities.

The members in a North Providence senior center enlisted a drama professor at Rhode Island College to help shape their recollections into a one-act play about the impact of the textile mills in immigrant families. It played to school and community audiences, to full houses only. In Central Providence, the members of St. Martin de Porres' Center are documenting the little-known history of the black community in Rhode Island. They have resurrected bundles of neglected papers and photographs from dusty attics, among them a long-lost composite portrait of the founders of the National Association of Colored Women, which had its roots in Providence. The group's work in the unit "Exploring Local History" led to the birth of a new organization—the Black History Society of Rhode Island.

Sometimes remembrances of the past, though they always strike personal chords, give way to a new engagement with contemporary issues. In Pittsburg, Calif., members of the course "Americans and the Land" decided to do something about the deteriorating air quality of their region. They formed a group that worked successfully for more stringent controls on smokestack emissions.

Whether a group works together to document the history of its community or to clean up the environment, a feeling of closeness and solidarity prevails. And in the wake of learning to understand one another better, many groups have reached out to others. At the Second Horizon Senior Center in Colorado Springs, frail, elderly men and women from nursing homes have been brought into discussion of such books as "Personal Geography" by Newberry prize-winning author Elizabeth Coatsworth and "The Little Shoemakers" by I. B. Singer. In Tacoma, Wash., the Pierce County library system has put some of the course units on remote access telephone. By dialing a code on a touch telephone, the blind, disabled, homebound, and hospitalized can hear a 45-minute tape. The service is used by as many as 100 isolated people a day.

The senior center humanities program cuts across educational levels and social backgrounds; it embraces former State senators with graduate degrees as well as retired laborers with virtually no formal education. The key to this wide appeal is the adaptability of the material. Each group receives bound books or study units, plus recorded tapes in Spanish and English. Men and women who are unused to reading may listen, and all can participate equally in the discussions. Leaders are urged not simply to follow the course outline, but to improvise freely according to the need of the group. The limits of imagination are the only ones recognized.

Telling others what they have learned and discovered is one way older Americans in turn contribute to their communities through the humanities program. In Colorado Springs, one of the participants is leading a course in Victorian poetry. In Tennessee, center members are helping to design a course on Nashville in the twenties. In Fairfield, Ga., two participants in a local history unit were appointed to the town's historic preservation committee.

In communities where older men and women are studying the humanities nearly everyone can be touched and enlightened. High school students listen to eyewitness accounts of events that are ancient history to them, museum visitors are guided by knowledgeable docents, and college students are enthralled by guest lecturers who talk about early 20th-century artisan skills, old world customs, community history, and neighborhood lore.

To some academics, the program lacks the structure and scholarly apparatus of a university class in literature, drama or history. But its purpose is to teach people about themselves. "I've lived more history than I care to remember," one man reflected. "But I've never had a chance to stop and think about it. Now I'm beginning to understand how history has affected me and my family and appreciate the little role I've played." For many participants, the most cherished rewards are the friendships formed, and a renewed sense of self-esteem.

A woman in Cincinnati sums it up: "I've worked all my life so my son could have the chance to go to college. I never had time for myself. But now I'm so excited about what I'm reading that I call my son at school once a week to share with him what I've learned."

ITEM 26. NATIONAL RAILROAD PASSENGER CORPORATION

FEBRUARY 1, 1980.

DEAR MR. CHAIRMAN: The National Railroad Passenger Corporation has taken major steps in the past year to make rail passenger service more comfortable and economical for senior citizens.

First, the Corporation has committed over \$27 million in the next 2 years to begin the process of compliance with recent handicapped access requirements. Of this total, \$15.6 million will be spent to alter certain passenger cars to make them barrier free and, therefore, more accessible to handicapped as well as senior citizens. Another \$11.5 million has been set aside for renovations to passenger stations as well. Examples of such renovations include the addition of special restrooms and accessible coaches and sleeping accommodations on trains and, in some cases, the construction of ramps and lower ticket counters at stations. However, the biggest news for elderly travelers are the new 25 percent discounts for senior citizens and handicapped travelers with no holiday restrictions, no round trip requirements and no limits on length of stay.

The new discounts, which took effect January 1, will apply to any trip at any time and on any train when the regular one-way coach fare is \$40 or more.

The new discount is the largest in the industry, is the most hassle-free and is the only one which applies to handicapped travelers as well as senior citizens.

The Amtrak plan is intended to reduce the cost of expensive longer trips for older and handicapped travelers as well as to encourage long-distance travel. Other Amtrak discounts, most of which apply to round trip journeys, are also available to handicapped travelers and to senior citizens.

Federal law defines senior citizens as being 65 or older for the purposes of the discount and sets the basis for eligibility for the handicap discount. A driver's license, birth certificate, or other official document showing age will be accepted to qualify for the senior citizen discount. Cards certifying a person as handicapped, such as those issued by government agencies or organizations representing handicapped persons or a letter from a physician may be used to receive the handicap discount.

With the introduction of the new, special fares, Amtrak will no longer discount fares for attendants traveling with handicapped persons.

A spokesman for two major organizations representing older citizens have praised the new special discounts "not as subsidy but as a marketing tool which will help strengthen rail passenger service."

James Sullivan, speaking for the American Association of Retired Persons (AARP) and the National Retired Teachers Association (NRTA), said his associations "would like older people, and in fact all citizens, to take another look at Amtrak. We think Amtrak is an institution that ought to be preserved."

Amtrak has made substantial progress in making its stations and trains accessible to passengers with limited mobility. All Amfleet, Turboliner and Superliner passenger cars are equipped with special seats and accessible restrooms. All new stations built by Amtrak have been designed to be barrier free. In addition, as mentioned earlier, Amtrak management is planning to spend \$27.1 million in the next 2 fiscal years to alter passenger cars and stations to make them more accessible. Many of Amtrak's older cars and stations present substantial barriers to handicapped travelers.

Amtrak's current services to elderly and handicapped travelers are described in a booklet, "Access Amtrak," which is available free of charge from Amtrak Public Affairs, 400 N. Capitol Street NW., Washington, D.C. 20001.

Thank you for your interest in this matter. We look forward to improved service to senior citizens.

Sincerely,

LAWRENCE D. GILSON,
Vice President, Government Affairs.

ITEM 27. NATIONAL SCIENCE FOUNDATION

NOVEMBER 15, 1979.

DEAR SENATORS CHILES AND DOMENICI: This is in response to your request for information for the annual report, "Developments in Aging," for the fiscal year 1979.

The major funding agency of research dealing with aging of animal systems and health-related problems is the Institute of Aging in the National Institutes of Health. Within the Foundation, the Directorate for Engineering and Applied Science has supported several applied social science projects on policy issues related to the status of the elderly. The Directorate for Science Education has supported several needs-assessment projects, particularly in relation to social and

health services program planning, as well as education and information exchange projects. Apparently no awards for research in these areas were made in fiscal year 1979.

The Directorate for Biological, Behavioral, and Social Sciences (BBS) provides support for basic research projects related to aging in humans as well as plants. This research ranges from plant senescence, to senescence of nervous systems, to developmental behavioral problems associated with aging humans. This basic research on plant senescence has potential agricultural implications. For example, delays in plant aging could result in increased plant productivity. Additionally, understanding the processes underlying aging of plants is necessary for development of general biological theories and concepts about the aging process.

If further information would be of assistance, please let me know.

Sincerely yours,

JACK T. SANDERSON,
*Assistant Director for
Engineering and Applied Science.*

ITEM 28. OFFICE OF CONSUMER AFFAIRS

THE WHITE HOUSE,
Washington, January 10, 1980.

DEAR MR. CHAIRMAN: Enclosed, as you and Senator Domenici requested in your joint letter of October 5, is a report describing activities recently undertaken on behalf of the elderly by my immediate staff and the U.S. Office of Consumer Affairs, of which I am Director.

You will note, in reviewing the report, that while most of the activities outlined were designed to meet the needs of a broad spectrum of the population, they also offer benefits for elderly consumers. I hope that you will find our report helpful, and I look forward to reading "Developments in Aging."

My best wishes for a rewarding and successful New Year.

Sincerely,

ESTHER PETERSON,
Special Assistant to the President for Consumer Affairs.

Enclosure.

REPORT OF ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING 1979 RELATING TO OLDER AMERICANS

The U.S. Office of Consumer Affairs (US/OCA) serves as the Staff of the Special Assistant to the President for Consumer Affairs and advises Federal agencies on consumer related policies and programs, US/OCA encourages and assists in the development of new consumer programs, makes recommendations to improve the effectiveness of Federal consumer programs, cooperates with State agencies and voluntary organizations in advancing the interests of consumers, promotes improved consumer education, coordinates consumer complaints, recommends legislation and regulations of benefit to consumers and encourages productive dialog and interaction between industry, government and the consumer.

Major activities have primarily focused on consumer advocacy, consumer education and information, and planning and analysis. While these activities in general are initiated on behalf of all consumers, it should be noted that the elderly consumer shares fully in the benefits of US/OCA programs.

Highlighted below are major activities having the greatest impact on older Americans.

CONSUMER ISSUES

Banking and Credit

Testimony by Esther Peterson supported passage of a bill to remove limits (known as regulation Q) on interest paid by commercial banks and savings on deposit. (The Gray Panthers has specifically attacked the low amounts paid to the small saver and called for reform.) The bill is currently before a Senate-House conference. It will, if adopted, gradually remove all interest rate limitations and allow financial institutions to pay a market rate to all savers. While it will take some time for the effect of the bill to be felt, it will eventually assure a fair market return to all savers and will particularly help the elderly whose major assets are held by financial institutions.

US/OCA commented on proposals of the Federal Reserve Board to consider the applicability of regulation B's rules to credit decisions made by credit scoring systems. (Regulation B implements the Equal Credit Opportunity Act which prohibits discrimination in the granting of credit on certain bases—including age.) US/OCA urged the Board to continue to prohibit all creditors from discounting income because it is from nonemployment sources such as social security or pensions or to otherwise penalize the elderly because of the source of their income. Since most of the elderly rely on this type of income, it is essential that it be considered as income by creditors. The Board has taken no final action on the comments received.

Drugs

US/OCA has received a commitment from HEW that a consumer version of their "Guide to Prescription Drug Prices" will eventually be prepared.

US/OCA filed comments in support of FDA's development of a therapeutic equivalency list which should promote the substitution of lower-priced generic drugs for brandname products.

US/OCA filed comments in support of FDA's development of a comprehensive patient labeling program. The labeling would contain special information on the use of the drug by elderly patients.

The proposed Drug Regulation Reform Act would, among other things, lower market barriers to the introduction of generic drug products, give patient labeling a firm statutory base, and allow increased public participation in new drug approval process. US/OCA has supported this bill through congressional testimony and other correspondence. In addition, we have worked to increase consumer awareness of the proposed changes and their consequences through a national mailing to consumers and by meeting with local consumer groups interested in the issue.

Energy

Weatherization.—US/OCA is participating on a Domestic Policy Staff task force to improve the operation of the low-income weatherization program. Since the program is designed to help primarily low/fixed-income homeowners to cut back on their energy usage, it should benefit many older Americans on fixed incomes.

Low-income energy assistance.—US/OCA worked on two task forces, with representatives of the fuel oil industry, consumer groups/agencies, and administration officials, to develop the specifics of a low-income energy assistance plan which were sent to Congress in the fall, 1979. The basic premise of the administration plan—that assistance should take the form of cash grants to at least partially offset the impact of rising energy prices on the purchasing power of low-income, fixed income and lower middle income households—was accepted by Congress in the program it established for this winter. The program also includes a recommended energy crisis assistance element. SSI recipients will receive this winter's cash grant from HEW January 1980.

US/OCA is cooperating with HEW's effort to notify eligible households about this winter's program.

Utility terminations.—US/OCA recently filed comments with the Department of Energy regarding their proposed guidelines for utility terminations. It was US/OCA's position that the Department's proposals were too general, and specific recommendations had to be made concerning what were appropriate termination policies for State regulatory authorities to adopt. In particular, procedures to protect the special needs of the elderly were suggested.

Health

The rapid rise of hospital costs has hurt many consumers, particularly the elderly. US/OCA has consistently supported the enactment of meaningful Hospital Cost Containment legislation through several consumer mailings, briefings with consumer elderly groups, and in many public forums. With the preliminary defeat of the administration's legislation, US/OCA is working with others to develop alternative means of containing hospital costs.

US/OCA filed a comment in support of the release of physician- and hospital-specific information collected by Professional Standards Review Organizations in the performance of their duty to evaluate the quality of services delivered under medicare and medicaid. Release of this information would enable all health care consumers to become better shoppers.

Currently, US/OCA is looking into an issue in the health insurance field. The increasing use of a usual, customary, and reasonable (UCR) rate structure can lead to substantial out-of-pocket costs for consumers if they are not forewarned. We are considering various courses of action designed to increase awareness of this problem.

Housing

US/OCA has been examining the issue of displacement with respect to its impact on residents and neighborhoods. Oftentimes it is elderly tenants who find themselves the victim of an involuntary move. The Department of Housing and Urban Development (HUD) was asked by Congress to develop recommendations and formulate a national policy on this issue. US/OCA submitted comments on the final report to be submitted by HUD.

In 1979, the Director of US/OCA called upon the home building industry to expand the availability of extended warranty/insurance protection against defects in new homes. She also challenged the industry to invite the consuming public to participate in the work of the Home Owners Warranty (HOW) Board which oversees standards development and application to new home construction covered by HOW. The industry will shortly be announcing progress in the expansion of the HOW program and in the selection of consumer representatives to the HOW Board. The HOW program is the largest extended warranty/insurance program in the home building industry.

Standards Development

In 1979, the Director and the US/OCA participated in the FTC rulemaking proceeding directed at requiring those who develop voluntary safety and performance standards for U.S. goods and services to see to it that consumers are permitted to play a greater role in selecting priorities for standards and in the writing of individual standards. These standards intimately affect consumer experience with a spectrum of products that ranges from medical devices such as eyeglasses and hearing aids to common household items such as entertainment appliances and heating systems. US/OCA supplied written and oral testimony in support of expanding the voice and role of the consumer in the development of standards and standards policy in the United States.

Transportation

US/OCA urged The National Highway Traffic Safety Administration (NHTSA) to give consideration to a proposal submitted by The National Council on the Aging concerning a consumer education program for older persons in auto maintenance and repair. The main purpose of this proposed program is to instruct elderly persons on fixed incomes in consumer rights and safe, simple, basic auto maintenance.

US/OCA accepted NHTSA's invitation to participate in the Executive Committee of the recently-created Interagency Task Force on Auto Inspection, Maintenance, and Repair. This task force will be directing its efforts towards improving the auto repair process for consumers, including older persons, who are particularly vulnerable to automobile rip-offs.

US/OCA submitted written testimony to both the House and Senate which stressed the need for a uniform mechanism to determine passenger railroad fares and the need for improved service on Amtrak.

US/OCA worked out an agreement with the leadership of the National Automobile Dealers Association calling for new national standards by which consumer complaints against the sales and service practices of franchised car/truck dealers would be mediated and resolved. The new standards involve precommitment by dealers to be bound by the decisions of third-party mediation panels, expanded participation by consumers in the work of these panels and greater education of consumers, young and old, regarding the availability and purpose of these mediation services.

US/OCA has participated in Interstate Commerce Commission proceedings and has testified before the Senate Commerce Committee seeking greater competition and consumer rights in the home moving industry. Retired persons who move often lack the assistance of an employer in selecting, using and paying for a mover and are less able than others to move without the assistance of a professional mover. It is critical that Federal regulation and industry practice not make the moving process unnecessarily expensive or difficult. US/OCA urged an end to collective ratemaking by movers, easier entry for new carriers, improved

information for consumers and better claims settlement procedures. In addition, US/OCA has supported a proposal to make estimates of the cost of moving binding in order to protect consumers against deliberate misquotation of charges.

OUTREACH

Conferences and Technical Assistance

Besides providing information on an individual basis, US/OCA has participated in national, regional, and State conferences and workshops designed to address issues affecting low income and elderly consumers. In addition to providing materials and information regarding possible funding sources and technical assistance, US/OCA has continued to alert these groups to proposed legislation, regulations and policies that may impact on them.

US/OCA developed workshops and helped plan the May 1979 National Conference on the Black Aged which was held in Jackson, Miss. The theme was "Protecting the Consumer Rights of the Elderly: Rural and Urban."

The office cosponsored with Howard University a spring 1979 conference which focused on the needs of low-income consumers. Many of the issues addressed had particular impact on elderly consumers.

US/OCA will cosponsor a low-income consumer self-help conference in June 1980. The conference will be cosponsored with Howard University and the D.C. Office of Consumer Protection. The issues to be addressed will be of interest to and impact on elderly consumers: housing, health care, energy, transportation and food. Organizations representing elderly consumers will be invited to participate.

Information and Education

In addition to carrying articles of general interest to all consumers in "Consumer News" and its replacement "Consumer Action Update," US/OCA focused on Federal activities of special concern to the elderly. Specific articles were published on:

HEW's proposal to carry out provisions of the amended Age Discrimination Act of 1975 and listed hearing sites where public comment was requested.

Mortgage alternatives in which "reverse annuity mortgages" were described. This piece was especially geared to the elderly because of its appeal to older homeowners who want to get a return on their home.

Income tax day. Among other things, US/OCA mentioned the availability of a booklet called "Tax Credit for the Elderly," and a description of people 55 years of age or older have a one-time exclusion of up to \$100,000 of the profit on the sale of personal residences.

Credit protection laws and the "Consumer Handbook to Credit Protection Laws" which explains, among other things, laws that protect the elderly against credit discrimination.

During 1979, US/OCA worked on two major publications which will be released during 1980:

The "Consumer's Resource Handbook," scheduled for release in January 1980, contains a section on aging and refers readers to other sections in the handbook of interest to the elderly, including health care, social security, and veterans' affairs. The State and local directory section of the handbook lists government offices responsible for coordinating services for the elderly.

In June 1980, US/OCA will release "Cutting Costs Where It Counts—A Community Action Guide to the Self-Help Marketplace," a publication which will feature case studies of self-help projects throughout the country aimed at reducing costs for food, housing, health care, and energy, issues which are of major concern to the elderly. Activities described will serve as models for groups wanting to undertake similar pursuits in their own communities.

Inflation is most severe in the service sector, and a major source of this inflation is consumers' lack of information. Recognizing that development of information to help consumers compare price and quality of services and to choose accordingly would bring about more competition and help to curb inflation, US/OCA is exploring ways to encourage and assist in the gathering and dissemination of this type of information.

INTRAGOVERNMENTAL ACTIVITIES

Interagency Committees

US/OCA was represented on the following interagency committees which have special impact on the elderly:

Interagency Energy and the Elderly Committee, which provides members with information of Federal programs activities designed to lessen the impact of the high cost of energy on low income individuals, including the elderly.

University of Pittsburgh National Consumer Advisory Council. The council advised the university in carrying out its Administration on Aging grant to research the fraud problems of the elderly.

Congressional Black Caucus "brain trust" on the elderly. Among other things, the brain trust assisted in the caucus in developing legislation to benefit minority and poor elderly citizens.

Interagency Committee of the White House Conference on Handicapped Individuals Implementation Unit. The committee coordinated efforts in implementing recommendations growing out of the White House conference on handicapped and disabled citizens; many of whom are elderly.

Executive Order 12160

President Carter issued Executive Order 12160 on September 26, 1979, entitled "Providing for Enhancement and Coordination of Federal Consumer Programs." The order establishes governmentwide standards and imposes specific requirements that each Federal agency must meet in order to assure that government better serves all consumer needs.

The order addresses the problems of citizens in achieving adequate participation in government decisionmaking processes. For example, agencies are required to develop informational materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constituent group which should be reached with information. Under the order agencies must evaluate their present information materials and methods of distribution to determine if groups such as the elderly are being reached most effectively.

Consumer Complaints

US/OCA announced a change in the role of its complaint office from a complaint referral clearinghouse to the Federal Complaint Coordinating Center, which will serve as the central office for the analysis, coordination, and improvement of Federal complaint handling systems. As a part of this activity, US/OCA chairs the Interagency Committee of Federal Consumer Complaint Officials, which is responsible for developing guidelines for effective complaint handling and for encouraging Federal program offices' sensitivity to consumer problems. Also, in its continuing efforts to promote more uniform, effective, and integrated approaches to complaint handling, US/OCA will interact with State and local consumer protection agencies and with the private sector.

The final report of a four-phase study to improve complaint handling in the public and private sectors, funded by US/OCA, was released. The study examined consumer problems and consumer behavior as well as how business, governments, the media, and voluntary consumer groups seek to resolve consumer complaints, including those of older citizens. The recommendations in this report coupled with Executive Order 12160 directives will serve as the catalyst for substantive changes in complaint handling procedures and will enhance the impact complaint data has on management decisions and the formulation of policy. Since many of the needs and special problems of Americans are identified through information derived from complaint data, older Americans as well as other segments of the population will benefit from these efforts.

ITEM 29. PENSION BENEFIT GUARANTY CORPORATION

JANUARY 15, 1980.

DEAR MR. CHAIRMAN AND SENATOR DOMENICI: This is in response to your request for a summary of the Pension Benefit Guaranty Corporation's activities on aging.

Title IV of the Employee Retirement Income Security Act of 1974 (ERISA) established PBGC to provide termination insurance covering most defined benefit plans. On termination of a covered plan PBGC guarantees the payment of benefits vested under the terms of the plan within limits specified in ERISA. This includes payments to surviving beneficiaries under options such as joint and survivor annuities, as well as to the participants when they reach retirement age.

Since almost all terminating plans filing with PBGC have sufficient assets to meet guaranteeable benefits, these cases are expedited to allow assets to be distributed to participants and beneficiaries with a minimum of delay. In those cases with insufficient assets, top priority is given to maintaining continuity of benefit payments. If plan assets are not adequate to avoid benefit interruption, PBGC assumes trusteeship quickly so that benefits to the retirees and their beneficiaries can be continued.

As of September 30, 1979, there were approximately 386 plans under PBGC trusteeship covering approximately 65,300 participants and beneficiaries. Under these plans, PBGC pays \$2,893,303 in monthly benefits to 24,185 individuals. Under many of these plans, the participants and beneficiaries would not have received their promised benefits if PBGC was not in existence.

Five of the plans under PBGC trusteeship are multiemployer plans, where PBGC exercised its discretion to guarantee benefits. (Under ERISA, as amended, mandatory coverage of multiemployer plans does not become effective until May 1, 1980.) Fifteen additional multiemployer plan termination requests are currently under review by PBGC.

In addition, PBGC is charged by ERISA with the duty to provide advice and assistance to individuals regarding establishment of individual retirement accounts (IRA's) or other retirement savings, and the desirability, in particular cases, of transferring an employee's interest in a qualified retirement plan to a form of individual retirement savings upon termination of employment. Booklets on this subject are available from the PBGC and the Federal Trade Commission. (The FTC booklet may be obtained from PBGC.)

PBGC is also in the process of implementing an interagency agreement with the Internal Revenue Service whereby PBGC may obtain current addresses for plan participants of terminated plans who are vested, become eligible to receive benefit payments, and for whom PBGC or the plan administrator (for sufficient plans) does not have a current address. IRS is authorized by section 6103(1)(2) of the Internal Revenue Code to furnish PBGC "return information," which includes a participant's address filed in his income tax return. This new procedure should facilitate the receipt by elderly people of their retirement benefits.

Any elderly person may write to Peter A. Kirsch, Director of Public Affairs, PBGC, room 7100, 2020 K Street NW., Washington, D.C. 20006, for information on pension protection under ERISA for terminating defined benefit pension plans, or may call PBGC at 202-254-4817.

We hope this information will be helpful to you.

Sincerely,

ROBERT E. NAGLE,
Executive Director.

ITEM 30. POSTAL SERVICE

DECEMBER 18, 1979.

DEAR MR. CHAIRMAN: This will supplement my October 12 letter acknowledging your inquiry of October 5, requesting information on postal programs affecting the elderly.

Since the elderly tend to be less mobile and less able to travel and visit than other citizens, the mails have traditionally been recognized as an especially important underpinning to the family, social, and business activities of senior citizens. Since many senior citizens live in rural communities or small towns, they continue to have a special interest in the maintenance of an effective universal postal system serving all areas instead of just those easiest to serve.

Perhaps the second most important contribution by the Postal Service in the lives of senior citizens comes from our efforts to curb the use of the mails for the purpose of fraudulent schemes. Although the victims of such schemes are not always elderly, enough senior citizens live alone and are unable to protect themselves to make them easy targets of various frauds. Several laws are used by the

Postal Service in its attempt to frustrate such schemes. One of these, the criminal Mail Fraud Statute, 18 U.S.C. 1431, is the oldest and perhaps the most important consumer protection law. It provides penalties of up to 5 years in prison and a \$1,000 fine for the use of the mails to further any fraudulent scheme. The Civil False Representation Statute, 39 U.S.C. 3005, enables the Postal Service, after a hearing, to stop the delivery of mail to an address found to be used for a "scheme or device for obtaining money or property through the means of false representations." Under section 3007 of the same title, the Postal Service can go to court to get a temporary restraining order against delivery to a person suspected of a violation, pending action on the mail stop order. The stop order can be an effective way to put some fraudulent schemes out of business, short of criminal prosecution. In order to improve this remedy, the Postal Service recently has urged the enactment of legislation to permit Postal Inspectors to obtain an example of advertised products in person upon demand instead of through the mails. This would enable the item to be tested sooner so that, if false representations are involved, action to stop deliveries would come in time to catch and return more people's money before it gets to the operator of the scheme.

In enforcing these laws, the Postal Service has discovered many schemes in which elderly individuals are the intended victims. At least 25 percent of the cases initiated under the Civil False Representation Statute during fiscal year 1979 involved misrepresentation in the sale of products or services which appeal largely or entirely to older customers. These illegal endeavors range from work-at-home and franchise schemes to investment, land, and medical frauds. A brief description of these schemes, and the Postal Service's response to them, is enclosed. These schemes often focus on the elderly's attempt to maintain financial security in an inflationary era. Many of them involve particularly deplorable attempts to exploit the older citizen's entitlement to Government benefits. During fiscal year 1980, the Postal Inspection Service has committed more of its mail fraud enforcement efforts to schemes directed at the elderly.

In addition to enforcing the mail fraud statutes, the Postal Inspection Service engages in educational efforts aimed at preventing people from being deceived by schemes of this kind. For example, in October a consumer protection program designed to alert the public to mail fraud was inaugurated. Eighteen specially trained postal inspectors, assigned to major metropolitan areas, take the initiative under the program in working with media, consumer protection groups and other investigative agencies to alert the public to mail fraud schemes and put people on guard against them. Particular attention is given to informing the elderly of fraudulent schemes which are aimed specifically at them.

Senior citizens also have a vested interest in Postal Service efforts to combat the theft of mail since large amounts of social security and other aid payments are sent through the mails. The large volume of checks, and the ease with which stolen checks can be cashed, has created a climate which is conducive to mail theft. Since these checks represent the only income of many elderly recipients, their theft causes great hardships. A brief summary of recent theft prevention efforts is also enclosed.

In addition to its activities in the enforcement areas, the Postal Service maintains several programs aimed at providing postal services to the elderly and others unable to reach their post offices. One is the stamps-by-mail program, now in its eighth year of operation. Postage-paid forms are available enabling the customer to order stamps and stamped envelopes, enclosing a check including a 40-cent fee to cover handling. The order is filled by mail within 3 days. The consumer service card program, also available to all customers, provides another opportunity for the elderly who find it difficult to get to the post office to handle problems by mail. These cards, furnished by mail carriers, bring to the attention of Postal Service Headquarters and the local post office any complaints or requests the customer wants to register concerning mail delivery or other services.

A very different type of program aiding the elderly, the handicapped, and those who live alone is the continuing "postal alert" or "operation alert" program, a partnership effort between the Postal Service and local community groups or agencies. Letter carriers keep a special watch on mail delivery boxes marked with a bright red or orange sticker given to customers registered in the program. If mail is not picked up from the mailbox in a reasonable time, the Postal Service notifies the participating civic group, which keeps a file on the people enrolled. The group then calls a friend or relative who has agreed to follow up in the event of such a warning sign.

Older postal employees continue to benefit from the Postal Service preventive medical program. Our medical and health units provide advice and counsel concerning such subjects as advancing arthritis, cardiopulmonary conditions, cancer, vascular disease, and respiratory infections, in order to encourage proper attention and care for these problems. In addition, our personnel offices give "exit interviews" that address medicare and supplemental health programs and offer seminars on retirement.

In conclusion, I would like to stress again this year that before purchasing a product or service by mail, senior citizens should be careful to evaluate the offer. If they suspect they have become targets of mail fraud or false representation, I urge them to alert a responsible employee at a postal installation near them. We are here to help, and their problems will receive prompt and conscientious attention.

Sincerely,

WILLIAM F. BOLGER.

Enclosures.

DESCRIPTION OF FRAUDULENT SCHEMES

WORK-AT-HOME SCHEMES

Since many older citizens who live on fixed incomes find it difficult to make ends meet during the present period of inflation, they are attracted by fraudulent work-at-home schemes in an effort to augment meager incomes. One such scheme ended with its operator being convicted in October of 34 counts of mail fraud. For an average investment of several hundred dollars, the investor received a supply of circulars extolling a book by the promoter of the scheme, a "proven" sales letter, envelopes and preaddressed labels with addresses of "sure" buyers. For merely stuffing the envelopes and mailing them, the investor was assured of a minimum of \$1,000 within 30 days. However, virtually every penny sent to the promoter was lost.

FRANCHISE SCHEMES

A typical franchise scheme requires the investor to purchase machines for the sale of postage stamps, cosmetics, photographic film, women's hose, notions, and similar items. The promoter assures the franchise buyer that he will secure a profitable location and that the only requirement for the purchaser is to replace the merchandise as it is sold and to collect the money from machines. However, the promoter usually places the machines in out-of-the-way areas with little public exposure and the merchandise proves to be so inadequate it has no sales appeal.

In July, a Federal district court in Pennsylvania found the promoter of one of these schemes guilty of 21 counts of mail fraud. Operating in eight eastern States, he used newspaper advertisements to recruit sales representatives who, in turn, sold memberships in a "buyers' association" to friends, neighbors, and relatives. These memberships were to enable the members to purchase nationally known, name-brand merchandise at wholesale prices. The sales representative paid the promoter \$40 for the privilege of selling memberships; the members paid \$300 or \$400 to join. There was, of course, no name-brand merchandise available at wholesale prices. There were, however, 1,000 victims who lost about \$500,000 during the 18 months the scheme was in operation.

INVESTMENT SCHEMES

Looking for a higher return than is presently available from conventional investments, some elderly people are victimized by promoters who promise much and deliver nothing. One such promoter, convicted earlier this year, induced more than 1,000 victims, mostly elderly, by direct mail solicitation to invest more than \$5.2 million in a savings and loan association of which he was the president. Instead of the secured personal loans for which the money invested was supposed to be used, a quarter-million dollars was loaned without security by the unscrupulous president to himself. The balance was loaned to companies he controlled, again on an unsecured basis. He was sentenced in October to 5 years each on 2 counts of securities fraud and 1 count of mail fraud.

In another case, a promoter promised returns of 30 percent to 90 percent per year on a minimum investment of \$1,000. More than 1,000 persons, many of them elderly, entrusted him with \$12 million over a 4-year period. The funds invested were to be used to buy damaged or distressed merchandise from bankrupt companies and to sell it for high profits. However, no merchandise was ever purchased. Instead the money from later investors was used to pay off those who had invested

earlier. The promoter of this scheme was convicted and sentenced to 9 years in prison and fined more than \$30,000.

In a land fraud investment case, the president of a Miami land development company and his associates purchased 1,500 acres of abandoned farm land in Texas for \$60 per acre. Five-acre parcels falsely described as potentially bearing oil were sold to investors, largely retired persons, for over \$1,100 an acre. Ninety-five people lost more than \$130,000 before the scheme was brought to an end. The company president was sentenced to 3 years after his conviction on 11 counts of mail fraud in late 1978.

MEDICAL FRAUD

Plagued with the ailments of advancing age, the elderly are particularly vulnerable to medical quackery schemes. Out of desperation, many older citizens turn away from conventional forms of medical treatment with the hope of finding a magic potion that will restore the health and vigor of their youth. Typical frauds involve the sale of medicines falsely alleged to be effective in curing arthritis, cancer, prostatic hypertrophy, sexual dysfunction, and other degenerative conditions. Cosmetic products with the alleged ability to permanently remove wrinkles and vitamins supposedly capable of restoring hair are also commonly used to defraud the aged.

OTHER SCHEMES

In the past year, two unusual cases in which older citizens were the predominant victims surfaced. One case involved the sale of a "vacation certificate," falsely described as enabling the buyer to obtain free or greatly reduced accommodations and benefits in Las Vegas. The core of the second scheme was an alleged method by which welfare recipients could obtain additional assistance for food purchases.

THEFT OF MAIL

Although less than one hundredth of 1 percent of the checks mailed in fiscal year 1979 were reported stolen, the theft of checks from the mail poses a serious problem for the Nation's elderly. The great bulk of stolen checks are those of the United States Treasury and State checks, many of which are destined for elderly households. For example, in fiscal year 1979, 45,385 Treasury and 45,044 State checks were stolen compared to 7,509 other checks. Since these checks represent the only income available to some elderly recipients, their loss or delay can create a serious hardship for the intended beneficiaries.

In addition to the problem of check theft, many older citizens must face the difficulties associated with the theft of food coupons and related authorization to participate cards (ATP's) from the mail. Distribution of food coupons by direct mail rather than over the counter is probably most beneficial to the elderly and infirm. While every effort is being made to assure the security and reliability of the mail-out program, theft investigations involving food coupons and ATP's pose more problems than other types of mail theft investigations. It is difficult if not impossible, to obtain redeemed stolen food coupons, or for that matter even to identify them. Even if recovered, the stolen ATP's and food coupons afford little or no investigative leads since stores may not require identification of food coupon users and there are no stringent safeguards to ensure ATP's are negotiated by the intended recipient.

During fiscal year 1979, 37 percent of the total number of reported check thefts from the mail were solved. The value of forged checks totaled \$23,883,842, and the check complaints solved accounted for 44 percent of the total value, or \$10,585,835. Additionally, over \$3 million in checks were recovered prior to their negotiation by the thief. A conviction rate of 99 percent was obtained in fiscal year 1979 for cases brought to trial, with 10,246 persons being convicted on mail theft related violations.

While the apprehension of persons responsible for the actual theft of checks and other items is an important responsibility of the Postal Inspection Service, prevention also receives a great deal of its attention. For example, the Inspection Service works with check issuing agencies to improve procedures for the prompt charge-back of checks and to develop better photo and signature identification cards. The Service is also involved in educating bank personnel, second endorsers, and check recipients on various preventive measures. Furthermore, a series of programs designed to combat mail theft by decreasing its attractiveness has been developed. All of these programs, a brief description of which follows, affect the elderly to some extent since so many senior citizens receive some sort of support through the mail.

Area residential mailbox security (ARMS) is a program to develop improved security requirements for multidwelling mail receptacles. Experimental boxes have been tested in several areas and have effectively reduced the incidence of mail theft. With the cooperation of officials in Washington, D.C., local legislation is pending to require installation of these higher-security boxes in certain areas. Assistance probably will be sought from public housing authorities at both the Federal and local levels for implementation of this program nationwide.

Warning signs with adhesive backings have been made available for installation on mail receptacles. These inform potential thieves of the violations involved in the theft of mail or damage to mail receptacles, as well as related penalties.

Vehicle security is being improved through the introduction of security storage boxes in delivery vehicles, which enable letter carriers to place mail in locked containers. In 1979, security screening in vehicles was introduced to increase the protection of mail. The locks on vehicles delivering in high crime areas have also been upgraded.

Collection and relay boxes are often the target of organized gangs which are involved in large-volume thefts of mail through pry attacks, stolen keys, and sophisticated counterfeit key operations. Improvements are being made in the construction of these boxes and modifications have been made in locking mechanisms to afford a higher degree of security.

A *check computer system* has been developed which is currently being field tested in three major cities. The system analyzes all stolen checks and associated cashing information in an area to identify organized activity, fencing operations, multiple offenses by the same individuals, and postal employee involvement.

The *operation help program* provides carriers with an emergency inspection service phone number on vehicle key chains. All carriers are encouraged to report suspicious activity and actual offenses.

The direct mailing of *food coupons* has been accompanied by the implementation of several security measures with the cooperation of the Department of Agriculture. Food coupons are to be mailed early in the day in inconspicuous envelopes staggered across various days of the month, with advance notice to the Postal Service of large mailings. These same procedures could possibly be implemented by certain check issuing agencies in their operations.

Postal Inspectors are also encouraged to make presentations to civic and community organizations and to actively participate in crime prevention seminars regarding methods to improve security and prevent crimes involving mail theft.

ITEM 31. PRESIDENT'S COMMISSION ON PENSION POLICY

DECEMBER 21, 1979.

DEAR SENATORS: The President's Commission on Pension Policy appreciates the opportunity to apprise you of our activities so far.

As you know, the Commission's areas of study and its mandate are incorporated in Executive Order 12071 signed by President Carter on September 21, 1978 and Senate Bill 532, passed by the Congress on May 24, 1979 (see enclosures 1 and 2).

In the fall of 1978, C. Peter McColough, the chairman of Xerox Corp. was appointed by the President as Commission head. On February 14, 1979, the remaining 10 members of the Commission were appointed by the President (see enclosure 3).

The legislation authorizing the Commission provides us with an appropriation of \$2 million for a study of the Nation's retirement policies which must be completed and a final report submitted to the President and the Congress no later than February 25, 1981. The Commission then has another 90 days in which to finish up its business.

The Executive order and the legislation which created the Commission mandated that we study the Nation's retirement, survivor and disability systems seeking advice from interested individuals and groups, private and public organizations, Congress and Federal Government agencies.

Among the areas to be studied are:

- present overlaps and gaps among the private, State and local sectors in providing income to retired, surviving, and disabled persons;
- the financial ability of present private, Federal, State, and local retirement, survivor, and disability systems to meet their future obligations;
- appropriate retirement ages, the relationship of the annuity levels to past earnings and contributions, and the role of current retirement, survivor, and disability programs in private capital formation and economic growth;

- the implications of the recommended national policies for the financing and benefit structures of the retirement, survivor, and disability programs in the public and private sectors; and
- specific reforms and organizational changes in the present systems that may be required to meet the goals of national pension policies.

Since the first public meeting of the full Commission on March 23, 1979, we have held 11 public hearings on a variety of subjects under consideration (see enclosure 4).

For purposes of research, the Commission had divided itself into three study groups with each Commissioner and several staff people being assigned to the study groups (see enclosure 5).

The Commission's public hearings have focused on specific issues to be studied by our group. We have received testimony from numerous business groups, labor organizations, public interest representatives, senior citizen/aging experts, academics, a member of Congress, State/local representatives, Federal Government experts and a number of private citizens. We have scheduled several more hearings during the first half of 1980 (see enclosure 6).

During the last half of the year we plan to issue at least one interim report to the Congress and the President in preparation for our final report. We have also released a series of staff working papers on a number of subjects (see enclosure 7). We expect to continue to release working papers during the life of the Commission.

Finally, the Commission has initiated several research projects in cooperation with other Federal agencies. These include:

A major household survey and study to measure the effects of pension plan participation on personal savings. The survey of over 6,000 randomly selected households will also give the Commission a picture of the extent of pension plan coverage and noncoverage in the United States. This \$1.4 million study has been contracted to Market Facts, Inc. and SRI International.

A \$1.2 million assessment of the financial ability of State/local pension funds to meet present and future pension obligations. The contractor is Howard Winklevoss and Associates, a large actuarial firm.

We will, of course, keep the committee advised of our activities. As we issue more working papers and begin to write reports, we would encourage the committee to ask us for more details. I will continue to send the committee staff copies of our working papers for their information and comment.

Sincerely yours,

THOMAS C. WOODRUFF,
Executive Director.

Enclosures.

Enclosure 1

EXECUTIVE ORDER 12071 (JULY 12, 1978) AS AMENDED BY EXECUTIVE ORDER 12100 (NOVEMBER 17, 1978)

PRESIDENT'S COMMISSION ON PENSION POLICY

By the authority vested in me as President by the Constitution of the United States of America, and in order to create in accordance with the Federal Advisory Committee Act (5 U.S.C. App. I) an advisory commission on national policies for retirement, survivor, and disability programs, it is hereby ordered as follows:

1-1. ESTABLISHMENT OF COMMISSION

1-101. There is established the President's Commission on Pension Policy. The Commission shall be composed of 11 members.

1-102. The members of the Commission shall be appointed by the President. The President shall designate a Chairman from among the members.

1-2. FUNCTIONS OF THE COMMISSION

1-201. The Commission shall conduct a comprehensive review of retirement, survivor, and disability programs existing in the United States, including private, Federal, State, and local programs.

1-202. The Commission shall develop national policies for retirement, survivor, and disability programs that can be used as a guide by public and private programs. Those policies must be designed to ensure that the Nation has effective and equitable retirement, survivor, and disability programs which take into account available resources and demographic changes that are expected into the middle of the next century.

1-203. The Commission shall submit to the President a series of reports. These reports shall include the Commission's findings and recommendations on short-term and long-term issues with respect to retirement, survivor, and disability programs, including, but not restricted to, the following:

(a) present overlaps and gaps among the private, State, and local sectors in providing income to retired, surviving, and disabled persons;

(b) the financial ability of present private, Federal, State, and local retirement, survivor, and disability systems to meet their future obligations;

(c) appropriate retirement ages, the relationship of the annuity levels to past earnings and contributions, and the role of current retirement, survivor, and disability programs in private capital formation and economic growth;

(d) the implications of the recommended national policies for the financing and benefit structures of the retirement, survivor, and disability programs in the public and private sectors; and

(e) specific reforms and organizational changes in the present systems that may be required to meet the goals of the national policies.

1-204. The Commission shall submit its final report, including its recommendations and findings, to the President prior to its termination.

1-3. ADMINISTRATIVE PROVISIONS AND FINANCIAL SUPPORT

1-301. At the request of the Chairman, each Executive agency that has an interest or responsibility in the areas of the Commission's functions shall designate an individual to act as liaison with the Commission and its staff.

1-302. In performing its functions, the Commission shall seek the advice of individuals and groups interested in policies applicable to retirement, survivor, and disability programs and systems. In seeking advice from interested individuals and groups, including public and private organizations, the Commission or any committee thereof, may, among other activities, hold hearings and sit and act at such times and places as the Commission or such authorized committee may find advisable.

1-303. The Commission may request any Executive agency to furnish such information as may be helpful for the fulfillment of the Commission's functions under this order. Each such agency is authorized, to the extent permitted by law and within the limits of available funds, to furnish such information to the Commission.

1-304. The Chairman is authorized to appoint and fix the compensation of a staff, including not more than one position at the GS-18 level, as may be necessary to enable it to carry out its functions. The Chairman may obtain services in accordance with the provisions of section 3109 of title 5 of the United States Code, to the extent funds are available therefore.

1-305. Each member of the Commission who is not otherwise employed in the Government may receive, to the extent permitted by law, compensation for each day he or she is engaged upon the work of the Commission at a rate not to exceed the maximum daily rate now or hereafter prescribed by law for GS-18 of the General Schedule, and may also receive travel expenses, including per diem in lieu of subsistence, as authorized by law (5 U.S.C. 5703) for persons in the government service employed intermittently.

1-306. The General Services Administration shall provide administrative services, facilities, and support to the Commission on a reimbursable basis.

1-307. All necessary expenses incurred in connection with the work of the Commission shall be paid from the appropriation for "Unanticipated Needs," in the Executive Office Appropriations Act, 1978, or from such other funds as may be available.

1-4. GENERAL PROVISIONS

1-401. The functions of the President under the Federal Advisory Committee Act (5 U.S.C. App. I), except that of reporting annually to the Congress, which are applicable to the Commission, shall be performed by the Administrator of General Services.

1-402. The Commission shall terminate one year after the effective date of this order.

1-403. This order shall be effective on September 31, 1978.

/s/ JIMMY CARTER.

Enclosure 2

NINETY-SIXTH CONGRESS OF THE UNITED STATES OF
AMERICA

AT THE FIRST SESSION

BEGUN AND HELD AT THE CITY OF WASHINGTON ON MONDAY, THE FIFTEENTH DAY
OF JANUARY, ONE THOUSAND NINE HUNDRED AND SEVENTY-NINE

An Act

To continue the work of the President's Commission on Pension Policy to develop a national retirement income policy in the United States, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Pension Policy Commission Act".

SEC. 2. (a) The President's Commission on Pension Policy (hereinafter in this Act referred to as the "Commission"), established by Executive Order Numbered 12071, effective September 21, 1978, is authorized to continue in operation for two years following the date of enactment of this Act.

(b) During the period the Commission continues in operation the Commission shall—

- (1) issue reports on problems facing the Nation's retirement systems,
 - (2) formulate recommendations for a national retirement income policy,
- and
- (3) consult on a regular basis with committees of the Senate, the House of Representatives, and the Congress having jurisdiction over the Commission's work.

(c) The Commission shall submit a final report, including its recommendations and findings, to the President and the Congress. The Commission shall cease to exist ninety days after submission of its final report. All reports and papers of the Commission shall be delivered to the Administrator of General Services for deposit in the Archives of the United States.

(d) In carrying out its functions under this Act, and in making its findings and recommendations under subsection (c), the Commission shall seek to ensure that it maintains its independence from other officers and employees of the Government and any other person with special interest in its actions.

SEC. 3. (a)(1) The eleven members of the Commission appointed by the President before the date of the enactment of this Act, including the Chairman, may continue to serve for the duration of the Commission.

(2)(A) An appointment to a vacancy in the position of chairman of the Commission shall be made by the President, by and with the advice and consent of the Senate.

(B) An appointment to any other vacancy in the membership of the Commission shall be made by the President after consultation with the Congress.

(C) All appointments to vacancies in the membership of the Commission shall be made in such a manner as to ensure that the Commission remains balanced in terms of the points of view represented and the functions performed by it.

(3) A quorum of the Commission shall consist of six members, except that the Commission may establish a lower number as a quorum for the purpose of taking testimony. The Commission is authorized to establish committees, and to delegate authority to them, when necessary to carry out its functions.

(4) Members of the Commission who are full-time officers or employees of the United States shall serve without additional compensation, but shall continue to receive the salary of their regular positions when engaged in the performance of duties of the Commission.

(5) When engaged in the performance of duties of the Commission, members of the Commission who are not full-time officers or employees of the United States shall be compensated at the maximum daily rate for GS-18 of the General Schedule.

(6) All members of the Commission who are not otherwise employed by the Federal Government shall be reimbursed for travel expenses, including per diem in lieu of subsistence, incurred in the performance of duties of the Commission,

as authorized by section 5703 of title 5, United States Code, for persons in Government service employed intermittently.

(b) Subject to such rules as may be adopted by the Commission, the Chairman, without regard to the provisions of title 5, United States Code, relating to appointments in the competitive service, and without regard to the provisions of chapter 51, subchapter III of chapter 53, and chapter 54 of that title, relating to classification and pay, is authorized to—

(1) appoint an Executive Director who shall be compensated at a rate not to exceed the rate in effect for level V of the Executive Schedule set forth in section 5316 of title 5, United States Code;

(2) appoint and fix the compensation of such personnel as may be necessary to carry out the provisions of this Act, except that in no case shall employees be compensated at a rate in excess of the rate provided for employees in GS-17 of the General Schedule; and

(3) procure such temporary and intermittent services of experts and consultants as are necessary, as authorized by section 3109 of title 5, United States Code.

(c) The Commission is authorized to accept and utilize the services of voluntary and uncompensated personnel and reimburse them for travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, but such personnel shall not be considered Federal employees for any purpose other than for purposes of chapter 81 of title 5, United States Code, and for purposes of sections 2671 through 2680 of title 28, United States Code.

(d) Upon request of the Commission, the head of any executive department, agency or independent establishment of the United States is authorized to detail on a nonreimbursable basis its employees to the Commission to assist it in carrying out its duties.

(e) Financial and administrative services (including those related to budget and accounting, financial reporting, personnel, and procurement) shall be provided to the Commission by the General Services Administration, for which payment shall be made in advance, or by reimbursement, from funds of the Commission, in such amounts as may be agreed upon by the Chairman of the Commission and the Administrator of General Services.

SEC. 4. (a) Upon the request of the Commission, the head of each executive department, agency, or independent establishment of the United States that has an interest in or a responsibility with respect to the areas of the Commission's work shall appoint a liaison officer who shall work closely with the Commission and its staff in matters relating to such areas.

(b) In carrying out its duties, the Commission may seek the advice of individuals and groups interested in retirement, survivor, and disability policies including, but not limited to, State and local governments and public and private organizations working on such matters.

(c)(1) The Commission or, on authorization of the Commission, any committee of two or more members, may hold hearings and sit and act at such times and places as the Commission or such authorized committee may find advisable, and the provisions of section 1321 of title 28, United States Code, shall apply to witnesses invited to appear at hearings, and per diem and mileage allowances to witnesses shall be paid from funds appropriated to the Commission.

(2) The Commission is authorized to secure from any executive department, agency or independent establishment of the United States, information necessary to carry out its functions. Upon request of the Commission, the head of any executive department, agency or independent establishment shall furnish such information to the extent provided by law.

(d) The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

(e) The Commission is authorized to enter into contracts with Federal and State agencies, private firms, institutions, and individuals for the conduct of research and surveys, the preparation of reports, and other activities necessary for the carrying out of its duties and responsibilities.

SEC. 5. There is authorized to be appropriated beginning with fiscal year 1980, \$2,000,000 to carry out the provisions of this Act, which shall remain available until expended.

SPEAKER OF THE HOUSE OF REPRESENTATIVES.
VICE PRESIDENT OF THE UNITED STATES AND
PRESIDENT OF THE SENATE.

Enclosure 3

COMMISSION BIOGRAPHIES

C. PETER MCCOLOUGH (Chairman).—Mr. McCough is chairman and chief executive officer of Xerox Corp. He is a member of the steering committee of the National Committee for Full Employment.

WILLIAM C. GREENOUGH.—Mr. Greenough is chairman and chief executive officer of the Teachers Insurance and Annuity Association and the College Retirement Equities Fund, New York City.

MARTHA W. GRIFFITHS.—Ms. Griffiths practices law in Romeo, Mich. She represented the 17th Congressional District of the State of Michigan in Congress from 1955 through 1975, and sponsored the equal rights amendment to the Constitution.

HARVEY KAPNICK.—Mr. Kapnick is chairman and chief executive officer of Arthur Andersen and Co. of Chicago, one of the largest firms of accountants and auditors in the world.

JOHN BRAGG.—Mr. Bragg is a member of the Tennessee House of Representatives. He is a member of the Council of Pensions and Retirement. Mr. Bragg is the former chairman of the National Conference of State Legislatures' Task Force on Public Pensions.

LISLE C. CARTER, JR.—Mr. Carter is president of the University of the District of Columbia. He was previously director of the Public Policy and Administration Program in the Graduate School of Business and Public Administration at Cornell University, and has served as an Assistant Secretary of the Department of Health, Education, and Welfare, and as Assistant Director of the U.S. Office of Equal Opportunity.

PAUL R. DEAN.—Mr. Dean is professor of law and former dean of the Georgetown University Law School, and an expert in Federal income, estate and gift taxation and estate planning. Mr. Dean also serves as neutral trustee for the health and retirement funds of the United Mine Workers of America.

JOHN H. LYONS.—Mr. Lyons is the president of the International Association of Bridge, Structural and Ornamental Iron Workers. He is also vice president of the AFL-CIO's Building and Construction Trades Department.

JAMES CLARK, JR.—Mr. Clark is a member of the Maryland Senate where he is chairman of the Pension Study Committee, which completed a 2-year study of the Maryland public pension systems in 1978. He is also a member of the National Conference of State Legislatures' Task Force on Public Pensions.

HENRY L. BOWDEN.—Mr. Bowden is a partner in the law firm of Lokey and Bowden of Atlanta, Ga. He is the former city attorney for Atlanta.

DOROTHY W. NELSON.—Ms. Nelson is dean and professor of law at the University of Southern California Law Center, Los Angeles. She was also cochairman of the White House Conference on Children in 1970.

Enclosure 4

SUMMARY OF PUBLIC HEARINGS OF THE PRESIDENT'S
COMMISSION ON PENSION POLICY FOR 1979

MARCH 23, 1979

A day-long public meeting formally initiated the work of the President's Commission on Pension Policy.

A major portion of the session centered around proposals presented by Executive Director Thomas C. Woodruff concerning the Commission's research strategy and a proposal to break the work of the Commission down into study groups. These proposals were adopted. The Commission also approved a strategy aimed at assessing problems relating to retirement income across the whole spectrum, rather than merely a system-by-system examination of retirement income difficulties.

In addition, the Commission endorsed the concept of public hearings around the country as the study groups gather information for interim and final reports to the President and the Congress.

During the afternoon, a recent Lou Harris poll on retirement attitudes was presented by the actuarial firm of Johnson & Higgins. The poll is one of the most comprehensive to date on views towards retirement and retirement income by the benefit population and leaders in private industry.

The Commission received written testimony from Representative Frank Thompson, Chairman of the House Pension Task Force. The public witnesses include: Ewa Bielski, Citizens Commission on Pension Policy; James L. Martin, Academy for Contemporary Social Problems; Deane E. McCormick, Jr., Association of Private Pension and Welfare Plans; Paul Jackson, National Small Business Association; Steve Kellison, American Academy of Actuaries; and Virgil Day, ERISA Industry Committee.

JUNE 22, 1979

At this meeting the Commission heard reports from each of its study groups, adopted a schedule of public hearings for calendar year 1979, and considered staff reports on issues facing the Commission.

Chairman C. Peter McColough noted that the Commission had now moved into the "substantive, and controversial, phase of its work." He emphasized the public role in the Commission's decisionmaking process and said the public hearings schedule had been finalized at the June meeting in order to give the public ample time to prepare testimony and comments for presentation to the Commission.

Executive Director Thomas C. Woodruff reported there had been seven study group business meetings since the first Commission meeting in March.

The public witness list included: Donald S. Grubbs, F.S.A., George Buck Consultants; Scott Sterling, National Employee Benefits Institute; W. N. Weaver, President, Retirement Accounts, Inc.; Chester J. Salkind, executive director, American Society of Pension Actuaries; Samuel Greenberg; and Peter J. Montagnoli, organizing director, Protect Our Pensions Committee.

AUGUST 21, 1979

What is an appropriate retirement age or ages? What factors should the Commission take into consideration regarding early retirement and disability retirement? A public hearing of study group I examined these questions.

During the morning session the study group participated in a panel discussion with several leading experts in the field. The witnesses presented testimony and responded to questions from the Commission.

The panelists were: Michael D. Batten, senior staff associate, National Manpower Institute; Lois F. Copperman, Institute on Aging, Portland State University; Harold L. Sheppard, director, Center on Work and Aging, American Institute for Research; and Anna M. Rappaport, consulting actuary, William M. Mercer, Inc.

SEPTEMBER 28, 1979

This half day hearing on the role of public versus private pension systems and savings focused on the present relationship between social security benefits, employer pensions and personal savings and will discuss the strengths and weaknesses of the present system. Specific topics addressed included:

- (1) What has been the historical development of the relationships among public and private pensions and personal savings?
- (2) What is the experience in other countries with these relationships?
- (3) What are the current problems in the U.S. with the basic relationships among public and private pensions and personal savings?
- (4) What are the different effects of the public and private pension funds on productivity, savings and capital formation?
- (5) Should a benefit in addition to social security be left to private choice?
- (6) What are the justifications of public subsidies to encourage private pensions?
- (7) How does one guarantee a viable private pension sector?
- (8) How should Federal tax policy reflect the fact that saving varies over the life cycle?

A panel of pension experts from the public and private sector initiated the public portion of the Commission's meeting. Chairman McColough labeled the hearing, "the future of the three-legged stool of retirement income."

The panelists were: Alicia Munnell, vice president and economist, Federal Reserve Bank of Boston; A. Haeworth Robertson, vice president, William M. Mercer, Inc.; Robert D. Paul, vice chairman, Martin E. Segal Co.; Karen Ferguson, director, Pension Rights Center; and Max Horlick, Office of International Policy, Social Security Administration.

Other public witnesses included: J. B. McClintock, National Council of Life Insurance; William M. Agee, chairman and chief executive officer, Bendix Corp.; Ronnie J. Straw, director of research, Communications Workers of America;

Paul H. Jackson, vice president, Wyatt Co.; and Jerome R. Gulan, National Small Business Association.

The panelists and the public witnesses presented a variety of options regarding redesign of the different types of retirement income to the Commission.

OCTOBER 10, 1979

A 2-hour panel discussion of social security integration marked the beginning of study group 3's consideration of problems associated with present formulas employed by private industry and the public sector.

The panelists were: Richard Schreitmuller, Actuary, Social Security Administration; Daniel I. Halperin, Deputy Assistant Secretary (Tax Legislation), Department of the Treasury; Edwin F. Boynton, vice president, Wyatt Co.; and Leonard Mactas, Partner, Kwasha Liptin.

Following the panelists, a number of public witnesses discussed the philosophy behind social security integration and pointed out both the strengths and weaknesses of the present systems which employ integration methods.

The public witnesses were: John McCart, executive director, AFL-CIO Public Employee Department; Richard A. Kuzmack, Mathtech, Inc.; Karen Ferguson, director, Pension Rights Center; William Spencer and Chester Salkind, executive director, American Society of Pension Actuaries; G. D. Hurd, American Council of Life Insurance; Carl J. Blechinger, executive director, California Public Employees' Retirement System; John S. Mauhs, deputy State comptroller, New York State Public Employees' Retirement System; and Dianne Bennett.

In addition to the public testimony, the study group received written statements from Lloyd S. Kaye, vice president, William M. Mercer, Inc.; Donald N. Ledbetter, president, National Association of Postal Supervisors; and Jack A. Marshall, marketing director, Savings Bank Association of Massachusetts.

OCTOBER 19, 1979

Disability benefits are an integral part of many public and private retirement systems with disability benefits often closely aligned with other retirement benefits. This hearing on Disability Retirement addressed these key issues:

(1) How should disability be defined? Should different systems or occupations have different definitions?

(2) Should disability payments and vesting be coordinated with age retirement payments and vesting? Should those old enough to receive age retirement still receive disability payments? To what extent is disability retirement used as a surrogate for early retirement?

(3) To what degree are these overlaps in disability programs and how are they or should they be integrated? To what degree are there gaps in disability coverage and how should these gaps be treated?

(4) How do disability payments affect incentives to work? How are these incentives modified through income tests, continued medical verifications of disability, level of disability payments, and temporary duration of payments? Should disability pensions be tax free?

(5) Should disability payments be indexed, and if so, by changes in the cost-of-living or wages?

(6) What will be the impact of OSHA, improved medical technology and nutrition, and transportation improvements on the future incidence of work and nonwork related disability?

Public witnesses included: Jonathan Sunshine, Economist, Office of Management and Budget; Paul Van de Water, Acting Director, Office of Policy Analysis, Social Security Administration; Monroe Berkowitz, professor of economics, Rutgers University; Benjamin F. Jones, president, Monarch Life Insurance Co.; Irvine Dearnley, National Association of Manufacturers; Noel J. Abkemeier, Health Insurance Association of America; Harold Schaitberger, legislative director, International Association of Firefighters; J. Hartley Bowen, vice president, National Association for Uniformed Services.

ROUNDTABLE DISCUSSION WITH STATE/LOCAL REPRESENTATIVES

Representatives of the American Federation of State, County, and Municipal Employees, the National Governor's Association, the National Conference of State Legislatures, the National Association of Counties, the National League of Cities and the Municipal Finance Association, all participated in an informal discussion with members of study group 2 as part of its October 19th public hearing.

General areas of interest and concern to State/local plans and beneficiaries were explored, including: Federal pension standards for State/local government, unfunded liabilities, disability programs, the Urban Institute study of State/local plans, and pension fund investment.

The participants represented many of the major State/local associations in Washington. The meeting was intended to give the Commission a broad view of the problems of State/local pension systems from the perspective of the six organizations involved in the October meeting.

OCTOBER 24, 1979

The first field hearing of the Commission was held in Detroit, Mich. by study group 1. This was the first in a nationwide series of hearings the Commission intends to hold over its 2-year life.

The Detroit hearing looked into the effect that inflation is having on efforts to achieve adequate retirement income levels by different pension systems. Testifying at the hearing were: Francis Spaniola, chairman of the senior citizen and retirement committee of the Michigan Legislature; Thomas Neubig, research associate, Institute for Social Research, University of Michigan; James Hacking, assistant legislative counsel, American Association of Retired Persons; Jack Ossofsky and Dr. Edmund Fitzpatrick, National Council on the Aging; Ewa Bielski, chair, Citizens' Commission on Pension Policy; Melvin Glasser, Director, Social Security Department, United Auto Workers; Kenneth Oithoff, General Motors Corp.; Thomas A. McNish, director of funded benefit plans, Consumers Power Co.; and Raymond M. Lyons, vice president, Fruehauf Corp.

NOVEMBER 29, 1979

Preferential tax treatment is provided in social security, private pensions, individual retirement plans and to the aged as a group. This hearing of study group 3 looked into tax treatment of pension contributions and benefits. Some specific questions that were addressed by the speakers included:

(1) What are the objectives of preferential tax treatment of retirement income programs?

(2) Are those objectives being met?

(3) Is preferential tax treatment of retirement income programs desirable? What should be the goal of tax policy in this area?

(4) Why should savings for retirement purposes be granted preferential tax treatment over savings for a large variety of other objectives?

(5) If the Government continues to use tax incentives to encourage retirement savings, should all pension contributions and benefits be taxed uniformly?

(6) Is there a justification for treating social security and railroad benefits differently from other retirement income programs?

(7) Is the distribution of benefits by income class in the present tax laws appropriate for a system that is trying to encourage all people to save for their retirement?

(8) Should the tax treatment of disability or survivors benefits be the same as for retirement benefits?

(9) Should tax benefits be more specifically focused on savings for retirement?

(10) Does the nondiscrimination test of pension plans guarantee fair treatment of all potential beneficiaries?

The study group heard from witnesses who urged both the retention and the modification of the present system.

The participants were: Douglas Sorensen, Attorney-Advisor, Office of Tax Legislative Counsel, Department of the Treasury; John S. Nolan, an attorney with Miller and Chevalier; Harry V. Lamon, Jr. and Stanley H. Hackett, Small Business Council of America; Jeanne Cullinan Ray, American Council of Life Insurance; Richard M. Weintraub, Mercantile Safe Deposit & Trust Company; Robert C. Shadur, Gerald H. Sherman and Stuart M. Lewis, Association for Advanced Life Underwriting; and Ronnie J. Straw, Research Director, Communications Workers of America. In addition, a written statement was received by Jack A. Marshall, Marketing Director of the Savings Bank Association of Massachusetts.

NOVEMBER 30, 1979

The full Commission held its fourth and final meeting of the year. The bulk of the meeting focused on public testimony from numerous women's groups and minority organizations concerning Retirement Income and Coverage of Women and Minorities.

In an opening statement Executive Director Thomas C. Woodruff noted that questions involving the extension of pension coverage, especially in the private sector, are an important consideration of the Commission. He noted that the actual delivery of benefits must be addressed within the same framework.

The public witnesses were: June O'Neill, Urban Institute, Program on Women & Family Planning; U.S. Representative Patricia Schroeder; Nancy Gordon, Intergovernmental Task Force on Women; Edith U. Fierst, Intergovernmental Task Force on Women; William T. Gibb, American Council of Life Insurance; Dolores S. Delahanty, HEW Secretary's Advisory Committee on the Rights and Responsibilities of Women; Althea T. L. Simmons, director, Washington Bureau, NAACP; Edward C. Wallace, assistant executive director, National Center on Black Aged; National Federation of Business & Professional Women's Clubs; Sara Kaltenborn, Department of Justice, Task Force Against Sex Discrimination; Fay Young, Gray Panthers; Terry Stewart, Women's Equity Action League; Iris Mitgang, chair, National Women's Political Caucus; Elizabeth Siegel, Women's Legal Defense Fund; Ronnie J. Straw, research director, Communications Workers of America; Elizabeth Thurston and Thelma Rutherford, Citizen's Commission on Pension Policy. A written statement was prepared by Tish Sommers of the Older Women's League.

DECEMBER 10 AND 11, 1979

Study Group 3 held a series of panel discussions, followed by public testimony on the question of Ownership and Control of Pension Fund Assets. The two-day hearing examined a wide ranging series of issues. Panel topics for December 10th were:

(1) Role of nonmanagement participants (active and retired) in establishing pension fund investment. What should be the role of nonmanagement participants in establishing investment policy? To what degree do they currently have a voice?

(2) Proxy voting issues. What are the current practices in proxy voting? Who establishes proxy voting criteria? What is the desirability/feasibility of pass-through proxy voting? What are the administrative needs and costs associated with pass-through voting? What laws or regulations govern proxy voting practices?

(3) The legal environments for nontraditional investments. What is the legal environment for nontraditional investing? What guidance is provided by ERISA, trust law? Should public employee pension funds be subject to more stringent fiduciary standards?

December 10th panelists included: Roy Schotland, professor of law, Georgetown University; Randy Barber, People's Business Commission; Communications Workers of America; Karen Ferguson, Pension Rights Center; Mike Leibig, Zwerdling and Maurer; Ronald Rivikoff and Myron Curzan, Arnold and Porter; Gerald Feder, general counsel, National Coordinating Committee for Multi-employer Plans; James Hutchinson, Steptoe and Johnson; Charles A. Moran, American Bankers Association, senior vice president, Manufacturers Hanover Trust Co.; Myron Curzan and Mark Pelish, Arnold & Porter; Harold E. Bigler, vice president, Connecticut General Life Insurance Co.; Adrian Collins, Profit Sharing Council of America, tax counsel, Exxon Corp.; and Graham B. Harrison, ERISA Industry Committee, president, U.S. Steel & Carnegie Pension Fund.

Panel topics for December 11th were:

(1) Portfolio impacts of nontraditional investments. What is the impact on portfolio characteristics (risk, return, diversification) of the use of nontraditional investment criteria? Who benefits from superior returns? Who bears the burden of increased risk?

(2) Targeting pension capital to regional economic development needs. Should pension funds be relied upon as a capital source targeted to the needs of regional economic development or urban redevelopment? Is there a need for new financial instruments to match the supply with this demand? To what extent should a sponsor's financial posture influence the investment policies of their pension funds with respect to nontraditional investments?

(3) The use of pension assets to promote worker interests. Should collectively bargained pension funds be invested in ways that promote the unionized sector of the economy?

December 11th panelists were: Don Smart, director, pension fund study, Wisconsin Center for Pension Policy; Dr. Douglas A. Love, Buck Consultants; Larry Litvak, Council on Economic Priorities; Andrew Rudd, Business and Public Administration Department, Cornell University; Lee Webb, executive director, Conference on Alternative State and Local Policies; James LaFleur, executive director, Wisconsin Investment Board; Michael Barker, staff associate, Council of State Planning Agencies; State Representative Donald Moe, National Con-

ference of State Legislatures; Claude Poulin, assistant director, UAW Social Security Department; William Sidell, AFL-CIO Building and Construction Trades Department; James S. Freeman, Business Roundtable, vice president, Union Carbide Co.; Hal Sebastian, National Association of Manufacturers, Standard Oil of Ohio; Don Siefman, counsel, United Food and Commercial Workers Union; Dennis Walton, Local No. 675 Operating Engineers Pension Fund; and Robert Thompson, U.S. Chamber of Commerce, Compton, Mann & Hartman.

Other witnesses were: Bruce Marcus, Journalist; Shelley Metzenbaum, Technical Development Corp.; Richard O'Brien, ERISA Industry Committee, director, executive compensation, General Motors Corp.; James Hacking, American Association of Retired People; Everett T. Allen, Jr., chairman of the pension policy committee, Association of Private Pensions & Welfare Plans; and Roger Smith, Greenwich Research Associates.

Enclosure 5

STUDY GROUP 1

PAUL DEAN, CHAIR; HENRY BOWDEN; JAMES E. CLARK, Jr.;
DOROTHY W. NELSON

The first study group will examine the present and future needs of the retired population. Information will be gathered on the demographics of the current and projected retired population under various fertility and mortality assumptions. Issues concerning retirement ages and the decision to retire will be identified and discussed. One of the most difficult tasks of this study group will be to determine what constitutes an adequate standard of living upon retirement. Current income distribution of retirees will be examined as well as other resources available to retirees. Wage replacement ratios of pension benefits as well as budgetary needs and consumption patterns of the retired will be evaluated to develop retirement income goals.

STUDY GROUP 2

MARTHA GRIFFITHS, CHAIR; JOHN BRAGG; JOHN H. LYONS

The second study group will look at the ability of the various retirement systems to meet the needs of the retired population. The systems will be evaluated for their ability to provide an adequate income to the retired, the disabled, and their survivors, including the extent of non-coverage among these groups. In addition to providing retirement income, the various retirement programs will be examined by this study group for their influence over individual employment decisions and labor market conditions. This group will also collect data on the financial condition of the various retirement systems to provide promised benefits, and the relative costliness and affordability of these benefits now and in coming decades.

STUDY GROUP 3

HARVEY KAPNICK, CHAIR; LISLE C. CARTER, Jr.; WILLIAM C. GREENOUGH

The final Commission study group will analyze the issues of tax policy, capital formation and economic growth. This group will review how the tax treatment accorded various retirement income programs affects coverage, participation and management of their funds. Pension trust managers may be confronted by multiple interests in their investment decisions affecting capital formation. A volatile economy, particularly inflation, in turn may aggravate policy tradeoffs in pension management. It will be the job of this study group to assess these problems. In addition, the impact of the social security system and institutionalized retirement saving on total personal saving may significantly affect future capital formation and is an important consideration. Given a declining birth rate, the productivity of the next generation of workers is another crucial consideration as a basis to support social security and government/private sector retirement income programs.

Enclosure 6

TENTATIVE SCHEDULE—PRESIDENT'S COMMISSION ON PENSION POLICY, JANUARY-JUNE 1980

JANUARY 11, 1980

Full Commission.—Income adequacy and regular meeting, 8:30 a.m. to 4 p.m., Room 2010, New Executive Office Building, Washington, D.C.

FEBRUARY 4, 1980

Study groups 1 and 3.—Roundtable discussion with labor union representatives, 9 a.m. to 3 p.m., Room 2010, New Executive Office Building, Washington, D.C.

FEBRUARY 25, 1980

Study group 1.—Retirement ages and general study group issues, 9 a.m. to 4 p.m., Stanford Court, San Francisco, Calif.

FEBRUARY 26, 1980

Study group 1.—Income adequacy and general study group issues, 10 a.m. to 4 p.m., Ambassador Hotel, Los Angeles, Calif.

MARCH 13, 1980

Full Commission.—Regular meeting, 8:30 a.m. to 4 p.m., Room 2008, New Executive Office Building, Washington, D.C.

APRIL 18, 1980

Study group 2.—Universal social security coverage, 9 a.m. to 4 p.m., Room 2008, New Executive Office Building, Washington, D.C.

MAY 20, 1980

Study group 2.—Funding and financing issues and disability issues, 10 a.m. to 4 p.m., Radisson Hotel, St. Paul, Minn.

JUNE 13, 1980

Full Commission.—Regular meeting, 8:30 a.m. to 4 p.m., Room 2008, New Executive Office Building, Washington, D.C.

JUNE 19, 1980

Study group 1.—Income adequacy and other issues, 10 a.m. to 4 p.m., Austin, Tex.

Enclosure 7

WORKING PAPERS

TITLES

"Demographic Shifts and Projections: The Implications for Pension Systems," by Barbara Boyle Torrey, 1979.

"Private Pensions and Capital Formation," by Mordecai Kurz and Marcy Avrin, September 1979.

"Social Security and Capital Formation: The Funding Controversy," by Mordecai Kurz and Marcy Avrin, September 1979.

"Technical Paper: The Funding Issue and Modern Growth Theory," by Mordecai Kurz and Marcy Avrin, September 1979.

"The Use of Pension Fund Capital: Its Social and Economic Implications—Some Background Issues," by Judith Mares, November 1979.

"Varieties of Retirement Ages," by Elizabeth L. Meier and Cynthia C. Dittmar, November 1979.

ITEM 32. RAILROAD RETIREMENT BOARD

DECEMBER 13, 1979.

DEAR MR. CHAIRMAN: In response to your letter of October 5, 1979, I am pleased to enclose a statement summarizing major activities of the U.S. Railroad Retirement Board on aging during 1979. I have also included information on significant legal decisions affecting the elderly under the Board's programs and described some of the Board's plans and goals for 1980.

We look forward to your committee's 1979 report on developments in aging.

Sincerely yours,

R. F. BUTLER,
Secretary, for the Board.

Enclosure.

U.S. RAILROAD RETIREMENT BOARD

The U.S. Railroad Retirement Board is the Federal agency that administers a comprehensive social insurance and staff retirement system for railroad workers and their families, separate from but coordinated in several ways with social security. Programs of the system include the following: (1) old-age, survivor, and disability benefits under the Railroad Retirement Act; and (2) unemployment and sickness insurance benefits under the Railroad Unemployment Insurance Act. In addition, certain administrative services under the Federal health insurance (medicare) program are performed with respect to aged and disabled railroad workers and eligible members of their families.

BENEFITS AND BENEFICIARIES

During the fiscal year 1979, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled \$4.4 billion, an increase of \$231 million over the same period one year earlier. Retirement and survivor benefit payments amounted to \$4.3 billion, an increase of \$287 million over the same period 1 year earlier. Unemployment and sickness benefit payments during the benefit year ending June 30, 1979, totaled \$165 million, which was \$18.6 million less than in the preceding benefit year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1979, totaled 1,013,000. The vast majority (81 percent) were aged 65 and older. At the end of the fiscal year, 455,000 retired employees were being paid a regular annuity averaging \$452, about \$43 higher than a year earlier. In addition, 183,000 of these employees were being paid a supplemental annuity averaging \$54.

Nearly 234,000 spouses of retired employees were receiving an average annuity of \$210. Of the 333,000 survivors on the rolls as of September 30, 1979, about 292,000 were aged widows receiving an average annuity of \$314. Some 870,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the medicare program at the end of fiscal year 1979. Of these, 850,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to 162,000 railroad employees during the benefit year ending June 30, 1979. However, only about \$0.7 million (less than 1 percent) of the benefits went to individuals aged 65 and older.

LEGISLATIVE DEVELOPMENTS

While there were no amendments to either the Railroad Retirement Act or the Railroad Unemployment Insurance Act during fiscal year 1979, the Board provided technical assistance to Congress, the administration and railroad management and labor officials on various proposals designed to improve the financing of the railroad retirement system. The Board's 14th actuarial valuation, completed in mid-1979, indicates that additional financing is needed if benefit levels provided by current law are to be maintained in future years.

Under legislation enacted shortly after the close of the 1979 fiscal year, the Board assumed certain administrative responsibilities with regard to employees adversely affected by the restructuring of the Chicago, Milwaukee, St. Paul, and Pacific Railroad Co. Under the Milwaukee Railroad Restructuring Act, the Board is responsible for administering a job placement program, a new-career training assistance program, a supplementary unemployment insurance benefit program and other protective measures for such employees.

LEGAL RULINGS

In July 1977, the Supreme Court of California held that an employee's expectancy of receiving railroad retirement benefits at the time of his retirement was community property subject to division upon dissolution of the employee's marriage. The court based its decision on a series of California cases which held that retirement benefits resulting from employment during marriage constitute community property even though the employee may not have a vested interest

in those benefits at the time of the divorce. On January 22, 1979, in the case of *Hisquierdo v. Hisquierdo*, the Supreme Court of the United States reversed the California Supreme Court's decision, and held that section 14 of the Railroad Retirement Act prohibits a court from awarding one spouse a community interest in any benefits, whether present or expected in the future, to which the other spouse may become entitled under the Railroad Retirement Act.

Fritz, et al. v. United States Railroad Retirement Board is a class action suit filed against the Board concerning certain dual benefit guaranty payments. The Railroad Retirement Act of 1974 provided for a phaseout of dual railroad retirement-social security benefits, which had been allowed under previous law. The dual benefit rights of employees who were insured under both railroad retirement and social security before 1975 and met certain vesting requirements (generally, railroad employment in 1974 or 25 years of railroad service) were protected; such individuals are eligible for dual benefit guaranty payments.

In the *Fritz* case, the plaintiffs sued the Board on behalf of themselves and all other individuals similarly situated and contended that the Railroad Retirement Act's failure to preserve dual benefit rights based on pre-1975 service for all individuals who were insured under both systems (regardless of whether they worked for a railroad in 1974, had 25 years of service or met other vesting requirements) is unconstitutional.

The *Fritz* case is now before the U.S. Supreme Court, the U.S. District Court having ruled in favor of the plaintiffs. Consideration of two companion cases pending in U.S. District Courts has been suspended pending the outcome of *Fritz* in the Supreme Court.

PLANNED ACTIVITIES

Over the past few years, the Board has been reviewing its operations, procedures and facilities to find ways to increase efficiency and improve service to the railroad public. In some cases, outside contractors have been retained to provide unbiased assessments and to introduce fresh approaches to problems. These studies have already resulted in some improvements and should prove invaluable in long-term planning to meet future demands.

A consulting firm has been retained to conduct a quality assurance study of railroad retirement benefits. Under this study, railroad retirement beneficiaries will be interviewed to determine if all eligibility requirements have been met and benefits will be recalculated to assure that the correct amount is being paid. As part of the study, the consulting firm will recommend improvements in Board procedures and identify any case profiles found to be error-prone. A similar study of the Board's unemployment-sickness benefit program has aided the Board in strengthening quality control techniques and improving service to beneficiaries.

A study group from the Federal Computer Performance Evaluation and Simulation Center which reviewed the Board's computer facilities and operations has recommended specific changes for improving performance. Action has already been taken on a number of their recommendations, including the replacement of the Board's backup computer with one with additional operating capacity. This will allow the Board to increase efficiency by converting various manual operations to electronic data processing.

A pilot study, providing retirement annuity estimates to railroad workers a few years before eligibility, is scheduled for 1980. After an initial mailing of annuity estimates to a test group, the Board plans to survey the group to determine whether they consider the estimate useful in their preretirement planning and to consider their suggestions in making final plans for the program. While annuity estimates are currently available at Board district offices, many railroaders do not request an annuity estimate until shortly before retirement. It is hoped that this program will stimulate realistic retirement planning a few years before retirement.

ITEM 33. SMALL BUSINESS ADMINISTRATION

DECEMBER 21, 1979.

DEAR MR. CHAIRMAN: This is in reply to your request for information on programs for the aging for the Senate Special Committee on Aging's annual report, "Developments in Aging."

The Civil Rights Compliance Division of the Small Business Administration's Office of Equal Employment Opportunity and Compliance has the responsibility to assure nondiscrimination on the part of SBA program offices as well as recipients of financial assistance. The effective date of SBA's regulations under the Age Discrimination Act was July 1, 1979.

An interesting feature of all executive department regulations under the Age Discrimination Act is early complaint processing through the mediation process. Complaints of discrimination under the Act are sent to the Federal Mediation and Conciliation Service for mediation prior to investigation of the complaint.

SBA continues to actively enforce regulation B (12 CFR 202) of the Federal Reserve System and its own requirements under the Equal Credit Opportunity Act, as amended. During fiscal year 1979, SBA monitored 21,481 recipients for nondiscrimination including compliance with the Equal Credit Opportunity Act's prohibition against discrimination on the basis of age.

In 1964, the Small Business Administration established a volunteer program called the service corps of retired executives (SCORE). The program has continued to expand and there are now some 11,355 members of SCORE. The objective of this program is to provide management assistance service to the small business community. The active corps of executives (ACE) is comprised of business people who have not retired.

SCORE is comprised of volunteers retired from the active business world who have had a lifetime of business experience and are willing to share this knowledge and experience with others. SCORE provides a businessperson-to-businessperson advisory relationship. In addition to the invaluable service that is derived by the small business owner/operator, there is an added benefit to the volunteers. SCORE members know that their aid is needed and their participation provides the retired volunteers with a sense of satisfaction for contributing his or her knowledge to help others.

SCORE volunteers have counseled over 600,000 small businesses since 1964 and the organization has grown from the initial 1,000 members to its current membership level organized into 365 chapters located throughout the United States. In fiscal year 1979, SCORE volunteers counseled over 150,000 small business owner/operators.

Sincerely,

A. VERNON WEAVER, *Administrator.*

ITEM 34. VETERANS ADMINISTRATION

FEBRUARY 4, 1980.

DEAR MR. CHAIRMAN: In response to your request of October 5, 1979, I am pleased to forward the enclosed report on the Veterans Administration activities relating to developments in aging for the year 1979.

As you know, this agency has a significant interest in our aging population. Over 2.7 million of the more than 30 million veterans in this country are 65 years of age or older, and more than one-half of all veterans have passed their 47th birthday.

The magnitude of our activity is indicated by the fact that currently the VA provides all or part of the income of more than 1.6 million persons age 65 and over. Also, on a "typical" day in the VA supported inpatient facilities (i.e., hospitals, nursing homes, and domiciliaries) more than 35 percent of our inpatients, about 37,960 veterans, are age 65 and over.

In response to your question, there have been no precedent setting court decisions rendered during fiscal year 1979, or now pending, that impact on any initiative or program for the elderly that is under VA purview.

I hope the enclosed information will be helpful to the committee. Please let us know if we can provide any further aid.

Sincerely,

MAX CLELAND, *Administrator.*

Enclosure.

1. INTRODUCTION

The VA has been long aware that the World War II and Korean War veterans are aging and therefore will present new problems to the agency. The number of veterans over age 65 will increase from 3 million in 1980 to 5.5 million in 1986, 7 million in 1990 and 8 million in the year 2000. After age 65 there is a rapid increase

in the number of acute and chronic illnesses which will require short- and long-term care. DM&S has made extensive plans to meet the growing need posed by this combination of factors.

Our objectives are threefold:

(1) To furnish an adequate number of acute and extended hospital beds, nursing home beds, and domiciliary beds in VA, community (contract) and State home facilities; to expand alternatives to institutional care, including provision of home health services; and, to emphasize treatment programs particularly suited to meeting the health care needs of an aging veteran population.

(2) To emphasize education and training of health care personnel specializing in the treatment of elderly persons, and diseases and infirmities characteristic of an aging population.

(3) To emphasize biomedical and health services research designed to ameliorate geriatric care problems and to improve methods of health services delivery.

In fiscal year 1979, approximately 26 percent of the veterans being cared for in VA hospital beds were age 65 or older. After hospital care, many of the aged require extended care. Of those in VA, State, and community nursing homes, approximately 63 percent were age 65 or older.

2. EXTENDED CARE

VA NURSING HOME CARE

This program is designed for veterans who are not acutely ill or in need of hospital care, but who require skilled nursing care and related medical services. Typically, a veteran admitted to VA nursing home care is chronically ill, has a permanent or residual disability, is expected to require a long period of nursing supervision, observation and care, and requires special efforts of a long-term rehabilitative nature. All the services required for the comprehensive care of a veteran in the nursing care unit are available through the resources of the medical center. Nursing home bed increases occurred during the year through replacement of the unit in Palo Alto, Calif., and recovery of beds that were temporarily deactivated for facility improvement projects. During 1979, there were nursing home care units at 92 VA medical centers with 8,206 average operating beds and an average daily census of 7,760. The number of patients treated was 12,283.

COMMUNITY NURSING HOME CARE

This program is designed for veterans who are not acutely ill and not in need of hospital care, but who require nursing home care and related health care services. The primary purpose of this program is to aid the veteran and his family in making the transition from a hospital to the community by providing time to marshal resources for the veteran's continuing care. Participating facilities are assessed by VA personnel prior to approval and no less than every 2 years thereafter. Followup visits are provided to the veteran in the nursing home by the hospital social worker, nurse, and other members of the treatment team. Under this program, nonservice-connected veterans may be placed in community facilities at VA expense for a period not to exceed 6 months. Veterans requiring nursing home care for a service-connected condition may be placed at VA expense indefinitely.

As of July 31, 1979, 2,901 nursing homes were under contract with the agency, 1,329 of which were skilled homes and 1,572 of which were intermediate care facilities or combined skilled and intermediate care facilities. A total of 27,807 veterans were served by this program during fiscal year 1979 with an average daily census of 8,126.

During the past year, the VA has continued to develop an approach to nursing home assessment which emphasizes the quality of care and quality of life in the home. Parallel to this effort, the VA has continued to work more closely with other Federal and State agencies in order to coordinate and avoid duplication of effort in the assessment of nursing homes. These closely related endeavors have been pursued through a series of regional conferences for VA community nursing home teams and through administrative meetings with VA, HEW and State survey agency staff.

HOSPITAL BASED HOME CARE

This program allows for an early discharge of veterans with chronic illness to their own homes and reduces readmissions to the hospital. The family provides the necessary personal care under coordinated supervision of a hospital based multi-disciplinary treatment team. The team provides the medical, nursing, social,

rehabilitation and dietetic regimens as well as the training of family members and the patient. Thirty VA medical centers are providing hospital based home care services. More acute care beds in hospitals are made available by providing increased days of care in the home.

VA DOMICILIARY CARE

The VA domiciliary program is designed to provide necessary medical treatment and comprehensive professional care for eligible ambulatory veterans in a residential type setting. The program is directed toward those veterans who are disabled by age, disease, or injury and are in need of care, but do not require hospitalization or the skilled nursing services of a nursing home. To be entitled to domiciliary care, the veteran's disability must be chronic in nature. The veteran must also be incapacitated from earning a living and meet an income limitation criterion.

The first of the 200-bed domiciliary replacement facilities has been dedicated at the VA medical center, Wood, Wis. The design incorporates the latest developments in barrier free design as an encouragement to physically disabled veterans to function at their maximum. These new units will make it possible to provide beds for women veterans because of privacy requirements now included in construction criteria.

An effort is being made to integrate domiciliary patient-members into ongoing multipurpose senior centers in the community. This encourages the veteran to participate in activities in which they can associate with other older people, thereby expanding their range of friends and acquaintances. International service clubs, such as the Kiwanis and Civitans are establishing clubs in VA domiciliaries. Exchange functions are held between the community based club and the domiciliary, thereby increasing social interaction.

Patient-member advisory councils are being established in all domiciliaries to provide a vehicle through which veterans can communicate with management of the domiciliary and the medical center about their interests and needs.

In fiscal year 1979 the 16 domiciliaries operated 9,485 (average) beds with an average daily census of 8,448. The number of patients treated was 16,541.

PERSONAL CARE HOMES

This program provides personal care and supervision in a homelike setting in the community for veterans who have no homes or whose home does not provide the care they need. The veteran pays for his care, usually out of the combination of VA pension, supplemental security income, and/or social security disability payments. All veterans with sufficient funds may utilize this service. Homes vary in size from those accommodating one veteran in a family setting to homes accommodating 20 or more veterans. Homes are periodically inspected by an interdisciplinary team from the nearest VA hospital. Regular followup visits to the homes are made by members of the VA hospital staff. The social worker is the most frequent visitor, working with relationships between sponsor and veteran, veteran and family, and veteran and the community.

During fiscal year 1978, the General Accounting Office completed a study of the program. While noting the need for greater administrative efficiency and for clearer guidelines for the program, the report strongly recommended the expansion of the program as a cost effective alternative to hospitalization.

In May 1979, the VA published a summary of the results of a survey of the personal care home program conducted in November 1978. Among the wealth of data produced, the survey indicated that of the current users of the program, over 50 percent were service-connected, the average income was \$605, and the average cost of care was \$301 per month. Ninety-four percent of the veterans in placement had a primary diagnosis which was psychiatric/behavioral in nature.

Of great import for the continued growth of the program, the survey indicated that of all institutionalized patients/residents institutionalized over 30 days, 12,730 had potential for replacement in a personal care home. Of these, 4,038, or 32 percent, had sufficient funds to afford the cost of placement.

STATE HOME PROGRAM

The State home program has grown from 11 homes in 11 States in 1888 to 42 State homes (one of which has two annexes) in 30 States and the District of Columbia. Currently a total of 16,207 beds are authorized to provide hospital, nursing

home and domiciliary care. The VA relationship to State veterans' homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States to provide care that meets modern standards of quality to veterans requiring domiciliary, nursing home, and hospital care. The other grant program provides VA assistance with 65 percent Federal funding in the construction of new domiciliary and nursing home care facilities, and the expansion and remodeling of existing facilities. The State home per diem program is administered through VA medical facilities which reimburse the States on a quarterly basis. The construction program is administered by central office.

Since the enactment of Public Law 88-450 in 1964 and Public Law 91-178 in 1969, VA grants have been utilized by 30 States. The provisions of Public Law 95-62 enacted July 1977, consolidated Public Laws 88-450 and 91-178 and enabled the VA to continue to assist the States with new construction funding, and expanded the construction program to include domiciliary facilities within an authorized appropriation.

In 1979 new construction resulted in the addition of a 300-bed nursing home at Sandusky, Ohio. In addition, the VA obligated funds in fiscal year 1979 totaling over \$15 million in support of constructing an additional 565 nursing home care beds and 263 domiciliary beds.

During fiscal year 1979, the average daily census in State veterans' homes was 5,206 nursing home care, 5,298 domiciliary, and 981 hospital patients.

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS (GRECC'S)

The GRECC program consists of eight centers and represents another aspect of the multifaceted VA response to the health care needs of aging veterans. It serves as a mechanism for attracting and developing superior staff into the field of gerontology and geriatrics. GRECC activities have been directed towards utilizing and redirecting existing resources for geriatric care and advancing and integrating into the VA system clinical research and educational achievement in geriatrics and gerontology. As a part of the program, GRECC's have been developing geriatric evaluation units, usually of 10 to 30 beds, for intensive diagnosis and therapy. Four GRECC's have instituted evaluation units with a broad base in general internal medicine.

Each center typically emphasizes one area of research relevant to aging. For example, one has developed a cardiopulmonary function evaluation unit, and three others, all with neuropsychiatric orientation, are focussing on chronic neurological diseases and organic dementias. GRECC professionals have published or presented over 250 scientific papers. GRECC centers have reported the award of \$3.4 million in research funds since the beginning of the program in fiscal year 1975. Over \$1.3 million was awarded from the VA through the merit review process in fiscal year 1979. The GRECC's have also received awards of more than \$2 million since fiscal year 1975 from other Federal agencies and private foundations. A formal evaluation of the GRECC program was initiated in fiscal year 1979 and site visits were made to four of the eight centers.

INFORMATION AND REFERRAL PROGRAM

To minimize duplication of effort and to promote efficient use of resources, the VA is actively participating in coordinative endeavors with other Federal agencies on behalf of elderly veterans to provide information and referral services.

During the past year, information and referral liaison representatives from VA medical centers and regional offices continued their liaison with the area agencies on aging (AAA's) within their various jurisdictions. Service to the AAA's is provided in varying degrees depending upon their responses to the VA offer to provide service. Many AAA's are visited regularly; all others are served on an on-call basis. Personnel from the Department of Veterans Benefits have conducted veterans benefits training seminars for AAA's intake counselors in more areas during 1979.

Activity continues in the area of introducing veterans discharged from VA medical centers to senior citizen centers in their local communities. Volunteers are being used to assist in these programs. Veterans services personnel are establishing liaison with a growing number of these senior citizen centers to assist in matters relating to veterans benefits.

In at least one State, VA Department of Medicine and Surgery (DM&S) social workers and Department of Veterans Benefits (DVB) veterans service personnel have conducted cross-training sessions for each other to strengthen their unity and continuity in providing service to the elderly.

A series of "how to" training conferences for I&R liaison representatives from both DM&S and DVB was started during 1979. These conferences provide an opportunity for focussing on successful programs for the elderly at VA facilities with the objective of expanding them to other VA medical centers and regional offices. The series is expected to continue until all I&R liaison representatives have had an opportunity to participate. Veterans service personnel continue to conduct benefits awareness campaigns at many community nursing homes to alert administrators and staff at these homes to the availability of VA benefits for veterans and widows.

The VA has been involved in many State, county, and local activities for the elderly, such as the Federal executive board, senior citizen showcase of benefits, a Governor's conference of aging, and senior summits.

Efforts to stimulate interest in VA benefits and medical programs among potential elderly beneficiaries have included establishing rapport with local newsletters, newspapers and other publications circulated among the elderly. Press releases are prepared concerning benefits and services for this target population, and distributed to publishers. Responses have been favorable.

In 1978, a brochure, "Information and Referrals for Veterans 60 Years or Older," was prepared by the Palo Alto VA Medical Center, listing services available from VA and community agencies for seniors. This list was completed in large print, making it easy to read. During 1979, other VA facilities have prepared similar materials.

3. MEDICAL SERVICE

The Veterans Administration Central Office Medical Service and the medical services in Veterans Administration medical centers vigorously pursued their goal of improving the overall quality of medical care provided veterans during 1979. Once again a large share of their efforts were devoted to the aging veteran group, since these patients constitute a significant portion of our patient population both in terms of numbers and professional challenges.

In addition to this general medical interest in the aged patient, several more specific activities in this area were carried out during 1979 and should be cited. The VA is developing policies for surveillance of patients who have had cardiac pacemakers implanted. A large fraction of these patients are in older age groups. Two VA medical centers are planning to survey aging veterans with high systolic blood pressures. This survey will measure mentation in patients on and off treatment. The newly established centers for handling rheumatology-immunology and cardiopulmonary rehabilitation problems continued their growth and development in 1979 with obvious impact on the care of the aging veteran. Medical service continues to play a significant role in the evaluation of these centers and will do so in the future. Medical service is also collaborating with dietetic service to initiate a comprehensive clinical nutrition program throughout the entire agency. The potential significance of improved nutrition for aging patients in promoting better quality of life and quality of care is great. Medical service representatives participate actively in various professional conferences and meetings on aging.

Medical service plans to continue and expand its role in this very important area of internal medicine in 1980, and the future.

4. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

The Mental Health and Behavioral Sciences Service has continued to develop its programmatic efforts toward the betterment of its therapeutic and rehabilitative efforts for the older psychiatric patients. Especially noteworthy has been the orientation and training of chiefs of psychiatry and psychology services in the use of the new "Diagnostic and Statistical Manual III" (DSM-III) regarding the diagnosis of organic and functional disorders which are likely to afflict the elderly. In addition, the first geriatric day center, called the "elder veterans service center," in the VA at the Palo Alto VA Medical Center, Menlo Park division has become fully operational. The center now provides services to 40-50 geriatric patients daily, and under the leadership of a doctoral level clinical psychologist, has developed innovative concepts and programs to serve a wide range of eligible geriatric veterans.

There continues to develop within our VA psychiatric services special psycho-geriatric ward/units which have adapted their therapeutic programs to the physical limitation imposed by the aging process on our long-term psychiatric patients. Such programs not only make levels of activity adjustment, but even more importantly, maintain a positive rehabilitative stance which provides for increased

hope and levels of adaptation so that for many, they can achieve a level of non-institutional adjustment.

One of the main efforts during the past year has been the work of the alcohol dependence treatment division in concert with the VA domiciliary staff to address the problems of excessive drinking among this aged group. A meeting was held by the Mental Health and Behavioral Sciences Service's staff with all of the directors of VA domiciliaries in which strategies for more effectively treating patient-members were presented. This was followed by a report from each of the domiciliaries on what plans and what steps had been taken as a result of the training conference. Furthermore, plans are being developed to incorporate specific policies and procedures in the structure and functioning of the newly constructed domiciliaries to address the increasing and important problem of alcohol abuse in the aged veteran population.

Development of a specific program guide by the MH&BS Service on the use of antidepressant drugs is nearing completion. This guideline is especially important because of the increase in depression among the aged and the fact that depression often goes undetected in elderly patients with organic disorders. Special emphasis is given to the need for modified dosages of antidepressive medications, since with advanced age the patient's ability to detoxify, bind, distribute, and eliminate such drugs is reduced.

Increased attention is being directed to the needs of aging veterans in the VA day treatment centers. These programs provide ambulatory activity oriented programs to long-term, mostly World War II veterans, who usually have had previously prolonged periods of hospitalization in our psychiatric facilities. Modification of program efforts towards the development of avocational rather than vocational pursuits and the teaching of adjustment skills relative to changes brought about by the aging process are becoming more prevalent in the day treatment centers.

5. SOCIAL WORK SERVICE

Problems related to the health care status of elderly veterans living on marginal incomes have underscored the need to develop social and community support systems as an alternative to costly hospital and institutional care. The need to develop a comprehensive health care plan incorporating both quality of life and quality of care components has been and will continue to be emphasized in meetings and workshops conducted under the auspices of central office. DM&S priorities emphasize the need to develop a full range of institutional alternatives that will enhance human functioning and allow the veteran to function as independently as possible in surroundings that meet identified criteria.

During fiscal year 1979 social workers provided placement and followup services to 67,000 veterans in VA approved community settings. In addition, VA social workers provided outreach services to over 9,000 veterans discharged from hospital rolls. Approximately 3,800 veterans were placed directly from the community in VA approved nursing homes, personal care homes, and other community facilities. Nearly 1,500 veterans discharged from community nursing homes were assisted to return to their own homes following a period of VA approved care.

The activation of a quarterly personal care home report in fiscal year 1980 under the auspices of the office of extended care will provide a more comprehensive data base for program planning and evaluation purposes. Specific information on program operation will be provided, including data related to fire and safety inspections, home ownership, average daily census, and other critical elements impinging on quality of life and quality of care considerations.

Social workers continue to facilitate the delivery of services to the elderly and their families through the development of screening procedures to identify high risk categories; the coordination of information and referral services for the elderly; and involvement in community planning councils to identify gaps in services and develop coordinated plans of action to meet identified deficiencies. A few medical centers have developed multipurpose centers which serve to meet both social and health care needs of the frail elderly who are not well served by community senior citizens centers. In many cases this prevents unnecessary institutional care for those who can be maintained in their own homes or other settings, provided that supportive services are available. Veterans enrolled in the personal care home program of one medical center participate in job assignments for pay which appears to have had a very positive impact on their social functioning. Financial support is being requested to extend this research project.

Central office and field staff have participated in interagency seminars and meetings related to long-term care issues with special emphasis on quality of life considerations. A highlight of this report period was the publication in the "Journal

of the American Hospital Association" (November 1979) of an article entitled, "Can Quality of Life Be Evaluated?" by VA central office staff. This article identifies quality of life indicators which can be applied to long-term care settings, both within the VA and in the public and private sectors.

6. REHABILITATION MEDICINE SERVICE

Rehabilitation Medicine Service has continued to concentrate numerous rehabilitation programs geared to the aging population. Increased program projection for fiscal year 1980 has focused on geriatric rehabilitation and long-term care efforts which have long been recognized as neglected, underemphasized areas of treatment concentration. Rehabilitation Medicine Service physicians and therapists have been encouraged to engage in continuing education experiences designed to stimulate, motivate and provide new programmatic ideas in geriatric care.

This service is currently involved in such programs as: Sensory integration dysfunctioning programs to help patients, especially the long-term or intermediate care psychiatric populations which are generally composed of patients in the geriatric age range, regain the use of their sensory mechanisms or to compensate for their loss; compensated work therapy to provide for monetary incentives in community work projects for a greater feeling of self-worth and meaningful activity; cardiopulmonary rehabilitation programs designed to treat and rehabilitate patients with special heart and lung disorders, especially important to the geriatric patient; and reality orientation activities to help influence memory, recall and adjustment to day-to-day living experiences. It should be noted that special emphasis is being projected by the corrective therapy discipline to reemphasize and expand the physical reconditioning and physical fitness exercise and modified game skills for the aging population to help alleviate the incidence of increased total nursing care and to concentrate on the physical and social needs of this particular group. Plans are also being developed to provide a physical, psychosocial and vocational readiness assessment service for domiciliary residents in order to help prepare them to either enter back into the community or into day treatment type programs. A new approach, called "life skills clinic," is being planned in the occupational therapy area to help the older patient deal more successfully with day-to-day activities, emphasizing being "well" rather than ill. Rehabilitation Medicine Service will continue its active involvement in the VA's rheumatology-immunology program and help to develop special activities in cancer rehabilitation, stroke rehabilitation, and pain clinic programs.

With greater emphasis on gerontology in the VA and a greater divergence of programs concentrated in this area, both increased numbers and varieties of Rehabilitation Medicine Service programs will continually be designed to meet these needs.

7. NURSING SERVICE

Nursing care is viewed as an increasingly critical component of geriatric care. VA Nursing Service has recognized its responsibility to help prepare nurses to function therapeutically with aged ill veteran patients. One staff member devotes more than half time to strengthening the educational base in gerontology and geriatric nursing in the system. Work is underway throughout the system to implement the "Standards of Gerontologic Nursing Care," published last year in G-14, M-2, part V. Through cooperative ventures with the Minneapolis and Intermountain RMEC's, standard facilitators have been identified for each RMEC area. A workshop was held in Minneapolis in June to develop strategies to spread the standards. The intent of this effort is to improve the knowledge base on which geriatric nursing rests. From this educational effort, there is a goal of higher quality nursing care for the aged veteran.

The need for improved community services to the aged veteran and family has been identified as an area in which nursing has a potentially significant contribution. Several issues have been developed into proposals for demonstration of community nursing programs. Health care instruction for patient/family/care giver is seen as an area of need and one that the nurse could meet capably. Preventive health care is a second aspect of need for which nursing could assume leadership. A void now exists in both areas.

VACO Nursing Service staff have participated in a number of educational conferences, workshops, and seminars dealing with the aging process and the nursing needs of the aged. The philosophy of interdisciplinary action for improved care continues to guide nursing service and its programs.

8. DIETETIC SERVICE

Older veterans are subject to malnutrition and are at nutritional risk in many disease states because of the aging process. Aging tends to impair metabolism, diminish the acuity of taste and smell, and reduce appetite. Hence, nutritional care of aged veterans requires special knowledge and skills of qualified dietitians and supportive personnel. Dietitians are responsible for the nutritional care of geriatric patients in VA medical centers, ambulatory care and extended care programs, older residents in nursing home care units, and patient-members in VA domiciliaries. Patience and insight into the particular nutritional problems of the aged are applied by dietitians who assess the nutritional status of older veterans, and plan and implement their nutritional care. Many of the diseases prevalent among the aged are associated with nutritional risk, i.e., heart disease, hypertension, cancer, diabetes, anemia, cirrhosis, renal disease, and alcoholism.

Food plays an important role in aged patients' treatment programs. It serves to maintain high morale during extended illness and hospitalization. Eating meals in VA dining rooms offers special advantages over the bedside environment. Geriatric patients/residents/members are encouraged to socialize and interact as part of their treatment/rehabilitation program, and the dining room eating situation provides excellent opportunities three times daily as a normal setting for this therapeutic milieu.

Geriatric patients are included in sensory evaluation of new recipes and new food products being considered for future menus. The swallowing, chewing, and reduced sensory acuity problems of the aged veterans make it imperative that their food preferences are known. Portion sizes and frequency of feedings are given special consideration by dietitians planning food service for geriatric patients in order to assure that their intake will satisfy their nutritional needs.

Prior to patients' discharge, dietitians counsel patients and caregivers on following prescribed diet modifications within their budgetary limitations and food preparation capabilities. Older veterans who live alone are given additional guidance in menu planning and food purchasing, cooking, and meal service. Dietitians provide nutrition counseling to aged veterans and those caring for them in following up on those who are placed in community homes.

There is a need to increase education of health care disciplines in geriatric nutrition in order to increase the awareness of professionals and supportive personnel to nutrition problems of the aged. Further research is needed on nutrition in aging, particularly in areas such as changes in nutrient requirements upon aging, changes in metabolism, the impact of nutrients on the disease process, and alcoholism.

9. VOLUNTARY SERVICE

The older volunteer group continues to be the mainstay of the VA voluntary service program despite accelerating attrition due to infirmities of age, illness, death, and transportation difficulties. In order to maintain the highest possible productivity from this experienced and highly motivated group, and because their accustomed involvement at the VA medical facility may be essential to the older volunteer's well-being, efforts are made to develop or adapt assignments to suit their special needs.

At the same time, contacts continue with the veterans' and service organizations, the American Association of Retired Persons (AARP), the retired senior volunteer program (RSVP), and the personnel offices of businesses and industries to enlist additional volunteers of retirement age. Prospective retirees from Federal service are also being approached by medical facility personnel about volunteer service.

In its services to the aging patient population, however, VA experience dictates considerable reliance on youth volunteers. For the older veteran placed in a medical facility or community nursing home, or residing in a domiciliary, or living in a personal care home there often is a special rapport with young visitors. Some current examples from VA medical facilities include:

(1) At Sioux Falls, S. Dak., social work student volunteers from the local university and colleges, trained and supervised by social work and recreation staff, provide scheduled leisure activities for veterans placed in personal care homes. This medical center also celebrated the International Year of the Child by arranging for two special outings slated to become annual events for nursing home care residents. The first outing was a fishing trip for the residents, who were accompanied by 20 young boys from the Sioux Falls Boys Club; the second was a picnic and carnival at which 25 students from the Crippled Children's School were guests of the nursing home residents.

(2) At the Altoona, Pa., Medical Center, an "adopt a grandparent" program brings each of the participating Junior Girls of the American Legion Auxiliary to visit and correspond with an adopted resident in the nursing home care unit.

(3) At Knoxville, Iowa, the Medical Center has joined others in the VA health care system which involves a program of visits to nursing home and domiciliary units by students from a local elementary school class as part of their curriculum. This center has also enlisted participation by a local head start program in these geriatric remotivation activities, while at the Phoenix, Ariz., Medical Center, arrangements have been made for preschool children from a day care school to visit the nursing home care unit.

In addition to such carefully structured and supervised group activities pairing young volunteers with the aged, VA medical facilities have continued to develop innovative adult volunteer services for the older veteran, such as:

(1) At the Outpatient Clinic, Boston, Mass., in preparation for the new day treatment center geriatric program, a commitment has been obtained from the deputy commissioner for the elderly to provide for therapy program volunteers talented and trained in such areas as music, dance, and painting.

(2) The VA Medical Center, Leavenworth, Kans., has developed a new handyman's program for domiciliary residents in cooperation with the area agency on aging. Residents participating in the program volunteer to assist senior adults from the community in small work projects.

(3) In Buffalo, N.Y., a volunteer has begun a discussion group for geriatric patients under the supervision of the medical center library staff. The volunteer uses recordings of oldtime radio programs to initiate the discussions.

(4) Several facilities, including Palo Alto, Calif.'s Menlo Park division, and the Bath, N.Y., Medical Center, are initiating plans to use volunteers in conjunction with staff to prepare elderly nursing home or day center veterans for return to daily living in the community. The volunteers assist also in providing information and referral to pertinent community organizations.

Voluntary service plans to continue efforts during fiscal year 1980 to recruit retiree volunteers, and to emphasize the development of volunteer services for the aging veteran.

10. DENTISTRY

In preparation for the anticipated increasing number of geriatric beneficiaries who will be treated by the VA, emphasis has been placed on methodologies which can best utilize the magnitude, scope, and diversity of the VA health care system to develop improved dental care models for this group. VA sponsored conferences on geriatric dentistry were held in Minneapolis, Minn., and Los Angeles (Wadsworth), Calif. In addition, meeting the oral health care needs of geriatric patients was stressed throughout the year at 13 conferences which included chiefs of dental services from 15 medical districts.

Another significant endeavor was a workshop on geriatric dentistry held under the auspices of the ACMD for dentistry. Their discussions centered on how the VA can best establish a unified medical and dental response to the unique manifestations of disease in the aged, and develop a better appreciation of the specialized preventive measures necessary to maintain a realistic oral health status. Participants in the workshop included two assistant RMEC directors, dental staff from several VA medical centers, staff from the VA Dental Education Center in Washington, D.C., and dental hygienists from the Minnesota Board of Aging. Future meetings will include other professional services and auxiliary personnel for the further exploration of approaches to this complex problem.

The Dental Education Center in Washington has produced a number of single concept films which depict the multidisciplinary care given patients, including geriatric veterans.

An exhibit was prepared for presentation at the National Conference on Dental Care for Handicapped Americans to be held in Los Angeles, Calif., in March 1980. The exhibit illustrates the research performed at Castle Point VA Medical Center for the care of the severely handicapped, and the adaptive equipment developed for this purpose.

11. MEDICAL RESEARCH SERVICE

As described in previous reports, there has been a major increase in the population of elderly individuals in this country over the past several decades. Within the Veterans Administration, this increase has been magnified and, at present, three-quarters of our general inpatient population is composed of World War II veterans with a median age of 60 years. Since shifting of the patient population

from middle age to older individuals implies both qualitative and quantitative changes in health care needs, there is a major challenge to the VA Department of Medicine and Surgery.

Widespread recognition of the problems of aging has begun to elicit a response by U.S. schools of medicine and nursing. This response has involved the establishment of teaching programs in geriatric medicine, usually within departments of internal medicine. Major advances in the recognition of altered physiology or pathology in the phenotypic presentations of disease and in responses to pharmacotherapy have prompted these developments. These advances have been due largely to efforts made by the Veterans Administration within the Department of Medicine and Surgery, especially by the VA Research and Development Service. A brief review of these activities follows:

RESEARCH IN GENERAL MECHANISMS OF THE AGING PROCESS

At the VA Medical Center, Bedford, Mass., investigators studying protein synthesis at a subcellular level have excluded a central role for ribosomal hybrid formation between young and old subunits as well as "error" assays in aging mitochondria.

At the VA Medical Center, Wadsworth, Calif., continuing studies have been made in the age-related control mechanisms for the immunological process. Previous efforts documented deficits in immune responsivity with age. Current studies have refined technical methods and developed the use of 2-mercaptoethanol as a molecular probe to explore underlying mechanisms.

BASIC SCIENCE STUDIES

Investigators at the VA Medical Center, Los Angeles (Brentwood), Calif., have studies in progress using cultured human glial cells and leucocytes to explore possible relationships between chromosome loss and intellectual deterioration with age. Also, these investigators have studied the relationship between serum immunoglobulin levels and cognitive performance in the elderly.

At the VA Medical Center, Bedford, Mass., investigators have reported on cell membrane alterations with age. These studies of myelin isolates from the white matter of aged animals have documented age-specific alterations in the molecular architecture of the myelin sheath. The biochemical effects of chronic alcohol exposure in receptor binding sites are under active study as well. These investigations hold promise of defining the role of alcohol as an age-change accelerator in nervous tissue.

Continuing studies at the VA Medical Center, North Chicago, on proteoglycans and glycoproteins (surface membrane components) in aging animals have shown that aging brains lose capacity to bind the lectin, concanavalin A, as sialyl groups in glycosaminoglycan fractions are lost. The work confirmed previously reported decrements in brain keratan sulfate. These findings have direct relevance to cell recognition and transfer of information and possibly to ultimate cognitive change.

At the VA Medical Center, East Orange, N.J., investigators studied protein changes in the aging brain and reported the appearance of a phosphorylating protein in the striatum. These findings would be relevant to memory and cognitive change.

At the VA Medical Center, Little Rock, Ark., important basic studies on molecular changes in collagen with aging complement other investigations on the biochemical changes of glycoproteins. Together these investigations bear on clinical problems of arthritis and chronic heart and lung disease among the elderly.

Studies at VA Medical Center, Seattle, Wash., on specific transmitter synthetic enzymes in the brain deal with systems etiologically linked to Alzheimer's disease. The same group of investigators have begun studies on an animal model with deficient myelin synthesis, a lack that may be significant for the understanding of white matter pathology in human disease.

A productive research effort has continued at the VA Medical Center, Sepulveda, Calif., on age related changes in microtubules and component proteins in the brain. The large and varied program at this institution includes biochemical investigations linking neuropeptides and analogues of the amino acid L-proline to memory trace formation. Other scientists have reported aberrant forms of mitochondrial DNA in leucocytes from aged humans. These findings indicate that age related cellular pathology may occur in leucocyte formation.

The electrophysiology of the distal auriculo-ventricular (A-V) conducting system has been studied in aged animals at the VA Medical Center, Miami, Fla.

These studies have important implications for the prognosis of myocardial function in ischemic heart disease and in the treatment of arrhythmias in aged patients.

At the VA Medical Center, Loma Linda, Calif., neurotransmitter levels are being determined by complementary chemical histological and physiological methods. These studies are designed to elucidate etiological mechanisms in the process of senile brain atrophy.

CLINICAL STUDIES

A broad range of clinical research activities in aging have been developed within the VA. Since problems of behavioral change and senile brain atrophy underlie the majority of long term admissions to patient care facilities both within and outside the VA, this area has received attention from many investigators at a large number of VA medical centers.

At the VA Medical Center, Bedford, Mass., investigators have reported detailed studies of the beta phenotypic presentations of senile dementia variants. These detailed clinical studies, carried out with neuropsychological testing, may offer a useful guide for prognostication and future therapy.

At the VA Medical Center, Allen Park, biochemical studies of heart muscle used the beta adrenergic drug isoproterenol. The toxicity studies explored the energy metabolism of aged heart muscle, and indicate the importance of early ATP changes in the survival of patients with dysrhythmias.

Clinical pharmacology studies at the VA Medical Center, Houston, explored the efficacy of oral papaverine in the treatment of patients with multi-infarct dementia. Significant improvements have been reported in patients suffering from cerebral ischemia.

The interrelationships between aging and nutrition are being studied at the VA Medical Center, Los Angeles, by focusing on the gastrointestinal absorption of vitamins A and E. These lipid soluble vitamin nutrients are used as models to explore the broader implications of impaired intestinal fat-solute absorption in the elderly.

At the VA Medical Center, Minneapolis, Minn., the interaction of antioxidants (such as alpha tocopherol) are being studied in terms of their absorption and distribution in subcellular fractions from brain and other tissues. Since free radical formation and peroxidation have been implicated in a number of theories on cell aging, these studies are designed to link nutritional factors and basic aging mechanisms. Other investigators at this institution have reported on specific brain protein changes in aged human brains. These studies may have direct relevance for the atrophic brain pathology reported in senescence.

Light and electron microscopic studies at the Palo Alto VA Medical Center are being made in regional human brain areas in an effort to define the pathogenesis of paralysis agitans.

The St. Louis VA Medical Center has conducted major clinical investigations on changes in the elasticity of pulmonary connective tissue and in vessel wall elasticity. These studies are directly relevant to diagnosis and evaluation of emphysema and chronic heart failure in the elderly. At the same facility, investigators have reported on complementary biochemical-electron microscopic studies in elastin from human pulmonary tissues and blood vessel walls. These studies have defined the structural alterations that underlie aging changes in elasticity.

At the Seattle VA Medical Center important psychiatric studies have been made in the symptomatic depression that follows myocardial infarction and the safety of treatment with antidepressant medications.

Studies at the Sepulveda VA Medical Center on endocrinological changes in senescence are continuing as a major area of investigation. These studies have documented alterations in a wide array of hormonal mechanisms which appear concomitant with, and may contribute to, the aging process in many cells and tissues.

PSYCHOSOCIAL RESEARCH

Many and diverse investigations in psychology and social service areas are ongoing within the VA system. At the Little Rock VA Medical Center, the reality-orientation (RO) approach to problems of the elderly is being critically reviewed in a geriatric ward setting. This approach (reality orientation) has attracted considerable attention nationwide and evaluation of its effectiveness as a treatment modality is very important.

The studies span a wide range from theoretical mechanisms to the very practical efforts to define patient acceptance of health care systems. They emphasize the

fact that geriatric medicine is a dynamic area with enormous potential for progress. Research is essential for progress, and VA research continues to be a standard bearer in geriatrics.

12. EDUCATION

During the past 4 years the Office of Academic Affairs has provided leadership in education and training in geriatrics throughout the Department of Medicine and Surgery. Among the factors which stimulated this activity were: The awareness of the increasing age of the veteran population; the implications of this increasing age on the health/medical care needs of veterans; the legislative mandate in the Veterans Omnibus Health Care Act of 1976, Public Law 94-581; and the report of the National Academy of Sciences, "Study of Health Care for American Veterans."

In cooperation with the Offices of Extended Care and Professional Services, the thrust of the educational strategies has been directed toward health care providers, and has emanated from various VA resources, i.e., VA central office (VACO); regional medical education centers (RMEC's); geriatric research, education, and clinical centers (GRECC's); and individual health care facilities. On a continuing cooperative basis, these facilities offer training programs which address the multifaceted aspects in the professional and paraprofessional care of the elderly (i.e., national education project on aging).

Annual national seminars on aging were initiated 4 years ago for VA physicians. The scope of these seminars has been enlarged to include nurses, social workers, psychologists, and other therapists. A total multidisciplinary approach has thus been incorporated into the educational design. Subsequent to the annual seminar, participants develop proposals for educational program efforts to be conducted during the year in their respective facilities.

The manpower grants program, VA medical school assistance, and Health Manpower Training Act of 1972, has awarded several grants to academic institutions in support of training in a variety of aspects of geriatrics. These include long-term nursing care of the aging adult, nurse practitioners in geriatric settings, and interdisciplinary training for various types of geriatric services.

The most promising educational program focusing on the development of geriatric health professionals is the fellowship training opportunity for physicians who are board eligible or certified in internal medicine, family practice, psychiatry, or neurology. The fellowship training consists of a 2-year post residency curriculum to develop clinical excellence in geriatrics/gerontology for inpatient, ambulatory, and long-term care.

The geriatric fellowship program is conducted at 12 VA Medical Centers located at Bedford, Mass.; Buffalo, N.Y.; Durham, N.C.; Gainesville, Fla.; Lexington, Ky.; Little Rock, Ark.; Los Angeles (Wadsworth), Calif.; Madison, Wis.; Palo Alto, Calif.; Philadelphia, Pa.; Portland, Oreg.; and Sepulveda, Calif.

Twenty-two fellows are now in training. One fellow is currently having an international experience at St. Pancras Hospital, London, England, under the direction of Dr. Exton-Smith. The first group of eight fellows will complete their training in June 1980. It is expected that employment opportunities will be available for the fellows in the VA and/or in VA affiliated medical centers.

Planning continues for the training of other health professionals in all aspects of gerontology and geriatrics. VA Medical Centers at Portland, Oreg., and Sepulveda, Calif., have been designated as training sites for interdisciplinary team training activities in geriatrics for VA staff and for health professions students from affiliated colleges and universities. The team training project, directed by a coordinator, consists of didactic and clinical learning experiences including content in gerontology and geriatrics, interpersonal communication, group process skills and the team approach to the delivery of care.

The Portland, Oreg., and Sepulveda, Calif., Medical Centers also have physician fellowship programs in geriatrics. The fellowship program thus serves as the locus of a variety of training initiatives in geriatrics. Additional sites for interdisciplinary team training will be selected in fiscal year 1980.

Continuing education and staff development programs are also directed to geriatric training. Under the sponsorship of central office units and the six regional medical education centers (RMEC's) a large number of workshops and conferences on the subject of geriatrics and gerontology are conducted each year for the staff of VA medical centers, outpatient clinics, nursing homes, and domiciliaries. In fiscal year 1979, programing consisted of approximately 35 different training

activities. Examples of subjects included: geriatric assessment; psychopharmacological agents and the geriatric patient; physiological process of aging; dentistry and the aged patient; implementing gerontological nursing standards; personal care homes; and many others. Funds are also used to support continuing education at geriatric research, education, and clinical centers (GRECC's) through visitation and lectureships.

13. DEPARTMENT OF VETERANS BENEFITS

COMPENSATION AND PENSION PROGRAMS

Disability and survivor benefits (pension, compensation, and dependency and indemnity compensation) administered by the Department of Veterans Benefits provide all or part of the income for 1,606,854 persons age 65 or older. This total includes 797,227 veterans, 692,258 widows, 94,693 mothers, and 22,676 fathers. Approximately 216,000 veterans age 78 or older receive a 25 percent added differential in addition to their monthly pension benefit under Public Law 86-211, as amended.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provides for a new, restructured pension program. Under this program, eligible veterans will receive a level of support meeting the national standard of need. Pensioners will generally receive benefits equal to the difference between their annual income from all other sources and the appropriate income standard.

Pensioners on the current rolls will have an opportunity to elect to receive benefits under this new program.

VETERANS ASSISTANCE SERVICE

During 1979, Veterans Services Division personnel at VA regional offices have strengthened their linkages with area agencies on aging (AAA's), information and referral (I&R) services, and other community groups that serve the elderly. Activities include seminars on VA benefits for some AAA staffs, sharing service resource information with I&R services and direct contact with elderly beneficiaries at senior centers.

Intra-agency activities have been enhanced through improved coordination between VA medical centers and regional offices. A series of "how to" conferences on I&R were started during 1979 to provide for specific planning to establish an effective I&R liaison between both VA disciplines in our common goal of better serving elderly veterans. Veterans Services Division personnel have actively participated in the DM&S sponsored conferences.

EDUCATIONAL ASSISTANCE

There are roughly 350 people age 65 or over receiving VA educational benefits, of whom nearly 240 are training under chapter 34, the Veterans Readjustment Act of 1966, as amended. Widows of veterans who died of service-connected causes and wives of veterans who are permanently and totally disabled from service-connected disabilities total about 110 of the enrollees in the survivors' and dependents' educational assistance program. No close estimate of the number of recipients of vocational rehabilitation is available. While no education and rehabilitation service program is specifically designed as a service to the aged, participation in the programs continues to include a small number of aged veterans and eligible dependents.

