95TH CONGRESS
1st Session

SENATE

REPORT
No. 95-88

PART 2—APPENDIXES
DEVELOPMENTS IN AGING: 1976

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 373, MARCH 1, 1976

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

APRIL 7 (legislative day, FEBRUARY 21), 1977.—Ordered to be printed

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HISTORY

COMMITTEE MEMBERSHIP, JANUARY 1, 1976–JANUARY 31, 1977

Frank Church, Idaho, *Chairman* [1]
Harrison A. Williams, Jr., New Jersey [2]
Jennings Randolph, West Virginia [3]
Edmund S. Muskie, Maine [1]
Frank E. Moss, Utah [3]
Edward M. Kennedy, Massachusetts [2]
Walter F. Mondale, Minnesota [4]
Vance Hartke, Indiana [3]
Claiborne Pell, Rhode Island [3]
Thomas F. Eagleton, Missouri [2]
John V. Tunney, California [3]
Lawton Chiles, Florida [1]
Dick Clark, Iowa [2]
John A. Durkin, New Hampshire [3]
Hiram L. Fong, Hawaii [3]
Clifford P. Hansen, Wyoming [3]
Edward W. Brooke, Massachusetts [1]
Charles H. Percy, Illinois [1]
Robert T. Stafford, Vermont [2]
J. Glenn Beall, Jr., Maryland [3]
Pete V. Domenici, New Mexico [1]
Bill Brock, Tennessee [3]
Dewey F. Bartlett, Oklahoma [3]

SUBCOMMITTEE MEMBERSHIP, JANUARY 1, 1976–JANUARY 31, 1977 [5]

(Frank Church, chairman of the full committee, and Hiram L. Fong, ranking minority member, were members of all subcommittees, ex officio)

Subcommittee on Housing for the Elderly: Harrison A. Williams, Jr., chairman; Frank Church, Edmund S. Muskie, Edward M. Kennedy, Walter F. Mondale, Claiborne Pell, John V. Tunney, Lawton Chiles, Frank E. Moss, Vance Hartke, Dick Clark, John A. Durkin, Clifford P. Hansen, Hiram L. Fong, Edward W. Brooke, Robert T. Stafford, Pete V. Domenici, Bill Brock, and Dewey F. Bartlett.

Subcommittee on Employment and Retirement Incomes: Jennings Randolph, chairman; Frank Church, Frank E. Moss, Walter F. Mondale, Vance Hartke, Edward M. Kennedy, John V. Tunney, Lawton Chiles, Dick Clark, Bill Brock, Hiram L. Fong, Clifford P. Hansen, Charles H. Percy, Robert T. Stafford, and J. Glenn Beall, Jr.

Subcommittee on Federal, State and Community Services: Edward M. Kennedy, chairman; Vance Hartke, Claiborne Pell, Thomas F. Eagleton, John V. Tunney, Dick Clark, John A. Durkin, J. Glenn Beall, Jr., Edward W. Brooke, Charles H. Percy, and Dewey F. Bartlett.

Subcommittee on Retirement and the Individual: Walter F. Mondale, chairman; Edward M. Kennedy, Vance Hartke, Claiborne Pell, Thomas F. Eagleton, Lawton Chiles, Harrison A. Williams, Jr., Edmund S. Muskie, Robert T. Stafford, Clifford P. Hansen, Charles H. Percy, J. Glenn Beall, Jr., and Pete V. Domenici.

Subcommittee on Consumer Interests of the Elderly: Frank Church, chairman; Harrison A. Williams, Jr., Edmund S. Muskie, Edward M. Kennedy, Walter F. Mondale, Vance Hartke, Thomas F. Eagleton, Lawton Chiles, Frank E. Moss, John V. Tunney, Dick Clark, John A. Durkin, Edward W. Brooke, Hiram L. Fong, Clifford P. Hansen, Charles H. Percy, Robert T. Stafford, Pete V. Domenici, and Bill Brock.

Subcommittee on Health of the Elderly: Edmund S. Muskie, chairman; Frank E. Moss, Harrison A. Williams, Jr., Edward M. Kennedy, Walter F. Mondale, Vance Hartke, Claiborne Pell, Thomas F. Eagleton, John V. Tunney, Lawton Chiles, Dick Clark, John A. Durkin, Pete V. Domenici, Clifford P. Hansen, Edward W. Brooke, Charles H. Percy, Robert T. Stafford, J. Glenn Beall, Jr., and Dewey F. Bartlett.

Subcommittee on Long-Term Care: Frank E. Moss, chairman; Harrison A. Williams, Jr., Frank Church, Edmund S. Muskie, Edward M. Kennedy, Claiborne Pell, Thomas F. Eagleton, John V. Tunney, Walter F. Mondale, Lawton Chiles, Dick Clark, Charles H. Percy, Hiram L. Fong, Edward W. Brooke, J. Glenn Beall, Jr., Pete V. Domenici, Bill Brock, and Dewey F. Bartlett.

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[1] Under authority of Amendment No. 23 to S. Res. 4, agreed to Feb. 1, 1977, the new permanent Special Committee on Aging was established. Under authority of S. Res. 84, Feb. 11, 1977, new members were named as follows: Frank Church, chairman, Edmund S. Muskie, Lawton Chiles, John Glenn, John Melcher, Dennis DeConcini; Pete V. Domenici, Edward W. Brooke, and Charles H. Percy; to form a ratio of six Democrats to three Republicans.

[2] Amendment No. 23 to S. Res. 4, Reorganization of the Senate Committee System, agreed to Feb. 1. 1977, established the Special Committee on Aging as a permanent, nonlegislative committee under the rules of the Senate. Membership was reduced from 23 to 14 for the 95th Congress and by attrition must begin the 96th Congress with no more than nine members. Grandfathering of present 16 members had been included in establishing Amendment No. 23 but was relinquished on the floor. Service on the committee ended Feb. 1, 1977.

[3] Term of office expired.

[4] Resigned from committee and the U.S. Senate Dec. 31, 1976, to assume the office of Vice President of the United States.

[5] During the executive session on Mar. 4, 1977, the members of the new permanent Special Committee on Aging decided not to establish subcommittees.

LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., April 1, 1977.

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

DEAR MR. PRESIDENT: Under authority of Senate Resolution 373 agreed to March 1, 1976, I am submitting to you the annual report of the Senate Special Committee on Aging, "Developments in Aging: 1976," Part II.

Publication has been delayed this year by one month because of Senate reorganization and the need for the new membership of this Committee to review the draft report.

Senate resolution 4, approved by the Senate, February 1, 1977, authorizes this Committee to continue inquiries and evaluations of issues on aging. This pertains not only to those of age 65 and beyond but others who find that advancing years effect their lives in one way or another.

On behalf of the members of the Committee audits staff, I want to extend my thanks to the officers of the Senate for the cooperation and courtesies extended to us.

Sincerely,

FRANK CHURCH,
Chairman.

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

REPORT

APPENDIXES

Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

FEDERAL COUNCIL ON THE AGING,
Washington, D.C., January 14, 1977.

Hon. FRANK CHURCH,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: On behalf of the Federal Council on the Aging, I am pleased to submit the third annual report of the Federal Council on the Aging. Our report also includes some of the plans which we have for 1977.

This report shows that the Council has made recommendations

throughout the year to the executive and legislative branches of government, some of which were accepted and some of which were not. The Council will again call attention to certain of these issues if future circumstances warrant.

One continuing concern of the Council is the implementation of recommendations that were contained in the three congressional mandated studies carried out by the FCA and submitted to the White House over a year ago. The studies on *State Formulae for Funding Programs under the Older Americans Act*, *The Interrelationships of Benefit Programs for the Elderly* and *The Impact of the Tax Structure on the Elderly* still contain timely and significant recommendations which should be given full consideration.

This annual report concludes with our agenda for the Council in 1977. We shall issue recommendations from time to time during the year which we hope will be useful to the President, the Congress, the Secretary of Health, Education, and Welfare and the Commissioner on Aging. We welcome referral of national policy questions affecting older Americans from the administrative and legislative branches.

Sincerely,

BERTHA S. ADKINS, *Chairman.*

[Enclosure.]

PREFACE

LEGISLATIVE MANDATE

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

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

1. Advise and assist the President on matters relating to the special needs of older Americans.
2. Assist the Commissioner in making the appraisal of the Nation's existing and future personnel needs in the field of aging.
3. Review and evaluate on a contiuing basis, Federal policies regarding the aging and programs and other activities affecting the aging conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans.
4. Serve as a spokesman on behalf of older Americans by making recommendations to the President, to the Secretary, the Commissioner, and to the Congress with respect to Federal policies regarding the aging and federally conducted or assisted programs and other activities related to or affecting them.
5. Inform the public about the problems and needs of the aging, in consultation with the National Clearinghouse on Aging, by collecting and disseminating information, conducting or commissioning studies, and publishing the results thereof, and by issuing publications and reports.
6. 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.

MEMBERSHIP

The Council is composed of 15 members nominated by the President and confirmed by the Senate. The Secretary of the Department of Health, Education, and Welfare and the Commissioner on Aging serve as ex officio members of the Council.

On October 21, 1976, President Ford welcomed to the White House five members of the Federal Council on the Aging who were sworn in to new terms of office by John Paul Stevens, Associate Justice of the Supreme Court. The members were: Mrs. John William Devereux, Msgr. Charles J. Fahey, John B. Martin, Harry S. Holland, and Nat

T. Winston, Jr. The sixth member, Hon. Bertha S. Adkins, Chairman of the Council, was sworn in at the same time in Augusta, Maine, where she was addressing the Governor's Conference on Aging.

The President said:

> In the 2 years since its foundation, the Council has made very substantial contributions to the well-being of our older Americans, particularly in making recommendations designed to improve tax policy and coordinate benefit programs for our older citizens.
>
> In America, in recent years, the Federal Council on the Aging has led the way to a record of solid progress in helping many of our older citizens lead independent, satisfying, and healthy lives.

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

COUNCIL ROSTER

Federal Council on the Aging, Room 4260, HEW North Building, 330 Independence Avenue, SW., Washington, D.C.

Chairman, Bertha S. Adkins; Vice Chairman, Garson Meyer; Executive Director, Cleonice Tavani.

Bertha S. Adkins, of Oxford, Md., former Under Secretary of the Department of Health, Education, and Welfare.

Nelson H. Cruikshank, of the District of Columbia, president, National Council of Senior Citizens; former Director of Department of Social Security, AFL–CIO.

Dorothy L. Devereux, of Honolulu, Hawaii, former Member of the Hawaii State House of Representatives.

Charles J. Fahey, The Reverend Monsignor, of Syracuse, N.Y., director of the Catholic Charities for the Roman Catholic Diocese of Syracuse; president of the American Association of Homes for the Aging.

Sharon M. Fujii, Ph. D., of Santa Monica, Calif., vice president of Gerontological Planning Associates.

Frank B. Henderson, of Worthington, Pa., director, nutrition services, Armstrong County Community Action Agency; chairman, building committee, board of directors of Armstrong County Health Center.

Seldon G. Hill, of Orlando, Fla., member of the Regional Area-Wide Planning Council on the Aging; past president and board member, Retired Citizen's Association.

Harry S. Holland, of Phoenix, Ariz., retired from Social Security Administration; chairman of Governor's Task Force on Retirement and Aging.

Hobart C. Jackson, of Philadelphia, Pa., executive vice president and director, Stephen Smith Geriatric Center; founder and first chairman of the National Caucus on the Black Aged and presently a member of its executive committee.

John B. Martin, of Chevy Chase, Md., former Commissioner on Aging; legislative consultant to the National Retired Teachers Association and the American Association of Retired Persons.

Garson Meyer, of Rochester, N.Y., retired executive of Eastman Kodak; president emeritus of the National Council on the Aging; chairman, advisory committee, New York Office of the Aging; chairman of the board, Genesee Savings and Loan Association.

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

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

Lennie-Marie P. Tolliver, of Oklahoma City, Okla., professor and associate director, school of social work, the University of Oklahoma; member, Salvation Army Senior Centers board of directors, Oklahoma City.

Nat T. Winston, Jr., M.D., of Nashville, Tenn., vice president, Hospital Affiliates International; former State Commissioner of Mental Health in Tennessee.

EX OFFICIO MEMBERS

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

1976 OVERVIEW

ANNUAL REPORTS AND MANDATED STUDIES

This third annual report of the Federal Council on the Aging is presented in accordance with provisions of the Older Americans Act. The Council is required to transmit:

> ... findings and recommendations to the President not later than March 31 of each year. The President shall transmit each such report to the Congress with his comments and recommendations.

Studies of "The Impact of the Tax Structure on the Elderly" and "The Interrelationships of Benefit Programs for the Elderly" were mandated of the Council in the 1973 amendments to the Older Americans Act. The studies were completed and submitted to the President in December 1975.

The 1975 FCA annual report was presented to the President in January 1976. The studies and annual report were transmitted by the President to Congress in August 1976. The President expressed appreciation for the fine work of the Council and said:

> ... the Council's report and studies provide documentation from the viewpoint of our elderly citizens, which support the need for legislation along the lines of my proposed Financial Assistance for Health Care Act and the Income Assistance Simplification Act which I will be proposing shortly.

The response continued in part:

> With respect to the supplemental security income (SSI) program, the Council has recommended in its program report

that legislation be passed that mandates continuance of a specific State supplementation for certain recipients. The Federal Government took over this program from the States on January 1, 1974, and provided a basic payment level to recipients. For those individuals who received benefits under the State programs in December 1973 that were larger than the basic Federal payment level, and who continue to be eligible for SSI, States are required to supplement the basic Federal payment up to the level of the December 1973 payment to such recipients. The requirement does not apply to new recipients who became eligible after December 1973. The Council's legislative proposal would require that the size of the State supplementation to recipients carried over from the State programs on January 1, 1974, could not be reduced. Thus, whenever the basic Federal payment level is increased, this proposal would allow States to continue to maintain a disparity in the benefits for the carried over recipients versus those recipients who came on the rolls after December 1973—a disparity equal to the amount of the original State supplementation.

Adoption of this recommendation would have two effects. First, it would dictate to the States how they should spend the taxes they assess on their residents. Such action would distort the original concept of the program of separate but complementary roles of the States and the Federal Government. Second, it would require the States to maintain payments to people based on the date they started receiving assistance, even though other residents of the States may have equivalent needs and incomes.

The Council also recommends that the Veterans' Administration (VA) be directed to study the problem of benefit reduction rates caused by simultaneous receipt of benefits from pensions for veterans with non-service-connected disabilities and other Federal programs. We share the concern of the Council. This problem is being studied by the Veterans' Administration within the context of total reform of the veterans' pension program. The agency has discussed pension reform with both the House and Senate Veterans' Affairs Committees, and is committed to continuing these discussions with Congress this year. The relationship of veterans' pensions to other Federal benefits can best be addressed in the course of these discussions.

To assess the tax burden on the elderly, the Older Americans Act also required the Council to undertake a study of the combined impact of all taxes on the elderly. Since many of the tax recommendations of the Council are directed toward State and local government, consistent with the enabling authority I am also transmitting this study to the Governors and legislatures of the States for their consideration.

In recognition of the Bicentennial and the many contributions made by older Americans to the welfare of the Nation, the Council's annual report requests the promulgation of a

Bicentennial Charter for Older Americans. I have asked Secretary Mathews of the Department of Health, Education, and Welfare, in consultation with the Administration on Aging, to promote discussion of these vital matters at forums of older persons organized by advisory committees to the area agencies on aging.

Additional mention should be made of the substantial contribution of the two studies undertaken by the Federal Council on the Aging. The efforts of those that participated in the studies will contribute to our effort to provide necessary income and services to our less fortunate elderly citizens in an efficient manner.

These reports will be sent for review and analysis to those Federal agencies serving older persons. After this review, decisions on the recommendations contained in the Council's report will be reflected in future legislative proposals and administrative actions of this administration.

FCA PRIORITY PROJECTS IN 1976

While the far-reaching goals of the Bicentennial Charter for Older Americans serve as a guide for the overall concerns of the Federal Council on the Aging, it has always been realized that current and specific activities of the Council had to be limited in order to achieve the greatest impact on the most pressing issues. The Council has felt that it could not address all the problems of all older Americans but should focus on matters of Federal policy affecting actions of the executive and legislative branches of the Government for the benefit of the greatest number of the elderly with the greatest need. The Council did not want to duplicate the fine advocacy work and role of such bodies as the Administration on Aging, the National Institute on Aging, the Senate Special Committee on Aging, the House Select Committee on Aging, and the national membership and professional groups in the field of aging. Also, the Council felt its work had to be related to recommendations with some likelihood of being implemented within a reasonable period of time.

In this context, the 1976 Council program consisted of work on certain issues identified within a priority-setting process and of varying intensity and range. There were three major Council projects. A "project" usually involves the concentrated effort of an assigned subunit of the Council, studies by national experts and institutions, conferences, seminars, and resultant recommendations for national legislative or administrative action. The two studies on taxes and benefits were projects completed in 1975 which contained the elements of two of the 1976 projects. The activity on the problems around the treatment of assets and asset income was a specific outcome and is described in a separate chapter in this annual report. The project on the "frail elderly" is also set forth later on and it too draws from conclusions in the study of benefits which showed the overlapping, confusing myriad of Federal benefit and service programs which still result in many unmet needs for many older Americans.

Health manpower needs in the field of aging were a concern of the Council's predecessor body, the Advisory Committee on Older Ameri-

cans. Because the issues identified several years ago have yet to be conclusively addressed and because of the Council's mandated responsibility to assist the Commissioner on Aging in appraising personnel need in the field of aging, a project in this important area was formulated during this past year and is described later in this report.

BICENTENNIAL CHARTER FOR OLDER AMERICANS

As its special contribution to the marking of the Nation's 200th birthday, the Federal Council prepared a "Bicentennial Charter for Older Americans" and transmitted it to the President in the FCA 1975 annual report.

In a White House Rose Garden ceremony on April 5 proclaiming May 1976 as "Older Americans Month," the President recognized the Council's preparation of the Bicentennial Charter and urged all State and area agencies on aging and other private and public organizations related to the field of aging to observe this month by arranging public forums where the charter would be discussed and recommendations developed for implementation.

The President later described the charter as "one of the Council's major achievements—a bill of rights for America's senior citizens, a testament of our Nation's heartfelt concern for our older citizens."

Almost 100,000 charters went to State and area agencies on aging, nutrition projects, the major national organizations in the field of aging, the National Commission for International Women's Year, ACTION's older Americans volunteer programs offices and State commissions on the status of women. The Administration on Aging aided in the distribution of the charters and developed guidelines on the holding of forums and the means whereby resultant recommendations would reach the Council for appropriate action. The charter has been translated into Spanish and will be available to Spanish heritage groups in early 1977.

PLANNING FOR NEXT WHITE HOUSE CONFERENCE ON AGING

In attempting to give attention those national policy issues of major importance to the lives of older Americans. the Council has always used the recommendations resulting from the White House Conference on Aging as basic resource material. A later section of this report contains an analysis of major Federal actions taken since the 1971 WHCOA which implement conference recommendations. The Council has also had an ongoing concern about the substance and process of past and future White House Conferences on Aging.

An inquiry from Senator Frank Church, chairman of the Senate Special Committee on Aging asking for Council views on a midway conference on aging in 1977, served as the stimulus for a full review of planning requirements for the next decennial White House Conference on Aging. Accordingly, at the September meeting of the Council, it was agreed that 1977 would be a propitious time to initiate necessary preliminary activities for a 1980 White House Conference on Aging. Letters containing Council recommendations were sent to Senator Church and other congressional and administration leaders in October. The Council suggested that the following areas be ad-

dressed in the initial planning in HEW and the Congress: The year of the conference, the level of Federal funding, the general theme and format, the formation of conference advisory bodies, and the general direction of State and community support activities.

Senator Church and a number of other congressional leaders have responded favorably to the Council comments on the next WHCOA. On December 17, the Federal Council was invited to participate in a meeting sponsored by the Senate Committee on Aging to bring together the Government and citizen groups to plan for coordinated action for a 1981 White House Conference on Aging. The Council looks forward to serving in an advisory capacity in these efforts.

DECOUPLING ISSUE IN THE SOCIAL SECURITY SYSTEM

The Council believes that the social security system is the most important national program affecting the well-being and economic security of both the present elderly and those who will retire in the future. Confidence in the adequacy of its funding provisions and hence its ability to fulfill its promises is a matter affecting the peace of mind and sense of security of our citizens of all ages.

The Council wrote the President on December 23, 1975, about the long- and short-term issues of financing facing the social security system. The Council identified the short-term of deficits resulting from temporary adverse economic conditions:

> An equally important problem; namely, the decoupling issue, is of long-term nature though it has an immediate influence on the public's attitude toward the system. Because of this, the situation demands immediate attention. Under the present automatic benefit increase provisions of the act, in a situation where both wages and prices had risen steadily, future workers would get, in effect, a double upward adjustment of their retirement. This would occur because the impact of the rising wages and rising prices would be entered twice in the computation of benefits—once in the determination of the average wage on which benefit amounts are based and again by adjusting the amount for rising prices.
>
> This would result in the long run in paying present workers unjustifiably high (and costly) benefits when they retire—a situation which the Congress did not foresee and certainly never intended.
>
> This problem has been thoroughly documented by competent analysts including the Social Security Advisory Council in 1974 and the Panel on Social Security Financing to the Senate Committee on Finance in 1975.

The Council urged the President to charge the appropriate agencies in the administration with the responsibility for developing, as soon as possible, an amendment to the Social Security Act to correct the short-term problems of the system.

A copy of the letter was sent to the Secretary of the Treasury as chairman of the board of trustees of the social security trust funds and to the Secretary of the Department of Health, Education, and

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Welfare and the Secretary of Labor as trustees and to the Commissioner of the Social Security Administration as secretary to the board of trustees. It was also sent to Congressman James A. Burke, chairman, Subcommittee on Social Security, House Ways and Means Committee for consideration during hearings being held on social security.

On February 3, 1976, the President wrote to the Council and agreed with their assessment of the short-term deficit and the future adverse effects of the coupled system. The President reported he planned to send Congress a proposal to increase trust fund revenues and eliminate the double indexing for inflation in the calculation of future benefits thus decoupling the system.

On February 16, 1976, Secretary of the Treasury Simon wrote the Council agreeing that the financial problems of the social security system demanded immediate attention. He indicated that the action needed was increased funds going into the system and decoupling of benefit formula to eliminate the inadvertent super-indexing of benefits in the long term.

The Council again wrote Secretary Simon on March 23, 1976, and urged that the forecasts of the trustees' report on social security be based on a decoupled system. No action was taken by the 94th Congress on the decoupling issue.

FEDERAL SUPPLEMENTAL SECURITY INCOME

On October 19, 1976, a letter was sent to the President from the Council urging the signing into law of H.R. 13500. This legislation required States that supplement Federal supplemental security income to maintain the present level of payment when cost-of-living increases are granted in Federal SSI and in social security benefits. This change will allow low-income elderly to receive needed Federal cost-of-living increases rather than have their payments remain stationary through a reduction in the State payment up to the Federal increase. A recommendation on this change was contained in the FCA "Study of the Interrelationships of Benefit Programs."

H.R. 13500 was signed into law by the President on October 21, 1976.

PROPOSED NATIONAL MEALS ON WHEELS ACT

Out of its ongoing interest in a better systematizing of Federal services and benefits for older Americans, the Council examined several new legislative proposals to ascertain their impact on existing programs and on the most pressing needs of older Americans. One particular bill received a great deal of attention and support in the 94th Congress, the National Meals on Wheels Act—an amendment to title VII of the Older Americans Act—which was developed in the Senate Select Committee on Nutrition and Human Needs under the leadership of its ranking majority and minority members, Senators George McGovern and Charles H. Percy. Congress adjourned without taking final action on this bill but it is expected to be reintroduced early in the next session.

The Federal Council considered this proposal at its September 1976 meeting and agreed upon the following position:

The Federal Council on the Aging shares the concern of the sponsors of the National Meals on Wheels Act for the homebound elderly—and blind and disabled who would benefit from this program. The Council has been developing recommendations for new social policy initiatives and programs to meet the service needs of the homebound elderly in a systematic way. One premise that the Federal Council is advancing is that the "floor of services" or the "gateway" service for the most frail older person is a social/health assessment carried out by a skilled counselor. Through this means a determination can best be made of the several problems and several interventions likely to be required by a frail older person. The counselor would be skilled in determining the resources of family, friends, and other informal arrangements before turning to organized voluntary or government-aided efforts. The counselor would be a continuing presence if that were the wish of the older person.

Through this process, it might be determined that a person was not necessarily homebound. A single linkup with a friendly neighbor could mean a weekly delivery of groceries to a crippled person in a third-floor walkup. We would therefore question one premise of the bill that the 3 or 4 million older persons who are said to have one or more chronic conditions are necessarily "bedfast" or "homebound." We would also have to question the conclusion that these same folks automatically need a home-delivered meal.

If the Congress would like to have some immediate attention brought to the expansion of home-delivered meals, we would suggest adding moneys to title VII as it now stands. There is no prohibition on home-delivered meals in title VII save for the intent of Congress when the bill was enacted with an emphasis on communal dining as an antidote to the isolation of old age.

There is merit to many of the points that have been made in the course of introducing the National Meals on Wheels Act but we feel they should be addressed within the context of the full examination of title VII which will take place in 1978 when that title of the Older Americans Act must be renewed. We will then have before us the results of the experience and evaluation of title VII. We believe the goals of Congress for more legislative efficiency and for a better focus on the elderly with the greatest service need can be better accomplished in this fashion.

In conclusion, the Federal Council on the Aging firmly supports the expansion of home-delivered meals within current provisions of titles III, V, and VII of the Older Americans Act, but is opposed to the National Meals on Wheels Act. We believe that the administrative and Federal paperwork requirements for a separate home-delivered meals program would be duplicative and inefficient. Even more importantly, we believe that a meals-on-wheels program operated separately from such other nutrition options as congregate meals or grocery shopping assistance or nutrition education or food stamps or prepackaged meals can increase rather than decrease dependency and social isolation.

This FCA position statement was forwarded to Senators McGovern and Percy and will form the basis for Council activity on a National Meals on Wheels Act in the next session of Congress.

A letter was sent to the HEW Secretary on June 2, 1976, by the Council recommending that the Department, while in the process of reviewing health systems agencies' requests for approval of funding, in implementing the National Health Planning and Resources Development Act of 1974, examine the proposed structure and programs of the health systems agencies in terms of responsiveness to the health needs of the local elderly. The Council recommended also that the technical assistance program for health systems agencies contain a component on the health needs of the elderly, to insure that special cognizance is given to a major problem of large numbers of older people.

The Health Resources Administration of the Public Health Services in commenting on Secretary Mathews' June 28, 1976, response to the Council recommendations, stated that the Council approach to implementing the National Health Planning and Resources Development Act was most appropriate and welcome. Their letter went on to say that—

> . . . the health systems agencies provide the appropriate opportunities for State and area agencies on aging to participate in the implementation of the program. The health systems agencies and the State health planning and development agencies provide a means by which older persons and service providers can work together to plan and develop health services for the elderly. This participation can be achieved not only through direct representation on the governing bodies of the planning agencies but also through participation in their plan development and project review committees, their public hearings and other public meetings. Effective citizen participation in the planning process must take advantage of this whole range of opportunities for involvement.

Medicaid

Following Council action at the March 16–17, 1976 meeting, a letter was sent to the Acting Administrator of the Social and Rehabilitation Service, HEW, endorsing the position of Dr. Arthur S. Flemming, Commissioner on Aging, on a proposed medicaid modification of relatives' financial responsibility for medical assistance.

The problem concerned the determination of income and resources of spouses and parents available to medicaid applicants and recipients. Eligibility determination for medicaid adversely affects elderly couples when one spouse is in a nursing home for an extended period of time. The income of the spouse remaining in the community is considered to be actually available toward the cost of care for the institutionalized spouse. Commissioner Flemming's recommendation on the proposed regulations was that consideration be given to determining the actual amount of income needed to maintain the spouse who lives in the community before the amount of the contribution is determined, rather than automatically reducing the income of the noninstitutionalized spouse to the categorical grant level for one person.

Final regulations were pending in HEW at the end of the year.

Another medicaid matter of concern to the Council was that of cost reimbursement to skilled nursing and intermediate care facilities.

A letter was sent on May 28 1976, to HEW Secretary Mathews stating the Council's position on proposed rules to amend regulations to the medicaid programs, title XIX of the Social Security Act, implementing Public Law 92–603, section 249 regarding cost reimbursement. That section added section 1902(a)(13)(E) to the act requiring that State plans provide, "effective July 1, 1976, for payment of the skilled nursing facility and intermediate care facility services provided under the plan on a reasonable cost-related basis as determined in accordance with methods and standards which shall be developed by the State on the basis of cost finding methods approved and verified by the Secretary". The Council urged that the final regulations embody the following principles:

1. Modest cost associated with the social and human support of the long-term care patient should be construed as reasonable and be reimbursed.

2. No State should be allowed to develop reimbursement techniques which result in payment less than that which is reasonably incurred. Federal and State codes should be the minimum basis of such reasonableness.

The Council affirmed that this policy should be the basis for equal access to quality care for all persons and that the special problems associated with long-term care of minority groups need special consideration.

Final regulations were promulgated on July 1, 1976, which contained several substantive revisions from the proposed rules. The Council sent letters to the Secretary on September 9 and October 14, 1976, expressing "concern that the proposed rules never indicated the possibility of the delay in implementation of the regulations to January 1, 1978." The Council pointed out that this placed "an undue burden on providers who proceeded to improve the quality of care they offered on the good faith that the intent of Congress would be carried out."

HOME HEALTH CARE

The development of more and better home health care programs as part of the continuum of care for the chronically ill was a matter of attention by both the executive and legislative branches of Government in 1976. The Federal Council activity on the "frail elderly" is a somewhat different approach to this same concern.

When regulations were proposed for revision of medicaid regulations on August 21, 1975, removing the limitation which restricts proprietary agencies from qualifying as home health providers unless the State licenses such agencies, the Council wrote to HEW Secretary Mathews on March 18, 1976, expressing the recommendation that sufficient information be obtained as to whether such a revision will bring about an increase in the quality and quantity of home health care. Council members saw merits to both sides of this issue and requested consideration by the Secretary of the questions raised by the Commissioner on Aging to this effect.

The Acting Administrator, Social and Rehabilitation Service, Don I. Wortman, responded on June 17, 1976, to the Council at the request of the Secretary, with his assurance that careful consideration would be given to Council comments before final adoption of the regulations.

On August 25, 1976, final regulations on home health services were published which included only those revisions necessary to clarify the previous ambiguities on persons eligible to receive home health services and types of services States must provide.

At its September 13–14, 1976 meeting, the Council adopted a statement on "Issues in Home Health Care" to be submitted for the record of HEW regional public hearings on that subject. The purpose of the hearings was to clarify many of the issues surrounding the delivery and financing of home health care, and to permit interested and knowledgeable individuals, public groups and organizations, and Federal, State, and local agencies to have an early impact on the HEW's response to these issues. The statement described the interest of the Council in the frail elderly:

> During this past year, the Federal Council on the Aging has given particular attention to these oldest of older Americans. We are evolving national policy recommendations which focus on their need for *social* supports which neither the income maintenance nor health care systems fill. We believe that some of the concepts and programs which we will be presenting are most relevant to the issues involved in resolving some of the issues surrounding "home health care." The FCA report will be completed early in 1977, and transmitted to the Secretary, the President, and the Congress at that time.
>
> In the interim, the Council would be most pleased to share draft materials on an informal basis with HEW staff and to be of assistance in considering the specific questions raised in the hearing announcement. In any event, as advisors to the Secretary and the Commissioner on Aging, the Council would hope to participate in the Department's announced intentions of increasing public attention to the problems and issues surrounding this vital matter.

The statement was sent to the HEW Secretary, the HEW contact person for the home health hearings, and to other appropriate parties for informational purposes.

Also on the issue of home health care, the Council responded to a request from Congressman William S. Cohen for comments on proposed legislation to establish a Special Commission on Quality Assurance and Utilization Control in Home Health Care. It was the opinion of the Council that a review of the roles of already existing advisory bodies would preclude the necessity for the establishment of a new entity. HEW initiatives were described including the public hearings on home health care. The letter of September 28, 1976, went on to say, "These hearings appear to be a sound method of improving medicare and medicaid programs relating to home health services by obtaining a wide variety of views from interested individuals, public and private groups, and government at all levels. This HEW initiative could produce needed short-range regulatory changes within a relatively short time in comparison to the time involved in activating an advisory body into a viable operating group."

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

The Federal Council in a letter of April 22, 1976, recommended to Congressman Henry S. Reuss, the chairman of the House Committee on Banking, Currency and Housing, that the committee members support the amendment being offered by Congressman St Germain. The St Germain amendment regarding the section 202 program of the Housing and Community Development Act of 1974 provided authorized funding of $3.3 billion and also would revise the interest formula to more nearly reflect the cost of money to the Federal Government. This rate would be in the range of 6.5 percent. The Council felt that without this rate many of the section 202 projects would not be feasible. The Council has recommended a national housing policy that provides access to adequate, subsidized housing for the elderly poor and minorities. In the Council's opinion the section 202 program represents a major means for accomplishing that recommendation.

The 94th Congress acted and the President approved two funding bills for 202 along these lines, Public Law 94–375 and Public Law 94–378.

HUD ASSISTANCE FOR MINORITY SPONSORS OF SUBSIDIZED HOUSING

As a result of Council action at the September 1976 meeting, the Federal Council recommended to the Secretary of Housing and Urban Development that the Department take affirmative action to increase access of minorities to subsidized housing. The Council recommended that HUD fund a national center to provide technical assistance and outreach services to interested sponsors, including minority sponsors, in need of assistance in order to properly complete the process of sponsorship of subsidized elderly housing.

HUD Secretary Carla Hills in her response to the Council's concern indicated that HUD is presently taking a number of steps to improve the section 202 program and carefully examining the section 202 selection criteria to determine whether participation by minority sponsors may have been unduly restricted. HUD is also considering a training program to help nonprofit minority sponsors to improve their applications and increase their participation in the program. HUD is not presently expecting this training to include the creation of a national center. Responsibility for the administration of the section 202 program will be decentralized to HUD field offices during fiscal year 1977, with training of field staff to assure knowledgeability of section 202 program requirements.

The Council will follow up this issue in 1977.

SPECIAL PROBLEMS OF OLDER WOMEN

The Council held hearings in late 1975 on National Policy Concerns for Older Women in conjunction with the annual meeting of the National Council on the Aging as a special activity during the International Women's Year. Early in 1976 a publication, "National Policy Concerns of Older Women: Commitment To A Better Life," was is-

sued by the Council. The booklet was based on a public hearing held by the Council in September 1975. It was widely distributed to women's groups, aging organizations, and interested individuals.

Comments on the publication were solicited from the Administration on Aging, the National Institute on Aging, and the Social Security Administration. All three responses indicated an increasing awareness of the concerns of older women. These included a description of a research project on work options for older women currently being funded by the Administration on Aging, the inclusion of women in the longitudinal studies sponsored by the National Institute on Aging, and a study of the Low Income Aged and Disabled by the Social Security Administration.

Since the Council agreed that the lack of an adequate income was a major problem for older women, the Council at its December meeting, recommended that FCA staff should further examine the impact of the supplemental security income system on poor older women.

As part of its ongoing concern for the problems of older women, the Council has also continued its strong support to the U.S. Commission for International Women's Year in encouraging their special interest in older women. The Council has continued a liaison with the commission in the transition of International Women's Year into International Women's Decade and in planning State and national conferences in 1977. In this regard, the Council hopes to see the expansion of many organizational efforts in producing greater awareness and concern for older women.

FOOD STAMP PROGRAM

On March 30, 1976, the Council sent to the chairman of the House Committee on Agriculture and the chairman of the Senate Agriculture and Forestry Committee excerpts from the Council study on "The Interrelationship of Benefit Programs for the Elderly." Chairman Adkins pointed out that Council recommendations and the proposed study of the consideration of assets and asset income might be of assistance to these congressional committees as they undertook reform of food stamp legislation.

COMMITTEE ON MENTAL HEALTH AND ILLNESS OF THE ELDERLY

In 1975, the Council extended an offer to the Secretary of Health, Education, and Welfare of assistance and cooperation in the work of the Committee on Mental Health and Illness of the Elderly, established under Public Law 94–63, the Health Revenue Sharing and Health Services Act of 1975. The National Institute of Mental Health (specifically, the Center for Studies of the Mental Health of the Aging), had been designated to assume the lead responsibility in administering the committee's activities. It is a nine-member committee, appointed by the Secretary of HEW, to make a study and recommendations respecting: Future needs for mental health facilities; manpower and research to meet the mental health needs of elderly persons; the appropriate care of elderly persons who are in mental institutions or have been discharged from there; and proposals for implementing recommendations of the 1971 White House Conference on Aging regarding the mental health of the elderly.

At its September 1976 meeting, the Council decided to continue liaison with the committee focusing on the role of the Council in monitoring and assisting in the implementation of the recommendations of the committee whose legislative charge will terminate July 29, 1977.

FEDERAL TRADE COMMISSION AND FOOD AND DRUG ADMINISTRATION PROPOSED REGULATIONS FOR HEARING AID INDUSTRY

Bertha S. Adkins, chairman, FCA, on June 9, 1976, testified before the Federal Trade Commission in support of their proposed rules for the hearing aid industry which would allow consumer cancellation of purchase of a hearing aid within 30 days with most of the purchase price refundable. The rules also required written consent prior to any sales visit and provisions designed to insure that purchasers have accurate and adequate information on the hearing aid.

The Council also sent written comments to the Food and Drug Administration on their proposed rules for professional and patient labeling for hearing devices recommending that a medical evaluation be required of a prospective purchaser of a hearing aid in all cases except when religious beliefs preclude medical assistance from a physician.

At the end of 1976, both FTC and FDA regulations were still pending.

FCA STATUS FOR NIA DIRECTOR

During the May quarterly meeting, the Council voted to seek an amendment to the Older Americans Act in order to include the Director of the National Institute on Aging as an ex officio member of the Council, joining the Secretary of HEW and the Commissioner on Aging in that respect.

WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

Bertha S. Adkins, chairman, FCA wrote on November 11, 1976, to Dr. Henry Viscardi, Jr., chairman of the White House Conference on Handicapped Individuals requesting establishment of a formal liaison between the Council and the conference which will be held in May 1977. The FCA expressed its concern on behalf of handicapped older persons with special needs and the desire to work with the chairman of the conference in that regard.

FOSTER GRANDPARENTS

In a letter on March 17, 1976, to Congressman Albert H. Quie, the Council reiterated its position taken on May 15, 1975, that there should be no change in the concept of the foster grandparents program as a program for children, and one not to be diluted by the expansion of the program to include care of the adult mentally retarded. The Council, not unmindful of the needs of the adult mentally retarded, suggested that other programs might be expanded to meet these needs, such as senior companions, RSVP, and VISTA.

ACTION had issued regulations to modify a major problem confronting the foster grandparent program—the termination of the foster grandparent relationship when a mentally retarded child reached

age 18. ACTION regulations allowed foster grandparents, in exceptional cases, to serve children through age 21. Under Public Law 94–293, passed May 27, 1976, a foster grandparent relationship with a retarded person was allowed through age 21 and must be continued if suitable alternative arrangements cannot be made.

RESPONSE TO CARTER-MONDALE PLANNING GROUP

An inquiry regarding issues affecting the elderly from the HEW team, Education and Human Development Group of the Transition Planning Group established by President-elect Carter was received by the FCA.

Following Council deliberation on this inquiry during its December meeting, Chairman Bertha Adkins responded on December 3, indicating that there should be no substantial changes in the Older Americans Act until 1978 so that full consideration could be given to the effectiveness of such still new concepts as the area agency on aging and the nutrition project.

On title XX services, concern was expressed by the Council on the inadequacy of the funding level of title XX, as well as on the desire that the elderly receive their fair share of title XX moneys.

In the area of improved coordination of programs and services for the aging, the Council looked with favor on the recommendation that there be a counselor on aging in the White House regarding this action as an indication of the high priority which the President-elect would give to concerns of older Americans. The Council took the unanimous position that the counselor should not serve also as the Commission on Aging so that freedom to relate to the various units and levels within Government which impact on the elderly would not be diminished.

The Council pledged its full cooperation to the President-elect in the establishment and implementation of the office of counselor on aging.

National Policy on the Frail Elderly

INTRODUCTION

One of the priority activities of the Federal Council on the Aging over the past 2 years is a project to formulate a new national policy on the frail elderly. The intent of the Federal Council is to devise an appropriate Federal response to mounting numbers of vulnerable older Americans residing at home, and to seek program implementation of that policy through subsequent congressional action. The outcome sought in this area of Council activity is a national program which assures frail elderly of entitlement to a basic floor of defined supportive services, universally available in this country without regard to income level.

This report on progress achieved over the past year is divided into two sections. Section I reviews progress achieved within the Council on clarifying substantive aspects of the proposed policy on the frail elderly. Section II reports progress of another kind; namely, the identification of strategic issues requiring further study and analysis necessary for completion of the task. The latter area is one of the major assignments for Council attention in the coming year.

SECTION I

A. Background of the Project on the Frail Elderly

Building on the statement in the Council's 1975 annual report outlining a general approach to the frail elderly, a draft document synthesizing the Federal Council's extensive deliberations over the past year was commissioned. The draft report was the work of the Council professional consultants. The draft was reviewed and critiqued by Council members and by a small group of Government officials and others related to the field of social gerontology. To obtain further public comment on material in the draft report an informal session was held at the October 1976 annual meeting of the Gerontological Society in New York. Three members of the Council plus the two consultants who had a hand in preparing the draft report participated in the presentation and subsequent discussion.

As a result of this process, it was possible to obtain a wide set of reactions to the content and direction of the draft statement from individuals within and outside the Federal Council. Oral and written comments on the Council's preliminary position as revealed in the draft document have affirmed the appropriateness and timeliness of the Council's initiative to generate a new national policy on the frail elderly. Out of these various contributions has come both a tentative consensus on the Council's direction and a highlighting of several major issues requiring further clarification. From Council deliberations in the ensuing period will come a revised statement of policy on the frail elderly to be incorporated in a revised formal document.

The material in the initial section of this report is drawn largely from the draft statement prepared by the Council, and outlines some of the essential elements which in the course of the year have achieved agreement among Council members with respect to the format and direction of the developing policy on the frail elderly.

B. Rationale for the Project

The Federal Council's drive for a new national policy on the frail elderly articulates a rising societal concern about a manifest gap in programs of care for a growing but largely overlooked segment of the broad population in the United States aged 65 years and over.

Who are the frail elderly?

By "frail elderly" is meant those individuals within the overall population of older people who by reason of problems associated with health, economics, housing and family/personal supports find it difficult to cope with the vicissitudes of life in a satisfactory manner. Some 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.

The frail elderly are a high risk group in light of their deteriorated health and/or social conditions which in turn may precipitate a consistent dependency on others. The extent of frailty or degree of dependence is usually a function of the individual's level of physiological, psychological, social, and economic circumstances. Such routine self-maintenance tasks, as getting out of bed, bathing, dressing, cleaning

the home, marketing for food and preparing a meal, and similar activities of daily living, may be performed either with extreme difficulty or cannot be performed at all without aid from other persons.

It has become evident that frailty not only can bring about isolation and general unhappiness but also can trigger unnecessary or premature institutionalization unless there are community based services available to sustain a satisfactory status.

If we view the population as a whole, there is an increasingly high incidence of physical and mental frailty as age increases, as has been revealed by medical studies and sociological research. The evidence indicates that increasing age correlates positively with increasing functional impairment among the wider population of elderly. In the interest of identifying an appropriate reference point by which to test a correlation between age and increasing disability, the Federal Council began with the age group 75 years and above. This is not to say that all persons over 75 are frail or that those under are not. It merely indicates that a critical mass occurs within this age range which is worthy of national attention.

A review of the growth of the population aged 65 years and over in the United States in recent decades reveals a consistent graying of America. While the broad population of the 65-plus increased at a steady rate, the group aged 75-plus increased at an even higher rate. By 1975, of the 22.4 million aged 65 years and over, about 38 percent or some 8.5 million were 75 years and over. However, as the general aging population increases in the years ahead the 75-plus age subgroup is expected to constitute a higher ratio. For example, projections for 1980 indicate an overall 65 years and over population of some 24.5 million with some 38 percent or 9.1 million 75 years and over: but, by the year 2000 the United States may have an estimated 30.6 million 65 years and over of which an estimated 44 percent or 13.5 million are expected to be 75-plus.

Estimates on the proportion of the most dependent among the age group 75 years and over vary, running from about 9 percent to 20 percent, depending on one's definition of functional impairment. Taking the lower of the estimates, we are discussing in current population terms a group of approximately 800,000 or about three-fourths the size of the present population of elderly in nursing homes in the United States.

It is important at this point to reassert the caveat that while individuals aged 75 years and over as a class are highly vulnerable, age by itself is not a precise or exclusive measure of frailty. Other indicators such as race, sex, living arrangements, economic level, to name several key variables, need to be taken into account to arrive at more precision. Nevertheless, age 75 is the current benchmark which the Council is testing as a general indicator to identify the target group who are at risk and in need of supportive services to sustain their independence.

Current approaches to frail elderly

When the pressing long-term social and health conditions of frail aging persons are matched against current approaches in dealing with multiple service needs precipitated by frailty, a striking lack of congruence between long-term needs and services is apparent. A basic flaw in the gap exposed in our service provision system is attributable

in part to Federal policy on the aging which rests essentially on an income approach in dealing with complex issues faced by the frail elderly, abetted by an inappropriately structured federally assisted health oriented service program which tends to ignore social requirements of the frail elderly.

For the majority of older people in need of long-term care, two flaws in our current approach in the United States are evident. First, services now provided under medicare, the national program of health insurance for the aging, are tied to financial reimbursement for selected vendor rendered services which minimize the provision of home delivered services to frail elderly not in institutions. Moreover, with limited exception medicare is designed for acute, short-term episodic illness, not for long-term chronic illness. Second, we have chosen in this country to provide long-term care on a means test basis, as part of medicaid, thus excluding all but the impoverished elderly from receiving this form of publicly supported care.

Clearly, frail older Americans constitute part of a growing aging population, a group with a multiplicity of health, social, and environmental difficulties; a group with a desire to retain their residual levels of independence and a measure of normal family and social relations; a group denied the opportunity to exercise their option to remain at home despite their disabilities; and a group whose interests speak for a change in present national policy on the frail elderly. In sum, the Federal Council believes that if our intent in the United States is to infuse our long-term care system with equity with respect to the frail elderly at home, our present approach is deficient and in need of major revision.

C. Goals of a National Policy on the Frail Elderly

Among the fundamental assumptions undergirding the Federal Council on the Aging's approach is the conviction that older persons' options should be maximized and their freedom enhanced. A second major assumption is that primary social institutions such as the family and neighborhoods should be utilized in meeting the needs of the frail elderly.

In the course of this project, six goals in particular vis-a-vis the frail elderly evolved as a collective focus for Council deliberations:

1. To assist the frail elderly to pursue reasonably independent and satisfying lives in their own places of residence.
2. To support frail elderly, with apparent impairments, striving for a normalization of family and social relations, by enabling such elderly to continue in their preferred environment and continue to make the critical decisions affecting their personal welfare.
3. To stimulate improved integration of preventive, ameliorative and supportive health and social services from community based, State and national programs and resources.
4. To stabilize or eliminate actual or potential social isolation of the frail elderly, especially elderly without family or kin.
5. To utilize and integrate the respective contributions of family members and the formal helping network, along with efforts of the elderly for self help, to deal with the multiple needs of extended care associated with frailty in the later years.

6. To make more appropriate use of institutionalization so that such care will be reserved for those who clearly need it.

To implement these goals on behalf of growing numbers of elderly of advanced age whose physical and emotional conditions are linked to an incapacity to manage without help from others, and an apparent failure of existing care systems to respond appropriately to the demonstrable needs of incapacity in old age, the Federal Council has designed the outlines of a more systematic approach to the complex issue of care for frail elderly.

D. Basic Elements in a Frail Elderly System

Fundamental to the Federal Council's approach to the frail elderly is the concept of entitlement to a basic floor of defined supportive services for frail older Americans generated by reason of one's age, social and health status, but without reference to one's financial status. Entitlement to a floor of publicly supported services for social/health maintenance is analogous to the present floor of income maintenance incorporated in well established features of the Social Security Act and the recently added provisions of supplemental security income. The Federal Council looks to the firmly established policy of a floor of income as an appropriate model to emulate. It should be made explicit, however, that acceptance of the proposed core program by frail elderly to whom it may be proffered is entirely voluntary on the part of the elderly individual. In no way is the service to be imposed or in any way diminish autonomy of the individual to accept or reject the offer of publicly supported services.

Four basic program elements constitute the core service to be offered to the frail elderly without regard for personal income or assets. These four program elements not now available in present efforts to address the frail elderly are: (1) A careful psycho-social-environmental assessment of the frail older person on entry to the service, (2) provision of counseling, (3) formulation with the older persons of a coordinated services plan, and (4) where necessary, provision of a "significant other" as a family surrogate. We elaborate briefly on each of these four elements.

Assessment

The initial step in the helping process is an assessment of the frail older person's health, social and environmental conditions. Focus of this procedure is to marshal the necessary information on which to base professional judgments on the frail older person's salient health and social deficits and assets and a companion analysis of which services available in the community and elsewhere need to be triggered in response to the particular needs of the individual being assessed. Additionally, the counseling would ascertain whether the older person is receiving appropriate benefits from State and national forms of social provision or from private sources, such as private pension plans, to which one may be entitled.

Counseling

Counseling serves as a coordinating and linkage function, placing professional skills and knowledge of the range of program resources

for the aging at the behest of frail elderly and their families to enhance the quality of life maintenance for older persons. Home visiting as required will be an integral part of the counseling. An ongoing counseling responsibility is to maintain a working relationship with frail elderly and their families over time for as long a period as necessary. An essential function of the counseling is to make sure the older person is aware of and receives, if necessary, local, State, and national benefits established for older people. Arranging and/or supervising appropriate personal care from a "significant other" would also be part of the counseling process.

Plan

The basic purpose of the coordinated services plan is to help the older person and his/her family arrive at a decision regarding the setting most appropriate to the older person's health and social condition, as revealed by the assessment. In instances where institutionalization is advisable and acceptable to the older person, the counsellor would assist the individual and family to decide which institution is preferable and help make the transfer as smooth and untraumatic as possible.

In the event institutionalization is inappropriate then a coordinated services plan is developed, with an emphasis on utilizing the resources of the natural helping system of family and kin along with such established community based services from the formal helping network, thus distributing the burden of care between the natural and formal helping systems.

Provision of a "significant other"

In basic terms a significant other is a helping and concerned individual, a resource person to assist frail individuals with limited but consistent and in such matters as personal management of the household, marketing and other reasonable chores, and to provide a measure of companionship.

The concept of a significant other to assist the frail elderly individual derives from a recognition that at the edge of the life span there is a strong likelihood of personal losses among elderly—loss of spouse, of close friends and neighbors. To help offset such losses, both in a material and an emotional sense, the Federal Council suggests bringing into the household of the frail elderly person a replacement individual. The significant other may be viewed as a family surrogate where a family member is unable to be present or there is no family member to satisfy this role. Individuals prepared to serve in this role are not expected to be professionals, rather they can be drawn from a number of potential sources such as kin, friends, interested neighbors, or elderly volunteers from ACTION programs such as senior companions and RSVP or a local volunteer organization.

E. Relationship of Federal Program to Family

The Federal Council is aware of the apprehension in some quarters that as public programs are elaborated and make available public resources there may be an effect within families expressed in a diminution of family obligations and a loosening of family ties. The Federal

Council holds that the kind of assistance represented by the proposed policy on the frail elderly will reinforce families seeking supplemental aid from outside resources to help care for their aging at home.

From the perspective of the adult children, the proffered assistance may generate aid from overlooked or unfamiliar community programs leading to a more tolerable and rational distribution of the burden of care between family and formal organizations. Aid is more willingly given when there is a more equitable distribution of the caretaking burden in place of compelling adult children to sacrifice their own interests to meet the demand of chronically ill parents.

From the perspective of the individual's right to self determination, the offer of assessment, planning, counseling, and the subsequent services likely to be set in motion, if accepted by the frail person, will help assure that the autonomy of the elderly householder is continued by providing him or her with the option of remaining at home should that be the individual's preference and it is supported by the data emerging from the assessment.

F. Administrative Location of the Proposed Service

Since the package of service identified for the frail elderly represents a unique program not presently offered by any public or private national organization, one of the difficult operational issues centers on administrative location of the proposed program. In light of the preconditions that the projected services are to be universally available without recourse to a means test, four criteria for selection of the host agency were identified as guidance for decision: (a) administrative capacity, or the degree to which the organization as presently constituted would be able to absorb the program by reason of its current stucture and function; (b) accessibility, or the degree to which potential users would be able to reach the organization by phone or on foot; (c) acceptability, or the degree to which potential users of the program would accept or resist identification as clients of the organization; and (d) adaptability, or the degree of apparent flexibility within the given agency to absorb the new service which may be related to but is different from their current program.

G. Summary of the Federal Council Position on Frail Elderly

As a result of extensive deliberations the Federal Council has arrived at the following positions:

1. There is adequate evidence of a serious gap in national policy and programmatic attention to the frail elderly in the United States, individuals with substantial impairments who are likely but not exclusively aged 75 years and over.

2. Present long-term care policy vis-a-vis the frail elderly is deficient in several ways, including: (a) a tendency to ignore the frail elderly living at home and whose best interests may be served by remaining at home; (b) the imposition of a means test as a condition of receiving all long-term care; (c) an inadequate commitment to home and ambulatory health and social supports; and (d) a neglect of the social needs of frail elderly in health programs offering long-term care.

3. Service to frail elderly will be immeasurably strengthened by establishment of a core of basic support services which rests on a systematic assessment of the health, social, and environmental conditions of the frail older person; a coordinated service plan; counseling to provide both service coordination and linkage to other available services; and provision of significant other services when indicated.

4. The core program is to be made universally available without recourse to a means test and is to be voluntary on the part of frail elderly.

5. The proposed national policy and its program counterpart is likely to enhance the autonomy of the frail elderly and is designed to supplement rather than supplant assistance provided by family and kin or other elements of the natural helping system.

6. The proposed service be provided through an agency or organization of national scope acceptable to frail older Americans.

SECTION II

Issues Requiring Further Analysis and Action

The preceding section offers some indication of the reasonable unanimity on the direction of the proposed national policy and the projected program in support of that policy. There remain, however, a series of knotty implementation issues yet to be resolved. Four, in particular, are paramount.

1. Selection of criteria for determining presumptive eligibility

The use of age 75 as the criterion for eligibility to the program was a point of departure for Council discussions. While a specific age has the merit of administrative simplicity in operationalizing a program it may suffer from the demerit of excluding individuals disadvantaged by selection of an arbitrary age for program eligibility. Thus, if age 75 is not acceptable as a determinant of presumptive eligibility, then which functional disabilities of elderly under the age of 75 are sufficiently widespread and able to cleanly define those elderly eligible for a specific program? Furthermore, 75 may create a self-fulfilling prophecy function.

A second and related question evolves from the differential and paradoxical mortality rates between whites and nonwhites. It is well established that elderly whites up to a certain age exhibit lower mortality rates compared to nonwhites. But nonwhites at older ages "cross over" and exhibit lower mortality rates when contrasted to whites. How can these phenomena between white and nonwhite elderly be accommodated to serve equity and affirmative action ends?

2. Nature and provision of the assessment procedure

There is need for additional exploration and debate on the assessment procedure, a central element of the proposed program. The basic question is whether the assessment should be based on a case history supplied through information from the frail older person or his family, or to mandate a hands-on physical and emotional examination by a medical practitioner. If the assessment is dependent on a case history and the self perceptions of the individual, shall these be actual medical records, and can the individual accurately reflect his

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physical ailments with sufficient clarity for the subsequent development of a coordinated services plan? If a hands-on examination is to be employed, where shall it take place, who shall do it, and how shall it be paid for?

3. Selection of the host agency to administer the program

In light of the uniqueness of the service and the obvious requirement that the host agency be one that is truly national in scope and acceptable to frail elderly of all income levels, no single agency currently in existence meets all the established criteria. What is likely to evolve is selection of an agency whose scope and function most closely approximates the stated criteria. Among prospective candidates are: (1) Social Security Administration, (2) the area agency on aging, (3) the public social service agency, (4) the multipurpose senior center, and (5) subcontractor units of various kinds at the local level serving or related to the aging.

4. Source of program funding

In a period when there is a growing consensus that some Federal tax revenues will probably be needed to maintain the soundness of the present social insurance programs, and there is debate on which form of national health insurance is legislatively feasible, the proposed national program for the frail elderly adds another query to be resolved. In effect, where shall the Federal Council proposed program be located legislatively and thereby determine its funding source? Shall the program be financed on social insurance principles with tripartite contributions from employee, employer, and general tax revenues or, shall the program be financed entirely from Federal tax revenues?

Let it be noted, as the Federal Council's draft document observe, that national health insurance to be equitable and consistent must include health services for the chronically ill. The physically and mentally disabled should receive help on the same basis as the rest of the population. However, no health insurance program can be expected to pay all the costs of long-term social and health care programs. Ways must be found to differentiate maintenance or life support costs from intervention or social/health support costs. The design of a program of national health insurance should encourage integration and multiple funding of social/health services.

In sum, these four issues at least will occupy the Federal Council in the year ahead as it moves closer towards developing a sound social policy on addressing the social and health needs of frail older Americans.

Study of Asset Testing

On December 29, 1975, the Council submitted to the President its study of the interrelationships of benefit programs for the elderly operated by Federal, State, and local government agencies. This study was mandated by the Congress in the 1973 amendments to the Older Americans Act which also directs the President to "... submit to Congress recommendations for bringing about greater uniformity of eligibility standards, and for eliminating the negative impact that one program's standards may have on another."

The study was needed since Government expenditures for social welfare programs have increased dramatically in recent years based on increased participation and new programs. The new programs are based on real needs but have been established without much concern for the relationships among programs. This has led to administrative complexity and expense, and confusion among potential recipients.

Clearly the present situation should be improved. However, no simple solutions are available. One major difficulty is the lack of information about the extent and, in some cases, the nature of the problem.

The objective of this study was to provide information and make recommendations regarding the effects of the interrelationships of benefit programs for the elderly. The elderly are a particularly significant group to consider because they have special needs, a high incidence of poverty, are the focus of several programs, and are particularly likely to participate in more than one benefit program.

Our underlying philosophy has been to make recommendations which would move our society toward a system in which all elderly individuals in similar economic circumstances would be treated the same. Often the failure of the existing set of programs to meet this standard is caused by the interrelationships among the programs.

One of the inequities reported in the study concerned how Federal benefit programs treat assets. The Council recommendation made on treatment of assets was:

> The Federal Council on the Aging will initiate a study of the philosophical and administrative rationale connected with the way in which assets and asset income are considered in determining eligibility for benefit programs and the various options available to reduce the inequities in the existing asset tests.

The study noted that several programs which help older Americans, including supplemental security income, medicaid, food stamps, pensions for veterans with nonservice-connected disabilities, and some housing programs, use asset tests as well as income tests in determining eligibility for participation. The rationale for employing an asset test is that persons with substantial wealth should not be helped even if their measured income is low since assets can either be sold or used for support or be converted into income-producing assets (if they are not already).

Asset tests as presently used cause four types of inequities. First, a small increase in a person's assets can result in loss of eligibility for a program yielding sizable benefits. Second, because there is usually an exemption for owner-occupied housing, asset tests discriminate against persons who rent rather than own housing. Third, asset tests discriminate against the aging vis-a-vis the nonaging since elderly persons of a given economic status are more likely to have accumulated wealth than the young and middle-aged and are more dependent upon wealth income. The impact of asset testing may fall more heavily on one group among the elderly, for example the elderly residing in rural areas compared to those residing in urban areas. Definitions of countable assets vary among the programs, leading to inconsistencies and complexities among the programs.

The Council in 1976 began a study of asset tests by having a paper prepared for Council study by a consultant, Mrs. Betty Duskin, on the philosophic and economic basis for asset tests and recommendations for a process to develop more equitable and efficient alternatives to current practice. The paper reviewed philosophies of income maintenance, the economic basis of asset tests, the existing approach and an alternative strategy, equity of asset tests and administrative complexity and costs. The conclusions in the paper were:

1. On economic grounds, assets should be included to determine economic position or needs.

2. The present method of asset testing represents a philosophic extreme by requiring partial asset exhaustion as a condition of eligibility.

3. Asset tests have certain undesirable incentive features: (a) They act as a disincentive for saving; (b) They are inherently biased toward the nonsaver; and (c) They invite avoidance efforts.

4. Categorical asset exclusions or limitations undermine the intent of asset tests by inducing changes in savings behavior; they are also inequitable since they discriminate not on the basis of wealth holdings but on the basis of the form in which wealth is held.

5. Many assets present valuation problems and presumed conversion into liquid form for current consumption needs may not be a realistic possibility, particularly in the case of the owner-occupied home.

6. Exclusion of all or part of an owner-occupied home is inadvisable since it is the major asset of most households and because its exclusion would bias program eligibility against renters.

7. There is a dearth of literature delineating the conceptual issues and existing literature on asset tests suggests that well-reasoned thought may lead to different conclusions.

The paper recommended that both the conceptual issues in asset testing and the state of current knowledge regarding the distribution of income and wealth be addressed. For comprehensiveness of approach, it was recommended a number of study papers be commissioned to increase the knowledge base on asset tests and to provide a choice of options for consideration.

The Council, after study of the paper, agreed to proceed with further work on a study of assets. The Council requested the FCA Committee on the Economics of Aging to develop a work plan for the study.

The Council next had the paper reviewed by staff in the Department of Health, Education, and Welfare who have responsibilities in areas relating to asset testing. They assisted in developing a work plan for the study. The Council is proceeding with a study with the following work plan:

1. Commission research papers by experts in such areas as law, economics, and social work on six asset testing topics.

2. Critique of the papers by other experts and a review of the papers in terms of national policy implications at a national conference.

3. The development of a report that includes the papers, an overview of the conference, the issues and alternatives and FCA recommendations for national policy on the treatment of assets and income from assets in income conditioned programs for the elderly.

The six study papers will cover the following topics: Paper No. 1 will be a history of specifics of means testing in social welfare programs in the United States, 1935 to present. This paper will include identification of trends and countertrends, justification of asset tests and a classification of equity and efficiency arguments. Paper Nos. 2, 3, and 4 will review policy and practice of means testing in existing programs and identify issues arising in practice regarding compliance, valuation, and classification of assets, enforcement, avoidance and evasion and include proposals for revision of present methods of means testing. Paper No. 5 will study treatment of assets and property income in designs for negative income taxation. Paper No. 6 will critically review options for treating assets and property income.

There has been a high level of interest in this study from Congress and from representatives of Government departments since the national policy recommendations from the study should help in improving equity in providing Federal benefits to needy older persons.

The study is scheduled for completion in 1977.

Personnel Needs in the Field of Aging

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

HEALTH MANPOWER NEEDS FOR SERVICES TO OLDER PERSONS

The Federal Council on the Aging began a project in 1976 to evaluate Federal policies and programs to meet present and future health manpower needs for services to older persons. A study of health manpower needs for services to older Americans is required since approximately 10 percent of our Nation's population is now over 65 years of age and the numbers of older persons continue to increase. Health problems both acute and chronic occur more frequently after age 65 than before that age. Utilization of health care services is higher for older people than for those in middle age. To meet these increasing health care needs, new Federal programs have been implemented in recent years such as medicare, medicaid, and the Veterans' Administration programs for older veterans. In addition, the new National Institute on Aging is working to meet many of the research needs in aging.

In 1976, the Council conducted a survey of the Government agencies that have health manpower responsibilities for services to older persons. Agencies surveyed included the Department of Health, Education, and Welfare, Veterans' Administration, and the Department of Labor. Extensive data, information, and studies have been received and reviewed on:

1. Health manpower services, numbers of elderly served, numbers needing the service, and projections for services.
2. Who provides the service, the current manpower pool, future manpower needs, and support systems for training.
3. Distribution of manpower and proposals to reduce maldistribution of manpower.
4. Services performed or planned to be performed by older persons.
5. Roles of and roles proposed for voluntary organizations in health manpower services for the elderly.
6. Health manpower programs to meet the special needs of minority elderly.

In addition, national private organizations have submitted position papers, studies, and reports. Some of the private organizations that submitted significant reports for the study are: American Medical Association, American Optometric Association, American Pharmaceutical Association, American College of Nursing Home Administrators, National Center on Black Aged, Gerontological Society, American Dental Association, American Nurses Association, American Psychological Association, American Podiatry Association, National Council on the Aging, and the Gray Panthers.

Finally, a large research file of articles on health manpower has been developed.

The material has been reviewed by a panel of agency representatives and they have provided technical suggestions for completion of the project.

The work plan for the Health Manpower Project for 1977 is:

1. Expansion and analysis of the health manpower reports and the preparation of research papers on health manpower issues.
2. A review of the papers may be made at a seminar by health care professionals, Federal health manpower experts, and advisors to Federal agencies.
3. A report containing national policy recommendations on needs for health manpower for services to older persons.

The Council believes there must be a public commitment to assuring that necessary steps are taken so that all older Americans can live healthfully and can choose and purchase appropriate health care services that focus on attaining and maintaining physical, mental, and social well-being. This project will assist in developing public policy recommendations in the important area of health manpower for services to older persons.

SOCIAL SERVICE MANPOWER

As an initial step in gathering information and data on social service manpower needs, the Administration on Aging held public hearings in May in San Francisco, Kansas City, and Washington, D.C. A followup conference was held in November to develop social service manpower issues.

Bernard Nash, in testifying for the Federal Council at the AoA Social Service Manpower hearings, identified the following issues for consideration by AoA:

1. How many older Americans need social services?
2. What kinds of social services do they need?

3. What is the current active and retrainable manpower pool?
4. What Federal, State, local, and educational support systems are available for social service manpower needs for older Americans?
5. What are the future social service needs for older Americans?
6. What ideas or proposals have been developed to fill gaps in social service manpower needs for older Americans?
7. How can we best use older Americans themselves as social service providers? What training is needed?
8. What is the role of volunteer organizations in providing social services to older Americans?
9. What are the special needs of minorities and women in social services?

Mr. Nash went on to describe the Council's work on national policy recommendations for a system of services for the frail elderly. These services would be provided by professionals, paraprofessionals, and volunteers who will require appropriate training in the delivery of social services to meet special needs. The Council will be working with AoA in developing responses to the questions as they particularly relate to the frail elderly.

1977 Agenda

Since the Federal Council got underway in mid-1974, it has always sought to work on those national policy issues which affected either the greatest number of older persons or those persons in greatest need. The Council has then presented recommendations to the administrative and/or legislative branches of government on those matters on which the Council felt it might provide some special insight. Many of these national policy issues have yet to be resolved and the Council will continue to work on these matters.

The Council is constantly assessing the changing national conditions and the changing older population in order to determine new agenda items and to assign their proper weights. As described earlier in this report, major FCA overall guides and goals are the Bicentennial Charter for Older Americans and the recommendations of the White House Conference on Aging. The charter is an evolutionary document which began with the statement on rights and obligations for senior citizens developed by the 1961 White House Conference on Aging and then was recast as the declaration of objectives for older Americans in the Older Americans Act.

The Council believes that the White House Conference on Aging is a most useful and unique assessment tool for advocates of the elderly to measure national progress and to identify national policy and program gaps. Furthermore, as the continuing citizen advisory body for older American concerns, the FCA has a special responsibility to shepherd the recommendations made by the citizen participants in the White House Conference on Aging. Some observations on recent WHCOA's are in order.

A perspective on the 1961 White House Conference on Aging

At the 1961 meeting, the principal issue was financing of health care. By 1965, title XVIII of the Social Security Act, better known as medicare, a national health insurance program for the elderly, had

been passed. It was designed to cover the major costs of acute medical care. Title XIX of the Social Security Act, medicaid, was also passed in 1965 providing medical assistance to specified needy groups and having the potential for filling in the gaps in medicare coverage for the poor elderly.

Considerable attention was given at the conference to the need for a Federal agency on aging. The Older Americans Act was enacted in 1965, thereby creating the Administration on Aging at the Federal level and assisting States in providing offices on aging at that level of government.

The spinoff or building-block effect from conference recommendations to creation of a program impacts on other agencies and thus the creation of even broader changes. As one of its first advocacy initiatives, the fledgling AoA called attention to the needs of the elderly in such Great Society programs of the 1960's as the war on poverty, which originally focused only on the younger poor.

Another evidence of the impact of the 1961 conference has been the systematic building of a profession through the funding of educational programs in gerontology through the Older Americans Act and the accumulation of a body of knowledge through AoA's research and demonstration projects.

Any analysis of the 1961 White House Conference on Aging must also note the impact on the conference from organizations of older Americans which had developed in the 1940's and 1950's. In turn, the conference gave new visibility to the organized efforts of the ever-increasing number of older Americans.

THE IMPACT OF THE 1971 WHCOA

Since the Council itself was created within the thrust of the 1971 White House Conference on Aging, the impact of this decennial meeting is of particular interest to Council members. An analysis of the almost 200 (unduplicated) recommendations indicates five major areas of concern:

1. Assurance of an adequate income floor for older Americans.
2. Expanding opportunities for independent living through aid for housing, transportation, nutrition, and social services.
3. Improving the delivery, financing and regulation of acute and chronic health care of older persons both in and out of institutions.
4. Establishment of additional units on aging in the legislative and executive branches of all levels of government and improving the partnership between the public and private sectors.
5. Focusing attention on the needs of special groups within the aging population such as minorities, the poor, the frail, and rural and inner-city dwellers.

The Administration on Aging recently prepared for the House Select Committee on Aging an inventory of Federal activities undertaken since the 1971 WHCOA in apparent response to conference recommendations.[1] An objective comparison and evaluation of the

[1] See: "Implementation of 1971 White House Conference on Aging Recommendations," hearing before the Select Committee on Aging, 94th Cong., Select Committee on Aging, House of Representatives, 78–593; and "Action on Aging Legislation in 94th Congress," prepared by the Special Committee on Aging, U.S. Senate, 78–6790.

recommendations and the implementations can only conclude that both the legislative and executive branches of Government have achieved a surprisingly good record of progress. At the same time, it should not be forgotten that many of the 1971 recommendations had to do with the private sector where the Government has some influence but certainly not the power for overall direction.

Certainly not all the major recommendations have been implemented but then they do include some of the most complex issues such as delivery, financing, and locus of long-term care and the long-range financing of social security. Indeed, some of the implementing actions are creating new problems which could not easily have been foreseen. An examination of these paradoxes of progress in relation to the major 1971 recommendations provides a perspective for development of present and future agenda items for advocates for the elderly.

1. Assurance of an Adequate Income Floor for Older Americans

The enactment of legislation providing for the supplemental security income program, the automatic cost-of-living increase feature for social security retirement benefits and the pension reforms contained in the Employee Retirement Income Security Act were very welcome implementations of recommendations from the White House Conference on Aging. But there are still problems in implementing these new programs, especially SSI and ERISA, which may mean some changes in legislation as well as administrative procedures to assure that these programs fulfill their goals and reach their intended beneficiaries.

In its study of the Interrelationships of Benefit Programs for the Elderly, the Federal Council on the Aging identified some of the unintended problems which occur when such increases as now provided by the automatic cost-of-living increase in social security create an automatic loss of eligibility for some other Federal benefit or service program.

The 1971 White House Conference on Aging included several recommendations concerning the infusion of general revenues into the financing of social security trust funds but some of the data which have emerged about the short-range and long-range costs of social security were not fully appreciated 5 years ago. The impact that both inflation and the recession have had and will have on our economy are major factors to consider in looking to the future financing of social security.

2. Expanding Opportunities for Independent Living

Through new formula grant programs and a wide variety of demonstrations, many more older persons are now enjoying the dignity of independent life in the community. Provisions of the Older Americans Act have created an aging network across the Nation, composed of State and area agencies on aging and nutrition projects. A major focus of the Older Americans Act is fostering the development of comprehensive and coordinated systems of services for older persons at the State and sub-State levels. While these agencies were still new and trying to establish their own service priorities, the 1975 amendments to the Older Americans Act set four priority areas: Trans-

portation services, home services, legal and other counseling services, and assistance programs and residential repair and renovation programs. While these are indeed national concerns, this priority setting at the national level diminishes State and community decision-making.

Title VII of the Older Americans Act provides more than 200,000 meals daily to older persons participating in the program. But its legislated priority for congregate meals is now being challenged so greater emphasis can be placed on meals and services for the homebound elderly.

Title XX of the Social Security Act provides social services to eligible older persons as well as to other eligible individuals. Title XX revised previous legislation for social services by permitting each State to determine what social services it would provide. Through an annual State plan process, which involves citizens organizations and agencies, like State and area agencies on aging, funds are apportioned. This creates competition among groups of poor persons eligible to be served. A fair share for the elderly is a goal for advocates for older Americans but how are scarce resources to be allocated equitably among poor Americans of all ages especially when the Federal funding ceiling has been reached in most States?

The stimulus for the senior center movement created by the recent initial funding of title V of the Older Americans Act calls for a review of senior center programs under title XX of the Social Security Act. Recent provisions for group eligibility for senior center services under title XX may have solved one problem but has increased the overlapping between title XX and several titles of the Older Americans Act.

Transportation is a key element in linking older persons to community services and activities. The 1971 White House Conference on Aging recommendations have stimulated a wide variety of activities in the field of transportation for the elderly and handicapped. In 1970, the Urban Mass Transportation Act was amended by a provision which sets forth national policy with respect to the rights of elderly and handicapped persons to mass transportation. The 1973 amendments required UMTA to set aside a percentage of its capital assistance grant funds in order to provide assistance for projects serving the transportation needs of the elderly and handicapped. A major issue which is still unsolved is whether the majority of the elderly are best served by special purpose transportation or whether they should be accommodated by mass transit.

The Housing and Community Development Act of 1974 reinstituted the section 202 program in a somewhat revised form. Because of delays in implementing the program, final regulations were not published until 1976. Section 8 housing assistance payments became law under the Housing and Community Development Act of 1974. It guarantees a part of the cost of monthly rent of low-income families. As of March 1976, under the section 8 program, there were 102,000 standard existing units, almost 35,000 of which were occupied by elderly persons.

While the provision of space for social services, including dining, has been an allowable cost in subsidized congregate housing, whether

such space should be required and whether some social services should also be an allowable housing cost has become a matter which requires serious attention. Further adding to the urgency is the aging of the population already in congregate housing and the need to have this type of community housing with some support as part of the continuum of care for the older and frail elderly.

With social service funds for the elderly from both the Older Americans Act and the Social Security Act not yet sufficient to cover the needs of the elderly likely to be residing in inadequate private housing, using these sources for subsidized housing residents in need of services does not seem a likely solution.

3. Improving the Delivery, Financing, and Regulation of Acute and Chronic Health Care of Older Persons Both In and Out of Institutions

During these past 5 years, the use of paramedical personnel has increased, but otherwise, there have been no substantial changes in the delivery of health care in this country and the cost of medical care and services has steadily risen—but this is a problem for Americans of all ages. One major opportunity for resolving some of this dilemma lies in a new national health program which will improve not just the financing of health care but its quality and delivery as well.

Meanwhile, both the executive and legislative branches have made substantial efforts in these past 5 years to prevent and correct fraud and abuse in medicare and especially in medicaid-financed programs but the task is still enormous. And then there are the unintended new problems with such reform measures as decertification of skilled and intermediate care facilities which do not meet regulations. Involuntary relocation of patients can mean increases in mortality without adequate and/or sufficient alternatives and appropriate placement in other institutions or in the community.

The 1971 White House Conference on Aging included a number of recommendations around the need for a continuum of care for older persons with chronic health conditions and a number of demonstration and research efforts and policy options have been developed. But the necessary meshing of services which are distinctly and both health and social services still eludes neat policy categorizations and legislative packaging.

4. Establishment of Additional Units on Aging in the Legislative and Executive Branches of Government and Improving the Partnership Between the Public and Private Sectors

The several new governmental units on aging created since 1971 have meant increased attention to aging and the aged at the Washington level. But, the very establishment of these additional bodies means that there needs to be a review of responsibilities of each unit so that there is no loss of effort in serving older Americans. The Senate Special Committee on Aging, the House Select Committee on Aging, and the Federal Council on the Aging all have responsibilities to advise the Congress on matters affecting the elderly. In order to fulfill their separate mandates and so that the priority needs of the elderly are given

attention, coordination at the planning stage of issue identification should occur.

The increasing interest in aging by such existing congressional support services as the General Accounting Office and the Congressional Reference Service of the Library of Congress as well as by the new Congressional Budget Office is welcome. However, the scope of their concern should be recognized by the executive branch and unnecessary and inappropriate duplication avoided.

The still new National Institute on Aging has research, program, and focal point responsibilities which parallel a number of the duties of the Administration on Aging. Cooperative efforts are essential between these two units of the administrative branch of the Government along with any new initiatives which might come from the White House such as the proposal for a Presidential counselor on aging to develop programs and insure governmental action for the elderly throughout the Government. The Federal Council's advisory functions to the President might also parallel some of the proposed responsibilities of the counselor and close coordination would be appropriate.

There is now a Center for Studies of the Mental Health of the Aging at the National Institute of Mental Health. This unit as well as AoA, NIA, the National Science Foundation, and various Federal agencies have all increased their research and demonstration activities during these past few years. Competition among scientists can often lead to unexpected and valuable breakthroughs. At the same time unimaginative duplication without coordinative efforts wastes still scarce resources.

Models of partnership between and among agencies and the public and private sectors are the many working agreements initiated by the Commissioner on Aging.

5. Focusing attention on the needs of special groups within the aging population such as minorities, the poor, the frail, and rural and inner-city dwellers

The 1971 WHCOA provided the opportunity for delegates concerned about special subgroups within the aging population to come together. A number of their recommendations have been accepted but many more have yet to be given full attention. The Administration on Aging now funds several efforts suporting organizations concerned about the particular problems of different racial and ethnic groups of the elderly such as the black, Spanish heritage, native American, and Pacific-Asian. But such problems as the low number of minority elderly in nursing homes and subsidized congregate housing and their shorter life expectancies persist.

The Federal Council has attempted to focus attention on the priority need for services by the oldest of the old which is apart from any income need they may or may not have. These frail elderly might also have to be considered as having a first call on subsidized housing just as the rural elderly might have a first claim on transportation services and inner-city dwellers the greatest need for socialization aids.

These are just a few of the paradoxes of progress which help create the environment for national decisionmaking for the elderly as we enter 1977.

Societal impacts on aging concerns

There were also a number of developments in these past 5 years which were barely discernible to the delegates to the 1971 White House Conference on the Aging. Some of these new issues were of national and even world scope. They affected the entire American population but their implications for the elderly are very real:

—The "energy crisis" and the need for changes in life styles to extend natural resources and adapt to new sources.

—The decrease in the birth rate, the increase in the proportion of the older population, and the increase in the oldest of the older population.

—The rate of inflation and the recession.

Changing demographic realities coupled with unclear public policy in regard to retirement could result in an ever larger, more economically dependent group in our country. Utilizing retirement as a technique to guarantee employment for younger workers increases the dependence of a larger number of persons upon governmentally insured or administered income maintenance programs.

Given the economic uncertainties of the future particularly in the light of continuing problems of energy supplies and the emergence of Third World nations, we cannot help but be concerned about the situation of those who are dependent on governmental programs for the necessities of life, that is, basic income, shelter, medical care, and social services. Will the body politic faced with the necessity of belt tightening, attempt to deal with its economic problems at the expense of those who are poor?

While viewing with interest the increasing political activity on the part of senior citizens, a word of caution is in order. Senior citizens of today and tomorrow are and will be dependent on implicit and explicit intergenerational compacts allowing for transfer of resources. Public policy discussions and debate should be so carried on as not to divide the generations but rather integrate their interests and concerns.

By the same token, care should be taken that public policy decisions of today should not create such crushing economic burdens on future generations, as to make intergenerational transfers not only unpopular but virtually impossible.

Developing the FCA agenda for 1977

As a 15-member citizen advisory body, the Federal Council has limited resources to develop meaningful views on all the issues suggested by the preceding observations on the responses to the White House Conference on the Aging and the activities in the broader society during the past 5 years. Therefore, the Council went through a thoughtful priority-setting process to determine those areas and issues which met the test of being both a major national policy concern for older Americans and being capable of actions within the scope of responsibility of the Council in 1977.

Council members agreed upon two overarching priorities:

—Improving health care for the elderly.

—Systematizing benefits and services for the elderly.

As will be seen in the following sections, certain specific tasks have been selected within these two priorities. Detailed implementation will be developed through the Council subunit structure. The Council will continue its special projects on assets testing, the frail elderly and health manpower. It will initiate a new activity on policy issues concerning the minority elderly.

There will be varying levels of FCA participation in the following Federal activities which are to be initiated or completed during 1977:

—Establishment of advisory council on social security.

—Completion of study of discrimination based on age by the Civil Rights Commission.

—Issuance of national research plan in aging by HEW.

—Completion of work of Committee on Mental Health and Illness of the Elderly.

—White House Conference on the Handicapped, May 23–27, 1977.

—Initiation of planning for next White House Conference on Aging.

While trying to keep to a focus on these major areas, the FCA primarily through staff will monitor a number of other issues and activities so as to be prepared for possible emergence of new priorities. These will be continuations of previous FCA interests described earlier in this report or as described in the last part of this chapter.

Improving health care for the elderly

While debate for a national health care program for the entire American population continues, the Federal Council on the Aging believes that this health care goal for the nonelderly can be advanced by making the existing national health insurance program for the elderly, namely medicare, operate more effectively and efficiently.

Improving medicare and medicaid.—Therefore, in 1977, the Council will address itself to those improvements in medicare which can be implemented through administrative changes and some new legislation.

Because of the rising cost of medical care and services and the steady decline in physicians accepting assignment, medicare now covers a smaller proportion of the costs of health care for the elderly than at the inception of this health insurance program. Many elderly no longer can afford certain medical and prosthetic devices as dentures, hearing aids, and eyeglasses, as well as needed drugs. Even medicaid does not cover these items in many States. This is particularly tragic since these services and devices are often preventive in nature. Among the medicare provisions which the FCA will be reviewing are the cost-sharing provisions.

Various routes to controlling costs of medical care must be pursued. The Federal Government has the responsibility to use all its powers to control costs in federally financed programs. Incentives need to be developed for rewarding providers who do the best job of matching the level and degree of care with patient needs. The effectiveness of such federally mandated mechanisms as the health planning and resource development agencies and their advisory councils, and the PSRO's (professional standards review organizations) which have been or are being established at the State and sub-State level should be evaluated in terms of their ability both to control cost and

assure quality of care. Also, the Federal Council on the Aging will be monitoring the nature of the relationships which hopefully will be developed between these health units and State and area agencies on aging in generally improving the delivery of health care for the elderly.

Rising health care costs have also affected medicaid. Many States are cutting back on services and limiting eligibility. Hopefully, some of the reforms suggested above will alleviate some of the medicaid problems.

Nursing home care.—The need to improve the quality of life in nursing homes in the United States remains undiminished. New medicaid cost reimbursement provisions for skilled nursing and intermediate care facilities need to be examined to determine their effectiveness. HEW is preparing to establish the Office of Inspector General as authorized by legislation passed by the Congress in October 1976 (Public Law 94–505). This new independent entity which resulted from investigations of fraud in medicare and medicaid conducted by the Senate Special Committee on Aging and exposures in the public press will have broad authority to conduct audits and prevent and detect abuse in all HEW programs. The FCA will urge the Secretary to implement this legislation as soon as possible with a high priority given to correcting program abuses affecting older persons.

Community care.—Services delivered to the home have been a major focus of the Congress and the administration as an option in long-term care. Currently, these services can and are being provided on a limited basis under both health and social service programs. The dilemma is in the financing and delivery of combined social and health services to the entire target population. The Council is interested in insuring that consideration be given to the social aspects in the assessment of the need for in-home services. The Council will be watching the followup to the regional public hearings on home health and the subsequent development of policy changes in the delivery and funding of these services. There will also be examination of the demonstration projects authorized under Public Law 94–63 to expand and/or establish home health services.

Long-term care policy development.—In order to provide the range of options that are needed in the continuum of care that is needed for persons with chronic conditions, long-term care should be conceived as being care both in and out of institutions. The development of social models and, in particular, the development of a social-health assessment and case planning features has been an essential element of the FCA frail elderly project described in another part of this annual report.

During 1977, when it is expected that debate on national health care will continue but not be resolved, the Federal Council will seek to present some of the concepts developed as part of the frail elderly project for their relevance to long-term care aspects of the Nation's future health planning processes.

One illustration of discrete issues which might lend themselves to resolution with modest new legislation would be additional and improved uses of the tax structure for aiding families who would like to care for elderly relatives.

Systematizing Benefits and Services for the Elderly

Administration of benefits

The FCA study on "The Interrelationships of Benefit Programs for the Elderly" documents the administrative complexity and expense as well as confusion for potential recipients because of the contradictory eligibility criteria for Federal benefit programs. An excerpt from the 1975 report describes the continuing problem:

> Our study of programs for older Americans has shown that an elderly individual or family could conceivably receive benefits at the same time from a social insurance program (old age, survivors, and disability insurance), five separate income-conditioned Federal programs (supplemental security income, medicaid, food stamps, pensions for veterans with nonservice-connected disabilities, and one of several housing programs)—not to mention State-level income-conditioned programs and other State and Federal programs for which eligibility is not conditioned on income. If benefits were only received from the Federal social insurance and income-conditioned programs mentioned above, an elderly person would have to deal with four or five separate agencies,[1] be certified for initial eligibility six separate times, and report back to these four or five offices at various (and different) times throughout the year to report income and assets for recalculation of benefit levels. Finally, in determining benefits each of the programs has different definitions of income and assets, different income and asset disregards, and, in some cases, different accounting periods (the length of time income is averaged for calculating benefits).
>
> The practice of having separate agencies to administer each program and the diversity of practices and procedures across agencies is confusing, if not bewildering, to even the most sophisticated potential beneficiary—and it is inefficient, imposing an unnecessary expense on taxpayers. Separate administering agencies exist presumably because the programs are funded by separate Federal agencies under different legislation. Furthermore, the income-conditioned programs have a means test while the social insurance retirement benefit is dependent on one's covered employment record. But this need not necessarily lead to separate administration of determination of eligibility.
>
> The administrative expenses could be shared by the separate funding agencies (much like the food stamp program and AFDC now share administrative costs). Such centralization would benefit both the "givers" (taxpayers) and the "receivers" (aging beneficiaries).
>
> Thus, while we endorse in principal the notion of some centralization of local administration of a number of Federal programs, we recognize that the issue must be given further study to arrive at the most efficacious organizational structure.

[1] Social security and SSI are administered by the same office, and, in most States, medicaid and food stamps are administered by one agency.

During 1977, the Council will again seek to bring to the attention of decisionmakers in the Congress and in the administration the recommendation from the FCA study which followed:

> We recommend that the executive branch should study the desirability, feasibility, cost effectiveness, and convenience to the elderly of having a simplified system at the local level to determine eligibility and benefit levels for all federally funded income-conditioned programs (including services) for those age 65 or older. The relationship to the administration of the social insurance programs should also be considered.
>
> The study should bear in mind the important human element as well as cost-effectiveness. The study should look at a wide range of options for local organization, should develop a set of administrative proposals, and should bear in mind that enabling legislation may be required for many of the changes which are recommended. While all programs should be included, the study may show that not all of the programs should be incorporated in a new local system.
>
> While the FCA strongly endorses information and referral services, they should not be considered a substitute for the simplified system approach contained in recommendation 8.

Systematizing services

The FCA study went on to describe the variety of federally aided programs available to some older Americans to provide in-kind benefits and services:

> A number of programs for older Americans are designed for, and available to, those at all income levels. Some of these are recreational in nature, others attempt to mitigate loneliness or insecurity, still others are designed to convert the free time of retired people into productive uses, beneficial to both the elderly and the community. Another set of programs are available only to elderly individuals of families who are in economic need. Their purpose is to provide in-kind benefits or services which the more financially secure can afford to purchase and which society deems as necessities (food, medical care, housing), or to provide cash to buy these and other necessary goods and services.
>
> This latter set of programs—available only to those in economic need—are commonly called income-conditioned programs; the level of cash or in-kind benefits are highest for those with the most need—lowest incomes—and are less for the less needy, that is, decline as income rises, with benefits diminishing to zero at modest levels of income. All of these programs are intended to raise the economically deprived to a standard of living which society deems as minimally acceptable.
>
> Some argue that there should be only one program for the elderly who are in economic need, that being an income-conditioned cash program which raises the income level of all older Americans to a minimally acceptable standard. Others

argue that such a simple approach is unsatisfactory because (1) the elderly may not have sufficient knowledge to spend the money in a way to maximize their own well-being, for example, spend too little on food, or (2) they may not spend the money in a way which those who are providing the money—taxpayers—would like them to spend it, for example, not enough on housing, resulting in unsightly neighborhoods, or (3) that the needs of the elderly vary so much due to health, initial housing facilities, et cetera, that one program cannot adequately take account of their special needs, or (4) that it is inefficient for the private market to provide their special needs on a pay-for-service basis.

For whatever reason, or combination of reasons, there are at least 11 Federal and federally-subsidized State benefit programs, plus a number of social service and health programs designed to assist the low-income and vulnerable elderly. There is some question as to whether the Federal moneys for all of these programs are best spent in such a variety of programs; whether the same amount of Federal funds would be more effective if devoted to fewer programs, since most of the programs have the same basic objective, namely to help those older Americans who have insufficient resources to help themselves.

Following these observations, the Council gave itself the following assignment:

FCA Action 2

Studies will be initiated by the Federal Council on the Aging to develop recommendations for a minimum and internally consistent set of income-conditioned benefits and services for the elderly to replace the current set of overlapping, often-inconsistent set of State and Federal programs now in existence.

The project and proposals on the frail elderly have been the major attempt thus far by the Council to a logical approach to the provision of the combination of health and social services which is needed by many persons with chronic conditions. In a sense, it differentiates between the service needy and the cash needy.

During this year, the Council has also analyzed and commented on proposals such as the National Meals on Wheels Act which seemingly add unnecessary and unwieldy administrative burdens to accomplish the worthy goal of providing additional services to the homebound.

The legislative schedule for reauthorization of the Older Americans Act provides an early opportunity to improve the planning and delivery of needed services to the elderly. The Council will utilize all available technical evaluations on programs made possible by the Older Americans Act as well as obtaining the views of practitioners, academicians and senior citizen organization leaders in developing FCA recommendations for both the administration and the Congress.

The FCA will analyze the validity of the area agency on aging concept as a sub-State planning entity and the nutrition project and/or senior center as the major community focal point for delivery of services to the elderly. All other sections of the older Americans will also be examined by the Council.

The Federal Council on the Aging will continue to examine the increasing overlap between the goals of service planning and provision of the Older Americans Act and title XX of the Social Security Act. Since the $2.5 billion ceiling for title XX has just about been reached in every State, the matter of increasing the level of expenditures remains as an important national issue but so too is a determination of the effectiveness and equity in reaching target groups through the new title XX State planning process. The Council will also examine the interrelationships with such other programs providing social supports to the elderly as the senior opportunities and services programs originated under the Economic Opportunity Act and the information and referral aids provided by the Social Security Administration.

The degree to which transportation for the elderly is to be considered as a social service and the degree to which the elderly should be accommodated with transportation programs for citizens of all ages will be examined by the Council as part of an effort at systematizing.

Because subsidized congregate housing with social supports can be an important element in a range of housing options for the frail elderly, the Council will study the implications of requiring rather than permitting space for services for the elderly. Also to be considered will be the possibility of certain social services being provided as an allowable administrative housing cost.

FCA Special Projects

Earlier in this report, three continuing projects of the Federal Council were described: The frail elderly, assets, and health manpower. While it is hoped that final policy recommendations can be completed by the end of 1977, FCA views on related subissues will be transmitted throughout the year.

At the last meeting of the Council in 1976, a new project on the minority elderly was agreed upon.

Study of policy issues concerning the minority elderly

Because members of racial minority groups generally have shorter life expectancies than the majority white population in this country, minority group advocates have proposed that the age criteria for eligibility for Government aging programs should be different for minority older persons. At the 1971 White House Conference on Aging, the idea was advanced that social security retirement benefits for blacks and other minorities should begin several years earlier than for whites.

The Federal Council has encountered this issue in its deliberations around the frail elderly. In attempts at administrative simplicity, the notion of presumptive eligibility based on attainment of a certain age is being considered. This would mean that the package of services which the FCA is proposing for the frail elderly would be made available to all persons at an age when a substantial number of debilities are most likely to be experienced such as 75.

During 1977, the Council will look at this matter in terms of equity and administrative effectiveness not only in relation to the Council's

frail elderly proposals but also for all Federal programs which have an age criteria.

The Council will collect all existing data upon which policy recommendations can be made. The need for new data will be identified and the Council will either undertake such actions itself or request that an appropriate Federal agency carry out needed inquiries. The Council will utilize such measures as are necessary to develop policy recommendations for the executive and legislative branches of Government.

Special Federal Activities

Several major activities based on Federal law with serious impact on the elderly will commence or be completed in 1977. The Federal Council will maintain appropriate relationships with the various undertakings to assure that the concerns of older Americans and the intent of Congress are heeded.

Advisory council on social security

The Social Security Act (section 706 (a)) stipulated that an advisory council be appointed in 1969 and every fourth year thereafter. This quadrennial body is to be appointed anew in 1977 for the purpose of reviewing the status of the several trust funds maintained by the Social Security Administration in relation to the long-term commitments of the old-age, survivors, and disability insurance programs as well as parts A and B of medicare (title XVIII of the Social Security Act). The trust funds which will be examined are: Federal Old Age and Survivors Trust Fund, Federal Disability Insurance Trust Fund, Federal Hospital Insurance Trust Fund, and the Federal Supplementary Medical Insurance Trust Fund.

The Social Security Advisory Council is also to review the scope of coverage and the adequacy of benefits of these programs as well as their impact on the public assistance programs which are also a part of the Social Security Act. Reports on the Council findings are to be submitted not later than January 1, 1979 to the Secretary of HEW for submission to the Congress and the the board of trustees of each of the trust funds.

Upon appointment of the advisory unit by the Secretary of HEW, the Federal Council on the Aging will offer all possible assistance and cooperation to aid in the important work of reviewing the far ranging Government functions made possible under the Social Security Act. The FCA is particularly concerned about the following matters and hopes the Advisory Council will address:

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

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

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

In offering assistance, the Federal Council on the Aging will provide all findings and recommendations which are developed in the FCA study of the consideration of assets and asset income for their relevance to programs which the Advisory Council will be studying.

Study of discrimination based on age

Under provisions of the Age Discrimination Act of 1975, the Civil Rights Commission has undertaken a study of unreasonable discrimination based on age in programs and activities receiving Federal financial assistance. The study is to be completed by November 1977, and is supposed to identify with particularity any federally assisted program or activity in which there is found evidence of persons who are otherwise qualified, being, on the basis of age, excluded from participation.

As part of the study, the Commission is to conduct public hearings to elicit the views of interested parties, including Federal departments and agencies, on issues relating to age discrimination in federally assisted programs. The report of the findings and any recommendations for statutory changes and administrative actions are to be submitted to the Congress and the President and relevant Federal agencies. Not later than 45 working days after receiving the report, each Federal unit with respect to which the Commission makes findings and recommendations is to provide its reactions to the President and the Committee on Labor and Public Welfare of the Senate and the Committee on Education and Labor of the House of Representatives.

Nation research plan in aging

The Research on Aging Act of 1974 established a National Institute on Aging to conduct research in aging and a National Advisory Council on Aging to advise, consult with, and make recommendations to the Secretary of the Department of Health, Education, and Welfare on programs relating to the aged which are administered by him and on those matters which relate to the Institute. The act also directed the Secretary, in consultation with the Institute and the National Advisory Council on Aging, to develop a plan for a research program on aging designed to coordinate and promote research into the biological, medical, psychological, social, educational, and economic aspects of aging and transmit the plan to the President and the Congress.

The Chairman of the FCA Committee on Research and Manpower is an ex officio member of the National Advisory Council on Aging and participated in development of the research plan. Staff of the FCA also worked with the Inter-Agency Committee on Research of the NIA on the plan.

The plan has been completed and will be submitted by the Secretary of HEW to the Congress at the beginning of the 95th session. The FCA will review the plan as soon as it is released. Comments and recommendations on the plan will then be submitted to the President, the Congress, and the Secretary. Among the matters which will be studied by the Council is the fact that the Research in Aging Act calls for one-time plan rather than an annual process.

Committee on mental health and illness of the elderly

Out of concern that the elderly have been underserved and/or unserved in the area of mental health care, the Congress established a

Committee on Mental Health and Illness of the Elderly through the Health Revenue Sharing and Health Services Act. Among its study responsibilities is a review of the implementation of relevant recommendations of the White House Conference on Aging. This legislation also mandated that community mental health centers provide a program of specialized services for the mental health of the elderly, including a full range of diagnostic treatment, liaison and followup services. A Center for Studies of the Mental Health of the Aging in the National Institute of Mental Health was also established in 1976.

The Committee on Mental Health and Illness of the Elderly, which is chaired by Dr. Eric Pfeiffer, will officially terminate on July 29, 1977. The Federal Council on the Aging has had a liaison with the committee and the center and expects to monitor the implementation of the study recommendations as well as the mandate for increased attention to the elderly in community mental health centers.

The White House conference on handicapped individuals

The Rehabilitation Act amendments of 1974 (Public Law 93–516) call for a White House Conference on Handicapped Individuals. Originally set for December 1976, the conference date was postponed to May 23–27, 1977, in Washington, D.C. Based on the conference legislation, subjects were designated in five areas: (1) Economic concerns; (2) educational concerns; (3) health concerns; (4) social concerns; and (5) special concerns.

The conference demonstrated its concern about the handicapped elderly by recruiting the National Center on the Black Aged to develop a paper on the "Unique Problems of the Handicapped Aging." The findings were that although 35 percent of the elderly are handicapped, current programs for the elderly group the handicapped elderly with the able-bodied elderly population. The report recommended that there be defined provisions in legislation and in the Federal budget for the handicapped elderly.

The Council has requested establishment of a formal liaison with the conference in order to work cooperatively on behalf of older persons with special needs.

Next decennial White House conference on aging

As described earlier in this report, the Council has submitted recommendations to the Congress and the Secretary of HEW around planning for the next White House Conference on Aging. Preparations are now underway in the Administration on Aging and the Congress on the specification of the congressional resolution required for calling such conferences. It is expected that the resolution will be enacted in 1977. The FCA will continue in an advisory capacity to such activities regarding the next WHCOA.

Issue Monitoring

In addition to the issues that are scheduled to receive priority attention from the Council in 1977, individual Council members and staff will be monitoring several areas for identification of possible Council action in 1977 or for study in relation to more long-range interest. Included are the following:

Crime against the elderly

Under provisions of the Crime Control Act of 1976, the comprehensive State plan for the improvement of law enforcement and criminal justice must now include provisions for the development of programs and projects to prevent crimes against the elderly unless the State planning agency makes an affirmative finding that this requirement is inappropriate. The Administration on Aging in an interagency agreement with the Law Enforcement Assistance Administration is endeavoring to increase the commitment of Federal, State, and local resources addressing the problems of crime and the older person, and hopes to create a consortium of public and private organizations to assure national support to communities for crime prevention.

The FCA will monitor such efforts as the fear of crime is a pervasive fact of life for older Americans.

Mandatory retirement

With the changing demographic conditions in the United States and the world, revision of mandatory retirement practices and laws will become of ever increasing importance. The several major cases that have been or will be considered by the Supreme Court are an indication of the serious challenges that are being made to arbitrary limits on employment.

The Federal Council is concerned that changes around extending work life be made within the context of thoughtful consideration of the impact on the economy and the labor force, development of alternative productive roles, objective criteria for assessing capacities of older workers, the attitudes of society and—most importantly—the desires of older workers to work or not work.

Housing for minority and poor elderly

As described earlier in this report, the Council will continue its efforts for increased HUD technical assistance to minority sponsors as one method of improving availability of subsidized congregate housing and nursing homes to minority and poor elderly.

Older women

As part of its ongoing concern for the problems of older women, the Council will continue to encourage and assist the U.S. Commission for International Women's Year in giving special attention to older women. The Council will continue a staff liaison role with the Commission in the transition from focusing on International Women's Year to International Women's Decade. Major activities scheduled for 1977 are State and national conferences.

Consumer issues

The Council will be tracking activities of the Federal Trade Commission and the Food and Drug Administration on such consumer issues as hearing aids, funeral arrangements and prices of prescription drugs.

ERISA

The Council will continue to monitor the progress being made to protect private pension rights of workers provided by the Employees Retirement Income and Security Act. Special attention will be given to effectiveness of administration of the provisions of the act.

Council Stewardship

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

The Council held the four quarterly meetings called for by the Older Americans Act on March 16–17, May 27–28, September 14–15 and November 30 to December 1. These meetings were duly announced in the Federal Register but, in addition, some 300 notices were sent to representatives of national organizations and staff of various Federal agencies, congressional members and committees with a special interest and responsibility in the field. A number of these persons as well as the general public do attend Council meetings and minutes are sent upon request. AGING magazine, the publication of the Administration on Aging, regularly carries stories on Council activities. All documents relevant to Council official actions are maintained in the office of the FCA Secretariat and are available for public inspection and copying.

Council members received briefings during the year on legislation affecting the elderly from a number of Federal officials including the Commissioner on Aging, the former Commissioner of the Social Security Administration, the Director of the National Institute on Aging, the Secretary of HEW, and the Under Secretary of HEW, the Assistant to the Secretary of HUD on Housing for the Handicapped and the Elderly, and staff representatives of congressional committees in the field of aging.

COUNCIL SUBUNITS

The Council has three standing committees; each met twice during 1976.

The Committee on Senior Services headed by John B. Martin had as its major responsibilities during 1976 the monitoring of health care legislation, review of the benefit study recommendation for a consistent set of benefits and services; and the development of a frail elderly services definition.

The Committee on Economics of Aging, chaired by Nelson H. Cruikshank, was assigned a study of assets to reduce problems in the way in which assets and asset income is considered in determining eligibility for benefits. The committee also worked on improving access of minority elderly to subsidized housing and examined cost factors of services to the frail elderly. Major attention was also given to the decoupling issue in social security.

The Committee on Aging Research and Manpower, chaired by Dr. Carl Eisdorfer until October 20, 1976, and then by Bernard E. Nash, studied health manpower needs of the elderly, the definition of the frail elderly, and assisted in developing the National Research Plan in Aging.

The task force on the frail elderly under the chairmanship of Msgr. Charles Fahey met in May 1976 to discuss future action by the Council committees and the Council on a national policy for a core of services to the frail elderly. It was decided to have an interim paper for inclusion in the annual report on this subject, with a final position paper ready for spring 1977.

ACTIVITIES OF THE CHAIRMAN

As part of the general responsibility of the Federal Council on the Aging to inform the public of the needs and contributions of older Americans, the chairman participated in a number of activities. Miss Adkins' major engagements included:

—Addressed the luncheon session of the annual meeting of the Legislative Council of American Association of Retired Persons/National Retired Teachers Association on functions and current activities of the Federal Council on the Aging, January 22, 1976.

—Addressed the B'nai B'rith Biennial Convention Older Adult Workshop in Washington, D.C., on March 8, 1976.

—Panel member on "Public Policy Debate: Programmatic Concerns Versus Political Realities," Western Gerontological Society 22d annual meeting, San Diego, Calif., March 28, 1976.

—On April 20, 1976, Miss Adkins addressed the American Society of Public Administration Conference, as a member of a panel on "Equal Opportunity—Issues and Problems of Efforts to Assure Equal Opportunity and Access to Services for the Elderly," in Washington, D.C.

—As a member of the national advisory board for San Francisco's KQED, Public Broadcasting Service, Miss Adkins met with the board for the purpose of reviewing pilot films for older television audiences, in Washington, D.C., on May 5, 1976. The pilot phase of this project, "Over Easy Series," was funded through the Administration on Aging and the Corporation for Public Broadcasting.

—Keynote speaker, "Recent Accomplishments for and by Older Americans," at Northern Nevada Senior Citizens Recognition Day, Sparks, Nev., May 24, 1976.

—Keynote speaker, "Perspectives on Aging," Maine Committee on Aging-Blaine House Conference on Aging, Augusta, Maine, October 21, 1976.

—Addressed the regional training conference of the Southeastern Aging Network, in Biloxi, Miss., October 27, 1976, on "The Federal Council on the Aging—A Look Ahead."

ACTIVITIES OF FEDERAL COUNCIL ON THE AGING MEMBERS

Members often incorporate views of the Council into the activities they perform in their personal and professional lives. From time to time, members have represented the FCA. Some of these appearances include:

—John B. Martin represented the Federal Council on the Aging on May 5, 1976, in the Rose Garden of the White House when President Ford proclaimed May as Older Americans Month.

—Federal Council on the Aging members Mrs. Dorothy L. Devereux and Dr. Sharon Fujii participated in panels at the Governor's Conference on Aging in Honolulu, June 7–14, 1976. This conference was a joint venture of the State of Hawaii, the Administration on Aging, and local trusts and foundations.

—Federal Council on the Aging member Bernard E. Nash spoke at the senior companion award ceremony at Las Vegas, Nev., June 17–18, 1976, held in the new senior center.

STAFF SUPPORT

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

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

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

Short-term employees and contractors have been utilized to assist with certain FCA projects such as the assets study, national policy concerns for the older woman, and the frail elderly. The FCA budget for fiscal year 1976 of $575,000 was provided as part of the AoA appropriation with transition period funding of $150,000. The administration's fiscal year 1977 budget sets a funding level of $585,000.

NEWS COVERAGE OF FEDERAL COUNCIL ON THE AGING REPORTS

Comments on the Bicentennial charter have been published in "Age In Action," May–June 1976, publication of the West Virginia Commission on Aging; the Bureau of Aging, State of Arizona publication, May 1976, vol. 3, No. 5; and the May 1976, newsletter of the Department of Elder Affairs, Commonwealth of Massachusetts.

The spring 1976 issue of "Aging International" carried a story which headlined "U.S. Federal Council Seeks Equity, Efficiency, Economy in Aging Programs." Further comment was made on the frail elderly concept and the Council's preliminary recommendations around the need to give priority in allocating resources to those persons tentatively defined as over 75 years of age who need a basic core of services.

In "Facts on Aging", April 1976, a publication of the Baltimore City Commission on Aging and Retirement Education, notice was taken of the increased emphasis upon the needs of the disabled elderly. The

term disabled was held to have some unfortunate implications. "It is most refreshing, therefore," says the article, "to find that the Federal Council on the Aging is using a more discreet classification of the elderly in need of support and services. In its recently issued 'Report to the President, 1975' the Council devotes a major section to the topic 'National Policy Concerns for the Frail Elderly'."

An article on the 1975 Federal Council on the Aging report to the President appeared in "Geriatrics" June 1976. The same periodical carried an interview with Chairman Bertha S. Adkins on the functions and responsibilities of the Federal Council on the Aging, in November 1976.

The magazine, "Aging", published by the Administration on Aging, in the seven editions published in 1976 has given excellent coverage to the activities of the Council, not only in the conference calendar listing, but in feature stories contained in the May-June issue covering the "Bicentennial Charter for Older Americans" and "Federal Council on the Aging Issues Three Major Reports," and in the November issue "President Sends Federal Council on the Aging Reports to Congress." The November issue quotes the President, "The Federal Council on the Aging Annual Report and studies reflect an earnest effort to deal with the lack of equity and efficiency in the present patchwork of income security problems . . ."

DISTRIBUTION OF FEDERAL COUNCIL ON THE AGING PUBLICATIONS

Distribution of Federal Council on the Aging publications continued throughout 1976. The publications have been requested in quantity by the Institute of Gerontology, University of Michigan, for workshop and conference purposes, by the National Council on the Aging for their regional meetings, the National Center for the Black Aged, the Gerontological Society, the National Council of Senior Citizens, the American Association of Retired Persons/ National Retired Teachers Association, the American Association of Homes for the Aged, the American Geriatric Society, the U.S. Commission on International Women's Decade, the National Institute on Aging, ACTION and the American Public Welfare Association. This distribution included 100,000 copies of the Bicentennial Charter for Older Americans.

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

Federal Council on the Aging publications in 1976: "1975 Annual Report to the President," "Commitment to a Better Life," "Bicentennial Charter for Older Americans," "The Impact of the Tax Structure on the Elderly," "The Interrelationships of Benefit Programs for the Elderly."

In addition, over 100 copies of draft versions of papers on the frail elderly have been distributed to leading gerontologists for their comments.

Appendix 2

REPORT OF LEGAL SERVICES CORP.

LEGAL SERVICES CORP.,
Washington, D.C., December 22, 1976.

Hon. FRANK CHURCH,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR FRANK: This letter is written in response to your request for a summary of the activities of the Legal Services Corp., during 1976, to be included in your committee's annual report on developments in aging. As you know, the Legal Services Corp., is not a Federal agency. The corporation does, however, receive its funds from the Congress, and we are pleased to report to you concerning the impact of those funds on the delivery of services, especially to persons who are elderly.

The Legal Services Corp., is a private, nonprofit corporation charged with the responsibility to provide legal assistance in civil matters to low-income persons of all ages. The need for legal services is particularly urgent among the elderly poor, because their legal problems are often matters of basic survival, particularly in areas such as income maintenance, housing, health, and food. Thus, the corporation's activities during 1976—to stabilize, strengthen, and expand local legal services programs—have special impact for the elderly.

Among the most significant developments in 1976, the corporation's first full year of operation, are the following:

(1) *Increased Appropriations to Improve and Expand Local Legal Assistance Projects.*—The corporation requested appropriations for fiscal year 1977 in the amount of $140.3 million, a substantial increase over the $92.3 million appropriated for fiscal year 1976. In spite of the President's recommendation of only $80 million, the Congress appropriated $125 million for payment to the corporation. That money is being used to begin implementation of a plan to provide minimum access to legal services for every poor person in the country.

Of the increased funds, $13.48 million has been distributed to the legal services programs funded previously by the corporation to increase their capacity to represent eligible persons in the areas they already serve; $15 million is being used to establish legal assistance programs in areas where there have been no projects supported by the corporation. This represents the first significant expansion of legal services since the 1960's. The effect of this expansion and improvement activity is to add approximately 3.9 million persons to the number of poor who have minimum access to legal services. Many of these people are elderly.

Adequate funding of legal services projects is especially important for the effective delivery of legal assistance to the elderly. For the past 5 years, local programs have had nothing more than static funding, a reduction in terms of their real purchasing power. As a result, many programs have been forced to reduce staff, limit client intake, and in some cases close offices. Few have been able to undertake the aggressive outreach and community education activities that are necessary to reach those older persons of limited mobility.

Even with these expansion activities, 15.7 million poor persons still will not have minimum access to legal services. The corporation will request a substantially higher appropriation for fiscal year 1978 to continue expansion activities.

(2) *National Support Centers.*—Support centers assist local programs in delivering specialized legal assistance to eligible clients, by providing research and technical help in complex areas of the law and by participating directly in litigation. The work of these support centers has been particularly important in the delivery of legal services to elderly persons.

One of those programs, the National Senior Citizens Law Center, specializes exclusively on legal matters affecting the elderly, including supplemental security income (SSI), pensions, social security, protective services, age discrimination in employment, medicare and nursing homes. The availability of these support services has significantly increased the capacity of local legal services programs to provide effective representation to clients who face these particular problems. In addition, many of the other support centers place special emphasis on problems that affect the elderly. The Center for Social Welfare Policy and Law now devotes a major portion of its practice to SSI. The national health law project estimates that approximately 20 percent of its litigation time involves elderly clients, particularly in matters related to medicare and home health care programs. A substantial part of the practice of the national housing law project is in the area of public housing, where the vast majority of new construction is for the elderly. That project also devotes a great deal of time to the relocation provisions of urban renewal laws, of particular importance to older persons who lack mobility, and to home ownership, which affects the elderly more than any other identifiable group of poor people.

On March 5, 1976, the board of directors of the corporation adopted a resolution establishing standards that permit the funding of 13 support centers that provide legal assistance to eligible clients. All of those centers received increased funding in 1976. A further adjustment for past inflation, in the amount of 5.5 percent of their present funding levels, will be made on January 1.

(3) *Delivery System Study.*—Section 1007(g) of the Legal Services Corporation Act requires that the corporation study, through the use of demonstration projects, alternative and supplemental methods of delivery of legal services to eligible clients, including judicare, vouchers, prepaid legal insurance, and contracts with law firms. On September 30, the corporation approved 19 demonstration projects, all of which will include the elderly in their client groups. Three will place special emphasis on the elderly and one will serve only the elderly.

Utah legal services will provide specialized legal services to the elderly in the southern rural part of the State, through a judicare project that will utilize the existing aging network to reach eligible clients. The National Senior Citizens Law Center will provide training and support materials for the judicare attorneys.

Judicare of Anoka County, Inc., in Minnesota will provide general legal services to eligible clients, with a special emphasis on reaching the elderly through the existing aging network in the county, to be supplemented if necessary by the addition to the staff of an elderly outreach worker.

The Legal Aid Society of Birmingham in Alabama will contract with a private law firm to provide special services that the society does not generally offer. One-quarter of the grant is set aside to prepare wills and testamentary instruments for eligible clients who are elderly.

Group Legal Services in Los Angeles County will provide prepaid legal services to groups of clients selected from social security and public assistance roles. That selection process will assure that a significant portion of the clients will be elderly.

The corporation does not expect that the results of the delivery system study will suggest any one best method of delivering legal services to the elderly or to any other client group. It will provide valuable suggestions to local programs on how they might improve their own methods of serving eligible clients.

(4) *The Project Reporting System.*—When the Legal Services Corporation assumed its responsibilities in late 1975, there was no information system in place that would yield data to the projects, to the corporation, or to the Congress about the management of the legal services program.

The corporation is instituting a project reporting system that will yield such information. The system will be in place in 60 programs by mid-1977 and in all programs by the end of the year. Among other data collected will be information on the numbers of elderly clients served, the nature of their legal problems, and the means of their resolution. This program reporting system will be combined with quarterly monitoring and management assistance visits to programs by the corporation's regional staff.

No generalizable information about the services that legal services programs provide to the elderly has been collected since 1969. There is reason to believe that services have expanded significantly since that time. The advent of the SSI program in 1974 has resulted in substantial activities by programs to secure the

benefits of the law for older persons. Creation of the National Senior Citizens Law Center in 1972 to support litigation on behalf of the elderly has increased the ability of programs to handle legal problems in areas such as pensions, nursing homes, social security, and protective services, in addition to SSI. The expansion of the aging network and the availability of resources under the Older Americans Act for outreach, transportation, and specialized services has increased the capacity of local legal services projects to serve elderly clients. The project reporting system will provide information to the individual programs and to the corporation that will enable us to measure the extent to which elderly clients are being served in proportion to their presence in the poverty population, to identify problems that may still exist, and to take corrective action if any is warranted.

(5) *Joint Agreement with the Administration on Aging.*—The Legal Services Corp. is developing with the Administration on Aging a joint agreement designed to encourage cooperative reationships between the two organizations nationally and, of even greater importance, stimulate such relationships between aging networks and legal services programs locally. Because local legal services programs, in their efforts to deliver services to the elderly, confront particular problems of outreach, education and transportation, and because the aging network is particularly suited to alleviating such problems, cooperation can lead to expanded services to the elderly. In many communities where lack of funding limits local legal services programs to the general practice of law, the availability of resources under the Older Americans Act can make possible specialized services for the elderly. Similarly, the participation of local legal services program personnel in the activities of the aging network, including education of older persons about their legal problems and training, and technical assistance to network personnel working with older persons, can increase access to legal services for the elderly.

The specific objectives of the agreement are to expand the awareness by legal personnel of the legal concerns and problems facing older persons, to expand the understanding by older persons of their legal rights, to increase the number of legal personnel trained to serve and work on behalf of the elderly of the Nation, and to increase the number of communities in which legal services are available and accessible to the elderly.

(6) *Assignment of Legal Services Corp. Personnel to the Administration on Aging.*—At the request of the Administration on Aging, the Legal Services Corp. has agreed to assign an individual from the corporation to assist the Administration in managing its legal services development specialist program and in developing other programs and policies that will encourage the expansion of legal services for the elderly. It is expected that this individual, a person experienced in the delivery of legal services to the elderly, will be assigned to the Administration on Aging early in 1977.

The Legal Services Corp. is committed to the goal of assuring high quality legal assistance to all of the poor, including the elderly. The vital need for legal services for older persons is increasingly recognized—by legal services programs, by the aging network, and by the legal profession generally. That recognition is, in no small part, a result of the leadership that your committee has provided. We appreciate your efforts and welcome the opportunity to work with you.

Cordially,

THOMAS EHRLICH, *President.*

Appendix 3

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

DECEMBER 27, 1976.

DEAR MR. CHAIRMAN: In response to your letter of November 9, 1976, enclosed is a summary of major activities on aging by the Department during 1976. Plans far activities in 1977 are stated in the summary.

If we can assist you further, please let us know.

Sincerely,

J. PAUL BOLDUC,
Assistant Secretary for Administration.

[Enclosure.]

ACTIVITIES OF THE U.S. DEPARTMENT OF AGRICULTURE TO HELP OLDER AMERICANS

ECONOMIC RESEARCH SERVICE

The Economic Research Service is engaged in studies designed to gain insight into the needs and problems of elderly people living in nonmetropolitan areas. Over one-third of our Nation's 22.4 million older citizens lived outside standard metropolitan statistical areas in 1975. About two-thirds who reside in nonmetro areas live in counties with a town or city of 2,500 to 25,000 people. While overall a small proportion reside on farms, many mid-American farm belt States have a relatively high concentration of people 65-plus years of age. The following studies were completed or underway during the calendar year 1976.

THE AGED BENEFIT FROM NUTRITION PROGRAM

A pilot study of 200 elders in west-central Arkansas was completed in late spring of 1975. One of the objectives was to ascertain the extent to which relatively low-budget programs, such as congregate meals (title VII, Older Americans Act of 1965), might substitute for hospitalization. There is a serious need to reduce the demand for hospitalization, since, at the national level, it is experiencing the most rapid price inflation of the health care components; and it accounts for 39 percent of medical care expenditures. The finding was that participants in the congregate meals program had reduced annual hospitalization, compared with a "matched set" of nonparticipants, sufficient to offset 76 percent of the estimated cost of the congregate meals program. This reduction was experienced in spite of the fact that a desirable medical screening program was an integral part of the congregate meals program and would be expected to result in a temporary increase in hospitalization of participants. Other benefits reported by the participants in the congregate meals program included fewer days spent in bed due to illness or injury during year ending July 1975 (mean of 8 bed days compared with 18 for the "matched set" of nonparticipants). Publication: "An Evaluation of Congregate Meal Programs and Health of Elders: Scott County and Fort Smith, Arkansas," Ark. Agr. Expt. Sta., University of Arkansas, Fayetteville, Ark., July 1976.

NORTHEAST NONMETRO ELDERLY

A subset of data from a regional project, "Community Services From Nonmetropolitan People in the Northeast," was used to document the overall eco-

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nomic and social situation of elderly households and their satisfaction with community services. Focus was on that segment of the population 60-years of age or over with independent living arrangement. Excluded were the institutionalized elderly and elderly in households with a nonelderly household head.

The nonmetro elderly reported that their homes were convenient to shopping places, hospitals, family doctors, places of worship, and banking and service delivery systems in their communities. They were highly satisfied with the fire department, ambulance service, police department, and medical services. About half of the households indicated access to public transportation was inconvenient and the service unsatisfactory. The general lack of public transportation in the nonmetro areas of the Northeast has been documented by hearings before the Special Committee on Aging.

Their total household income position was tenuous. Dependence upon relatively fixed sources of income suggested that an improved ability to pay for goods and services was dependent upon transfer payments and/or a reduction in the costs of goods and services required by them. Females 75 years and older, living alone, had especially low incomes. Low educational levels, coupled with problems of age discrimination and lack of job opportunities, make it difficult for elderly persons to improve their economic situation.

PILOT STUDY OF NONMETRO ELDERLY

In August 1975, a pilot survey of elderly persons in Powell County, Ky., was completed. Powell County is located in rural southern Appalachia. Among the 399 elderly persons aged 60 and over interviewed, 95 lived alone. Nearly half of the older respondents were married couples living in a household independent of their own children and other relatives. The remainder resided with own children or relatives, but in most cases, the household in which they resided was headed by an elderly person.

Preliminary analyses show that persons in the sample have relatively diverse economic and social characteristics. But these persons tended to have similar types of problems and needs regardless of their age and/or sex. Transportation was expressed as a problem by one-third of the respondents, most of whom were women and unable to drive. The most common mode of travel was as a passenger in a friend's, relative's, or neighbor's car. Use of own car was the second most utilized mode of transportation.

Total household income was generally low, showing the tenuous financial situation many elderly households face, mainly among those living alone. Overall, the elderly were highly dependent upon relatively fixed sources of income, mainly social security and pensions. Only a few of the respondents had some income from income-producing assets. The owned home and lot was the most important asset.

Nearly three-fourths of the respondents expressed an interest in a center for the aged. Only 43 percent indicated they would be willing to pay some money to support such a facility. The respondents were asked to assess the needs that might be served by a center for older people. From a list of 11 typical needs of older persons, they were most interested in health-related services. Generally, women were more interested in leisure activities than men.

PLANS FOR 1977

The results of the congregate meals program study in west-central Arkansas were sufficiently promising that plans are being developed to conduct full-scale inquiries. A larger sample will be utilized to make comparisons of medical care usage based on data provided by the Arkansas Health Systems Foundation. In addition, inquiries will be made to determine what, if any, differences occur between participants in the nutrition program and nonparticipants.

One or more reports on the Powell County elderly survey will be published. One report will highlight the survey findings by identifying demographic and economic characteristics of elderly households and individuals. It will identify basic problems they face including the magnitude of these problems. A second report will examine in depth those demographic and economic factors that are closely associated with identified basic problems facing rural elderly people. It is hypothesized that their problems are not singular in nature but have a high interrelationship between them.

Development of a project on the labor force participation of older Americans is planned. The project will focus on their work experience, income, and other

economic and social characteristics, plus the impact of retirement and need for preretirement planning among rural people.

Farmers Home Administration

The Farmers Home Administration (FmHA) currently administers 23 programs designed to loan or grant funds that will result in an improvement in the quality of life for those living in rural America. Our housing programs have offered the most assistance to the aged. The community program type loans have improved life for all persons residing in the rural areas.

During fiscal year 1976, it is estimated that there were 9,000 housing units created or upgraded for the elderly through FmHA housing programs. These units represent nearly 8 percent of the agency's total housing activity. During this same period, over 55,000 elderly families obtained FmHA farm operating type credit. This equals approximately 5 percent of the total recipients of these types of loans. Nearly 1 percent of those receiving our farm ownership loans (about 1,000 loans) were made to elderly persons for the purchase of and development of farmlands.

In addition to the above, our agency has improved the quality of rural resident life by providing funds for such items as hospitals, ambulances, health centers, nursing homes, water and sewer facilities, community centers, etc.

During fiscal year 1977, our goal is to serve all eligible elderly persons applying for FmHA assistance. It is anticipated that the number of these folks will at least equal those served during the previous fiscal year, with one exception. This exception will be in our individual-type housing loans. Here, we are making a strong effort to serve more elderly, low-income homeowner families that are in need of assistance to make minor repairs and improvements to their homes.

Extension Service, USDA

HOME ECONOMICS

A milestone in Extension Service programs was the first national extension workshop on programing with the elderly. This extension committee on policy (ECOP) approved workshop attracted 97 extension State staff members from 42 States and the District of Columbia. For 3 days the participants increased their knowledge and understanding of (1) the aging process, (2) needs and interests of the elderly, (3) how to involve the elderly in educational experiences that will result in a more satisfying and independent way of life, (4) ways to provide statewide leadership in programs with the elderly, (5) current education programs and materials relevant to reaching and teaching the aging, (6) how to improve cooperation with coworkers, other agency representatives and leaders in the field of aging. As a result of this extensive effort, States like Connecticut, Nebraska, Texas, and North Dakota will have statewide inservice training for extension home economists on how to more effectively reach and teach the elderly.

The aging program leader in home economic, ES, USDA participated in the National Indian Conference on Aging in Phoenix, June 15–17, 1976. This staff member is also a representative to NVOILA and actively supports and publicizes this and other programs of the National Council on Aging. She represents ES on the AoA two interagency committees—Energy Conservation and Information and Referral. Newsletters to an aging contact at one of the land grant institutions in each State informs them of new programs for the elderly and shares program ideas with them. Many States like Colorado, Kansas, Nebraska, and Mississippi share this information plus local information through newsletters with their counterparts in counties.

Extension home economists made 111,644,600 contacts in the 50 States, Puerto Rico, Virgin Islands, Guam, and the District of Columbia during the year. It is reasonable to assume that a number of these were with older citizens.

Additional resources—money and time—were expended on educational programs for the elderly during the year. Some examples of programs in States are given below.

TEXAS AGING PROGRAMS

The 191 county committees on aging are dedicated to utilizing the experience, wisdom, and potential community involvement of older Texans. Through these committees, 3,820 volunteers participated in developing extension educational activities for more than 93,785 older adults.

The Texas Agricultural Extension Service and county committees on aging together developed programs that focused on major concerns of the older citizen—income, health, education, nutrition, transportation, housing, employment, retirement roles and activities, and spiritual and mental well-being.

ADULT SITTERS

Today's high medical costs make private nursing care prohibitive for many families. Even if money isn't a problem, there aren't enough private duty nurses available in many areas. To help solve a community need, that Kleburg County Extension Service set up an adult sitters' clinic in Kingsville, Tex., to train adults to serve as sitters for other adults—bedridden patients, persons recovering from an illness or injury, and the physically and mentally handicapped. Participants learned about the role and responsibility of a sitter and how to adjust to stressful situations they might encounter with terminally ill patients. They were also shown basic health-care practices, such as assisting patients in and out of beds and wheelchairs, turning a bedridden patient, and monitoring equipment.

Illinois

Young homemakers in Woodford County, Ill., went to local nursing homes to exchange skills with residents. Ages of the residents ranged from 55 to 94 years. They taught skills of quilting, embroidering, knitting. Also provided babysitting for the young mothers.

The skills gained were valuable, but more so were the two-way communication. This allowed a breakdown of the generation gap, giving to the residents a feeling of self-will.

South Carolina

Extension Service cosponsored "college week for senior citizens" on the campus at Clemson University. This weeklong education experience was repeated for a second week with a total of 600 participants. Educational programs as well as recreational activities were offered.

Mississippi

Cooperative Extension Service was funded to establish information and referral centers in 3 of the 10 planning districts in the State. Home economists as well as outreach workers in one center alone reached 4,500 senior citizens in a seven-county area. They first of all determined what services were available in the area then they are informing persons 60 years of age or older of these services and helping them utilize appropriate ones.

Colorado

Colorado reported holding a variety of workshops for senior citizens on simple home repairs, consumer protection, community vegetable garden at nursing homes, et cetera.

Several counties had "adopt a grandparent" programs. San Miguel County has a pilot effort of teens assisting elderly persons in their homes (program for local services).

Over 3,000 elderly persons were visited in nursing homes and private homes in 25 Colorado counties during Easter month 1975. Many other elderly were visited by extension homemakers throughout the year. Activities included writing letters, visiting, giving parties, singing, playing cards and bingo, making tray favors, made slippers, an aquarium for one rest home, assisted with bazaar, and presented a bicentennial style show.

Kentucky

The Homemaker's Chorus presented a mini-concert to the 75 attending the senior citizen's club when a guest-group of Indiana senior citizens were visiting the Taylor County Club. Our chorus received an invitation to come to Indiana to sing.

The agent presented a demonstration—workshop presentation to 50 senior citizen club members on freezing and canning. Many of the group still maintain a garden and preserve their fruits and vegetables. Unfortunately several senior

citizens had not been aware of the proper methods for preserving foods and thus our efforts truly proved beneficial with University of Kentucky booklets distributed and information discussed to further clarify questions by the members.

Oklahoma

Oklahoma had a day long Bicentennial salute to older Oklahomans during senior citizens month. Sessions on how to keep having the good life, how to accept changes of aging and grow during later years attracted over 2,000 people.

EXTENSION CONDUCTS NUTRITION PROGRAMS FOR THE ELDERLY

In response to a questionnaire sent to nutrition specialists in the spring of 1976, it was found all State extension services were involved in programs with the elderly, in varying degrees. Fifty-one responses were obtained from 50 States and Puerto Rico.

(1) In response to the question "*Do you cooperate with the agency on aging in your State?*" Forty-seven States (92 percent) said they did cooperate. Many nutritionists served on the State Council or Advisory Committee on Aging. They have been involved in meetings at State and local level and cooperated on materials and training. In addition to the activities of the State nutritionist many county home economists act as consultants to the title VII program and serve on various advisory committees, as well as cooperate on the educational programs at local level.

(2) Sixteen States (31 percent) indicated they had projects funded by their State agency on aging in the field of nutrition. Most of these were funded under title VII of the Older American Act (the congregate meals program). Some were training grants under title III or IV–A, some were funded directly to counties. The following are brief reports of these projects.

Arizona

Title II program funded under the auspices of the Bureau of Aging that lasted for 6 years. The project entitled "your digest," a monthly communique aimed at serving the population with factual fun information that would give them some pleasant moments, information on nutrition and consumer approaches. When this funding was stopped, there were 8,680 copies being mailed out in the State to an estimated readership of 34,000.

California

Several counties have positions funded for aides to work with the elderly under the supervision of the county advisor.

Connecticut

Connecticut has had three grants from the Department on Aging in Connecticut. One was to develop a model project in geriatric nutrition education that also met the mandate for providing on site nutrition education for title VII nutrition programs for the elderly. Two other grants were to provide training and technical assistance to title VII staff nutrition programs for the elderly. The model project used specially trained aides for teaching at the sites.

Florida

The INSTEP project (Integrated-Nutrition Social Services to Elderly Persons) was funded by the Division of Aging, Florida Department of Health and Rehabilitative Services through grant number from the Administration on Aging, Department of Health, Education, and Welfare. This project was a joint effort to assist the elderly of Dade County, Fla. The project served as the pilot for many such projects that are now functioning throughout the country. A booklet was developed primarily by Florida Cooperative Extension Service for this project with the elderly.

Illinois

Rock Island and Stark Counties have had projects funded as a part of the nutrition feeding program.

Indiana

An aging project was headed by one of our agents in the southwest part of the State. It was aimed at helping the aged, especially the poor aged, to stay in

their own homes. It was called independent living. An aide was hired to work with these families. A center was secured for a meeting place. The project leader worked closely with others in helping to establish other services for the elderly. A minibus was purchased to help with transportation in the selected rural area.

Maryland

In 1973, a project was funded by the Maryland Commission on Aging for a pilot project on the lower Eastern shore of Maryland. It was called "Maintenance of Aged in the Community" (MAC). One paraprofessional was assigned to each of the four counties which make up this area of the State. This program was in operation for approximately 2 years.

Mississippi

The extension specialists in the special projects department have received several grants which have been used in preparing training manuals, conducting training meetings for professional staff of Mississippi Council on Aging (MCOA) and conducting meetings open to the public. These grants are made by the MCOA. The State extension program specialist works with the county extension home economists in directing an information and referral program which is funded by MCOA. This is funded in three areas of the State.

Missouri

A grant from HEW title III funds was given for training in region VII of the project directors in food service, nutrition education and information, and referral service. When Oregon State University called for project directors to go to Corvallis to evaluate the guide to effective program operations for title VII in January 1973, the nutrition specialist represented Missouri at one of those sessions. After title VII was funded a workshop was held for all consulting dietitians in the region to train them on regulations. The area offices were provided with a simple nutrition textbook (Martin), a simple gerontological text, and a slide and audio tape set from Omaha, "Sensory Deprivation Semulation." In Missouri, it was planned that the central Missouri area (19 counties) would be the model project. The nutrition specialist helped find an experienced dietitian to act as project director in this area. Lincoln University assisted with the dietary and biochemical evaluation while the Department of Community Health, Medical Practice and UMC handled the sociological evaluation. Extension provided site managers with educational materials on nutritional needs of the elderly.

Nevada

The nutritionist was hired last year by the aging services to plan and give three area training meetings for cooks. The training involved 12 hours each at three sites.

New Jersey

The funded project included (1) 12 hour training course for site managers, cooks, et cetera, and (2) development of 17 mini-lessons for use with the elderly.

New York

Under title IV–A of the Older American Act, a $20,000 grant was received, the money was used to produce nutrition education materials as follows: Reference manual for professionals titled, "Concerns of the Aging: Nutrition"; a 95-slide set, "Positive Living in the Senior Years"; a 25-item demographic packet of information; various games and interactions for the elderly.

Rhode Island

During the last fiscal year, one of the district home economists had a title VII project (series of classes) for one local group funded directly by the Rhode Island Division on Aging.

Texas

In 1974, a nutrition for the elderly project was funded. The foods and nutrition specialists, administrative staff members, and family life specialist

trained agents and aides in February. The aides had been hired just prior to the training. The project closed November. A program specialist to coordinate the project was hired several months after the project started. Agents in the 13 counties where the program was implemented furnished leadership to the program aides in the project.

Utah

One project funded by division of aging was for the preparation of a leader's or teacher's handbook for nutrition lessons designed for senior adults. Another project funded was to a staff member to aid in coordination of activities and agencies for senior citizens.

Wisconsin

A project assessing the impact of the title VII program on participants was conducted in three Wisconsin counties. The relationship of the noon meal to RDA and to the total daily intake of a sample of people was determined. Their attitude toward the program was evaluated.

(3) In response to the question "Do you or the county home economist in your State train workers for title VII group feeding sites," we found 31 States (61 percent) were involved in training workers. Many indicated they occasionally trained workers for a single lesson. In some States, only a few home economists took part in the training. In a few counties, extension workers (often aides) and title VII personnel were trained together. Since some States have specially funded extension aides that work with the elderly, these aides are sometimes trained with EFNEP aides and other agency workers. A few States have trained consulting dietitians or other professionals working with title VII. Some agents were involved in planning meals and cycle menus. In a few instances congregate feeding centers were under the direction of an extension agent employed specifically for this purpose (NC). Some nutrition specialists make a point of visiting congregate feeding sites as they work in the State. Several States have an institution extension specialist that works with food service and congregate feeding sites are among those covered.

(4) When asked "Do county home economists or aides teach nutrition to the elderly at title VII sites or at senior centers," 50 States (98 percent) indicated they teach single lessons or series of lessons at the sites or centers. Although EFNEP aides do not work extensively with the elderly in most States many of them have been involved in giving single lessons at sites. Some agents or aides visit sites as often as once a month. The aides visit the homes of the elderly from contacts made at the sites. Home economists in counties with congregate feeding sites have frequently been involved in occasional teaching, a few have given a series of lessons on nutrition. In one State, the county extension home economists have assumed responsibility for all the educational presentation at the congregate sites. Several States have nutrition aides funded by the State administration on aging to work in the title VII sites on nutrition education (Maine, Connecticut, Maryland, Texas).

(5) Twenty-seven States (53 percent) indicated they had developed special materials for use with the elderly. Others used materials available from other sources. A number of States had bulletins or leaflets such as "cooking for one or two." Many had special leader lessons, several had slide sets or film strips. Three had prepared resource books or manuals for use of agents. One had video tapes, special newsletters for the elderly, news releases, TV and radio programs were also indicated. Three States received special grants from State agencies to develop materials, Connecticut, New York, and New Jersey. Florida has translated material in Spanish. Slide sets were prepared by Georgia, Iowa, Nevada, Texas, and New York.

(6) "Do you work with volunteer organization of or for older people?" In response to this, 24 States (49 percent) indicated they did. Frequently mentioned: Meals-on-Wheels, American Association of Retired Persons, church groups, National Association for Retired Teachers, Retired Senior Volunteer Program, Vista Volunteers, and Retired Federal Employees. County home economists were also involved in working with these and many other groups.

SUMMARY

State nutrition specialists and county home economists are aware of the importance of working with the elderly to improve or maintain their nutrition. Projects with this auidence are being given increased importance.

4–H Youth Programs

WISCONSIN

The involvement of 4–H members with senior citizens is evidenced in almost every Wisconsin county. A publication, "The 4–H Grand-Kids Activity," was made available this year to all Wisconsin counties and includes excellent suggestions for 4–H local leaders in planning and developing 4–H programs involving senior citizens. The focus is on young people relating to the elderly rather than doing things "for" the elderly.

An example of one county's program (Grant County) is typical of the work done in many others. An "arts of yesterday" festival highlighted the work done by 4–H and other youth with the elderly. Many senior citizens came to teach a skill or craft to youth participants. Prior to this event, youth in several towns became acquainted with elderly people in nursing homes and living alone in their private homes. They exchanged ideas, related stories of "the good old days" and also worked together painting houses, planting gardens, and doing spring cleanup. 4–H girls and elderly women did sewing and knitting and in some cases, put on a dress review or style show to show what they had made. Over 250 elderly people have participated in this one county's program.

Several counties have identified older people who have special skills such as rug weavers, wood carvers, carders and spinners and other crafts. During a "lost" home arts day, senior citizens worked with 4–H'ers in demonstrating lost arts and crafts.

MISSISSIPPI

4–H'ers in Rankin County, Miss., are involved in an "adopt senior citizen" program. Each week, members of the 4–H Club meet their adopted senior citizens and perform for them such jobs as lawn mowing, working flower beds, pruning shrubs, hanging curtains, cleaning cabinets, and also run errands. The project began as a part of one community's citizenship program and has now spread to other communities in Rankin County. In addition to helping their adopted senior citizens by providing services for them, the young people themselves are also learning and sharing new experiences with the elderly and promoting greater understanding among both generations.

Several Mississippi counties were involved in community activities involving the elderly. 4–H'ers in Lee County, for example, conducted numerous projects to assist the Cedars Health Center for the Elderly, visiting the elderly on a regular basis, and others. In Union County, one club had as its goal to make the younger generation more aware of the "good old days" and bring youth and senior citizens closer together. Their primary effort was to take pictures and tape recordings of senior citizens in the community. The material was given to the senior citizens who participated. Other projects included fruit baskets for senior citizens, decoupage workshops and other programs to bring the old and young together.

KANSAS

4–H'ers in Logan County, Kans., organized a "work-a-thon," doing yard work free for elderly ladies unable to do it themselves. In addition, it is helping to provide funds for their 4–H Club. 4–H'ers selected names from a "free meals" program list, and then checked to see if yards needed attention. 4–H'ers contacted each resident for permission to work and then signed up sponsors to pledge certain amounts per hour for the youngsters' work. 4–H'ers spent the mornings clearing up the main street and then finished the day pulling weeds, mowing grass, washing windows, et cetera, for the elderly. Sixteen 4–H'ers worked a total of 139 hours and earned $400 for their club.

ARKANSAS

The "4–H adopt a grandparent" program in Arkansas continues to grow and have an impact in 4–H programing throughout the State. A special project packet for this program is being used widely, which outlines how youth can become involved in this project, suggests activities for involving "grandparents," and provides other ideas for working and sharing together.

GEORGIA

As in most States throughout the country, Georgia counties report a number of activities involving senior citizens in community service programs. These include preparing meals for the elderly, cleaning house, doing errands, and others.

MICHIGAN

A "youth can do it" program initiated through a special grant is also proving beneficial to the elderly in six counties of Michigan involved in this pilot project. Purpose of the project was to train youth (especially low income) in home repair and maintenance, help youth earn money, improve the physical environment of their local communities, and utilize resources most efficiently including labor and materials. An evaluation of this project shows it has provided low income youth with spending money and has done much to increase their skills. An important result has been that many of the youth have taken home repair as a community service activity and are doing jobs free for the elderly of the community.

ALL STATES—MICHIGAN

Over the years, senior citizens have made important contributions as volunteers for local 4–H Clubs. In recent years, there has been an increase in the number of volunteer leaders who have stayed with the 4–H program for 40 or more years. In Midland County, Mich., for example, an 82-year-old volunteer leader began her 4–H work 41 years ago as a clothing leader and then later began a project in leathercraft. She is now an expert in this project and serves as a resource person for statewide 4–H meetings each year. She is presently working with 4–H groups in two counties.

SEVERAL STATES

The generation alliance program (GAP) is an important program in a number of States.

Teenage 4–H members form approximately 15 4–H Clubs in Arlington Heights, Ill., have been meeting with the local chapter of AARP for more than a year. Teenagers are learning the skills of crafts that have been practiced and perfected by senior citizens, about careers, and travels. Discussion topics among youth and the elderly have included drug abuse and other important national concerns.

In Clark County, Ohio, as a part of the GAP program, six 4–H junior leaders served as a panel to discuss some of the important issues of today with 200 elderly citizens. The junior leaders were asked questions about discipline in the school and home, drugs and alcohol, and others. The junior leaders asked the elderly their views on various subjects. Everyone involved thought the program was a tremendous success and other discussions are planned for the future.

SEVERAL STATES—COLORADO

A number of States are encouraging their extension youth program to "tap in" on the retired senior volunteer program sponsored by ACTION. These volunteers are serving as 4–H Club project leaders or as leaders of special interest programs.

The Jefferson County Extension Service, Colorado, is participating in a day camping program for youth 4 to 11 years of age, designed to introduce younger youth to an environmental camping experience and to promote the family 4–H idea. Retired senior volunteers are providing valuable resources for this camping program. Other teachers participating in this program appreciate the retired senior volunteers due to their great rapport with youth and their skills in a number of subject areas such as geology, nature, weather, and others. All reports on this program are very positive and it is hoped it can be expanded further.

FOOD AND NUTRITION SERVICE

FOOD STAMP PROGRAM

Legislation was enacted in 1976 which is of benefit to the elderly. Public Law 94–365 extended eligibility of SSI recipients for food stamps through June 30, 1977, unless they live in a State that is providing the bonus value of food stamps

in cash. Under this legislation, Massachusetts remained the only State which met the criteria as a cash-out State.

SSI recipients in California, New York, and Nevada (applies to blind and aged only), became eligible to participate in the food stamp program. For certain SSI recipients in those States, temporary waivers of the interview requirement and the nonassistance application were granted to assist the SSI recipients in making the transition.

California, however, sought legislation to permit it to remain a cash-out State and Public Law 94–379 allowed the DHEW Secretary to designate California as a cash-out State provided the State passed through all or a portion of the annual increase in the Federal SSI payment.

In compliance with court order in the case of *Bennett* v. *Butz*, all outreach activities are required to be carried out with special regard to the need of elderly and several other groups. Each State agency, among other things, is required to use volunteer groups and agencies, both public and private, for disseminating food stamp information and in assisting in outreach functions. Feedback from States during the year demonstrated the significant role volunteers are playing in distributing information, especially to homes and other places where senior citizen live and assemble for companionship. Other outreach efforts are directed toward supplying transportation, and helping certain individuals apply for, purchase, and use food stamps.

As mentioned in previous reports, under currrent program provisions, certain elderly recipients may use food coupons to pay for home-delivered meals or meals served at a communal dining facility. As of September 30, 1976, there were 1,846 nonprofit meal delivery services and 4,390 communal dining facilities authorized to accept coupons in exchange for meals served or delivered to elderly persons. There are two other current program provisions which are of particular benefit to elderly persons; namely, the provisions for the use of an authorized representative when a recipient is unable to apply for or purchase and use coupons in person and the provision for mail issuance of coupons.

In regard to any plans for 1977, careful consideration will be given to the situation of senior citizens.

FOOD DISTRIBUTION PROGRAM

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

Subsequently, Public Law 94–135, enacted November 27, 1975, amended the Older Americans Act to expand the food donation authority to maintain an annually programed 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. . . ." This hold harmless clause is applicable only to the State of Kansas which had phased out its commodity distribution system prior to June 30, 1974.

During fiscal year 1976, some 800 title VII feeding projects covering over 6,000 feeding sites were eligible to receive USDA-donated foods. Based on estimates submitted by the States, we offered foods for 88.5 million meals for the 15-month fiscal year valued at 16½ cents per meal or $14.6 million in donated foods. In addition, selected foods were made available by USDA to public and private nonprofit institutions including nursing homes, senior citizens' centers, meals-on-wheels, programs, and other charitable organizations which provide food services for needy persons. Some 7,500 institutions served approximately 870,000 needy persons who benefited from Federal food donations in fiscal year 1975. Of these, more than 25 percent were institutions that have been identified as serving predominantly elderly persons over age 65.

All but two States were actively receiving Federal foods in fiscal year 1976. Kansas, which selected cash in lieu of commodities for their child feeding programs, declined to designate a distributing agency for programing commodities to their title VII feeding projects and, therefore, received cash on the basis of actual meals served. In Georgia, internal administrative problems prevented the State from accepting donated foods in fiscal year 1976. However, designation of a new agency for distribution of donated foods will enable the State to participate in fiscal year 1977.

ITEM 2. DEPARTMENT OF COMMERCE

DECEMBER 28, 1976.

DEAR MR. CHAIRMAN: I am pleased to respond to your invitation to provide a summary of major Department of Commerce activities during 1976 which affect the aging. The narrative also mentions activities which are to be continued or undertaken in 1977.

Sincerely,

ELLIOT L. RICHARDSON, *Secretary.*

[Enclosures.]

PROGRAMS FOR THE AGING—1976

STATISTICAL RESEARCH, DATA, AND PUBLICATIONS

During 1976, the Bureau of the Census issued the following reports containing statistical data on the demographic, social, and economic characteristics of older Americans. Many of these reports are issued annually and will be updated in 1977.

CURRENT POPULATION REPORTS

Series P–20

No. — *Title*

290—Persons of Spanish Origin in the United States: March 1975.
291—Household and Family Characteristics: March 1975.
292—Population Profile of the United States: 1975.
293—Voting and Registration in the Election of November 1974.
295—Educational Attainment in the United States: March 1975.
296—Households and Families by Type: March 1976 (Advance).
297—Number, Timing, and Duration of Marriages and Divorces in the United States: June 1975.
302—Persons of Spanish Origin in the United States: March 1976.
303—School Enrollment—Social and Economic Characteristics of Students: October 1975.
304—Geographical Mobility: March 1975 to March 1976.

Series P–23

58—A Statistical Portrait of Women in the United States.
59—Demographic Aspects of Aging and the Older Population in the United States.
60—Language Usage in the United States: July 1975 (Advance).
61—Characteristics of Households Purchasing Food Stamps.
64—The Geographic Mobility of Americans: An International Comparison.

Series P–25

619—Estimates of the Population of States, by Age: 1974 and 1975 (Advance).
623—Projections of the Population of Voting Age for States: November 1976.

Series P–28

1523—Special Census of Brookhaven, N.Y.: Apr. 26, 1975.
1524—Special Census of Milwaukee, Wis.: Mar. 3, 1975.
1525—Special Census of Dubuque, Iowa: Sept. 30, 1975.
1526—Special Census of Cedar Rapids, Iowa: July 14, 1975.
1527—Special Census of San Bernardino County, Calif.: Apr. 1, 1975.
1528—Special Census of Bonneville County, Idaho: November 1975.

1529____Special Census of Bloomington, Minn.: September 1975.
1530____Special Census of Clarksville, Tenn.: November 1975.
1531____Special Census of Scottsdale, Ariz.: October 1975.
1532____Special Census of Glendale, Ariz.: October 1975.
1533____Special Census of Mesa, Ariz.: October 1975.
1534____Special Census of Joliet, Ill.: August 1975.
1535____Special Census of Waterloo, Iowa: August 1975.
1536____Special Census of San Juaquin County, Calif.: October 1975.
1538____Special Census of Phoenix, Ariz.: October, 1975.
1539____Special Census of Tempe, Ariz.: October 1975.
1540____Special Census of Green Bay, Wis.: February 1976.
1542____Special Census of North Little Rock, Ark.: April 1976.
1543____Special Census of St. Petersburg, Fla.: January 1976.
1544____Special Census of Taylor, Mich.: March 1976.
1545____Special Census of Alington Heights, Ill.: May 1976.
1547____Special Census of Clinton Town, Mich.: July 1976.

Series P–60

101_____Money Income in 1974 of Families and Persons in the United States.
102_____Characteristics of the Population Below the Poverty Level: 1974.
103_____Money Income and Poverty Status of Families and Persons in the United States: 1975 and 1974 Revisions (Advance).

One report issued during 1976 which is of particular interest is entitled "Demographic Aspects of Aging and the Older Population in the United States" (Series P–23, No. 59). This report presents and analyzes data on age, sex, and race composition; geographic distribution and internal migration; mortality and survival; and certain social and economic characteristics. As an important component of change in the size of the older population, mortality is considered in some detail both historically and prospectively.

The Bureau's Center for Census Use Studies conducted a study and published information on the older population under an interagency agreement with the Administration on Aging of the Department of Health, Education, and Welfare. In 1976, a report entitled "Social Statistics for the Elderly, State Level System: Nebraska Social Report" was published. A corresponding "Users' Report" and an "Executive Report" for Nebraska are to be published during 1977 by the Administration on Aging. Also to be published by the Administration on Aging through this interagency effort is a report on the elderly minority in Austin, Tex., and Pittsburgh, Pa.

Mr. Jacob Siegel of the Census Bureau's Population Division presented a paper on "Effect of Changes in Age—Specific Death Rates on Life Expectancy in the United States" in a gerontological session at the meeting of the American Health Association in Miami, Fla., in October 1977.

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

1. "The Elderly" (NTIS–PS–77–0595) contains 254 selected abstracts of research reports submitted to NTIS by Federal agencies, private organizations, and individuals with Federal grants or contracts. The topics include social services, health, housing, and transportation.

2. "Transportation for the Elderly or Physically Handicapped" (NTIS–PS–76–0622) contains 83 abstracts of reports on transportation difficulties and design as they relate to the aged and handicapped population. The source documents were submitted to NTIS by both Federal and non-Federal organizations.

PATENTS

A continuing program element which affects aging is section 708.02 of the Manual of Patent Examining Procedures, which allows patent applications from individuals who are 65 years of age or older to be "made special;" that is, the application may be taken up for examination earlier than its effective filing date normally would permit.

The following patents are examples of those granted during 1976 by the Patent and Trademark Office which directly affect the aging:

No. 3,937,838.—A composition and method for producing bronchial dilation used in treating asthmatic conditions. This composition has a lower incidence of side effects than prior drugs. Usually side effects are of considerable danger in treating older patients.

No. 3,968,249.—Pharmaceutical preparations and the method of using them in the treatment of malignant neoplastic disease (cancer). The preparations have been found to be effective for the amelioration of the symptoms of various forms of leukemia, carcinoma, and sarcoma in various body organs.

No. 3,987,182.—Chemical compounds for treating benign prostatic hypertrophy, a condition which increases in frequency with age.

Safety

The Center for Fire Research of the National Bureau of Standards is conducting two programs that will benefit the aging. One is to develop life safety systems for hospitals, nursing homes, and other institutional facilities. The program is focusing on six elements of life safety: (1) decision analysis, (2) behavior in fire emergencies, (3) alarm and communication systems, (4) smoke control systems, (5) fire and smoke detectors, and (6) automatic extinguishment. The research program began in 1975, continued through 1976, and will go into 1977.

The second program is to develop a new general wearing apparel flammability standard. The center is developing the technical base and test method for the standard. The flammability of wearing apparel would be of particular concern to those elderly people of lessened mobility who would benefit from the additional protection of clothing that is more fire-resistant than what is now generally available.

The National Fire Prevention and Control Administration (NFPCA) also has several programs which affect the aging. One program involves technical research on fire prevention methods and standards for nursing homes and hospitals. The research will continue in 1977.

During 1976, NFPCA implemented a major public education project directed toward fire prevention among the elderly, who have the highest rate of injuries and deaths from fires. The project used written materials as well as radio and television spots and programs.

NFPCA's Public Education Office prepared a brochure for senior citizens advising them on fire prevention methods and the escape procedures to follow should a fire occur.

Under development at present is a plan to include senior citizens in fire prevention home inspection programs handled by local fire departments across the country.

Business Assistance

District offices of the Domestic and International Business Administration (DIBA) have continued to work actively with the Service Corps of Retired Executives (SCORE). The SCORE group has provided assistance in developing business plans and has participated in seminars on international export promotion. The district offices provide SCORE personnel with certain business information, and SCORE is then able to assist companies on technical matters. The district offices consider SCORE as a major outreach of their activities in that SCORE is able to provide indepth assistance to the business community, which the district offices often cannot do because of limited resources.

Health-Related Research

The National Bureau of Standards (NBS) conducts a number of health-related studies applicable to persons of all ages but having special impact on older persons.

One study is concerned with the use and success of metallic biological implants such as heart pacemakers and skeletal replacements. The number of implants has increased dramatically in recent years to the present number of 2 million per year in the United States alone.

NBS, with its advanced materials capability and expertise, has made a major contribution to this success by providing the standards, characterization, testing, and material properties which could be combined with the medical input. Skeletal and reconstructive surgical implants require strong, inert, biocompatible material, and although presently used materials are good, many deficiencies still exist. Research is continuing at NBS in this area with an overall goal to provide improved data leading to metal implants which will not fail unexpectedly in service or produce adverse reaction of any kind at any time. Results from this research can impact directly on our elderly citizens.

The second in a continuing series of annual workshops on reliability technology for cardiac pacemakers was held in July 1976. The workshop was attended by representatives from all 12 domestic manufacturers, one foreign manufacturer, three foreign distributors, and representatives of battery vendors, the Federal Drug Administration, and other organizations concerned with pacemaker reliability.

The NBS-sponsored workshop included such topics as the procurement and assurance of high reliability electronic parts and the leak testing of electronic parts and packages, such as for pacemakers. Two other topics that were addressed were the measurement technologies for batteries and for leads used with the implantable pacemaker.

More than 30 Standard Reference Materials (SRM's) made available by NBS are helping to improve the accuracy of nearly 5 billion measurements made annually in hospital laboratories. NBS provides many other SRM's that are used by scientific and technological industry to perfect products that are important not only for the health of the elderly but for their safety also. For example, SRM's are used in assessing the smoke producing properties of materials with respect to fire safety. Efforts are continuing to provide SRM's to meet new needs in four areas: health, technology, industrial quality control, and science.

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

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

Neutron techniques developed at NBS have impacted strongly on areas of medicine, health, and safety. The use of these techniques has helped solve many trace element measurement problems in foods and body fluids that have proven essential to physicians in diagnosing various types of illnesses in our elderly. A major research effort is ongoing with the National Institutes of Arthritis and Metabolic Diseases to better understand the metabolic mechanisms and disorders which trigger disease and enzyme activity in the digestive process. Information obtained in this program will allow physicians to better diagnose and treat the elderly, who are most often plagued with digestive disorders and related diseases.

Although NBS has a number of other projects which impact on the elderly to some extent, two are particularly worth noting. One has been the development of new and improved dental materials and devices along with tooth restoration procedures. All these have been widely accepted by members of the American Dental Association.

The other project has been to provide the Veterans Administration (VA) with technical data and test results on hearing aids. This information is provided the VA on a continuing basis and is used to select hearing aids for VA clients, a

substantial fraction of whom may be assumed to be elderly. The VA makes the test results available through the Government Printing Office so other Federal and State agencies can use the data in selecting hearing aids.

In 1971, NBS published a 32-page consumers' guide entitled "Facts About Hearing and Hearing Aids." This publication remains very popular with the elderly and their families for answering questions and providing basic information.

ITEM 3. DEPARTMENT OF DEFENSE

DECEMBER 15, 1976.

DEAR MR. CHAIRMAN: This is in further reply to your letter of November 9, 1976, requesting information on the Defense Department's major activities on aging during 1976 and plans for continuing efforts in 1977.

The Department of Defense continues to operate one of the most comprehensive retirement planning programs for civilian employees in the Federal Government. Integrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacement manpower needs. It encompasses extensive preretirement counseling for employees (and their spouses in many instances) and includes trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue the operation of this program through 1977.

Public Law 93-39 (5 USC 8336(d)(2)) has proven especially helpful to the Department of Defense during the recent periods of significant civilian manpower reductions. This legislation, enacted in 1973, permits an employee to voluntarily retire during a period when his agency is undergoing a major reduction in force, as determined by the U.S. Civil Service Commission, if he has completed 25 years of service or is at least 50 years old and has completed 20 years of service. During 1976, the Commission has authorized the Department of Defense to apply this major reduction-in-force retirement provision for specific geographic areas or installations on 19 separate occasions. These authorizations enabled 1,565 employees to voluntarily retire early and permitted 915 other employees who would otherwise have lost their jobs to be offered continuing employment. We will continue to request the use of this authority in future major reduction-in-force situations where it will serve to minimize the work force disruption which generally accompanies reductions in force.

The military departments and Defense agencies have continued to provide multiphasic occupational health programs and service to employees, and in some cases to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorders, immunizations and treatments. We plan to continue to provide these services to employees to the maximum extent possible during 1977.

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

In summary, the Department of Defense operates a comprehensive retirement planning program, makes appropriate use of the major reduction-in-force retirement option provided by statute, provides extensive health care services for employees, and pursues an ongoing affirmative action program to preclude discrimination based on age. Our total effort relative to age and aging will continue in 1977.

We appreciate the efforts of the Senate Special Committee on Aging, and we hope that the above information will be helpful to you.

Sincerely,

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

ITEM 4. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF HUMAN DEVELOPMENT

ADMINISTRATION ON AGING

INTRODUCTION

This report presents in three parts the activities of the Administration on Aging encompassing fiscal year 1976, including the transition quarter, and the first quarter of fiscal year 1977. In addition, it sets forth planned Administration on Aging activities for the remainder of fiscal year 1977.

Part I consists of material prepared for the Administration on Aging fiscal year 1976 Annual Report (including activities during the transition quarter) as required by section 208 of the Older Americans Act, as amended.

Part II describes significant Administration on Aging activities during the last 3 months of calendar year 1976.

Part III sets forth directions and planned initiatives of the Administration on Aging during the remainder of fiscal year 1977.

PART I. ANNUAL REPORT FOR FISCAL YEAR 1976

During fiscal year 1976 the Administration on Aging was involved in a wide range of activities pursuant to its mandates as set forth in the Older Americans Act of 1965, as amended. These mandates and the associated activities during fiscal year 1976 are articulated later in the report.

ORGANIZATION OF THE ADMINISTRATION ON AGING

To carry out its mandates, the Administration on Aging has been organized in the following manner: (1) The Office of the Commissioner on Aging; (2) the Office of Planning and Evaluation; (3) the Office of State and Community Programs; (4) the Office of Research, Demonstrations, and Manpower Resources; (5) the National Clearinghouse on Aging; (6) the field liaison staff; (7) the nursing home interests staff; and (8) 10 regional offices of aging. The current organizational structure of the Administration is presented in table I of this report.

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

The Office of State and Community Programs (OSCP) serves as the focal point for development and assessment of the State and Community Programs on Aging (title III), the Multipurpose Senior Centers Program (title V), and the Nutrition Program for the Elderly (title VII). In addition, OSCP develops regulations, policies, and guidelines for use by State and area agencies on aging, nutrition project agencies, and where appropriate senior centers; develops optional models and disseminates best practice suggestions for use by the regional offices, State agencies on aging, area agencies on aging, and nutrition project agencies; develops and monitors, in cooperation with other AoA units, management information and reporting systems which provide updated information to facilities planning and program adjustment for management efficiency at all organizational levels; and carries out other related functions.

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

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

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

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

The nursing home interests staff is the focal point at the Federal level for advocacy on behalf of elderly nursing home residents. This unit directs the nationwide nursing home ombudsman program; collaborates with other Federal agencies on issues dealing with long-term care and alternatives to institutionalization; and serves as a resource for groups and individuals who are working to improve nursing home care.

ORGANIZATION OF THE FISCAL YEAR 1976 AOA ANNUAL REPORT

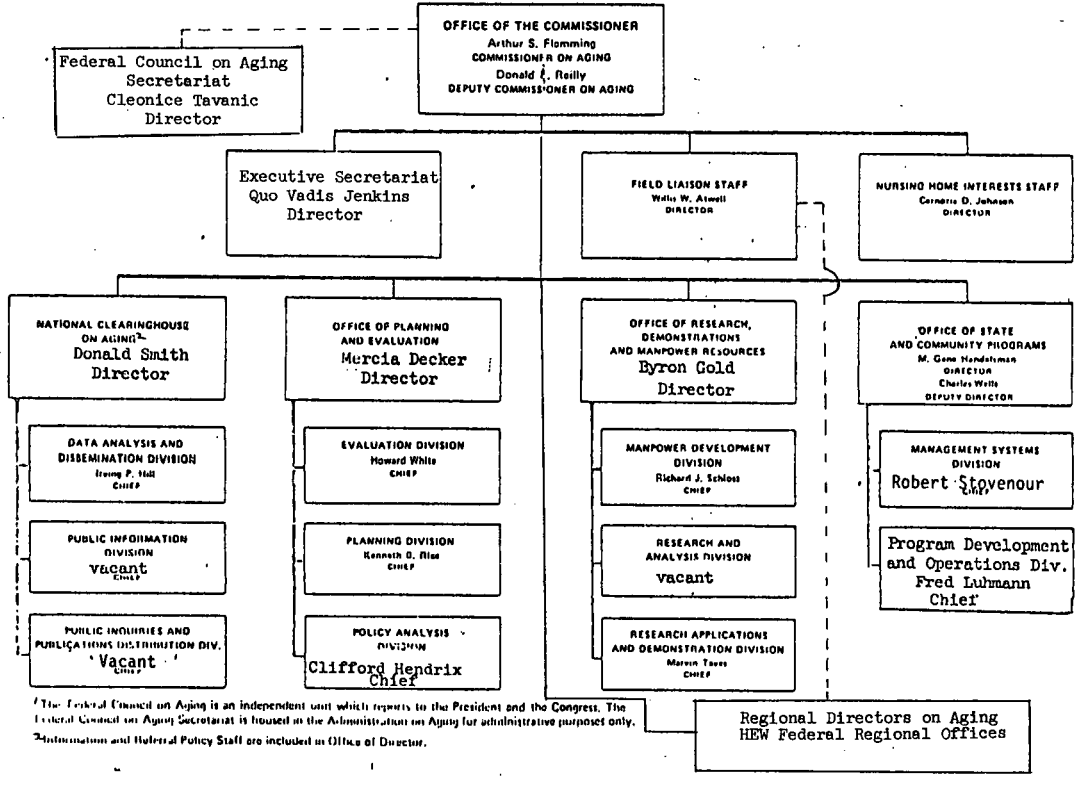
The remainder of this report identifies activities conducted by AoA during fiscal year 1976 from two perspectives:

—Accomplishments by program; and

—Accomplishments as related to AoA forward plan goals.

TABLE I

ADMINISTRATION ON AGING



[1] The Federal Council on Aging is an independent unit which reports to the President and the Congress. The Federal Council on Aging Secretariat is housed in the Administration on Aging for administrative purposes only.

[2] Information and Referral Policy Staff are included in Office of Director.

ADMINISTRATION ON AGING ACTIVITIES BY PROGRAM

For purposes of discussion, the programs assigned to the Administration on Aging by the Older Americans Act of 1965, as amended, are grouped as follows:
(1) Programs directly affecting the elderly.
(2) Programs supporting the concerns of the elderly.

PROGRAMS DIRECTLY AFFECTING THE ELDERLY

(State and community programs on aging)

Title III: Coordinated, Comprehensive Service System for the Elderly

Purpose

Under the title III program, the Commissioner makes formula grants to each State with an approved State plan submitted by the Governor and developed by the designated State agency. Each State plan is designed to develop or strengthen at the State and sub-State or area level a system of coordinated and comprehensive services, which will enable older persons to live in their own homes as long as possible and to continue to participate in their communities. In 1973 and 1974 State agencies on aging conducted statewide surveys of their population to determine the concentration of older persons with the greater social and economic needs to assess resources available to meet these needs. State agencies then divided the States into planning and service areas (PSA's) based on these surveys and designated area agencies on aging within these PSA's. These State and area agencies on aging (and nutrition project agencies, which are discussed later) comprise the national network on aging.

Accomplishments [1]

State Agencies on Aging

Title III resources [2] in fiscal year 1976 were directed toward:
—Expanding the number of area agencies on aging;
—Establishing, at the State level, mechanisms for developing or strengthening coordination efforts between State agencies on aging and other public and private agencies at the State level;
—Expanding access by older Americans to information and referral; and
—Implementing nursing home ombudsman and legal services programs.

Expanding number of area agencies on aging.—The 56 geographical jurisdictions [3] within the United States have been divided by these jurisdictions into 596 planning and service areas. By the end of fiscal year 1976, States had approved the plans and budgets of 536[c] area agencies on aging. This is a significant increase in the number of area agencies in existence at the end of fiscal year 1975. By the end of fiscal year 1976, therefore, only 60 planning and service areas nationally are without an area agency on aging. These 536 area agencies on aging cover 90 percent of the Nation's older persons. Most of those areas not covered are highly rural, lightly populated planning and service areas.

Coordination and program development at the State level.—State agencies on aging are responsible for establishing such procedures and mechanisms as are necessary to assure the effective coordination of all State planning and service activities related to the field of aging.

Federal leadership and technical assistance influences State and local agencies which have discretionary authority on the expenditure of Federal resources. The Administration on Aging, therefore, has negotiated and signed 20 formal interagency working agreements with other Federal departments and agencies in order to assist State agencies to coordinate activities at the State level. Concurrently the activities of the national network on aging underlines and rein-

[1] Accomplishments are reported separately for State agencies on aging and area agencies on aging.
[2] Funds are provided on a formula grant basis to support the operation of each State agency on aging: $17 million was available for this purpose in fiscal year 1976 and $4,250,000 in the transition quarter. Note State-by-State allocations in appendix I–A.
[3] Includes the 50 States plus American Samoa, Guam, Puerto Rico, the Trust Territory of the Pacific Islands, the Virgin Islands, and the District of Columbia.
[c] This figure represents the most recent fiscal year 1976 count.

forces the attention given to the field of aging by the counterpart agencies of Federal agencies. This dual-edge approach, with the interest being expressed to the respective controlling State or local agency from both its Federal counterpart and a State or area agency, should result in more resources being utilized for services for older persons.

By the end of fiscal year 1976, 247 interagency agreements had been signed at the State level in the areas of:

—Health,
—Housing,
—Employment and retirement,
—Nutrition,
—Transportation, and
—Social Services.

This is an increase of 110 agreements over fiscal year 1975.

Information and referral.—State agencies in cooperation with area agencies on aging also have a responsibility to assure the availability of information and referral sources in sufficient numbers so that all older persons have reasonably convenient access to such sources.

It is estimated that 95 percent of all older persons in the Nation have access to information and referral services.

The nursing home ombudsman program.—By the end of September 1976 49 States had established a statewide nursing home ombudsman program. The purpose of the nursing home ombudsman program, which is funded by AoA model projects funds $1,087,234 in fiscal year 1976), is to enable State agencies to develop a process at the local or area level which is responsive to complaints made by or on behalf of the elderly in nursing homes and to work in a variety of ways to improve the quality of care and quality of life of nursing home patients.

Significant findings due to the ombudsman effort revealed complaints dealing with:

—Need for frequent investigations involving financial difficulties, including overcharges, and determination of Federal benefits;
—Problems of overdrugging, prolonged use of restraints, improper diets, lack of baths, physical abuse;
—Complaints of feelings of isolation, neglect, and loneliness; and
—Frequent violations of patients' rights.

Resolution of complaints often defy accurate documentation. Many resolutions are only temporary, some are partial, and others go unreported. Yet, reports presently being collected show evidence of major policy changes directly related to ombudsman activity. This is observable in:

—The increased enactment of State legislation for the granting of access to nursing homes and provision of appropriation for employment of ombudsmen—often designated as advocates;
—Increasing interest and support manifested by Governors of States in encouraging the location of the ombudsman program in their offices;
—Growing support of area agencies in seeking new resources to support the programs; and
—The growing support from private and governmental sectors.

Legal services program.—AoA announced in July 1976 a program to provide support to each State agency to develop, working through area agencies on aging increased legal services for the elderly. The program will become operative in January 1977. Its objective is to provide the capacity for leadership within each State agency for the promotion of statewide legal services to the elderly. The promotion and development of legal services for the elderly includes:

(1) Working with area agencies on aging in order to help them design legal services programs for older persons and to assist them in developing plans for the implementation of such programs by public or private agencies;

(2) Assisting, working through area agencies on aging, Legal Services Corporation offices, and/or legal aid programs to expand services and outreach efforts to eligible elderly clients and to design and secure funding for programs which would serve all older persons;

(3) Assisting area agencies on aging in involving the private bar in increasing legal representation to older people;

(4) Stimulating law schools and other educational institutions to provide research, law-related training, and/or direct client services to the elderly;

(5) Designing and coordinating through State and area agencies on aging legal and aging training programs for State and area agency staff and grantees, paralegals, lawyers, and older persons;

(6) Providing, working through the area agencies on aging, assistance in developing legal backup to the nursing home ombudsman programs at the area level; and

(7) Working with the State agency, area agencies, and other interested parties on research, drafts, testimony, advocacy, and monitoring for legislation at all levels that benefits the elderly. Areas of particular legislative concern could include for example, SSI, social security, food stamps, medicaid, medicare, veterans benefits, public and private pensions, nursing homes, real property taxation, Federal taxation, housing, and welfare.

The promotion and development of legal services for the elderly does not include:

(1) Acting as house counsel to the State agency.

(2) Litigation.

(3) Direct client counseling and representation.

AoA made several grants to organizations to provide technical assistance to the States in developing and implementing this program. These were:

—Legal research and services for the elderly (Washington, D.C.).

—Legal services for the elderly poor (New York, N.Y.).

—National Senior Citizens Law Center (Los Angeles, Calif.).

—National Paralegal Institute (Washington, D.C.).

—National Retired Teachers Association/American Association of Retired Persons (Washington, D.C.).

Area agencies on aging

Federal funds are available through a formula grant to each State to pay part of the cost of the operations of area agencies on aging and the funding of social services by the State agency where there is no area agency.[4] Area agencies on aging are public or private nonprofit agencies, designated by the State agencies on aging, which receive Federal support through the State agencies to develop and implement an annual area plan and budget to:

—Serve as the focal point and advocate on aging for a State-designated planning and service area, identifying the needs and problems of older people in the area, establishing goals and priorities, mobilizing resources from other public and private agencies to meet the needs and problems, and negotiating interagency cooperative agreements to expand and coordinate services;

—Maintain and increase levels of social services available to older persons by providing leadership, technical assistance, and funding to foster the development of a comprehensive and coordinated service system for the area involving all available public and private agencies and funds: To assure that the needs of older persons are met; to assure that resources are used effectively and efficiently; and to invest area agency funds strategically to facilitate access to existing services and to fill priority service gaps; and

—Engage in a continuing process of reassessment of priorities and approaches in terms of progress toward the development of a comprehensive and coordinated service system within the area to meet the needs of older persons.

Area planning and social services funds are available at different matching ratios for three types of use:

—Up to 15 percent of the State's allotment is available for the operations of the area agencies, at a Federal matching rate of up to 75 percent;

—The remainder is available for the purchase of any services that promote the general welfare of older persons, at a Federal matching rate of up to 90 percent for services that are part of an area agency annual plan, and up to 75 percent for services in an area where no area agency has been established and there is no approved area plan (a maximum of 20 percent of the State's allotment is available for services in areas that are not part of an area plan).

Pooling resources to increase services to the elderly: A recent study (1976) [5] reported that by the end of fiscal year 1975 area agencies were successfully pooling resources from other public and private sources:

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[4] $93 million was available in fiscal year 1976 and $31,250,000 in the transition quarter for this purpose. Note State-by-State allocations in appendix I–A.

[5] Raymond M. Steinberg, *A Longitudinal Analysis of 97 Area Agencies on Aging*, Social Policy Laboratory, Andrus Gerontology Center, University of Southern California, May 1976.

—55 percent of the area agencies on aging have obtained non-AoA sources of funds beyond the required local match by the end of 1975 (twice as many as one year earlier);
—Almost one-fourth of the area agencies on aging have obtained more than one non-AoA dollar for each AoA dollar; the average was 80 cents, including match and in-kind contributions, for each AoA dollar;
—72 percent have had local government cash, 43 percent have had State appropriated funds, 40 percent have channeled title VII nutrition funds, 28 percent have had general revenue sharing dollars, 26 percent have had private cash, and 15 percent have channeled title XX (late 1975);
—High levels of contact with local elected officials and comunity leaders were established.

During fiscal year 1976 State and area agencies made substantive progress in pooling resources.

The estimated total dollars pooled by State and area agencies on aging [6] during fiscal years 1975 and 1976 are:

Fiscal year 1975	$122,541,000
Fiscal year 1976	215,190,000

This increase of $92,649,000 in pooled resources has undoubtedly had an impact on the level of services provided to older persons.

Serving the elderly.—The emphasis in the purchase of services is on priority services (listed below) identified in title III of the Older Americans Act. The proportion of service funding during fiscal year 1976 is as follows:

Title III Services

Type of service:	*Percent*
Transportation	25
In-home services	16
Information and referral	16
Legal and other counseling	13
Home repair	4
All other services	26
Total	100

In 1976, an estimated 7,086,210 [7] elderly persons were served under area plans approved by State agencies. Of these, 17 percent were minority and 43 percent low-income.[8] They received the following services:

Persons Served by Title III

Type of service:	*Number of persons served* [9]
Transportation	1,790,000
Home services	202,000
Legal and other counseling	92,000
Repair and renovation	15,000
Information and referral	1,692,000
Escort	158,000
Outreach	806,000
All other services	1,322,000
Total	* 6,077,000

Involving the elderly.—Area agencies on aging also have the responsibility to meaningfully involve older persons in programs that serve older persons. Area agencies have demonstrated their commitment to this responsibility through the significant employment or use of older volunteers in area agency activities.

[6] Other than title III and title VII resources.
[7] Duplicated count—total served with all funds.
[8] Low income definition is based on Department of Commerce, Bureau of the Census poverty threshold—1975 estimates, and established by each State.
[9] Number served under title III funds only.
*Duplicate count.

	Percent
Paid staff—60 years or older	19
Volunteer staff—60 years or older	52

Title V: Multipurpose Senior Centers

Purpose

Title V, section 501 authorizes the Commissioner to make grants or contracts to units of general purpose or other public or private nonprofit agencies or organizations and to make contracts with any agency or organization for the purpose of acquiring, altering, or renovating existing facilities to serve as multipurpose senior centers. The term "multipurpose senior centers" means a community facility for the organization and provision of a broad spectrum of health, social, educational, and other services for older persons.

Accomplishments

The program was funded for the first time during the July–September 1976 transition quarter. A total of 549 grant awards were made from the $5 million appropriated for this period.[10] It is estimated that the senior centers supported during fiscal year 1976 will serve approximately 2.5 million older persons.

Multipurpose Senior Center Program

Total number of projects funded	549
Type of senior center projects:	
Facilities altered or renovated	457
Equipment and furnishings provided	69
Facilities which were acquired	23
Existing or new:	
Existing senior centers which were altered or renovated	339
Newly established senior centers through acquisition, alteration, or renovation	210
Location of center:	
In rural areas	378
In urban areas	171

Title VII: Nutrition program for the elderly

Purpose

The nutrition program authorized by title VII of the Older Americans Act, as amended, began operations early in fiscal year 1973. Under the provisions of title VII, the Commissioner on Aging is authorized to make formula grants to States to establish and maintain community-based nutrition program project sites for the delivery of low-cost, hot nutritious meals, served primarily in congregate settings and with supportive services to persons 60 years of age and over and their spouses.

Each nutrition program project must provide hot meals 5 or more days a week, 52 weeks a year. The project must also provide supportive services necessary to facilitate participation of eligible individuals in the meals program. Such services include outreach, transportation and escort services. In addition, projects are encouraged to provide other supportive services, including health and welfare, education and counseling, information and referral services, shopping assistance, and recreational services.

Under the terms of the 1973 amendments to the Older Americans Act, the U.S. Department of Agriculture provides commodity and product support to the nutrition program. Such assistance was to be at a minimum level of 15 cents per meal for fiscal year 1976 and 25 cents per meal for fiscal year 1977. In fiscal year 1976

[10] The amount of funds awarded within each State is noted in appendix II–F.

this support was equivalent to 16½ cents per meal in donated food. Special emphasis is placed on providing high protein foods, meat and meat alternates.

The program is designed to assist communities to meet the nutritional and social needs of older persons who do not eat adequately because—

(1) They cannot afford to do so;

(2) They lack the skills to select and prepare nourishing and well-balanced meals;

(3) They have limited mobility which may impair their capacity to shop and cook for themselves; and

(4) They have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone.

Accomplishments

During fiscal year 1976 [11] the number of nutrition projects increased from 682 to 845.[12] The number of meal sites increased from 4,491 to 6,672. Approximately 35 percent of the projects serve rural areas. See Summary: Title VII—Nutrition Program, below.

PROGRAMS SUPPORTING THE CONCERNS OF THE ELDERLY

Title IV, Part A: Manpower and Training

Purpose

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

Accomplishments [13]

Career Training

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

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[11] Period ending June 30, 1976. (Excludes transition quarter.)

[12] $187,500,000 was made available in fiscal year 1976 and $46,875,000 in the transition quarter for this program. Note State-by-State allocation in appendix I–B.

[13] A list of all awards made under this program in fiscal year 1976 and the transition quarter is included in appendix II–C.

SUMMARY: TITLE VII—NUTRITION PROGRAM [1]

	Fiscal year—		
	1975	1976	Change
(1) Total meals served	52,276,000	64,273,000	+11,997,000
(2) Average number of meals served daily	209,000	257,000	+48,000
(3) Estimated number of different persons served	1,470,000	1,723,000	+253,000
(4) Average cost of meal	$1.63	$1.63	0
Meal plus supporting social services	($2.25)	($2.25)	0
(5) Percent home delivered meals	13	14	+1
(6) Percent expended on supporting social services	13	11	−2
(7) Percent minority	24	21	−3
(8) Percent low income	62	62	0
(9) USDA commodities	[2] 3,263,000	$10,896,000	+$7,337,000

[1] Period ending June 30, 1976. (Excludes transition quarter.)

[2] In fiscal year 1975 program started late in the year.

Through the career development program, students are prepared for employment at baccalaureate, masters, and doctorate levels in:

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

During the 1975–76 academic year $3.5 million supported 50 grant awards at 47 colleges and universities in 34 States. Approximately 16,000 students were enrolled in courses and programs in aging. 523 students received financial assistance as part of fiscal year 1975 career training awards through the university. In addition, over 200 students were supported in the summer institute program sponsored by the University of Southern California.

At the close of fiscal year 1976, $6 million was awarded on a national competitive basis to educational institutions to support activities relative to career training in aging. This included:

UNIVERSITY MULTIDISCIPLINARY DEVELOPMENT

Sixty-four awards for "Development Support for Career Training in Aging" with the program emphasis on multidisciplinary efforts of the grantee institutions; and

PLANNING

Thirteen awards for "Planning Grants for Institutions of Higher Education" to assist in the organization and development of institutionwide faculty capability in the gerontology field.

In-Service Training

The Administration on Aging continued its support of grants to each State Agency on Aging for the support of training to meet priority in-service needs identified in each State. Although the awards were made during fiscal year 1975 they were used during fiscal year 1976. A total of $3.5 million supported training in such areas as gerontology, information and referral, nutrition, program management and analysis, planning and outreach. More than 30,000 persons now in the field of aging were trained as a result of these programs.

Manpower Development

Together with the Bureau of Labor Statistics, Department of Labor, the Administration on Aging has developed information on manpower needs in the field of aging.

According to the study, *Manpower Needs in the Field of Aging: The Nursing Home Industry*,[14] projected manpower requirements for nursing homes will be 873,000 persons in 1980 and 1,036,000 persons in 1985. As of 1973, 583,010 individuals were working in the nursing home industry. (1975 figure will be available in updated report to be completed by September 1977)

A recent study *Human Resource Issues in the Field of Aging: Homemaker-Home Health Aide Service*,[15] projected manpower requirements for homemaker-home health aids to be 63,000 in 1980, 67,500 in 1985 and 72,000 in 1990. These estimates are based on the assumption that there is no change in the philosophy of appropriate care, legislation regarding home health, or the level of utilization of home health services.

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

—Development of a clearinghouse of training resources in aging (Duke University, Durham, N.C.)
—Compilation of a *National Directory of Educational Programs in Gerontology* (Association for Gerontology in Higher Education, Washington, D.C.)

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[14] AOA Occasional Papers in Gerontology, No. 1, *Manpower needs in the Field of Aging: The Nursing Home Industry*, DHEW Publication No. (OHD) 76–20082 (Washington, D.C., U.S. Department of Health, Education, and Welfare, Office of Human Development, Administration on Aging, National Clearinghouse on Aging).

[15] AOA Occasional Papers on Gerontology, No. 2, *Human Resource Issues in the Field of Aging: Homemaker, Home Health Aide Services*, DHEW Publication (soon to be published).

The Administration on Aging has also concentrated on training in the field of aging in specific areas. These are for example:

—Provisions of training for Indian paraprofessionals in the problem of the elderly Native American (Association of American Indian Social Workers—Morningside College, Sioux City, Iowa).[16]

—Training of older adults to prepare them for second careers in the allied health community organization fields. (George Washington University, Washington, D.C., and University of Washington, Seattle, Wash.).

—Provision of training for lawyers, law students paralegals, and community advocates in the area of law and aging (see appendix II–B for operating grants).

Consistent with the Administration on Aging desire to build professional interest in the needs of the elderly, AOA awarded 20 dissertation grants in a variety of areas relating to social gerontology.

Title IV–B—Title IV, Part B: Research and Development

Purpose

The research and development program supports projects which expand knowledge in a wide variety of subject areas that are critical to the development and improvement of aging programs. Equally important, research program initiatives serve to increase the Federal sector capacity to realize the national objectives set forth in title I of the Older Americans Act, as amended.

Under title IV–B, research and development project grants are made to any public or nonprofit agency, organization, or institution and contracts with any agency, organization, or institution or with any individual to carry out research and development efforts.

Accomplishments

Approximately 66 title IV–B projects supported new and continuing research into increasing the Federal capacity to contribute to the realization of the national objectives set forth in title I of the Older Americans Act as amended. AOA supported several projects designed to identify the critical policy and research issues associated with the title I objectives related to: (1) Adequate income; (2) physical and mental health; (3) suitable housing; (4) restorative services for the impaired aged; and (5) employment opportunities. The intent of these projects is to develop a research agenda that will equip AOA with material for advocacy in persuading other departments and agencies to help implement the 10 objectives in title I.

In fiscal year 1976, research support for 23 projects related to increasing State and area agency capability to foster the development of comprehensive, coordinated service systems for the elderly. These projects emphasize developing new and improved techniques for application at State and local levels.

In fiscal year 1976 only one project supported research designed to increase the capacity of the Federal sector to develop and implement Federal interdepartmental and interagency agreements. These agreements are designed to help State and area agencies on aging develop, at the community level, comprehensive and coordinated service systems for older persons.

Research and development[17]

(*Fiscal year 1976 and transition quarter funds*)

Goal I research.—Projects related to increasing State and area agency capacities:	
New projects—18	$2,345,435
Continuation projects—5	255,879
Total new and continuation projects—23	2,601,314

[16] Currently located in Portland, Oreg.

[17] A list of all projects funded in fiscal year 1976 and the transition quarter is included in appendix II–D.

Goal II research.—Projects relating to interagency agreements:	
New projects—1	89,000
Continuation projects—0	----------
Total new and continuation projects—1	89,000
Goal III research.—Projects relating to research contributing to the Federal capacity to realize the national objectives of the Older Americans Act:	
New projects—40	4,332,136
Continuation projects—26	2,977,550
Total new and continuation projects—66	7,309,686
Total number of all projects—90	10,000,000

Title IV—Part C: Multidisciplinary centers of gerontology

Purpose

Funds are made available through project grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology.

Centers are established to:

—Recruit and train personnel at the professional and subprofessional levels;
—Conduct basic and applied research on work, leisure, and education of older people, living arrangements of older people, social services for older people, the economics of aging, and other related areas;
—Provide consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for them;
—Serve as repository of information and knowledge with respect to the areas for which it conducts basic and applied research;
—Stimulate the incorporation of information on aging into the teaching of biological, behavioral, and social sciences in colleges or universities;
—Help to develop training programs on aging in schools of social work, public health, health care administration, education, and in other such schools at colleges and universities; and
—Create opportunities for innovative, multidisciplinary efforts in training, research, and demonstration projects.

Accomplishments

During fiscal year 1976, and the transition quarter, multidisciplinary centers on gerontology were supported for the first time with an appropriation of $1 million for each budget period. This $2 million supported operational grants to 7 ongoing centers and 13 developmental grants designed to help institutions establish multidisciplinary centers.[18] All of the operational grants were awarded to universities with existing gerontology centers. All but one of the developmental (planning) grants were awarded to universities or colleges. One was awarded to a free standing geriatic institute.

The centers of gerontology being supported by operational grants are engaged in expanding district components of their already well established multidisciplinary efforts in gerontology.

Title II: National Clearinghouse for the Aging

Purpose

Title II section 204, added to the act by the Older Americans Comprehensive Services Amendments of 1973, establishes within AoA a National Information and Resources Clearinghouse for the Aged. The National Clearinghouse on the Aged is charged with the collection, analysis, and dissemination of information about older people and their needs: the provision of information to people, agen-

[18] A list of all these awards is included in appendix II–E.

cies, and organizations with respect to programs for older persons; the encouragement and establishment of State and area information referral services; and the stimulation of other agencies to prepare and disseminate information.

Accomplishments

During fiscal year 1976, the clearinghouse continued its activities in the areas of public information, statistical analysis, public inquiries, and publications distribution, and information referral policy. Further, the clearinghouse completed the development of a new major initiative to be implemented during fiscal years 1977 and 1978, a model for the Service Center for Aging Information (SCAN), which is a national bibliography information system for the field of aging.

Public information.—Public information activities of the clearinghouse continue to provide support to the national network on aging and to public and private agencies working for and with the elderly. Unique accomplishments in addition to Aging magazine[19] during the year in this area are:

—Distribution of Administration on Aging supported film "Don't Stop the Music", a general introduction to American elderly, their problems and potential. This film was seen by over 78,000 viewers in fiscal year 1976.

—Production and distribution of materials for the Older Americans Bicentennial Community forums which were held throughout the country.

Statistical analysis.—During fiscal year 1976 the clearinghouse completed several publications and continued to produce and provide statistical information to the professional in the field of aging. The following publications of interest were completed:

—"Lack of Complete Kitchen Facilities Among the Elderly";

—"The Elderly Widow";

—"Facts About Older Americans, 1976";

—"Characteristics of the Elderly Population Living in Nonmetropolitan Areas";

—"Analysis of the U.S. Population 60 and 65 Plus by County and Planning and Services Areas."

Public inquiries and publications distribution.—This unit within the Administration on Aging, answered 48,451 letters from older persons across the country, covering such topics as:

income	social services
employment	housing
volunteer opportunities	senior centers
consumer matters	nutrition
transportation	legal services

The correspondence revealed that economic and health problems were prominent among the difficulties faced by older persons. In addition to answering letters, 659,366 copies of publications were distributed and assistance was given to approximately 19,000 phone callers and 3,250 visitations.

Information and referral policy.—In support of its responsibility for the development of information and referral policy, procedures, and guidelines and for the collection, storage, and dissemination of I. & R. data, the clearinghouse continued to work closely with the office of State and community programs to monitor State and area agency progress and achievements in the maintenance and coordination of I. & R. services for older people.

Service centers for aging and information (SCAN).—A major strategy objective for the National Clearinghouse is to expand access to the base of knowledge concerning the field of aging, so that information is made readily available, especially to those working in the field. In support of this objective, the clearinghouse developed a model for a national bibliographic information system. The Service Center for Aging Information (SCAN) will be an automatic system which will aid in making an already large and ever-increasing volume of gerontology literature more readily available. This system is modeled after the Educational Resources Information Center (ERIC) used for the National Institute of Education. The SCAN system will consist of three decentralized resource centers which will be responsible for collecting, indexing, and abstracting reports

[19] *Aging*, U.S. Department of Health, Education, and Welfare, Office of Human Development, Administration on Aging, National Clearinghouse on Aging—DHEW Pub. No. (OHD/AoA) 76-20938.

of journal literature within their respective topic areas. Organization of the centers will be along disciplinary lines to cover three major areas: biomedical, behavioral-social science, and social practice. The initial implementation of the SCAN system is anticipated to be accomplished during fiscal years 1977 and 1978.

Title III: Model Projects

Purpose

Section 308 authorizes the Commissioner after consultation with State agencies to make grants to or contracts with any public or private nonprofit agency or organization within such States for paying part or all the costs of developing or operating statewide, regional, metropolitan, county, city, or community model projects which expand or improve social services or otherwise promote the well-being of older persons.

Accomplishments

During fiscal year 1976 model projects awards designed to help increase the effectiveness and efficiency of the National Network on Aging were concentrated in the following areas:[20]

—*Nursing home ombudsman* (51 projects—$1,087,234).—Provided support to foster the development of a process in each area of the State to respond to complaints about inappropriate conditions, policies, or treatment in nursing homes.

—*Legal services* (10 projects—$1,248,963).—Provided support to develop, test, and demonstrate ways to increase area agencies' capacity to promote increased legal services for the aging.

—*Senior employment* ($21 million—funds appropriated under the Economic Development Act but transferred to AOA).—In collaboration with the emergency employment program of the Economic Development Administration, Department of Commerce, supported projects in employment of older persons.

—*Ambulatory day care* (2 projects).—To test five social (as distinguished from medical) models of day care.

—*Service innovations* (79 projects—$12,592,069).—To develop new or improved ways for States and communities to help themselves and their elderly citizens better cope with the problems of aging, with preference given to projects focused on housing and living arrangements; retirement education and counseling; special needs of the impaired elderly, and special needs of the low-income, minority, Indian, limited English speaking, and rural elderly.

ADMINISTRATION ON AGING ACTIVITIES IN TERMS OF FORWARD PLAN GOALS

During fiscal year 1976, the Administration on Aging began to focus its major program activities toward the realization of three long-range goals. These goals have been set forth in the Administration on Aging fiscal years 1977–82 forward plan and are restated below as part of the discussion by goal of AoA fiscal year 1976 activities.

AOA Goal I—State and Area Agency Capacity (Comprehensive and Coordinated Services)

Goal statement.—Increase State and area agency capacity to foster the development and implementation of comprehensive coordinated systems of quality services for older persons, especially the low-income and minority, at the community level by increasing their capacity:

(1) To identify the service needs of older persons;

(2) To identify available resources and prioritize needs for action;

(3) To establish action programs to coordinate existing services;

(4) To expand and strengthen supporting services such as I. & R. and transportation, and other social services defined in the Older Americans Act through the pooling of untapped resources and the strategic investment of Older Americans Act funds; and

(5) To act as an advocate on behalf of older persons on all issues that confront them.

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[20] In fiscal year 1976 $13.8 million was made available and $2,500.000 in the transition quarter for this program. A list of all projects funded is included in Appendix II–B.

Desired goal outcomes.— The desired outcomes of goal I are the attainment by State and area agencies on aging, and, as appropriate, nutrition projects and multipurpose Senior Centers of adequate performance in the following areas of capacity:

Administration, including organization, staffing, staff development, policy implementation, and guidance, fiscal administration and management, and grants and contracts management.

Planning, including needs identification, resource identification, prioritization of unmet needs, objective setting, strategy development.

Implementation of plans for such areas as pooling and coordination, monitoring and assessment, and technical assistance.

Advocacy for the concerns of the elderly.

Accomplishments

The fiscal year 1976 capacity building objective was built on the accomplishments of the previous year. The Administration on Aging first identified the network capacities it considers essential to the effective conduct of the title III and title VII programs. In light of this the fiscal year 1977 objective focused on developing or improving and putting into place the policy and process tools which are fundamental to the planning, management, and advocacy responsibilities of the National Network on Aging.

Assessment.—Capacity building initiatives during the past year were particularly directed toward development of systematized assessment procedures and provision of basic instruments which could serve to support such efforts. The past year was marked by the development of a number of instruments which set forth common guidance to bridge the period from early and rapid expansion of the network.

The Administration on Aging developed systematic program assessment processes at all levels of the network. Detailed guides for assessment which contain standards of performance in vital program areas along with a series of indicators for measuring performance in the various areas have been developed for use in assessing State agencies, area agencies, and nutrition projects. In addition, three self-assessment guides were issued to assist area agencies in the management and monitoring of various program activities.

Technical assistance.—The Administration on Aging awarded a contract during the year for the development of self-instructive technical assistance materials for use by the network to improve equal employment practices, to increase the capabilities of State and local agencies in awarding grants and contracts to minority agencies or organizations, and to increase services to low-income and minority persons. These materials were issued in draft form late in fiscal year 1976 to the network for comment with final materials to be issued early in fiscal year 1977.

As a major effort at capacity building, the Administration on Aging in 1976 developed and issued a comprehensive guide which contains detailed technical assistance for the development of annual area plans. In addition, a reference manual for objective setting and monitoring with accompanying training materials were also provided to State and area agencies to improve skills in preparation of annual plans.

In the interest of strengthening the involvement of advisory bodies in program operations of title III and title VII at both the State and sub-State level, a technical assistance memorandum on the use of advisory bodies was issued. This document addressed the purpose, role and responsibilities of the advisory committees/councils at State and local levels. The memorandum complemented guidance on the appropriate use of advisory bodies contained in State plan instructions and in each of the assessment guides which were issued.

AOA is also developing technical assistance programs designed to assist State and area agencies in developing and strengthening the following priority services for older persons:

—Information and referral;
—Legal;
—Nursing home ombudsman;
—Senior centers;
—Employment; and
—Home and residential repairs and renovation.

Each program will include a state-of-the-art document on the service, possible approaches for network components to use in meeting service needs, a set of planning handbooks for development of the service, and, where possible, desirable standards of quality for delivery of the service. Handbooks for transportation and nutrition have been completed.

Evaluation.[21] During fiscal year 1976, AOA began work on major evaluation studies of both title III area planning and social services program, and the title VII nutrition program for the elderly. These evaluations will provide information on the impact of both programs. The first year reports are due in April 1977 for title VII and May 1977 for title III. Two other projects funded during the first quarter of fiscal year 1976 were the evaluation of information and referral services in relation to how well they are meeting AOA guidelines, and a cosponsored evaluation of title XX programs with the Public Services Administration.

During the transition quarter two additional projects were funded: An evaluation of the title IV—a career training program and an evaluation of the use and effectiveness of interagency agreements at the Federal, State, and area levels.

During fiscal year 1976 several evaluation projects were completed. They are listed below with brief descriptions of their major findings.

(1) Evaluation of the outreach component of the nutrition program.—This study found that: Both of the primary target groups of outreach, minority, and low-income elderly, participate in the program in a much greater proportion than their incidence among the elderly living in the site area.

(2) Strategy evaluation for the National Clearinghouse on Aging.—Based on its findings, this study recommended: That the Administration on Aging should establish a central mechanism to direct the collection, analysis, and dissemination of information in the field of aging by making use of currently operating resources in the field of aging.

The general model for development of the information network should be the Educational Resources Information Center (ERIC) system of the National Institute of Education.

Methodology: This project included two surveys. The first assessed the information needs of potential users of the clearinghouse and how they felt their needs could best be met. In total, 300 potential users were surveyed. The respondents were selected as a judgmental sample. Interviews were conducted with staff of area agencies on aging, State offices on aging, congressional committees, and Federal agencies, nutrition projects, information and referral centers, senior centers, national associations and societies, and research centers. Questions regarding specific information needs and potential clearinghouse services were posed to each respondent.

The second survey determined the location of current collections and sources of information about older persons. This would insure that the clearinghouse would make maximum use of existing sources and not duplicate them.

(3) Evaluation of State agencies on aging.—This study discovered that while State agencies on aging are performing most of their required functions, their effectiveness would be increased if the role were mandated by State legislation.

(4) Development of a manual and course curriculum on objective setting and monitoring.—These assistance materials were developed for use of the aging network to provide the basis for both training programs and self-study in the area of planning. Many States and areas are using these materials.

(5) Social statistics system for the elderly.—The census use study group of the Bureau of the Census developed a social statistics system for use by State agencies on aging. The system can utilize existing data from various sources, organize the data and allow analysis of the data in order to determine the status and needs of the elderly.

(6) Operational tools for nutrition projects.—This project produced several tools which may be used by nutrition project directors including a combined guide for a site assessment and preparation for State assessments, a former participant questionnaire, a food service contract monitoring tool, and a community food preparation costs comparison tool.

AOA Goal II: Federal Capacity (Comprehensive, Coordinated Services)

Goal statement.—Increase the Federal capacity to develop and implement Federal-level interdepartmental and interagency agreements designed to help

[21] A listing of evaluation contracts awarded during fiscal year 1976 and the transition quarter is included in appendix II–A.

State and area agencies on aging stimulate the development, at the community level, of comprehensive, coordinated services for older persons through more effective use of all existing resources.

Desired goal outcomes of.—Increased awareness of the needs of older persons and identification of resources that could be used to assist them at the Federal level in order to stimulate greater utilization and coordination of resources for development and maintenance of comprehensive and coordinated services for older persons at the State and local level.

The specific areas are:

—Health.
—Housing.
—Employment/Retirement.
—Nutrition.
—Transportation.
—Social Services.

Accomplishments

To implement this basic strategy, AOA has pursued the following approach: Negotiate signed, working agreements with Federal agencies. These agreements serve to focus the attention of the Federal agency on the service and other needs of the elderly. These agreements call for specific action items designed to bring into play the leadership and technical assistance roles a Federal agency can assume with respect to its State and local counterparts, thereby focusing their attention on the field of aging. Some of the areas typically covered by Federal agreements include:

—General descriptions of the programs and resources of the agencies entering into agreements, including a description of the kind of coordination that is possible;
—Agreement to establish a mechanism for identification and resolution of policy and administrative barriers to coordinated planning, development, and provision of services to older persons;
—Commitments to prepare joint policy issuances and technical assistance material;
—Commitments to jointly provide technical assistance and consultation to State and Regional office staff;
—Exchange of relevant research and demonstration and evaluation findings;
—Presentation of actions that could be undertaken to achieve coordination.

The Administration on Aging had negotiated and signed twenty formal working agreements with other Federal departments and agencies by the end of fiscal year 1976. A brief summary of some of these follows. See list of working agreements negotiated by the Administration on Aging.

Health

The Administration on Aging is working with the Public Health Service and with the Medical Services Administration—the two Federal agencies that control health care resources—to insure that available health resources are directed toward meeting the needs of older persons, and that development and implementation of programs is coordinated to the maximum extent possible.

Progress has been made in coordinating the resources available under the Public Health Service for long-term (institutional and noninstitutional) care and home health care. (These areas were made the priority areas for coordination because of AOA's emphasis on maintaining older persons in their own homes as long as possible and because of the congressional investigations of nursing homes that highlighted the need for immediate Federal actions and intervention in this area.) The Administration on Aging participates on an interagency advisory group on long-term care. Regional Offices have formed aging councils that are comprised of representatives of health and health-related programs and aging programs.

These councils have assessed how to better coordinate health and health-related activities, have identified barriers to coordination in the area of long-term care, and have provided technical assistance to the States through a task force approach.

LIST OF WORKING AGREEMENTS NEGOTIATED BY THE ADMINISTRATION ON AGING

Affirmative action (Civil Service Commission).
Community action programs (Community Services Administration).

Community development (Department of Housing and Urban Development).
Crime and victimization (Law Enforcement Assistance Administration).
Disaster assistance (Federal Disaster Assistance Administration/HUD).
Energy Conservation/Home Winterization (Federal Energy Administration, Community Services Administration—OEO, Department of Agriculture, Department of Labor, Department of Housing and Urban Development, ACTION, Public Services Administration).
Health Services (Public Health Service).
Information and referral:
(a) Social Security Administration and the Social and Rehabilitation Service,
(b) Federal Interagency Task Force on Information and Referral.
Medicaid (Medical Services Administration).
Native Americans (Office of Native American Programs, Indian Health Service, Office of Indian Education, Public Services Administration, Department of Transportation).
Nutrition Sites in Public Housing (Department of Housing and Urban Development).
Rehabilitation Services (Rehabilitation Services Administration).
Research (Federal Interagency Task Force on Research).
School Lunch/Community Education (Office of Education).
Social Services—Title XX (Public Services Administration).
Social Services in Public Housing (Department of Housing and Urban Development).
Transportation (Department of Transportation).
Use of school buses (Department of Transportation and Office of Education).
Volunteer programs (ACTION).

AoA staff are participating on the Interagency Task Force on Home Health Services, which will prepare technical assistance materials for distribution to agencies at the State and local levels. In addition, the Administration on Aging has discussed joint activities with the National Institute for Mental Health, and with the National Institute on Aging. These discussions are to be the basis for agreements in the areas of mental health and biomedical research on aging.

Housing/environment

The Administration on Aging has begun to coordinate its resources with those of the Department of Agriculture Extension Service and Farmers Home Administration, Department of Housing and Urban Development, Department of Labor, ACTION, the Federal Energy Administration, and the Community Services Administration to weatherize and otherwise repair and upgrade the homes of low-income and older persons. The program was originally begun as an effort to winterize homes to lessen the impact of fuel shortages on the elderly. ACTION volunteers and persons employed under the CETA and title IX public services employment programs have provided the labor to make repairs and insulate homes across the Nation, and have learned carpentry and other skills and received income in the process. State and area agencies on aging locate older persons who need this service. Other agencies provide funding for the cost of supplies.

About half the States now operate such programs. It is estimated that over 60 percent of all homes repaired or weatherized under this program were homes of older persons.

The Administration on Aging has taken steps to insure that consideration is given to the needs of older persons in determining how title I Community Development Block Grant funds will be used. A memorandum of understanding was developed between HUD and the Administration on Aging providing for collaboration between the area agencies on aging and community development program sponsors to insure that funds under the HUD program were used for support of services that would benefit older persons, such as: Acquisition, construction, reconstruction, or installation of neighborhood facilities, senior centers, parks, walkways, and recreational facilities; the removal of architectural barriers in public and private buildings and access areas; services supportive of other community development activities. Technical assistance material on the possible uses of the community development block grant program was transmitted to the State and area agencies on aging.

In an effort to facilitate coordination between the Administration on Aging (AoA) title III and title VII program and the Department of Housing and

Urban Development (HUD) section 202 and section 8 programs, AOA and HUD signed a joint working agreement in July of 1976. The agreement, which has been disseminated to the respective networks of HUD and AOA, focuses on strengthening the linkage of services provided under title III and VII of the Older Americans Act with facilities assisted under HUD's sections 202/8 programs.

Another attempt to improve environments in which older persons find themselves is being made through the development of an interagency agreement with the Law Enforcement Assistance Administration. This agreement is to encourage cooperation between State agencies on aging and law enforcement, State planning agencies in developing programs intended to reduce the extent of victimization of older persons and to increase public awareness of and citizen involvement in efforts to reduce circumstances of crime against older persons. It has been transmitted to the State agencies on aging and their State law enforcement counterparts.

Employment/Retirement

The Administration on Aging has attempted to influence allocation of resources for public employment under the CETA program, through provision of technical assistance to State and area agencies on aging. They have been informed about the process for obtaining funding under CETA, and for influencing priority-setting relative to population groups to whom jobs will be targeted.

In addition, staff of the Administration on Aging and the Department of Labor have worked together on program issues regarding the title IX senior community services employment program—a categorical jobs program for low-income older persons (55 and over)—and on development of program materials for transmittal to State agencies on aging and to CETA manpower prime sponsors and national contractors under the title IX program. More extensive coordination of title IX program activities will now take place as a result of recently passed amendments to the Older Americans Act.

Nutrition

The Administration on Aging has also negotiated agreements with both HUD and the Office of Education to promote the development of congregate meal sites in public housing for the elderly and handicapped, and in existing school facilities. The Department of HUD has agreed to encourage both the use of space in current housing, and the design of space for nutrition programs as part of any new construction of elderly and handicapped housing. The Office of Education has also encouraged public school boards to establish nutrition sites in public school facilities. AOA staff have met with State representatives regarding utilization of these facilities for nutrition programs, and a number of sites are now located in public schools.

In addition, ACTION has provided volunteers for assistance at congregate meal sites. They help with serving and preparation of meals as well as providing social services and assistance to older participants at the congregate site.

Finally, the social services program supported under title XX of the Social Security Act can be a resource for the support of congregate meals, or for the provision of social services at title VII sites. Joint efforts between the State and area agencies on aging and the title XX State and local counterparts to support expanded nutrition programs or provision of social services at nutrition sites have been encouraged at the Federal level, by AOA and PSA, SRS. Many States have used title XX funds to support expansion of title VII programs. This has been difficult because of different income and reporting requirements of title XX and title VII. Additional efforts will be necessary to resolve the policy and administrative barriers that these different requirements pose.

Transportation

As part of a broader joint working agreement, AOA and DOT have agreed to support joint research, demonstration, and technical assistance activities to promote efficient and effective provision of transportation services to older persons. A first step in this coordination was taken with the joint AoA/DOT planning, development and conduct of biregional conferences on transportation for the elderly and handicapped. These Conferences were held in the early fall of 1976. More than 200 persons attended each of these Conferences. Participants consisted of local social service providers, local transit planners, and State aging and transportation personnel.

AOA will participate in an OHD-directed and DOT-assisted coordinated transportation initiative which has as its goal the development, demonstration, and evaluation of coordinated or consolidated transportation systems to serve Office of Human Development target populations. During fiscal year 1976 and 1977, up to five sites will be selected for demonstrations of such coordinated systems, the sites being in areas where there are existing transportation services supported under Office of Human Development programs (e.g., The Older Americans Act, The Rehabilitation Act, Head Start, Office of Rural Development, Office of Native American Programs, Developmental Disabilities Act) but operating in a noncoordinated fashion.

State and area agencies on aging have been encouraged to develop agreements at the State and local levels with State departments of transportation or highways, local transit authorities and other State or local service agencies concerned with meeting the transportation needs of older persons. Currently 25 agreements exist between State agencies on aging and State departments of transportation.

State agencies on aging are encouraged to work closely with the area agencies on aging to assist them in developing local-level transportation agreements with other social service agencies, local transit authorities and with private paratransit operators (e.g. taxis) in the planning, pooling and coordination of aging-related transportation services. Working together, in cooperation with these various agencies and organizations, area agencies on aging can take advantage of the opportunity to assist in the development of applications for funds and transit development programs that will provide the elderly and the handicapped with effective, coordinated transportation systems that meet their special needs.

Many States and local areas currently operate diverse transportation projects ranging from the relatively inexpensive, informal use of volunteer drivers in small towns and rural areas to the use of sophisticated demand-responsive or regularly scheduled transit vehicles, often designed to meet their patrons' special needs.

Free or reduced fares on public transportation vehicles are enabling the elderly in many parts of the country to travel during midday, night, and weekend hours. Many areas which permit older people to ride free during off-peak transit hours also offer reduced (but not free) fares during rush hours.

Social services

Action.—Under the Older Americans Act and the Domestic Volunteer Service Act of 1973, AOA and ACTION have developed a joint working agreement. This called for the establishment of at least one ACTION program in each aging planning and service area and the placement of older volunteers in the title III and title VII aging programs. These volunteers contribute significantly to the capacity of the area agencies and nutrition projects in providing better services to older persons with emphasis on the homebound and the handicapped. These services include information and referral, escort, home visiting, outreach, and telephone reassurance. Although the agreement focused on the ACTION retired senior volunteer program, the foster grandparent program, and the senior companion program, many of the State aging agencies and ACTION's State offices have developed activities which also involve the ACTION cooperative volunteer program and the VISTA program.

Under the agreement ACTION designates an "aging resource specialist" in each of its State offices. The primary responsibility of the specialist is to support programs carried out under title II of the Domestic Volunteer Service Act and to coordinate those programs with the title III and Title VII programs of the Older Americans Act. The aging resource specialists were trained in 1975 and the list of these specialists was transmitted to the State agencies on aging and the local aging network in March 1976. As a result of the coordinated activities between Older Americans Act programs and ACTION programs more and better services can be provided to older persons.

Title XX—The joint working agreement between AOA and the Public Services Administration, SRS, negotiated during fiscal year 1976 established a basis for a cooperative relationship and coordinated activities between title III and title VII Older Americans Act programs and the title XX social services program. Under this agreement AOA and PSA have designated staff members to work together for the joint resolution of policy and administrative barriers to coordinated planning and integrated provision of services to older persons. To

strengthen State level coordination, AOA required that each State agency on aging have a formal written agreement with the State agency administering title XX as a condition for the approval of its fiscal year 1977 State plan. All States met this requirement.

AOA Goal III: Federal capacity (title I, national objectives)

Goal statement.—Increase the Federal capacity to contribute to the realization of the national objectives set forth in title I of the Older Americans Act, as amended.

Desired outcome of goal III.—The desired outcome of goal III is the development, dissemination, and utilization of knowledge which will impact on the formulation and implementation of Federal policies which will lead to realization of the national objectives for older persons (as defined in title I of the Older Americans Act).

Accomplishments

Toward the accomplishment of this goal, the Administration on Aging was engaged in three significant information development activities during fiscal year 1976: (1) Identification of policy issues related to the title I objectives; (2) Identification of research issues related to the title I objectives; and (3) Technical support to the Federal Council on Aging in its activities related to the title I objectives.

(1) *Policy issue identification:* AOA awarded four grants in fiscal year 1976 for the purpose of performing intensive exploration of each of the substantive policy areas of income, housing, employment, and community services. The first phase of this exploration will focus on a comprehensive identification of issues associated with each of the policy areas as they relate to older persons which need to be addressed in order to achieve the national objective in that area. In the area of income, for example, one of the policy issues identified might be: What should the Federal role be in assuring an adequate income for older persons?

(2) *Research issue identification:* The second phase of the grants will focus on identifying and explicating policy research and disciplinary research issues associated with each of the four policy areas. The findings of these studies will form a basis upon which to develop a research program designed to answer policy-related research questions that need to be answered in order to progress toward achievement of those title I objectives related to the four policy areas.

(3) *Support to Federal Council on Aging:* During fiscal year 1976 the Administration on Aging provided technical support to the Federal Council on Aging in the development of three major reports which the Council submitted to the White House and to Congress:

—The impact of the tax structure on the elderly,

—The interrelationships of benefit programs for the elderly, and

—A Bicentennial charter for older Americans.

These reports provide information which further clarifies issues related to some of the title I objectives.

Other Federal Coordination Activities

Besides the negotiation and implementation of interagency agreements discussed under goal II in the previous section, the Administration on Aging was engaged in other Federal coordination activities during fiscal year 1976. These activities are discussed below.

Federal Regional Councils.—The Federal Regional Councils (FRCs) have established committees on aging in order to support the Federal government's Aging program of developing State and local programs for the elderly. The committees which are made up of the Regional Directors of several Departments seek to coordinate interdepartmental planning and program development with the view of identifying obstacles and assisting State and local officials to improve program delivery to the elderly. Some of the committees also include voluntary organizations such as the American Red Cross, the American Association of Retired Persons and others. Examples of objectives which the FRCs are focusing on include the following:

(a) Providing retirement planning for Federal employees;

(b) Working with State agencies on aging and area agencies on aging in the development, modification, and implementation of Interdepartmental Agreements promulgated by the Administration on Aging;

(c) Preparing and updating directories of Federal programs that impact the elderly;

(d) Conducting public forums on the impact of the energy crises on the low income elderly;

(e) Establishing coordinating mechanisms to assist in solving problems created by State boundaries intersecting municipalities which are adjacent to each other; and

(f) Working with Indian Tribes on problems of program coordination involving Federal and State resources.

Federal executive boards.—The Federal executive boards are organized in 26 major metropolitan areas, of which Houston, Tex., is the latest. Membership is made up of the highest ranking Federal officials in each city, and through the leadership of the Office of the President, program efforts are designed by the Office of Management and Budget and Lead agencies to upgrade departmental management practices and provide a vehicle for the involvement of the Federal family and the community. Most recently the FEBs have been involved in assisting the local area agencies on aging establish adequate Information and Referral sources for the elderly. In addition, program efforts have been directed toward making the Federal agencies themselves more responsive to calls from the elderly.

Programs have been designed to address the fuel and energy problems of the elderly both as to fuel costs and home heating efficiency. Visits have been made to residential centers where the elderly live to listen to their problems. Public relations programs have been initiated to publicize the number of the local information and referral office. Federal executive associations have been invited to share in the information and referral program. Various directories of service resources for the elderly have been updated and distributed. The plight of the single older woman in the city has been addressed through a conference involving top Federal officials and leaders from the private sector. Local elderly leaders have been recognized by the FEB for outstanding service to their peers. Efforts have been made to unify I. & R. numbers to avoid confusion and offer more efficient services to the elderly.

The FEB's are currently working on their fiscal year 1977 plan, and they are continuing to program efforts in the area of security problems of the elderly and community relation problems for residents in nursing homes.

Task force on research.—The Task Force on Research in Aging has been engaged in a joint effort to develop ways of effectively coordinating Federal research and related activities which concern the older population.

Interdepartmental Task Force on Information and Referral.—In fiscal year 1975, AoA working with the interdepartmental task force negotiated a joint working agreement among 15 departments and agencies having responsibility in the I. & R. field and an intradepartmental agreement between the Social Security Administration, the Social and Rehabilitation Service, and the Administration on Aging. The Administration on Aging has continued its efforts in this endeavor.

The Interdepartmental I. & R. Task Force works under the aegis of the interdepartmental working group on aging created by the Committee on Aging of the Domestic Council. The objectives of the interdepartmental I. & R. agreements are: (1) To extend and coordinate efforts of participating departments and agencies in information and referral; and (2) To encourage their counterparts in States and communities to cooperate in making information and referral services immediately available to older people.

The task force is currently engaged in assessing Federal activity as identified in the I. & R. interdepartmental agreement; and elements and criteria for establishing suggested minimum standards for I. & R. services. Regions, States, and area levels have been charged with improvement and expansion of their efforts in support of the I. & R. agreements. Federal regional councils and Federal executive boards continue to provide supportive assistance.

Interdepartmental Task Force on Statistics.—An Interdepartmental Task Force on Statistics has been formed with a membership of 19 Federal agencies. The major objective of this task force is to determine what gaps in the statistics on the elderly exist. The objective of the task force is to construct an interagency agreement which will bring about better cooperation and coordination of information between agencies. In addition, AOA will be able to tap into the data resources of member agencies and thus develop and produce special tabulations as well as obtain selected data on the elderly not now available.

The members' first task was to prepare an inventory of data collection programs within their agencies. This information will assist those working in the field of aging concerning knowledge regarding efforts within the Federal Government focused on statistical information about the elderly.

Other agreement activities.—The interagency agreement activities referred to in the discussion relative to goal II also, of course, have contributed to the achievement of this goal.

Special Projects

During fiscal year 1976, the Administration on Aging carried out a number of important projects and activities in behalf of older persons which cannot be assigned to any specific program nor related to any of the three long range goals. Examples of such projects and activities are presented below.

AOA role in disaster planning

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

In May 1976, a Conference on Natural Disasters and the Aged was hosted by the Eastern Nebraska Office of Aging and the University of Nebraska, Omaha, through a model project grant from the Administration on Aging. From experiences gained during activities following the tornado that struck Omaha the previous year, a document setting forth the role of an area agency on aging in disasters was produced and shared with conference participants. Participants, representing the AoA central and regional offices, State agencies on aging, area agencies on aging and title VII nutrition project agencies, had an opportunity to respond to the document and recommend revisions based on their personal experiences. The document was revised and distributed to the State and area agencies on aging. Following a subsequent printing, copies will be sent to the title VII nutrition project agencies.

In conjunction with the disaster planning document, the administration on aging entered into a memorandum of understanding with the Federal Disaster Assistace Administration. The memorandum sets forth the role of both the network on aging and the FDAA when a presidential declaration is made following a natural disaster. The role of the network on aging will be to identify those elderly persons affected by the disaster, determine their needs, identify resources to meet those needs, and where gaps exist arrange for services to meet those needs. The Federal Disaster Assistance Administration has agreed to reimburse the network on aging for services provided when AOA resources are exhausted.

In addition to the distribution of the disaster planning document and the memorandum of understanding, the Administration on Aging assembled an assistance package which detailed the role of the National Network on Aging and identified both public and private disaster assistance resources that may be available in time of a disaster.

The Administration on Aging has continued to respond to individual disasters by working with the State and area agencies on aging in time of a disaster. AOA staff was on the scene in Idaho following the Teton Dam disaster. Assistance in organizing the efforts to assist elderly disaster victims was provided to the area agency on aging in Idaho Falls and to the State agency on aging in Boise. A model project grant was awarded to the area agency to provide outreach and other services as identified.

AoA central and regional office staff also responded to other disasters, including the flood in the Imperial Valley, Calif., the Big Thompson Canyon flood in Colorado, the after-effects of the hurricane that swept across Long Island, N.Y., tornadoes that struck suburban Chicago, and other disasters in Utica, N.Y., and Harrisburg, Pa.

AoA staff also participated in a conference of national voluntary organizations involved in disaster assistance, held in San Francisco. The purpose of the conference was to identify the role of the various organizations involved in disaster relief work, and to determine how the network on aging can link up with the voluntary network.

The White House Conference on Handicapped Individuals

As the White House Conference on Handicapped Individuals began during the summer of 1976, the field liaison staff began collecting information on the

conference. An information memorandum was signed by the Commissioner which gave background on the conference and provided information on the conference leadership by State so that State Agencies on Aging could work with the State Conference Directors in the involvement of older persons in the sections on "Unique Problems of the Handicapped Aged".

This memorandum to State agencies referred to the sections of the 1971 White House Conference on Aging which related to disability among older persons. The State agencies were also reminded of the joint working agreement between the Administration on Aging and the Rehabilitation Services agreement and the potential it represented for improving the lives of handicapped older persons.

Earlier in the year, the members of the Administration on Aging staff, who had been members of the staff of the White House Conference on Aging in 1971, provided considerable assistance to the Office of Human Development in preliminary plans for the White House Conference on Handicapped Individuals and later worked with staff when they were assigned by OHD to the Conference on Handicapped Individuals.

Physical fitness for the elderly

Early in the calendar year 1975, at the request of the Commissioner, field liaison staff began meeting with staff of the President's Council on Physical Fitness and Sports to follow up on a joint program initiated in 1968. The earlier program had been the production of a published exercise program for older Americans offered to the public, but not related to any group activities. The followup was concerned with development of an organized program.

As the result of a series of meetings, it was decided that sufficient research into physical activities for older persons had been carried out earlier with favorable results; that the recently developed National Network on Aging might be interested in an organized program; and, that the health, physical education, and recreation network could serve as the training vehicle for professionals in the aging program. Subsequently, the National Association for Human Development, a nonprofit organization which had worked with the President's Council on Physical Fitness and Sports on other programs, was funded for a pilot project.

In April 1975, the Subcommittee on Aging, Senate Committee on Labor and Public Welfare, held a series of hearings on the Older Americans Act. One of the hearings included a panel on physical fitness and the elderly. As the result of that hearing at which medical authorities and researchers offered expert testimony, the definition of social services was broadened. The Older Americans Act Amendments of 1975 added subparagraph G to incorporate under social services (sec. 103) "services designed to enable older persons to attain and maintain physical and mental well being through programs of regular physical activity and exercise".

Staff worked closely with the President's Council on Physical Fitness and Sports and the National Association for Human Development (NAHD) in the location of and planning for the three demonstrations, funded by AoA. The pilot project was launched in Toledo, Ohio, on October 9, 1976, with the full coopération of the Ohio Commission on Aging, the Community Planning Council of Northwestern Ohio and the University of Toledo. The 212 participants represented the two cooperating networks—aging, and health, physical education and recreation. A similar demonstration was held in Newark, Del., for the Delaware/Maryland project, and a third was held in Dallas, Tex., for the demonstration in Texas.

Success of the demonstration programs and widespread interest generated by reports from them, led to further funding by AoA on a national basis. The first workshop, for regions II and III, was held in Philadelphia on October 7–8, 1976. The second, for regions VI and IX, was held in San Diego on November 11 and 12. In addition to the representation from the President's Council, the NAHD, AoA and the two networks, the pilot project leaders from Ohio, Delaware, Maryland, and Texas participated. Similar regional workshops are planned to cover the balance of the country. In addition, numerous local groups have picked up the idea, secured technical assistance materials published by NADH and initiated physical fitness programs for "the active people over 60".

Influenza Immunization Program

In May 1976, at the request of the Commissioner, the field liaison staff developed a plan for the participation of the national network on aging to assist the Public Health Service in the national influenza immunization program. For

lowing clearance of the plan by the special influenza office of the Assistant Secretary for Health and the Center for Disease Control, a program instruction memorandum was issued to the national network on aging by the Commissioner.

The objectives set for the aging network were: To alert the older population to the importance of being immunized and to urge their participation; to cooperate with the health network in planning for the involvement of as many older persons as possible in the immunization program; to utilize the facilities of the National Network on Aging in making it possible for large numbers of older persons to participate in the immunization program. In addition meetings were held with the several national organizations of older persons to gain their support in their publications and among their memberships. The American Association of Homes for the Aging and the American Health Care Association were urged to advise their members of the effort to provide the opportunity for older persons to be immunized. ACTION, Community Services Administration, and HUD were also requested to ask the cooperation of their local programs. The Office of Management and Budget also notified the Federal Regional Councils and Federal Executive Boards to ask assistance of the task forces on aging and their member agencies.

Reports from State agencies on aging indicate close cooperation with their health counterparts in arrangements for immunization clinics, group immunization in homes, senior centers and nutrition projects, provision of older Americans transportation to clinics, and media support. (Apparently, the only problems in the program were caused by temporary shortages of vaccine, media scare stories, and initial delays, all of which were overcome as far as could be determined at this time.)

Mary E. Switzer Memorial Seminar

"The Older Blind" was chosen as the topic for the second Mary E. Switzer Memorial Seminar and the Commissioner assigned the responsibility for working with the planning committee to the field liaison staff. The seminar will be held in New York early in 1978. Staff participated in the planning sessions and continued to provide assistance to the seminar director, both in terms of subject matter and potential participants.

Arts and the elderly

During the past few years a growing awareness has developed within both the arts and aging communities that each has much to offer the other with the ultimate benefit being a more independent and richer life for older persons. The Administration on Aging has held discussions with the National Endowment for the Arts on ways of jointly encouraging interaction between the arts and older persons. Two significant reports on art and aging have recently been completed by AoA grantees and their distribution has been included in the plans that are being developed for cooperative effort with the National Endowment for the Arts. "Artists and Aging: A Project Handbook" describes the 2-year program sponsored by the St. Paul Community Programs in Art and Sciences. The report is a practical resource guide to arts and aging administrators who are sponsoring or developing art programs for older Americans. "Older Americans: The Unrealized Audience for the Arts" is a University of Wisconsin study of the preceptions and concerns of practicing arts administrators of older persons as a current and potential audience for the arts.

APPENDIX I-A.—TITLE III—FUNDING DISTRIBUTIONS TO STATE AND AREA AGENCIES

	Planning and service areas	Area agencies on aging	Area planning, and social service programs	State planning, coordination, evaluation and administration
Total	596	509	$93,000,000	$17,035,000
Alabama	13	9	1,476,043	230,808
Alaska	1	1	465,000	200,000
Arizona	6	6	854,553	200,000
Arkansas	8	8	1,032,935	200,000
California	23	16	8,028,222	1,255,378
Colorado	9	9	833,888	201,991
Connecticut	5	5	1,278,234	201,991
Delaware	1	1	465,000	192,000
District of Columbia	1	1	509,272	200,000
Florida	11	11	4,781,577	740,325

APPENDIX I-A.—TITLE III—FUNDING DISTRIBUTIONS TO STATE AND AREA AGENCIES—Continued

	Planning and service areas	Area agencies on aging	Area planning, and social service programs	State planning, coordination, evaluation and administration
Georgia	18	7	$1,700,891	$265,968
Hawaii	4	4	465,093	200,000
Idaho	6	6	512,747	201,991
Illinois	13	13	4,586,298	710,090
Indiana	18	16	2,087,754	326,463
Iowa	11	11	1,383,775	214,248
Kansas	10	10	1,083,362	201,991
Kentucky	15	15	1,442,425	193,329
Louisiana	8	5	1,368,973	214,066
Maine	5	5	611,531	200,000
Maryland	9	6	1,386,003	216,729
Massachusetts	10	9	2,612,245	404,450
Michigan	13	13	3,249,351	503,092
Minnesota	13	6	1,671,163	258,744
Mississippi	10	10	972,631	201,991
Missouri	9	9	2,296,482	355,561
Montana	7	7	507,783	201,991
Nebraska	15	6	759,458	200,000
Nevada	1	1	465,000	201,991
New Hampshire	1	1	529,128	201,991
New Jersey	21	21	3,079,617	476,813
New Mexico	8	6	530,618	200,000
New York	57	54	8,093,970	1,253,053
North Carolina	17	12	1,960,409	278,527
North Dakota	1	1	501,330	200,000
Ohio	14	14	4,219,232	659,765
Oklahoma	11	5	1,286,378	201,991
Oregon	15	12	1,011,298	200,000
Pennsylvania	41	41	5,471,028	847,072
Rhode Island	1	1	589,689	200,000
South Carolina	10	6	920,391	201,991
South Dakota	1	1	527,639	201,991
Tennessee	9	9	1,727,594	267,481
Texas	26	18	4,520,839	699,955
Utah	13	[1] 13	537,071	200,000
Vermont	7	7	465,000	200,000
Virginia	21	21	1,703,446	266,369
Washington	15	8	1,407,755	220,134
West Virginia	9	7	837,505	201,991
Wisconsin	9	9	1,986,882	310,688
Wyoming	2	2	465,000	200,000
American Samoa	1	1	232,500	62,500
Guam	1	1	232,500	62,500
Puerto Rico	10	10	810,492	200,000
Trust Territory	1	1	232,500	62,500
Virgin Islands	1	1	232,500	62,500

[1] This figure represents the documented count at submission of State plans early in fiscal year 1976.

APPENDIX I-B.—NUTRITION PROJECTS ALLOTMENT, FISCAL YEAR 1976

	Nutrition projects [1]	Title VII funds allotted in fiscal year 1976
Total	809	$123,750,000
Alabama	9	1,980,864
Alaska	3	618,750
Arizona	11	1,146,818
Arkansas	8	1,386,209
California	50	10,773,954
Colorado	9	1,119,086
Connecticut	11	1,715,403
Delaware	4	618,750
District of Columbia	5	618,750
Florida	24	6,416,924
Georgia	12	2,282,612
Hawaii	4	618,750
Idaho	10	618,750
Illinois	43	6,154,857
Indiana	18	2,801,786
Iowa	11	1,857,039
Kansas	11	1,453,882
Kentucky	15	1,935,749

APPENDIX I-B.—NUTRITION PROJECTS ALLOTMENT, FISCAL YEAR 1976

	Nutrition projects [1]	Title VII funds allotted in fiscal year 1976
Louisiana	16	$1,837,175
Maine	5	643,426
Maryland	13	1,860,030
Massachusetts	21	3,505,659
Michigan	38	4,360,661
Minnesota	18	2,242,718
Mississippi	10	1,305,280
Missouri	9	3,081,902
Montana	7	618,750
Nebraska	9	982,482
Nevada	12	618,750
New Hampshire	10	618,750
New Jersey	26	4,132,876
New Mexico	6	618,750
New York	54	10,861,101
North Carolina	29	2,630,888
North Dakota	14	618,750
Ohio	21	5,662,251
Oklahoma	9	1,726,332
Oregon	8	1,357,172
Pennsylvania	41	7,342,173
Rhode Island	6	618,750
South Carolina	10	1,235,174
South Dakota	10	618,750
Tennessee	9	2,318,448
Texas	24	6,067,011
Utah		618,750
Vermont	7	618,750
Virginia	21	2,286,042
Washington	19	1,889,221
West Virginia	14	1,123,940
Wisconsin	20	2,666,416
Wyoming	7	618,750
American Samoa	0	309,375
Guam	1	309,375
Puerto Rico	22	1,087,688
Trust Territory	4	309,375
Virgin Islands	1	309,375

[1] Represents count documented in early fiscal year 1976.

APPENDIX II-A.—FISCAL YEAR 1976 CONTRACT AWARDS EVALUATION

[Title II, sec. 207, Older Americans Act, as amended]

State and contractor	Project title	Amount
District of Columbia:		
Mark Battle Associates	Evaluation of information and referral services	$113,111
National Institute of Advanced Studies	Evaluation of interagency agreement	142,719
Maryland:		
Westat, Inc	Evaluation of the area planning and social services program (title III).	543,083
Ecomosometrics, Inc	do	(1)
Minnesota: Robert Walker Associates	Evaluation of the area planning and social services program.	(1)
New Jersey: Opinion Research Corp. (joint contractor).	Longitudinal evaluation of the nutrition program for the elderly.	461,603
New Mexico: Kirschner Associates, Corp. (joint contractor).	do	213,553
Pennsylvania: Camil Associates, Inc	Evaluation of the title IV-A career training program in aging.	144,493

[1] Subcontractor.

APPENDIX II-B.—FISCAL YEAR 1976 GRANT AWARDS MODEL PROJECTS ON AGING

[Title III, sec. 308, Older Americans Act of 1965, as amended]

State and grantee	Project title	Amount
HOUSING AND LIVING ARRANGEMENTS		
District of Columbia:		
American Association of Homes for the Aging	Financing plans—Facilities for the aging	$45,442
International Center for Social Gerontology	International information clearinghouse—Housing and environments.	51,830
National Center for Housing Management	Training of managers for housing of the elderly	151,918
International Center for Social Gerontology	National Conference on Congregate Housing	8,500
Florida: United Home Care Service, Inc	Share-a-home	66,496
Indiana: Community Action Program	Project SMILE	59,300
Michigan: Meridian Charter Township Department of Development Control.	Housing rehabilitation and repair assistance for low-income senior citizens.	9,950
New Hampshire: New England Non-Profit Housing Development Corp.	Housing alternatives for senior citizens in New England.	48,000
CONTINUING EDUCATION		
California: California State Department of Education	Curriculum development on the concept of aging for elementary and secondary education.	25,811
Michigan: Oakland University Continuum Center for Adult Counseling and Leadership Training.	Peer group counseling for older people	72,662
Minnesota: College of St. Thomas	Minnesota consortium educational services in retirement for the elderly.	197,288
New Hampshire: University of New Hampshire New England Gerontology Center.	Elderhostel '76: A New England network of educational hostels.	20,000
New York: Rockland Community College Department of Human Services.	Project MISSLE—Mission in strengthening senior life education.	50,000
Utah: Weber State College Division of Continuing Education and Department of Political Science.	Legislative process training for senior citizens	4,190
RETIREMENT PREPARATION AND ADJUSTMENT		
District of Columbia:		
American Society for Public Administration	Semiretired public administrators service	21,169
Center for Community Change	Clearinghouse on employment for aging	75,180
Foundation for Applied Research (FAR)	The impact of job opportunities for the older worker.	148,347
National Retired Teachers Association/American Association of Retired Persons.	Senior environmental employment program	200,000
Michigan: Regents of the University of Michigan Institute of Gerontology.	DHEW region V preretirement education leadership training program.	125,615
North Carolina: Duke University Medical Center for the Study of Aging and Human Development.	Retirement planning and counseling program	52,367
Pennsylvania: The Pennsylvania State University Institute for Research on Human Resources.	New roles for the elderly: their integration and effectiveness in day care centers.	119,611
Texas: North Texas State University School of Community Service Center for Studies in Aging.	Community Preretirement Education Training Institute.	25,137
NEEDS OF PHYSICALLY AND MENTALLY IMPAIRED		
Illinois: Chicago Hearing Society	Description and evaluation of a cooperative geriatric hearing conservation and rehabilitation program.	7,651
Kentucky: University of Louisville Kent School of Social Work.	Model demonstration project for mini home operators.	70,200
Michigan: Madonna College	A model competency-based program providing volunteer personal assistance to the aged in public or private centers or institutions.	31,712
New York:		
New York City Department for the Aging	Community-based program for the mentally frail elderly.	60,122
Center for Independent Living New York Infirmary.	Development of a series of instructional manuals and self-study courses for older visually impaired adults.	84,500
Hospital Audiences, Inc	Evaluation and provision of cultural services to physically and mentally impaired aged in long-term care facilities.	118,783
New York Infirmary Center for Independent Living.	Social rehabilitation program for geriatric blind	150,000

Ombudsman services for nursing home residents

State:	Amount	State:	Amount
1. Alabama	$18,000	29. Nevada	$18,000
2. Alaska	18,000	30. New Hampshire	18,000
3. Arizona	18,000	31. New Jersey	21,385
4. Arkansas	18,000	32. New Mexico	18,000
5. California	54,708	33. New York	57,931
6. Colorado	18,000	34. North Carolina	18,000
7. Connecticut	18,000	35. North Dakota	18,000
8. Delaware	18,000	36. Ohio	29,574
9. District of Columbia	18,000	37. Oklahoma	—
10. Florida	30,608	38. Oregon	18,000
11. Georgia	18,000	39. Pennsylvania	38,188
12. Hawaii	18,000	40. Rhode Island	18,000
13. Idaho	18,000	41. South Carolina	18,000
14. Illinois	32,493	42. South Dakota	18,000
15. Indiana	18,000	43. Tennessee	18,000
16. Iowa	18,000	44. Texas	30,810
17. Kansas	18,000	45. Utah	18,000
18. Kentucky	18,000	46. Vermont	18,000
19. Louisiana	18,000	47. Virginia	18,000
20. Maine	18,000	48. Washington	18,000
21. Maryland	18,000	49. West Virginia	18,000
22. Massachusetts	18,835	50. Wisconsin	48,000
23. Michigan	22,702	51. Wyoming	18,000
24. Minnesota	18,000	52. American Samoa	—
25. Mississippi	18,000	53. Guam	—
26. Missouri	18,000	54. Puerto Rico	—
27. Montana	18,000	55. Trust Territory	—
28. Nebraska	18,000	56. Virgin Islands	8,000

State and grantee	Project title	Amount
IMPROVED SERVICES TO UNDERSERVED POPULATIONS		
Arizona:		
Gila River Indian Community Sacaton	Gila River Indian community	$28,602
The Papago Council Sells	The Wise Ones	20,000
California:		
Asociacion Nacional Pro Personas Mayores	Personas Mayores	352,866
Community Brokerage Systems, Inc	Establishment of community services cooperative system in inner city and rural target areas.	122,170
Mobile Minimarket Food Advisory Service	Mobile minimarket	104,598
Sacramento Concilio, Inc	Bilingual response to the needs of the migrant elderly.	217,129
District of Columbia: National Caucus on the Black Aged, Inc.	National center on the black aged	75,000
Nevada: Inter Tribal Council of Nevada, Inc	Home health services for Nevada Indians	99,825
New Mexico: Gerontology Center, Institute for Applied Research Services, the University of New Mexico.	A project to develop, test, and apply a methodology for designing and implementing tribal operated multiservice delivery systems for elderly Native Americans.	119,498
New York:		
Community Services Society of New York	Dissemination of the Jamaica model: services for the elderly.	58,798
Experimental and Bilingual Institute	EBI—Senior citizens education and training center.	80,035
New York: National Urban League	Minority Aged Services Training Institute	173,659
Oklahoma: Cherokee Nation of Oklahoma Taklequah	Elderly development programs	96,390
Oregon: Mid-Willamette Valley Community	Indian Outreach project	13,850
Texas: Texas Tech University	Model rural project for homemaker service aide program to the elderly.	148,842
SENIOR AMBULATORY DAY CARE CENTERS		
California: Chinatown-North Beach Health Care Planning and Development Corp.	On Lok senior health services model project	400,365
New York: Lockport Senior Citizens	Elderly day care for the moderately impaired with a school of nursing for the severely impaired in multipurpose senior center.	30,250

State and grantee	Project title	Amount
MULTIPLE PRIORITIES		
Arizona: Pima County Council on Aging	Pima County areawide model projects on aging	$1,970
Arkansas: Pulaski County Council	County-wide comprehensive multipurpose center	200,000
California:		
University of California, San Francisco	Information dissemination model of innovations in aging.	171,124
Western Gerontological Society, San Francisco	Organizational development program	59,074
Connecticut: State of Connecticut Department on Aging, Hartford.	Information systems development as the basis for a statewide model in planning advocacy resource development and resource allocation for institutions serving the elderly.	141,625
District of Columbia:		
Department of Human Resources	Model senior citizens services lounges	158,554
Gerontological Society	Using the media in planning and service delivery in aging.	81,860
International Center for Social Gerontology, Inc.	Vacation residential exchange service for low-income elderly.	179,191
National Association of State Units on Aging	NASUA liaison activities	117,600
National Association Area Agencies on Aging	National Association Area Agencies, Inc	131,594
National Association of Counties	The Aging: Program for county resource development.	180,338
National Association for Human Development	Demonstration project for health education and training for physical fitness.	375,475
National Council on Aging	Operation Independence	340,281
Do	Senior centers standard project	218,933
Do	Advisory Committee handbook	38,597
National Association of Counties Research Foundation.	National program for county resource development.	160,831
Florida:		
Brevard Community College, Cocoa	Interim catalyst program	41,112
United Way of Pinellas, Inc., St. Petersburg	Regional information and referral support system.	70,000
Idaho: Eastern Idaho Special Services Agency, Idaho Falls.	Disaster recovery for older Americans	36,224
Illinois: Board of Trustees of Southern Illinois University, Carbondale.	Mutual help program for community elderly	97,052
Maine: Bureau of Maine's Elderly, Augusta	Project Independence	79,151
Maryland: International Association of Chiefs of Police, Gaithersburg.	Crime, safety, and the senior citizen	150,000
Michigan: Michigan Department of Social Services, Lansing.	Michigan human services network	200,000
Missouri:		
Mid-American Regional Council, Kansas City	Aid to elderly victims of crime	105,750
St. Louis Area Agency on Aging	Tap XX	156,425
Southwest Missouri Area Agency on Aging, Springfield.	Mobile information and referral unit	99,980
New York:		
Cultural Council Foundation	Evaluation and dissemination of "Getting on:" special information service TV programing for the elderly.	185,020
State Communities Aid Association	Monitoring social services for the aging provided under Social Security Act title in New York State.	154,218
Synagogue Council of America, New York	Technical assistance to synagogue leadership	68,780
Vera Institute of Justice, New York	Transportation services for the elderly	100,000
North Carolina: Duke University Medical Center, Durham.	A statewide technical assistance strategy	70,537
Washington: Washington State Office on Aging, Olympia.	Senior citizens services model project	3,800,000
West Virginia: West Virginia Department of Welfare, Charleston.	TRIP: Transportation remuneration incentive program.	400,000
LEGAL SERVICES		
California:		
California Office on Aging, Sacramento	Paralegal and senior advocate training	85,501
Senior Adults Legal Assistance, Palo Alto	Senior adults legal assistance	61,772
University of Southern California, Los Angeles	National senior citizens law center	227,918
Connecticut: Tolland-Windham Legal Assistant Program, Inc. Willimantic.	Connecticut aging legal services	25,600
District of Columbia:		
National Council for Senior Citizens	Legal research and services for the elderly	190,090
National Paralegal Institute	Senior citizens and the law: Technical assistance and training for law students.	190,000
National Retired Teachers Association/American Association for Retired Persons.	Legal counsel for the elderly project	135,450
Michigan: Regents of the University of Michigan, Ann Arbor.	Materials development and technical assistance for the provision of services to the elderly.	93,635
New York: Presbyterian Senior Legal Services for the Elderly, New York.	Legal services for the elderly poor	80,000
Pennsylvania: Public Interest Law Center of Philadelphia.	Law, aging, and long-term care	158,997

State and grantee	Project title	Amount
TITLE X, ECONOMIC DEVELOPMENT ACT, EMPLOYMENT OPPORTUNITIES		
District of Columbia:		
Farmers Union (Green Thumb, Inc.) (23 projects).	Transportation for rural elderly persons and rural housing rehabilitation, nutrition services to rural communities.	$571,271
National Center on the Black Aged, Inc. (1 project).	Escort/security services for senior citizens	98,000
National Council on Aging	Baltimore program for the preservation of independence; Fort Lauderdale, senior opportunities and services; St. Louis, increased security of homes for elderly; Phoenix, older native American public service employment project; California, manpower.	1,556,657
National Retired Teachers Association/American Association for Retired Persons (25 projects).	Senior employment program	8,300,000
Florida: Division of Aging, Tallahassee (3 projects)	Home maintenance services; food service assistance; clerical assistance.	499,096
Illinois: Illinois Department on Aging, Springfield (2 projects).	Operation Spread, nursing home ombudsman expansion.	1,195,932
Indiana: Indiana Commission of the Aging and Aged, Indianapolis (3 projects).	Home repair for older Americans, Project Chauffeurs for transportation, project help for home bound aged.	500,000
Massachusetts:		
Family Service of Greater Lowell, Inc. (1 project).	Home health services to elderly	100,000
Region VIII Agency on Aging, Grand Rapids (1 project).	Home help program expansion	363,302
Mississippi: Mississippi Council on Aging, Jackson (1 project).	Aging services	300,000
New York: New York City Department for the Aging, New York (1 project).	Employment opportunities program for the elderly	6,200,000
North Carolina: North Carolina State Office for Aging, Raleigh (1 project).	Additional services for aging	192,557
South Carolina: South Carolina Commission on Aging, Columba.	South Carolina employment in aging services	93,200
Texas: Amigos Del Valle, Inc., Pharr	Expansion of services for the elderly	498,624
Virgin Islands: Virgin Islands Commission on Aging, St. Thomas (1 project).	Extended aging services employment	100,000
Wisconsin: Wisconsin Department of Health, and Social Service, Madison.	Service programs for the elderly	424,902

APPENDIX II–C.1.—FISCAL YEAR 1976 AND TRANSITION QUARTER PROJECT AWARDS TRAINING

[Title IV, pt. A, Older Americans Act of 1975, as amended]

State and grantee	Title	Amount
Alabama:		
University of Alabama, University	Career training and gerontology	$61,748
Commission on Aging, Montgomery	State title IV–A training	96,333
Alaska: Office on Aging, Juenau	do	30,000
Arizona:		
University of Arizona, Tucson	Retirement housing administration	81,586
Do	Model instructional program for long term care administrators.	30,034
Bureau of Aging, Phoenix	State title IV–A training	57,265
Arkansas:		
University of Arkansas at Little Rock, Little Rock	Training program in social gerontology	24,574
Office of Aging and Adult Services, Little Rock	State title IV–A training	67,350
California:		
Holy Names College, Oakland	Master's program for training in gerontology associated training projects.	43,039
San Diego State University, San Diego	Education in aging with emphasis on minority groups.	120,779
University of Southern California, Los Angeles	Dual degree program in social gerontology	127,640
Do	Comprehensive summer institutes	56,656
Do	Environmental planning for the elderly	54,603
Do	Improving training in aging: A guide to A/V aids	27,584
Senior Adults Legal Assistance, Palo Alto	Senior adults legal assistance	60,000
University of California, San Francisco School of Medicine, San Francisco.	Planning for multidisciplinary training in applied gernontology.	24,840
Office on Aging, Sacramento	State title IV–A training	527,861
Colorado:		
Adams State College, Alamosa	Social work education project	23,400
Colorado State University, Fort Collins	Nutritional care of the aged	42,911
University of Denver, Denver	Planning for gerontological excellence in training, research and service.	24,997
Division of Services for the Aging, Denver	State title IV–A training	82,643

APPENDIX II-C.1.—FISCAL YEAR 1976 AND TRANSITION QUARTER PROJECT AWARDS TRAINING—Continued

[Title IV, pt. A, Older Americans Act of 1965, as amended]

State and grantee	Title	Amount
Connecticut:		
University of Connecticut, West Hartford	Career training program	$58,732
Department on Aging, Hartford	State title IV-A training	83,267
Delaware: Division on Aging, Wilmington	do	30,000
District of Columbia:		
Federal City College	Institute of gerontology	165,744
George Washington University	Improved health care services	89,853
Do	Training/export and legal education project in the field of aging.	171,172
Antioch College (Law)	Develop a competency-based modular course in the law-elderly citizens.	68,861
Gerontological Society	Development in environments and aging	132,658
National Paralegal Institute	Senior community services advisor: Curriculum design, training, technical assistance and evaluation.	199,690
National Council on the Aging	Senior center training project	60,599
National Center for Black Aged	Program for greater minority involvement	100,536
Division of Services to the Aged	State title IV-A training	30,000
Florida:		
University of Florida, Gainesville	Multidisciplinary program of career training	121,306
University of South Florida, Tampa	Center for applied gerontology	67,331
University of Miami, Miami	All-university multidisciplinary training program in gerontology.	77,560
University of Florida, Gainesville	Planning geriatrics education	24,991
Division on Aging, Tallahassee	State title IV-A training	320,927
Georgia:		
Albany State, Albany	Student training program in gerontology	42,776
Georgia State, Atlanta	Graduate training program in sociology of aging	80,267
North Georgia College, Dahlonego	Career training in aging	35,166
Office on Aging, Atlanta	State title IV-A training	111,358
Hawaii:		
University of Hawaii, Manoa	Gerontology training program	163,452
Do	Comprehensive summer training institute	79,666
Commission on Aging, Honolulu	State title IV-A training	30,000
Idaho: Idaho Office on Aging, Boise	do	30,000
Illinois:		
University of Chicago, Chicago	Training program in work with problems with aged	135,900
Southern Illinois University, Carbondale	Planning model training program in rural aging field.	19,708
University of Illinois-Chicago, Chicago	All-university center on gerontology	24,805
Department on Aging, Springfield	State title IV-A training	295,941
Indiana: Commission on Aging and Aged, Indianapolis.	do	134,510
Iowa: Commission on Aging, Des Moines	do	88,915
Kansas:		
Wichita State University, Wichita	Multidisciplinary, multilevel education and training program.	92,961
Do	Gerontology planning grant	23,491
Division of Social Services, Topeka	State title IV-A training	69,473
Kentucky:		
University of Kentucky, Research Foundation, Lexington.	MSW-gerontology training program	92,497
University of Louisville, Louisville	Planning project: Center for aging studies and training.	22,192
University of Kentucky, Lexington	University of Kentucky's planning group on aging	25,000
Aging Program Unit, Frankfort	State title IV-A training	92,824
Louisiana:		
Southern University in New Orleans, New Orleans.	Direct services to the aged	58,285
Louisiana Center for Public Interest, New Orleans.	Law/social work training program	137,929
Bureau of Aging Services, Baton Rouge	State title IV-A training	88,627
Maine:		
University of Maine, Portland	Undergraduate preparation of human service: Generalists with special emphasis in gerontology.	34,750
Office of Maine's Elderly, Augusta	State title IV-A training	31,142
Maryland:		
Antioch College, Columbia	Career training in gerontology	52,390
University of Maryland, College Park	Career training, center on aging	34,467
Do	A video tape project in human development	49,994
University of Maryland, Baltimore	Geriatrics and interdisciplinary planning at the Baltimore campus.	24,872
Do	Proposal for planning a curriculum for advanced preparation in gerontological nursing.	24,990
Office on Aging, Baltimore	State title IV-A training	90,119
Massachusetts:		
Boston University (Consortium with Brandeis), Boston.	Consortium gerontology training program	186,892
Department of Elderly Affairs, Boston	State title IV-A training	168,796

APPENDIX II-C.I.—FISCAL YEAR 1976 AND TRANSITION QUARTER PROJECT AWARDS TRAINING—Continued

[Title IV, pt. A, Older Americans Act of 1975, as amended]

State and grantee	Title	Amount
Michigan:		
University of Michigan, Ann Arbor	Gerontology career training grant	$240,006
Western Michigan University, Kalamazoo	Support program in gerontology	29,037
Madonna College, Livonia	A multidisciplinary approach	48,006
University of Michigan, Ann Arbor	Training in law and the elderly	68,089
Office of Services to the Aging, Lansing	State title IV-A training	211,146
Minnesota:		
University of Minnesota, Minneapolis	Training in aging and public policy	55,794
McAlester College, St. Paul	Undergraduate training program in aging	105,855
Governor's Citizens Council on Aging, St. Paul	State title IV-A training	108,023
Mississippi: Council on Aging, Jackson	do	63,033
Missouri:		
Kansas City Regional Council for Higher Education, Kansas City.	Co-swap cooperative aging program	116,853
St. Louis University, St. Louis	Career training program in aging	80,095
University of Columbia-Missouri, Columbia	Center for aging studies	95,846
Office of Aging, Jefferson City	State title IV-A training	147,193
Montana: Aging Services Bureau, Helena	do	30,000
Nebraska:		
University of Nebraska, Omaha	Gerontology career training program	112,888
Do	Gerontology education data system	33,493
Commission on Aging, Lincoln	State title IV-A training	47,127
Nevada: Division on Aging, Carson City	do	30,000
New Hampshire: Council on Aging, Concord	do	30,000
New Jersey:		
Fairleigh Dickinson University, Teaneck	Career training in aging for economically disadvantaged minority students.	22,500
Rutgers University, New Brunswick	Intrauniversity program in gerontology	128,784
Division on Aging, Trenton	State title IV-A training	200,093
New Mexico: Commission on Aging, Santa Fe	do	30,000
New York:		
Syracuse University, Syracuse	Multifaceted training in social gerontology	205,915
Do	Planning for summer residential institute	41,339
Hunter College, New York	Career training in aging at Hunter	132,462
New York University, New York	Interdisciplinary training program in geriatrics and gerontology for medical students.	59,128
City University of New York, New York	Planning proposal for a City University of New York Gerontology Center.	24,990
Office for the Aging, Albany	State title IV-A training	521,254
North Carolina:		
Livingstone College, Salisbury	Undergraduate field instruction program	44,281
Wayne Community College, Goldsboro	Geriatric technician training program	49,248
Duke University, Durham	KWIC training resources in aging project	72,766
Governor's Coordinating Council on Aging, Raleigh.	State title IV-A training	128,990
North Dakota:		
North Dakota Consortium on Gerontology, Minot State College, Minot.	Career training program	72,395
Aging Services, Bismarck	State title IV-A training	30,000
Ohio:		
Miami University, Oxford	Implementing career training	81,185
Case Western Reserve University, Cleveland	Specialization in aging	110,719
Commission on Aging, Columbia	State title IV-A training	272,484
Oklahoma: Special Unit on Aging, Oklahoma City	do	82,643
Oregon:		
Portland State University, Portland	Responding to manpower needs in the field of aging	118,835
University of Oregon, Eugene	A multidisciplinary center for gerontology	162,019
Program on Aging, Salem	State title IV-A training	66,006
Pennsylvania:		
Pennsylvania State University, University Park	Career training program in aging	152,050
Office for the Aging, Harrisburg	State title IV-A training	354,978
Rhode Island:		
University of Rhode Island, Providence	Human sciences and service training in aging	67,945
Division on Aging, Providence	State title IV-A training	30,000
South Carolina:		
University of South Carolina, Columbia	Consortium planning in gerontology	24,339
Commission on Aging, Columbia	State title IV-A training	60,661
South Dakota: Office on Aging, Pierre	do	30,000
Tennessee:		
Fisk University, Nashville	Graduate master of arts program	81,129
Commission on Aging, Nashville	State title IV-A training	112,307
Texas:		
Bishop College, Dallas	Undergraduate training program	23,631
North Texas State University, Denton	Multidisciplinary training in aging	136,634
Our Lady of the Lake College, San Antonio	Chicano aging project	57,610
Governor's Committee on Aging Austin	State title IV-A training	295,319
Utah:		
University of Utah, Salt Lake City	Rocky Mountain gerontological training program	206,664
Division on Aging, Salt Lake City	State title IV-A training	30,000
Vermont: Office on Aging, Montpelier	do	30,000

APPENDIX II-C.1.—FISCAL YEAR 1976 AND TRANSITION PROJECT AWARDS TRAINING—Continued

[Title IV, pt. A, Older Americans Act of 1965, as amended]

State and grantee	Title	Amount
Virginia: Office on Aging, Richmond	State title IV-A training	$111,688
Washington:		
University of Washington, Seattle	Social work training in social rehabilitation services	84,942
Do	Training older adults in community organization and development in aging.	46,675
Do	Planning grant in geriatric dentistry	24,999
Office on Aging, Olympia	State title IV-A training	92,163
West Virginia:		
University of West Virginia, Morgantown	Social Work career training program	54,463
Parkersburg Community College, Parkersburg	Administration on aging training support	20,393
Commission on Aging, Charleston	State title IV-A training	54,302
Wisconsin:		
University of Wisconsin-Madison, Madison	Expansion of interdisciplinary components of training in gerontology.	172,578
Division on Aging, Madison	State title IV-A training	127,458
Wyoming:		
University of Wyoming, Laramie	Social work education-aging	22,749
Aging Services, Cheyenne	State title IV-A training	30,000
American Samoa: Governor of American Samoa, Pago Pago.	do	10,000
Puerto Rico: Gericulture Commission, Santurce	do	53,021
Trust Territory: Office of Aging, Saipan	do	15,000
Virgin Islands: Commission on Aging St. Thomas	do	15,000

APPENDIX II-C.2.—CONFERENCES: FISCAL YEAR 1976, INCLUDES TRANSITION QUARTER

Grantee	Title	Amount	Source	Project period
Florida State University, Tallahassee	National Conference on Transportation for the Elderly and Handicapped.	$10,000	IV-A	Dec. 8, 1975 to Sept. 7, 1976.
State Agency on Aging, State of Hawaii	The Hawaii Governor's Bicentennial Conference on Aging.	17,551	IV-A	Jan. 1 to Sept. 30, 1976.
National Tribal Chairmen's Association, Washington, D.C.	National Indian Conference on Aging	192,244	IV-A	Feb. 20, 1976 to Feb. 19, 1977.
National Association of Area Agencies on Aging, Washington, D.C.	National Conference for Area Agencies on Aging.	17,496	IV-A	Apr. 20 to Oct. 19, 1976.
National Academy of Sciences, Washington, D.C.	Anglo-American Conference on the Care of the Elderly: Meeting the challenge of dependency.	50,000	IV-A	Apr. 15, 1976 to Apr. 14, 1977.
Georgetown University Washington, D.C.	Seminars for Development of a national health activation program for the elderly.	17,035	IV-A	June 30 to Nov. 30, 1976.
Council of State Governments, Lexington, Ky.	Studies in State policy on aging	[1] 22,082	IV-A	Feb. 1, 1975 to Sept. 30, 1977.
U.S. Conference of Mayors, Washington, D.C.	Mayoral and municipal government responses to the urban elderly.	[1] 45,870	IV-A	Mar. 1, 1975 to Aug. 31, 1977.
National Interfaith Coalition on Aging, Athens, Ga.	Planning conference on education in gerontology in the religious sector.	45,870	IV-A	Sept. 15, 1976 to Mar. 15, 1977.

[1] Partial.

APPENDIX II-D.—FISCAL YEAR 1976 PROJECT AWARDS RESEARCH AND DEMONSTRATIONS

[Title IV, pt. B, Older Americans Act of 1965 as amended]

State and grantee	Title	Amount
I. NEW AWARDS		
A. PROGRAM ON POLICY ISSUES AFFECTING THE ELDERLY[1]		
District of Columbia:		
Sam Harris & Associates, Washington, D.C.	State of the art: Alternatives to institutionalization of the elderly.	[2] $34,002
Urban Institute, Washington, D.C.	Development of an AOA strategy for policy research.	148,441
Do	Development of an AOA strategy for policy research on aging: Community services and the elderly.	[2] 157,028
Illinois:		
Northern Illinois University, Dekalb, Ill.	Development and adoption of policies for the elderly: The legislative process.	144,619
University of Chicago School of Social Services, Chicago, Ill.	The impact of national health insurance on health care for the elderly.	107,174

See footnotes at end of table.

APPENDIX II-D.—FISCAL YEAR 1976 PROJECT AWARDS RESEARCH AND DEMONSTRATIONS—Continued

[Title IV, pt. B, Older Americans Act of 1965 as amended]

State and grantee	Title	Amount
Maryland: The Orkand Corp., Silver Spring, Md.	An inventory of Federal outlays for the elderly	[2] $90, 330
Nebraska: University of Nebraska at Omaha, Omaha, Nebr.	Development of an AOA strategy for policy research on aging: Housing and the elderly.	93, 789
New York:		
Joseph A. Davis, Consultants, Inc., New York, N.Y.	State of the art: Attitudes toward the elderly in professional education schools.	[2] 61, 881
Logical Technical Services Inc., New York, N.Y.	State of the art: Technology transfers to the problems of the elderly.	[2] 36, 991
Research Foundation for Mental Hygiene, Albany, N.Y.	A cross-national comparison of the institutional elderly; including costs, quality and outcome of their long-term care.	100, 054
North Carolina: Duke University, Durham, N. C.	Changing household patterns among the elderly	119, 729
Pennsylvania: Philadelphia Geriatric Center, Philadelphia, Pa.	The elderly and their housing	63, 744
Utah: Melvin A. White, University of Utah Gerontology Center, Rocky Mountain, Utah.	Impact of inter-institutional relocation on geriatric patients.	78, 466
Virginia:		
Kappa Systems, Inc., Arlington, Va.	Utilization of general and specialized revenue sharing funds for the elderly.	[2] 76, 012
Mitre Corp., McLean, Va.	Technology in the service of the aged through the retirement cooperative concepts.	198, 503
Wisconsin: University of Wisconsin, Madison, Wis.	Development of an AOA strategy for policy research on aging: Employment, retirement, and the elderly.	102, 536
B. STRUCTURE, DELIVERY, AND PROVISION OF SERVICES TO THE ELDERLY [3]		
California:		
Homitz, Allen & Associates, Oakland, Calif.	Educational institutions: Resources for planning, coordinating, and delivery of community-based services to older persons.	[2] 73, 095
Institute for Scientific Analysis, San Francisco, Calif.	An analysis of the implementations of title XX service plans for the nationwide development of local comprehensive service delivery systems for the aged.	48, 391
Special Service for Groups, Los Angeles, Calif.	Research relating to service delivery models for Pacific Asian elderly.	131, 561
University of California, San Francisco, Calif.	Funding practices, policies, and performances of State and area agencies on aging.	263, 368
Connecticut: Yale University, New Haven, Conn.	Effects of jurisdictional conflicts on areawide coordination of service planning and delivery to older persons.	[2] 109, 821
District of Columbia: The Catholic University of America, National Catholic School of Social Work, Washington, D.C.	Informal social networks and assistance among the aging.	135, 822
Kansas: University of Kansas, Lawrence, Kans.	Attitudes toward older persons on the part of service delivery professionals.	69, 274
Maryland: Center for Public Management, Potomac, Md.	Strengthening decisionmaking for alternative approaches to conducting inservice training.	110, 980
New Jersey: Division of Youth and Family Services; Department of Institutions and Agencies, Trenton, N.J.	The utilization of the elderly in child welfare services.	99, 975
New York:		
Boone, Young & Associates, New York, N.Y.	Analysis of consumer participation in planning process of State and area agencies.	[2] 149, 358
Community Research Applications, Inc., New York, N.Y.	Technical assistance to the national network on aging: Handbook on priority services for older persons.	[2] 257, 828
Oregon:		
Institute on Aging, Portland State University, Portland, Oreg.	Attitudes toward older persons on the part of service delivery professionals.	99, 994
Portland, State University, Portland, Oreg.	Analysis of coordination and organization change	159, 342
Do.	Testing a community intervention model	159, 709
Pennsylvania:		
Albert Einstein Medical Center, Philadelphia, Pa.	Strengthening decisionmaking for alternative approaches to conducting inservice training.	160, 000
Penn State University, University Park, Pa.	Simulating demand and costs fo statewide services to the aging.	165, 682
C. AGING PROCESSES AND DESCRIPTIONS OF AGING POPULATIONS [4]		
California:		
Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.	Cohort experience and the aging population	85, 355
Western Behavioral Sciences Institute, San Diego, Calif.	do.	108, 280
District of Columbia:		
Roy Littlejohn & Associates, Washington D.C.	Prediction of needs through analysis of pre-elderly population cohorts.	[2] 210, 980
Do.	State of the art paper—Aging population groups: Problems of definition and classification.	[2] 34, 112

See footnotes at end of table.

APPENDIX II-D.—FISCAL YEAR 1976 PROJECT AWARDS RESEARCH AND DEMONSTRATIONS—Continued

[Title IV, pt. B, Older Americans Act of 1965 as amended]

State and grantee	Title	Amount
Maryland:		
Morgan Management Systems, Columbia, Md.	Factors relating to functional dependency among older persons.	[2] $89,961
U.S. Bureau of the Center for Census Studies, Suitland, Md.	The racial and ethnic elderly characterization study.	65,200
University of Maryland, College Park, Md.	Aging competency	84,505
Michigan: Wayne State University, Detroit, Mich.	A study of opportunities for socialization to old age.	129,090
North Carolina: Duke University, Durham, N.C.	do	50,591
D. ECONOMICS OF AGING[5]		
California: Judith Treas, University of Southern California, Los Angeles, Calif.	Successful work options of aging women	50,354
District of Columbia: American Institutes for Research, Washington, D.C.	Impact on unemployment climate on older workers in 2 labor markets with contrasting unemployment rates.	209,000
Maryland: Bradley Schiller, University of Maryland, College Park, Md.	Private pension plans and the older worker	95,600
Massachusetts: Brandeis University, Waltham, Mass.	Approaches to determining the cost of a home care alternative to nursing home care: The diversion strategy.	94,923
Michigan: University of Michigan, Ann Arbor, Mich.	Meaning and correlates of life satisfaction in older (and middle age) blacks: A secondary analysis.	58,071
Pennsylvania: University of Pittsburgh Graduate School of Business, Pittsburgh, Pa.	Consumerism and the aging: The elderly victims of fraud.	121,539
Virginia:		
Thurlow R. Wilson, Human Resources Research Organization, Alexandria, Va.	An analysis of employment services to older job seekers.	149,200
William J. Serow, University of Virginia, Charlottsville, Va.	Implications of prospective population change for older American workers.	32,280
Washington: Battelle Human Affairs Research Centers, Seattle, Wash.	Consumerism and the aging: The elderly as victims of fraud.	124,295
E. RESEARCH METHODOLOGY IN THE FIELD OF AGING[6]		
District of Columbia: Roy Littlejohn Associates, Washington, D.C.	Aggregation of the elderly	[2] 68,997
Maryland: Westat, Inc., 11600 Nebel St., Rockville, Md.	Sampling of the elderly population	[2] 85,214
Missouri: Midwest Council for Social Research on Aging Institute for Community Studies, Kansas City, Mo.	Instrument bank: Assessment of research and measurement scales for the study of aging and the elderly.	[2] 95,686
Virginia: JWK International, Annandale, Va.	Data collection problems and the elderly	[2] 97,911
F. OTHER		
California:		
Documentation Associates, Los Angeles, Calif.	Comprehensive inventory and analysis of past and current federally supported research in aging.	[2] 322,355
Human Resources Corp., San Francisco, Calif.	State of the art paper: Theoretical developments in social gerontology.	[2] 49,914
II. CONTINUATION PROJECTS		
AGING PROCESS		
California:		
American Institute for Research, Palo Alto, Calif.	Identifying opportunities for improving the quality of life of elderly.	179,952
University of Southern California, Los Angeles, Calif.	Nonchronological definitions on aging	98,750
District of Columbia:		
Catholic University of America, Washington, D.C.	Impact of needs, knowledge, ability and living arrangements on decisionmaking.	139,896
National Catholic School of Social Service, Washington, D.C.	Decisionmaking among older Americans: An analysis of econological, psychological, and biological determinants.	[7] 7,500
Florida: University of Florida, Gainesville, Fla.	Organization of cognitive abilities and old age	45,554
Illinois:		
University of Chicago, Chicago, Ill.	Crises and adaption in the middle and late years	126,961
Do.	Decisionmaking and the elderly	100,731
AGING 2		
Maryland: University of Maryland, College Park, Md.	Individual and community competence: A study of the successfulness of coping mechanisms of the aged.	69,133
Missouri: University of Missouri-Columbia, Columbia, Mo.	Local-socio-environmental contexts and personal moorings relating to decisionmaking.	120,824
New York: New York State Department of Mental Hygiene, New York, N.Y.	Diagnosis of mental disorders in the United States and United Kingdom.	138,330

See footnotes at end of table.

APPENDIX II-D.—FISCAL YEAR 1976 PROJECT AWARDS RESEARCH AND DEMONSTRATIONS—Continued

[Title IV, pt. B, Older Americans Act of 1965 as amended]

State and grantee	Title	Amount
DESCRIPTIONS OF THE OLDER POPULATION		
Illinois: University of Illinois, Chicago, Ill	National survey of the aged at Chicago Circle	$124,840
New York: Research Foundation of the State University of New York, Geneseo, N.Y.	Predicting accuracy of perceiving the aging person	13,034
SOCIAL AND ENVIRONMENTAL CONDITIONS AFFECTING THE ELDERLY		
California: Regents of the University of California	Life styles of the aging and consumer behavior	45,303
Michigan: Regents of the University of Michigan, Ann Arbor, Mich	Factors influencing the abandoning of private homes by the elderly.	66,703
INTERVENTION MECHANISM		
California: Andrus Gerontology Center, University of Southern California.	A study of funding regulations program agreements and monitoring procedures affecting the implementation of title III of the Older American Act.	80,598
District of Columbia:		
The Urban Institute, Washington, D C	Client oriented community assessments of long-term care facilities.	40,440
Institute of Public Administration, Washington, D.C.	Analysis of transportation demonstrations for the elderly.	76,367
Massachusetts:		
Massachusetts Institute of Technology, Boston, Mass.	Design evaluation-social use of elderly housing	98,860
University of Massachusetts, Boston, Mass	Planning for the health care needs of the elderly	60,422
Minnesota: Governor's Citizen Council on Aging, St Paul, Minn.	A comparison of in-home and nursing home care for older persons in Minnesota.	211,319
OTHER		
California:		
University of Southern California, Los Angeles, Calif.	Integration of information on aging: Handbook project.	8,492
Do	Foundations for research in social problems of aging.	317,372
District of Columbia:		
The Gerontological Society, Washington, D.C	Committee on research and development goals in social gerontology.	183,997
Do	Development and utilization of relevant cross-national research in aging.	68,280
Texas: Governor's Committee on Aging, Austin Tex	Better services for aging through research utilization.	30,000
New York:		
Center for Community Research of the Associated YM-YWHA's of Greater New York-Montiefiore Hospital and Medical Center, New York, N.Y.	Day care center for the elderly	29,176
New York Infirmary, New York, N.Y.	Rehabilitation of adults and geriatric blind	150,000
Pennsylvania:		
The Public Interest Law Center of Philadelphia, Philadelphia, Pa.	Planned crisis disaster-nursing home closings	72,809
Philadelphia Geriatric Center, Philadelphia, Pa.	Need, cost, and effects of home services for the aged.	172,509
Wisconsin: Curative Workshop of Milwaukee, Milwaukee, Wis.	Avocational counseling for the elderly	34,298

[1] In addition, 5 dissertation research grants pertinent to this subject were awarded in fiscal year 1976. ($5,000 per grant).
[2] Contract.
[3] Additionally, 3 dissertation research grants related to this subject were awarded in fiscal year 1976 ($5,000 per grant).
[4] Additionally, 8 dissertation research grants related to this subject were awarded in fiscal year 1976 ($5,000 per grant).
[5] Additionally, 2 dissertation research grants to this subject were awarded in fiscal year 1976 ($5,000 per grant).
[6] In addition, 1 research dissertation grant was awarded in this area ($5,000 per grant).
[7] Supplemental.

Appendix II–E.—Title IV–C: Multidisicplinary centers of gerontology grants, fiscal year 1976

Alabama:	
University of Alabama, Center for the Study on Aging	$61,172
University of Alabama in Birmingham, University Station, Birmingham	62,938
California: University of Southern California, Andrus Gerontology Center, Los Angeles	195,463
Colorado: Davis Institute for the Care and Study of the Aging, Denver	67,314
Connecticut: University of Connecticut, University Program in Gerontology, Storrs	49,798
Florida:	
Florida State University, Institute for Social Research, Tallahassee	65,792
University of Miami, Institute for the Study of Aging, Coral Cables	64,062
Hawaii: University of Hawaii at Manoa, Pacific Biomedical Research Center, Honolulu	74,687
Illinois: University of Illinois at Chicago Circle, All University Gernotology Committee, Chicago	67,271
Iowa: University of Iowa, School of Social Work, Iowa City	69,162
Kentucky: Sanders-Brown Center, College of Medicine, University of Kentucky Research Foundation, Lexington	75,000
Massachusetts: Boston University, Gerontology Center, Boston	193,782
New York:	
Syracuse University, All-University Gerontology Center, Syracuse	175,347
City University of New York, Research Foundation, New York	70,941
North Country Community College, Life Sciences-Social Sciences, Saranac Lake	47,600
North Carolina: Duke University: Duke University, Center for the Study of Aging and Human Development, Durham	171,211
Ohio: Miami University, Scripps Foundation Gernotology Center, Oxford	65,916
Pennsylvania:	
University of Pennsylvania, 3451 Walnut St., Philadelphia	72,515
Pennsylvania State University, Gerontology Center, University Park	185,255
Texas: North Texas State University, Center for Studies in Aging, Denton	164,286

APPENDIX II–F.—TITLE V—MULTIPURPOSE SENIOR CENTERS, FUNDING DISTRIBUTION, FISCAL YEAR 1976

	Grants awarded	Grant amounts awarded
Total		
Alabama	21	80,878
Alaska	2	10,000
Arizona	9	47,721
Arkansas	7	54,832
California	63	437,275
Colorado	6	45,336
Connecticut	8	69,388.20
Delaware	8	25,000
District of Columbia	2	19,545
Florida	7	267,440
Georgia	5	92,798
Hawaii	4	25,000
Idaho	8	25,000
Illinois	16	265,869
Indiana	17	97,285
Iowa	5	74,096
Kansas	18	57,889
Kentucky	20	77,822
Louisiana	6	73,785
Maine	9	25,951
Maryland	13	77,370
Massachusetts	6	140,663
Michigan	7	175,955
Minnesota	6	90,019
Mississippi	2	52,527
Missouri	13	122,661
Montana	22	25,000

APPENDIX II-F.—TITLE V—MULTIPURPOSE SENIOR CENTERS, FUNDING DISTRIBUTION, FISCAL YEAR 1976—Continued

	Grants awarded	Grant amounts awarded
Nebraska	6	39,273
Nevada	2	25,000
New Hampshire	3	25,000
New Jersey	6	192,460
New Mexico	6	25,000
New York	30	433,508
North Carolina	4	107,000
North Dakota	11	30,000
Ohio	13	235,125
Oklahoma	20	62,020
Oregon	5	55,005
Pennsylvania	17	295,890
Rhode Island	2	25,000
South Carolina	6	50,551
South Dakota	6	29,160
Tennessee	16	93,589
Texas	18	257,645
Utah	6	30,690
Vermont	5	25,000
Virginia	7	93,074
Washington	24	91,803
West Virginia	6	45,127
Wisconsin	13	107,008
Wyoming	2	9,150
American Samoa		
Guam		
Puerto Rico	4	44,184
Trust Territory		
Virgin Islands		

PART II. ACTIVITIES, FIRST QUARTER OF FISCAL YEAR 1977

Highlights of the Administration on Aging activities during the last 3 calendar months of 1976 are set forth below.

NATIONAL NETWORK ON AGING CONFERENCES

During December 1976, the Commissioner on Aging convened a series of three 2-day conferences of the National Network on Aging. The purpose of the conferences was to elicit comments, suggestions, and recommendations from participants with regard to the current status of the Older Americans Act programs and goals set forth for future operations.

Participants included State Agency on Aging directors and staff, area agency directors, title VII nutrition project directors, and the chairpersons from State and area agency and title VII Nutrition Project Advisory Councils.

The conferences were held in Washington, D.C., on December 2–3, for regions I, II, III and IV; Dallas Tex., on December 7–8 for regions V, VI, and IX; and Seattle Wash., on December 16–17 for regions VII, VIII and X.

Specific agenda items discussed at these conferences included the involvement of State agencies in decisionmaking with regard to AoA's discretionary programs; and the proposed content of fiscal year 1978 State plans. The discussions led to some recommendations which have been incorporated, where appropriate, in the development of AoA policies in these two areas.

NEW AOA INTERAGENCY AGREEMENTS

Office of Education.—In December 1976 the Commissioner of Education and the Commissioner of Aging signed a working agreement between OE and AoA designed to strengthen and expand educational opportunities for older Americans.

Legal Services Corporation.—A working agreement was negotiated and signed in January between the Legal Services Corporation and the Administration on Aging to foster expanded legal services on behalf of older persons.

TRANSPORTATION REPORT

In November 1976, the Administration on Aging transmitted to Congress a report entitled "Transportation for Older Americans—1976—Progress, Prospects,

and Potentials."[1] This report updates the 1975 state-of-the-art report and also provides information on pooling and coordination of transportation programs. The 1975 report had emphasized the need for greater coordination of transportation programs in order to use available resources more effectively.

The updated study in 1976 estimated consevatively that there were over 3,000 transportation projects serving the elderly. Titles III and VII were funding around 2,000 of these projects, while sections 16(b)(2) of the Urban Mass Transportation Act of 1964 as amended and section 147 of the Federal-Aid Highway Act of 1973 as amended supported approximately 500 projects. This estimated number of total projects also includes approximately 500 funded by programs under the Social Security, Vocational Rehabilitation and Public Health Services Acts; the Community Action Program; and private agencies.

Based on an analysis of approximately 1,000 transportation projects, the study concluded that advanced reservation dial-a-ride systems represented 66 percent of the projects, while conventional fixed route and scheduled services accounted for 25 percent and taxis provided an additional 9 percent.

It was estimated that a total of $60 million to $70 million was being spent for transportation services in fiscal year 1975 under the authority of the following acts: Title III and VII of the Older Americans Act, section 16(b)(2) of the Urban Mass Transportation Act, section 147 of the Federal Highway Act, and title XX of the Social Security Act. These estimates did not include additional transportation services provided by other programs such as Vocational Rehabilitation, Medicare, Medicaid, Community Action, and private agencies' programs. The report notes that State agencies indicated that titles III and VII funds were being pooled with funds from programs under section 16(b)(2) and (5) of the Urban Mass Transportation Act, title XX of the Social Security Act, the Vocational Rehabilitation Act, and the Economic Opportunity Act. State and private contributions were also pooled.

The study pointed out that by fiscal year 1975, almost half of the coordination activity reported under titles II and VII had progressed beyond "Improved working relationships." Joint funding and/or equipment use accounted for 27 percent while the coordination of transportation services (schedules, routes et. al.) accounted for an additional 22 percent.

State agencies on aging identified five problem areas included in the report as follows: Funding, systems operating problems, client or user restrictions, organizational problems and conflicting interpretations of State and/or Federal guidelines.

The report also included recommendations from 28 responding State agencies, 31 recommendations were made in five major areas concerned with the use of titles III and VII. Two-thirds of these concerned improving coordination and expressed the need to revise the guidelines and regulations associated with the Older Americans Act; to improve linkages with 16(b)(2) and to provide more technical assistance for coordination. Recommendations for improved use of titles III and VII funds also called for certain revisions of title III and VII guidelines. Other recommendations called for a more unified Federal and State role in the allocation of transportation resources. Several State Agencies proposed the coordination of operations and planning of all transportation services under single regional or statewide transportation authorities.

The report also notes the changes in perception of transportation issues affecting the elderly, basing its conclusion on followup interviews of witnesses who gave testimony at the public hearings held by Commissioner Flemming in early 1975. Those contracted were project operators, representatives of public transit systems, private social service transportation agencies, State transportation and human resources departments, area agencies on aging, advisory groups on aging, owners of charter bus operations and specialists in the aging and/or transportation fields. These witnesses felt that since the public hearings of 1975, the importance of the transportation needs of the elderly has been recognized. Instead of having to establish the legitimacy of the need as required a year ago, witnesses now expressed two major concerns:

(1) the scale of costs necessary to adequately meet the transportation needs of the elderly;

(2) how present constraints on public transportation limits its ability to respond to the travel needs of special groups, such as the elderly.

[1] "Transportation for older Americans—1976—Progress, Prospects, and Potentials" report prepared by the Institute of Public Administration under an Administration on Aging grant, November 1976.

KQED PROJECT

During the last 3 months of fiscal year 1976, AoA in conjunction with the Public Broadcasting System continued the development of the "Over Easy" television series. This series was designed in part to alter negative attitudes society holds relative to older persons. In 1975, Public Broadcasting Station KQED of San Francisco received funds from the Administration on Aging and the Corporation for Public Broadcasting to develop a program which would provide information and entertainment for older persons. Two one-half hour pilot programs were prepared and tested. Hugh Downs, formerly of the "Today Show" served as host in a variety-talk show which included material about attitudes toward older persons, types of services available and relevant consumer information.

240 of a total of 257 Public Broadcasting System stations carried the two pilot programs. In cooperation with local service agencies, 82 stations caried a local I. & R. telephone number with announcements of appropriate contracts for information and assistance.

In response to a national post office box number which appeared on the program, 2,300 letters were received and more letters continue to arrive. Viewer response has been most supportive and many favorable review articles appeared in newspapers and aging publications. A formal viewer survey designed by Stanford University School of Communications also indicated a very positive reaction. The "Over-Easy" project staff are currently developing 150 half-hour daily programs to be aired starting in October 1977.

PART III. DIRECTIONS FOR FISCAL YEAR 1977

INCREASING THE NUMBER OF OLDER PERSONS SERVED AND THE QUALITY OF SERVICES OFFERED BY INCREASING NETWORK CAPACITY

A national network on aging, composed of the Administration on Aging and its regional offices, 56 State agencies on aging, 536 area agencies on aging, and 845 nutrition project agencies, has now been put into place. The primary purpose of this network is to foster the development of comprehensive and coordinated service systems at the community level designed to enable older persons to remain in their own homes or other places of private residence. Now, that this network is in place AoA believes it is appropriate to begin to place major emphasis on increasing the number of older persons who receive needed services, with particular attention paid to low income and minority older persons. AoA can help to achieve this goal by continuing to strengthen this national network on aging.

AoA will continue its efforts to improve the efficiency and effectiveness of the national network on aging in the area of planning, management, and advocacy. States and communities will be encouraged to increase services for older persons, especially the low income and minorities. Emphasis will be placed on promoting and strengthening interagency coordination at the Federal, State, and area levels by increasing efforts to develop and implement HEW interagency working agreements and improve existing ones. AoA is also moving in the direction of increased involvement of older persons in decisionmaking about service programs, by, among other things, requiring that in the future the membership of advisory councils be composed of at least 50 percent older persons, and all State and area annual plans and budgets be exposed to public hearings. AoA is also stressing the need to increase the number and quality of training and knowledge of persons who deliver services to older persons, in order to be able to serve more people. During fiscal year 1977 AoA is involved in a number of activities in order to increase the number of older persons served and to improve the quality of services offered.

AoA is instituting a system in which States, based on estimates provided by area agencies and nutrition project agencies, will include in their annual State plan quantitative standards of performance on the number of older persons expected to be served as a result of each service provided in their State. These standards will be included in the States' fiscal year 1978 State plans, which will be submitted to AoA by August 1, 1977.

AoA will devote a significant portion of its available discretionary resources to develop assistance materials and support training for State and area agencies in order to institute this system, a system that will help to strengthen a

key concept of the title III program, "bottom-up" planning. Also AoA is instituting a system in which States include in their annual State plan specific standards of performance for improving their planning, management and advocacy functions. These standards will be included for the first time in the fiscal year 1978 State plans.

AoA will provide considerable assistance materials to improve network capacity. Seven assistance handbooks for State and area agencies and service providers are being developed on the following seven services: Information and referral, legal, nursing home ombudsman, senior centers, in-home, and residential repair and renovation. These handbooks should provide assistance on how to more effectively provide and develop services for older persons. Furthermore, specialized assistance will be developed in the area of transportation as a follow-up to a handbook developed in 1975. Also a special assistance handbook is being developed to help the network plan, develop, and manage training programs more effectively. Assistance in the area of fiscal and grants management will also be made available to the network.

AoA will be revising existing Federal interagency working agreements, and vigorously monitoring the implementation of these existing agreements in order to more effectively utilize available resources to reach more older persons. AoA has negotiated 23 formal written agreements with other Federal departments and agencies. Each agreement is designed to lead to State and area agreements. Special emphasis will be placed on revising agreements so they can be more useful for State and area agencies on aging. AoA will continue to place particular emphasis on working out and improving relationships between the National Network on Aging and the title XX social services program, Action volunteer programs, the Federal Disaster Assistance Administration's efforts, Department of Transportation programs, programs authorized under the National Health Planning and Resources Development Act, community mental health centers, and USDA surplus commodities programs.

AoA will be providing assistance to the network on utilizing advisory councils. A handbook on this issue is being developed under an AoA grant, and will be available this spring. AoA has also identified for the network materials related to this subject developed by the Department of Transportation.

Major emphasis for fiscal year 1977 will be placed on serving low income and minority older persons without imposing a needs test. AOA will closely monitor the States to insure that these older persons are being adequately served. AOA is supporting grants in 1977 to the National Indian Council on Aging, the Asociacion Pro Personas Mayores, and the National Urban League to provide assistance to the States in this area.

In fiscal year 1977 AOA will be distributing funds to each State to enable the State agency, working through area agencies, to develop and expand legal services for older persons. AOA will also continue to give support to certain national organizations to provide assistance to the States in implementing this activity.

The National Clearinghouse on Aging's service center for aging information (SCAN) will collect and disseminate information to State and area agencies on innovative approaches to service delivery. These centers, which will be established this year, will enable AOA to effectively implement its mandate to collect and disseminate information in the field of aging. One of the major organizational components of SCAN will be devoted to collecting and disseminating information related to social practice.

AOA will design a multiyear strategy for research to develop new knowledge on how to better serve older persons. AOA is also initiating the development and promotion of new services, in such areas as physical fitness and the arts. In order to improve the quality of services, AOA will support career training programs that will prepare increased numbers of people to more effectively develop and deliver services for older persons.

INCREASING FEDERAL RESOURCES USED TO SERVE THE NEEDS OF OLDER PERSONS

The Older Americans Act places major responsibility on AOA to act as an advocate for older persons to influence the allocation of resources for their benefit. AOA knows, as the result of a recent study it supported on Federal outlays for older persons. that currently there are Federal programs that do not provide a fair share of their resources to older pesons (for example, only 2.4 percent of the workers supported under the Comprehensive Employment Training Act—CETA—

are older persons; less than 2 percent of the general revenue sharing funds awarded by States and localities are to support programs for older persons; less than 10 percent of the funds awarded by the State under title XX are for services for older persons). One of AOA's most important goals is, therefore, to increase the Federal resources used to serve the needs of older persons. During fiscal year 1977 AOA is involved in a number of activities in order to move toward this vital goal.

As mentioned previously, AOA is developing new and revising existing Federal interagency agreements in order to attract more Federal resources to the field of aging. Moreover, several major national demonstration projects are being launched jointly with other Federal agencies—one, a six-city project relating to the issue of crime and the elderly in conjunction with the Law Enforcement Assistance Administration, Community Services Administration (OEO), and Department of Housing and Urban Development; another, a 10-State project relating to employment opportunities for older persons in enforcing environmental laws and policies, in cooperation with the Environmental Protection Agency; and another, with the National Institute of Mental Health, to jointly train on a national basis area agency and community mental health center staffs. In each case AOA hopes to demonstrate to other Federal agencies effective means of serving older persons, and thereby lead these agencies to increase their commitment to the field of aging. The National Clearinghouse on Aging's service centers for aging information (SCAN) will also disseminate information on available Federal resources which can be, but are not currently being used for older persons.

INCREASING POLICY EFFECT IN THE INTERESTS OF OLDER PERSONS

Major emphasis during fiscal year 1977 will be placed on developing a capability to effectively influence and modify public and private policies to promote achievement of the following objectives for older persons identified in title I of the Older Americans Act.

—An adequate income in retirement.
—The best possible physical and mental health which science can make available and without regard to economic status.
—Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
—Opportunity for employment with no discriminatory personnel practices because of age.

The objectives identified above outline ambitious goals for our society in the areas of income, health, housing, and employment. None of these objectives can be achieved by action taken solely at the Federal level. Also, oftentimes these objectives can be achieved only as policies are implemented that have an impact on all age groups. In order to move toward the achievement of these goals, therefore, the entire national network on aging—Federal, State, and area—must devote its efforts to bringing about changes in basic policies in both the public and private sectors. These policy changes frequently should result in older persons getting a fair share of existing resources, and in other instances having added resources available for them.

AOA believes, however, that there is a wide range of important policy decisions that do not involve providing additional resources, such as eliminating mandatory retirement, improving private pension plans, revising public utility policies, opening up new opportunities for involvement in society by older persons, persuading scientists to give increased attention to the field of aging, and designing improvements in housing for older persons, that merit special attention. AOA intends to determine from year to year what issues should be given a high priority, and then develop action programs to deal with these issues. In order to achieve greater general policy impact AOA will develop and disseminate information about older persons through a planned computerized information system. AOA hopes to increase the number of people knowledgeable about older persons so they can then influence public and private sector policies. AOA will provide State and area agencies on aging with information assistance that will enable them to be effective advocates with respect to these issues.

During fiscal year 1977 AOA will be involved in a number of specific activities related to increasing our effect on policy issues in the public and private sector. For this purpose AOA is developing an agenda of needed policy research in the field of aging. As a result of research projects funded in 1976, research and policy

issues that have not been thoroughly explored will be identified. These issues will provide a basis for supporting needed research that will enable AOA and the national network on aging to advocate for modifications in existing policy. Two policy areas AOA would like to become involved in within the Department of Health, Education, and Welfare are (1) reform of the welfare system and (2) development of a national health insurance program. AOA hopes to be invited to participate in these efforts, in light of the tremendous impact both welfare reform and national health insurance can have on the Nation's 31 million older persons.

This year AOA will establish the National Clearinghouse on Aging's Service Centers for Aging Information (SCAN), to disseminate more effectively information developed under research programs and other sources. AOA will also support 80 career training in aging programs in colleges and universities. These programs directly support 750 trainees who are preparing for careers in aging in a wide variety of professions ranging from social work to medicine and law. Another 16,000 students enroll in courses supported by these programs. These trained professionals will be able to serve as advocates in the effort to influence public and private policies relevant to the interests of older persons.

Developing and implementing a system for regularly sharing key policy issues in the field of aging with the national network on aging is a key activity in fiscal year 1977.

AOA will continue to support the National Association of State Units on Aging, the National Association of Area Agencies on Aging, and the Urban Elderly Coalition. One of the principle activities of each staff of these organizations will be to provide assistance to their respective members on policy issues (at all levels of the public and private sectors) that demand attention, and possible means of resolving these issues.

AOA will continue to support the development of national organizations in the field of aging which represent the policy concerns of low income and minority older persons to public and private sector decisionmakers. AOA will support such organizations as the National Center on the Black Aged, the Asociacion Pro Personas Mayores, and the National Indian Council on Aging. Also in the interest of greater policy effect, AOA will continue to consult on a regular basis with the following national organizations active in the field of aging: National Council of Senior Citizens, American Association of Retired Persons/National Retired Teachers Association, National Council on Aging, AFL–CIO, National Caucus on the Black Aged, Asociacion Pro Personas Mayores, American Association of Homes for the Aged, and National Association of Retired Federal Employees.

INCREASING GENERAL PUBLIC INVOLVEMENT IN SOLVING THE PROBLEMS OF OLDER PERSONS

In addition to the commitment institutions, public and private, can make to the lives of older persons, individual Americans of all ages can make their own important personal contributions to the lives of older persons. While this goal is one only recently articulated by AOA, AOA believes that by promoting increased involvement by individuals in the lives of older persons, an important, enriching element can be added to the daily existence of these people. (Both participants, old and young.) This is a goal that both AOA and the National Network on Aging must work to achieve.

AOA will develop and disseminate strategies and models for involvement and support to organizations to encourage their members to become involved in activities benefiting the elderly. AOA will also work with other agencies in the public sector and organizations in the private sector to alter negative perceptions held by the general public about older persons.

During fiscal year 1977 AOA is involved in specific activities to develop widespread involvement with and interest in the elderly. We are continuing to support, in conjunction with the Public Broadcasting System, a public television program designed to deal in part with the negative attitudes society holds relative to older persons. The development of this series is presented in detail in part II, page 110.

AOA will continue to support and further develop the nursing home ombudsman program. Under this program AOA provides funds to each State to enable them to develop at the area level a process to receive and resolve the complaints of nursing home residents and their relatives. The key to this program is the development, at the community level, of a group of volunteers who agree to handle and resolve the complaints of nursing home residents and their relatives.

This program is also encouraging the formation of organizations of relatives of nursing home residents to promote their more active involvement.

AOA will emphasize the support of organizations which plan to encourage their members to become personally involved in the field of aging. Organizations such as the National Interfaith Coalition on Aging, the National Urban League, the American Society for Public Administration, and the Synagogue Council of America will be supported for this purpose during fiscal year 1977. Major national voluntary organizations will also work with AOA to encourage their members to become engaged in activities designed to improve the quality of life for older persons.

JOINT WORKING AGREEMENT BETWEEN THE ADMINISTRATION ON AGING OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, AND THE ORGANIZATION OF THE ASSISTANT SECRETARY FOR HOUSING-FEDERAL HOUSING COMMISSIONER OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON HOUSING AND SOCIAL SERVICES FOR THE ELDERLY

I. Purpose

The purpose of this agreement is to promote comprehensive, coordinated services for older persons through titles III and VII of the Older Americans Act, and section 202 of the Housing Act of 1959, 12 U.S.C. 1701q, as amended by section 210 of the Housing and Community Development Act of 1974, and section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437f, as amended by the Housing and Community Development Act of 1974, through joint efforts at the headquarters, regional, State, and local levels of the parties to this agreement.

While focusing on older persons residing in section 202 housing, this agreement also is intended to encourage similar services to the elderly at large to the maximum extent feasible.

II. Background

Title I of the Older Americans Act of 1965, as amended, sets forth a declaration of 10 objectives. Objective 3 seeks "suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford." Objective 8 seeks "efficient community services, . . . which provide social assistance in a coordinated manner and which are readily available when needed."

As amended by section 210 of the Housing and Community Development Act of 1974, section 202 provides that the Secretary of Housing and Urban Development "shall seek to assure, pursuant to applicable regulations, that housing and related facilities assisted under this section will be in appropriate support of, and supported by, applicable State and local plans which respond to Federal program requirements by providing an assured range of necessary services for individuals occupying such housing (which services may include, among others, health, continuing education, welfare, informational, recreational, homemaker, counseling, and referral services, transportation where necessary to facilitate access to social services, and services designed to encourage and assist recipients to use the services and facilities available to them), including plans approved by the Secretary of Health, Education, and Welfare pursuant to section 134 of the mental retardation Facilities and Community Mental Health Center Construction Act of 1963 or pursuant to title III of the Older Americans Act of 1965."

The regulations for the section 202 program state that housing projects assisted under this program are to be designed to provide an assured range of services, emphasizing those services that are delineated in the law.

Housing for the elderly must involve more than simple "shelter." A full range of health and social services should be available to older persons as they need them, regardless of whether they reside in single multifamily dwellings, and whether or not the housing is provided through public auspices. These services are helpful, and in many cases, vital to the ability of older persons to remain independent and in their own homes. Community-based, comprehensive, coordinated service systems for older Americans are now in the very early stages of development under title III of the Older Americans Act, through the efforts of State and area agencies on aging. These systems can and should provide services

to all of the elderly residents in public housing, whether or not they live in specially designed housing, as well as to the elderly living in other housing designed for their occupancy, and to the elderly in the community-at-large.

The Administration on Aging has developed 16 joint working agreements with other Federal departments and agencies. Two of the cooperative documents involve the Department of Housing and Urban Development: The first, a joint issuance by HUD and AOA on the community development block grant program, and the second, a statement of understanding between AOA and HUD to develop nutrition program sites in public housing.

This joint working agreement will focus on the linkage of services provided under titles III and VII of the Older Americans Act and facilities assisted under HUD's sections 202/8 programs.

III. Description of HUD and AOA Programs

In the Housing Act of 1949, the Congress declared that the "general welfare and security of the Nation and the health and living standards of its people require housing production and related community development sufficient to remedy the serious housing shortage, the elimination of substandard and other inadequate housing through the clearance of slums and blighted areas, and the realization as soon as feasible of the goal of a decent home and suitable living environment for every American family. . . ." The Congress affirmed the national goal of "a decent home and a suitable living environment for every American family" in the Housing and Urban Development Act of 1968.

In the Housing and Community Development Act of 1974, the Congress also declared that the primary objective of Title I—Community Development, "is the development of viable urban communities, by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income."

Section 8(a) of the United States Housing Act of 1937, as amended by the Housing and Community Development Act of 1974, indicates that assistance payments may be made with respect to existing, newly constructed, and substantially rehabilitated housing, for the purpose of aiding lower-income families in obtaining a decent place to live and of promoting economically mixed housing.

The purpose of "section 202, housing program for the elderly and handicapped," is to provide 100-percent permanent financing loans to private nonprofit sponsors, for the construction or substantial rehabilitation of housing and related facilities for the elderly, age 62 and over, and the handicapped.

The Older Americans Act, "Title III, State and Community Programs on Aging" and "Title VII, Nutrition Program for the Elderly," emphasizes the provision and coordination of social and nutrition services for low-income and minority group older persons.

IV. Joint Objectives and Activities

AOA and HUD have identified joint objectives which will promote maximum coordination between HUD and AOA, using HUD's section 202/8 programs and AOA's titles III and VII programs to provide joint planning, programing and implementation of their activities designed to achieve their common objectives to:

1. Promote programs designed to bring about maximum coordination of planning and programing activities.
2. Encourage the development of comprehensive coordinated services to older persons in HUD-assisted housing through titles III and VII of the Older Americans Act of 1965, as amended.
3. Focus on the inclusion of services for elderly and handicapped residents of new and substantially rehabilitated housing.
4. Encourage the involvement of elderly citizens in the planning of projects proposed under sections 202/8.
5. Promote maximum cooperation between HUD's community services advisors and elderly and handicapped coordinators and AOA's regional, State, and area agencies on aging.
6. Provide joint training or technical assistance for HUD's field staff administering the production and management of the section 202 program with respect to the social aspects of site selection, architecture, service space requirements, project management, function and responsibilities of sponsors, available social services, and related matters dealing with the elderly and handicapped.

The following specific activities will be undertaken in pursuit of these common objectives:

1. HUD and AOA will promote programs designed to bring about maximum coordination of planning and program activities at the headquarters, regional, State, and local levels.

AOA will communicate with State and area agencies on aging urging them to:

(*a*) Designate staff to coordinate the activities of the agreement;

(*b*) Share data and information on the status and needs of older persons with their housing counterparts;

(*c*) Share information on the status of title III and title VII activities;

(*d*) Consult with housing counterparts prior to the development of annual State and area plans on aging; and

(*e*) Work with housing counterparts on regulations, guidelines or other material prepared by HUD related to the special needs of the elderly.

HUD will communicate with regional and field offices urging them to:

(*a*) Designate staff to coordinate the activities of the agreement;

(*b*) Share data and information on the status of section 202/8 developments; and

(*c*) Work with AOA on regulations, guidelines, or other material prepared by AOA related to the special housing needs of the elderly.

2. Encourage the development of comprehensive, coordinated services to older persons through the HUD's sections 202/8 and the AoA's titles III and VII programs.

The AOA will communicate with State and area agencies urging them to:

(*a*) Develop written agreements with housing counterparts to coordinate services to older persons;

(*b*) Work with housing counterparts to assure that services supported or coordinated under the Older Americans Act will be made available to occupants of section 202/8 housing; and

(*c*) share annual State and area plans on aging for comment with housing counterparts prior to public hearings on these plans.

HUD will communicate with regional and field offices urging them to:

(a) develop written agreements with State and area agencies to coordinate services to older persons;

(b) inform State and area agencies on aging of available community space and facilities that can be made available for services supported or coordinated under the Older Americans Act, and

(c) involve State and area agencies on aging in the review of section 202/8 applications to assure that older persons' needs for social services are met.

3. Encourage the involvement of elderly citizens in the planning of projects proposed under sections 202/8.

AOA will communicate with State and area agencies urging them to:

(a) Notify regional and field offices in advance about the time, date, and location of public hearings on State and area plans, and solicit their participation; and

(b) Work with housing counterparts to assure the involvement of elderly citizens in the development of section 202 projects.

HUD will communicate with regional and field offices urging them to:

(a) Notify State and area agencies in advance about invitations for section 202 fund reservations, and solicit their participation; and

(b) Work with State and area agencies to assure the involvement of elderly citizens in the development of section 202 projects.

The Administration on Aging and the Department of Housing and Urban Development will share at regular intervals information on progress in implementing these activities.

Signed in Washington, D.C., the 13th day of July 1976.

ARTHUR S. FLEMMING,
Commissioner on Aging.

JAMES L. YOUNG,
Assistant Secretary for Housing-
Federal Housing Commissioner.

OFFICE OF CONSUMER AFFAIRS

Mrs. Virginia H. Knauer serves as the Special Assistant to the President for Consumer Affairs and as Director, Office of Consumer Affairs, Department of Health, Education, and Welfare.

The Office of Consumer Affairs (OCA) assures that the consumer's interest is reflected in Federal policies and programs, cooperates with State agencies and voluntary organizations in advancing the interests of consumers, promotes improved consumer education, recommends legislation of benefit to consumers, encourages productive dialog and interaction between industry, government and the consumer, and provides continuing policy guidance to the Consumer Product Information Coordinating Center.

Its major activities, however, fall primarily within these categories: (1) Consumer advocacy, (2) consumer education and information, and (3) planning and analysis. While these activities in general are initiated on behalf of all consumers, it should be noted that the elderly consumer shares fully in the benefits of OCA programs.

Highlighted below are major activities in each of these categories with special emphasis on those having the greatest impact on older Americans.

1. Consumer Advocacy

INTERAGENCY COMMITTEES

Mrs. Knauer is a member of the Domestic Council Committee on Aging which has been charged with responsibility for developing, coordinating and presenting both short-term and long-range policy issues in this area. Through a task force of the committee's interdepartmental working group, OCA participated in the development and signing of an interdepartmental working agreement on information and referral services for the elderly and has continued to work toward its implementation.

Mr. Knauer also serves as a member of the Council on Wage and Price Stability and the Domestic Council's Committee on the Right of Privacy. Consumer input at these levels is essential to broad policy development and has special significance for the elderly consumer.

The inflationary impact of the energy crisis on the elderly in particular has been consistently taken into consideration in OCA's ongoing active participation in such top level interagency task forces as the Energy Resources Council (and its predecessor, the Committee on Energy), the National Power Survey, and the Federal Power Commission's Task Force on Natural Gas Curtailment.

LEGISLATIVE COMMENTS AND CONGRESSIONAL SUPPORT

OCA has acted on behalf of the elderly primarily through its comments in support of various legislative and regulatory proposals that would have a significant impact on elderly consumers.

Three efforts throughout 1976 have a direct impact on the welfare of the elderly. In comments on H.R. 10612, The Tax Reform Act of 1976, OCA strongly supported section 504, which when fully effective, raises the retirement income credit allowable to the elderly by increasing the section 37 amount from $1,524 to $2,500. OCA also recommended to the President that he approve enrolled bill H.R. 6516, an act to amend the Consumer Protection Act to include within its prohibitions discrimination on the basis of age. OCA also encouraged the Federal Trade Commission to adopt the proposed trade regulation rule on funeral practices in order that consumers may have sufficient cost information so as to maximize their choice regarding funeral services.

In the course of analyzing a wide variety of subjects for consumer impact, several topics were of special interest to the elderly. Those included: Over-the-counter drug advertising; ingredient labeling in over-the-counter drugs; ophthalmic goods and services; hearing aids; and retail prices of prescription drugs.

There are several other areas that OCA continued to monitor and promote the interests of consumers whenever possible during this past year. The elderly oftentimes have been disproportionately involved in these activities and therefore OCA has indirectly articulated their concerns. For example, retired citizens frequently have the time and inclination to do extensive traveling. OCA has consistently urged the Civil Aeronautics Board (CAB) to liberalize the charter rules so as to make this less-expensive mode of travel available to a wider spectrum

of people. OCA endorsed and the CAB subsequently adopted a rule allowing advance booking charters this fall. This represents a major advance for travelers because ABC's provide air transportation only and no ground package is required. Likewise, our comments have repeatedly asked for more readable and comprehensible disclosure documents when consumers are buying retirement homes through interstate land sale promotions and when they are financing mobile home lots loans. The first major step in the evolution of electronic fund transfer systems was the direct deposit of social security checks initiated by the Social Security Administration. The reactions, hopes, fears, and concerns, of the elderly who have been the "guinea pigs" in this experiment have been voiced over and over again by this office and Mrs. Knauer to the computer and banking communities.

FEDERAL CONSUMER REPRESENTATION

OCA at the direction of the President, joined with the Office of Management and Budget to coordinate a major effort to increase consumer representation in the Federal Government. With OCA's guidance, each of the agencies under the executive branch developed a proposed consumer representation plan individually tailored to its own circumstances, but in each instance providing measures whereby consumers could be effectively represented and participate in consumer related policies and actions. In addition to giving guidance to other agencies, OCA conceived, drafted, and coordinated development of HEW's consumer representation plan. Special mailings of the plans went to organizations representing the low income and elder consumers in order to get their input and written comments. Representatives of these groups were also invited to participate in the regional public hearings held in 10 cities. Noteworthy among individual agency plans is one from the Social Security Administration which is especially significant for senior citizens living on social security. The Social Security Administration has developed a pilot project to test the desirability of establishing a social security ombudsmans. The ombudsman is available to persons experiencing problems in social security matters.

The consumer representation plans were substantially revised to reflect the comments from the public and published in the *Federal Register* September 28, 1976. The President has designated OCA to have continuing responsibility for monitoring the extent and effectiveness with which departments and agencies carry forth the policies embodied in the consumer representation plans.

STATE AND LOCAL CONSUMER PROGRAMS

OCA through day-to-day liaison continued to encourage and assist State and local governments in their responsiveness to consumer problems, including those of the elderly. Currently there are 135 State consumer offices, 158 county offices and 69 city consumer offices. A growing number of these offices now have or are considering, special information and education programs for the aging and for concentrated enforcement efforts against frauds and deceptive practices which are directed toward the elderly.

OCA's "Directory of State, County, and City Government Consumer Offices" includes a listing of toll-free telephone lines in operation to help facilitate consumer contacts with these offices. The 1976 directory also includes a listing of Federal Information Centers, Federal Consumer Information Centers and State public utilities commissions. These will insure that the directory is of special assistance to the homebound and/or handicapped consumers. The directory is available to the general public through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

OCA's "Guide to Federal Consumer Services" has a listing for older Americans which is free from the Consumer Information Center, Pueblo, Colo. 81009.

VOLUNTARY CONSUMERS DIRECTORY

The Office of Consumer Affairs published a "Directory of Consumer Organizations." More than 400 international, national, State, and local nongovernment consumer organizations are identified. These listed are groups which derive funding support from voluntary memberships and include many low income, elderly and minority organizations. The directory was compiled in order to encourage more interaction among these groups. OCA sees the directory as being of special assistance to the homebound and/or handicapped consumer.

TELEPHONE/HEARING AID

As a result of OCA efforts to focus public attention on and seek resolution to the incompatibility problems associated with hearing aid devices and certain telephones, the following has taken place. OCA has obtained commitments from telephone companies in the Bell System to disclose in their advertisements non-compatibility between hearing aids and certain telephone models. The ads also describe the availability of special equipment for the hearing impaired.

2. Consumer Education and Information

CONSUMER NEWS

In addition to carrying articles in every issue of general interest to older Americans—as to all consumers—Consumer News focuses on specific news of Federal activities of special concern to the elderly. A few examples: nutrition programs for the elderly; transportation programs for the elderly; prescription drugs; hearing aids, condominiums; high blood pressure and funeral homes.

In addition, Consumer Register, which carries summaries of regulations of Federal agencies, includes material of special interest to older Americans, such as those dealing with social security, nursing homes, and prescription drugs.

"DEAR CONSUMER" AND "HELP"

"Dear Consumer" columns, which are provided as a public service to more than 7,000 weekly newspapers, occasionally deal with topics that primarily concern older Americans. Mrs. Knauer's 4-minute Public Service Radio program, "HELP," which is sent to over 1,200 radio stations, frequently has programs designed for the elderly. "HELP" and "Dear Consumer" have dealt with such specific topics as: retirement living, concerns for older women, pensions, Gray Panthers, nursing homes, and elderly taxpayers.

At OCA's urging, the Division of the Blind and Physically Handicapped of the Library of Congress agreed to review Consumer News and "Dear Consumer" for possible inclusion in its bimonthly magazines Talking Book Topics and Braille Book Review. Articles in the magazines are made available to the blind and physically handicapped in recorded form and in braille. A "Dear Consumer" column highlighted the services provided through the Division of the Blind and Physically Handicapped.

CONFERENCES AND TECHNICAL ASSISTANCE

Besides providing information on an individual basis, OCA has participated in more than 20 national, regional, and State conferences and workshops designed to address issues affecting low income, minority, and elderly consumers. In addition to providing materials and information regarding possible funding sources and technical assistance, OCA has continued to alert these groups to proposed legislation, regulations, and policies that may impact on them.

OCA has contributed to national senior citizen publications and has answered many requests by senior citizen organizations to plan and convene consumer education and protection seminars and workshops.

The Office invited representatives of senior citizen organizations, business and the academic sector to participate in the July 19–20 National Conference on Care Labeling. Proper care of clothing and other textile products has economic importance to most consumers, but it has particular importance to consumers on fixed incomes. Among other things, conference participants discussed the need for clearer and more readily understandable instructions and alternative care labeling.

OCA also invited representatives of senior citizen organizations to participate in the November 11–12 Consumer Education Catch-Up Conference and the December 8-9 Citizens Participation Conference. Workshops highlighting successful community consumer education programs were featured.

Plans are underway for OCA to hold a conference on life and health insurance in February 1977. The conference will bring together consumers, government, insurance, industry, and academic representatives to discuss and develop approaches to meeting consumer needs in the area of life and health insurance, subjects of vital importance to the elderly.

NUTRITION EDUCATION

OCA has received funding from the Office of the Secretary, HEW, to update and publish the publication "Food Is More Than Just Something To Eat." The booklet is particularly useful to the elderly and the Administration on Aging is using it in various food programs for the elderly. OCA also plans to develop and distribute a new advertising campaign aimed at increasing consumer awareness of the importance of nutrition to good health.

OCA commented in some detail on the proposed Federal Trade Commission regulation which takes a very complex and label-like approach to nutrition information in food advertising. OCA proposed that government, industry, and consumers work together to develop a meaningful and more understandable method of communicating nutrition information to consumers.

INFORMATION ON CONSUMER SERVICES

OCA has obtained greater public awareness of the OCA/Consumers Union funded prototype for a local services comparability and rating system for consumers. The dissemination vehicle for this project is a quarterly magazine called Washington Consumers' Checkbook. The first issue of Checkbook was devoted to health services. Coverage of cost and quality of Washington area services should be especially helpful to older residents of the area. The second issue dealt with auto repair, another area of great concern to older Americans.

3. Planning and Analysis

NATIONAL SURVEY OF CONSUMER ATTITUDES

The national survey of consumer attitudes was designed by a distinguished professor of marketing research under contract to OCA. It will be the largest survey ever conducted by the Federal Government to discern consumers' attitudes toward their experiences in the marketplace (presale, point-of-sale, and postsale) with a comprehensive list of over 200 products and services. The survey will also have a larger-than-average sample base of over 3,000 people (Gallup uses 1,500) in order to get detailed information on the problems and complaints of special subgroups such as the elderly and the poor and to get as much information as possible on the nature of complaints people have with specific products and services. Pilot studies have indicated that less than 5 percent of all the people in the country who have consumer complaints will voice their complaints to governmental agencies and those who do may not be representative of consumers as a whole. OCA hopes the survey will provide the kind of comparison data the public sector needs to evaluate its own complaint data and to provide a statistically complete picture of the nature of all consumer problems with products and services.

UNIFORM CONSUMER COMPLAINT CODE

The proposed uniform consumer complaint code (UCC) was designed during the spring and summer of 1976 to enable OCA and any other consumer complaint office who wishes to adopt it, to compile more detailed and informative data on the types of consumer complaints received. The UCC is divided into two parts. Part I uses a multidigit numbering system to represent the product or service which is the subject of the complaint. Part II lists the issue involved or nature of the complaint. Thus, each complaint letter would be described by two or more symbols which give the type of product or services involved and the nature of the complaint about that product or services.

INDIVIDUAL COMPLAINT HANDLING

Many of the approximately 30,000 complaints received by OCA during 1976 were from elderly persons. About one-fifth of these complaints were referrals from the White House, Members of Congress, and other Federal agencies. Each complaint is given careful consideration and brought to the attention of the appropriate Federal, State, county, or city government agency, trade association or business firm that can best offer assistance to the consumer. A special effort is made to be of direct help to senior citizens when it is possible.

NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY

OCA has worked with the Community Services Administration in the planning and development of the National Center for Appropriate Technology which is funded with grants totalling $3,086,546. The center will carry out a program of research and development, with a specific mission in its first year of developing, modifying, adapting, and implementing technologies which can be helpful to poor people. This is especially necessary in dealing with the problems of rapidly increasing energy cost and will tie in with CSA's weatherization program. The center will tap the research and development of other appropriate technologies to help low income communities. Working with community action agencies throughout the country, the center hopes to apply that technology toward improving the general quality of life in their communities. OCA expects the new technology to be especially beneficial for the elderly consumer.

SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) administers the Federal old-age, survivors, disability, and health insurance (OASDHI) programs of the Social Security Act (titles II and XVIII) that provide retirement, survivors, disability, and health insurance for the aged. This program today is the basic method in the United States of assuring income to individuals and families when workers retire, become disabled, or die, and for providing hospital and medical insurance protection for people who have reached age 65, are disability insurance beneficiaries, or need kidney dialysis or transplantation.

SSA administers the supplemental security income (SSI) program for the aged, blind, and disabled (title XVI of the Social Security Act).

SSA is also responsible under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973 and for payment of black lung benefits to certain survivors of miners.

1. LEGISLATION

Legislation enacted in 1976 which amended the programs administered by SSA included the following public laws:

SSI LEGISLATION

Public Law 94–241, signed June 21, 1976, will extend the SSI program, as well as the OASDI programs (including Special Age-72 (Prouty) benefits) to the Northern Mariana Islands after the islands have become a commonwealth of the United States.

Public Law 94–331, signed June 30, 1976, excludes for SSI purposes any support and maintenance received by an individual forced to leave his home due to a disaster, occurring during the period June 1, 1976 through December 30, 1976, which is subsequently declared by the President to be a major disaster for purposes of the Disaster Relief Act of 1974. Such support and maintenance would not be counted until the 6th month after the individual first received it. Public Law 94–455 extends the exclusion until the 18th month after support and maintenance are first received.)

Public Law 94–365, signed July 14, 1976, extends for 1 year, the provisions of Public Law 93–233 relating to the eligibility of SSI recipients for food stamps and makes permanent the temporary authority in present law for the reimbursement to States for interim assistance provided SSI applicants.

Public Law 94–375, signed August 3, 1976, excludes from income and resources under the SSI program, the value of assistance provided under several Federal housing programs effective October 1, 1976.

Public Law 94–379, signed August 10, 1976, permits the State of California to retain its food stamp cash-out status under the SSI program.

Public Law 94–455, signed October 4, 1976, excludes until the 18th month for SSI purposes, any support, and maintenance received by an individual forced to leave his home because of a national disaster during the period June 1, 1976 through December 30, 1976 (see Public Law 94–331, also). This law also includes four other provisions which are listed under the subsection on OASDI legislation.

Public Law 94–540, signed October 18, 1976, specifies that funds awarded and distributed to the Ottowa Indians will not be counted as income or resources for SSI benefit purposes.

Public Law 94–566, signed October 20, 1976, the "Unemployment Compensation Amendments of 1976," includes the following amendments to the SSI program: (1) It provides for the referral of disabled and blind SSI recipients under age 16 for appropriate services; (2) it provides that members of an eligible SSI couple will have their income treated separately if one member is in a medical facility for a full calendar month; (3) it preserves medicaid eligibility for individuals who become ineligible for SSI payments due to cost-of-living increases in social security benefits in June 1977, and later; and (4) it authorizes SSI payments to persons in publicly operated community residences serving no more than 16 persons and excludes from income assistance based on need (including vendor payments) made to or on behalf of SSI recipients by State or local governments beginning with October 1, 1976. Another provision, affecting social security recipients is discussed in the OASDI-legislation section.

Public Law 94–569, signed October 20, 1976, excludes the value of a home in which an individual resides from the determination of resources under SSI and it authorizes the payment of SSI benefits for up to the 3 months to presumptively blind applicants.

Public Law 94–585, signed October 21, 1976, requires the States, as a condition for receiving Federal medicaid funds, to maintain their levels of supplementation under SSI whenever the Federal SSI level is increased beginning with SSI increases after June 1977. The act also provides that any cost-of-living or general increases in Federal SSI benefits after June 30, 1977, will be disregarded for purposes of determining the amount which the Federal Government must contribute towards the cost of supplemental benefits provided by the three "hold-harmless" States of Hawaii, Massachusetts, and Wisconsin.

OASDI LEGISLATION

Public Law 94–241, signed June 21, 1976, will extend the OASDI (including Special Age-72 (Prouty) benefits) and SSI programs to the Northern Mariana Islands after the islands have become a commonwealth of the United States.

Public Law 94–455, signed October 4, 1976, the "Tax Reform Act of 1976," has five provisions pertaining to SSA: (1) It permits the States to use the social security number in the administration of any motor vehicle registration, driver's license, tax, or general public assistance law, and makes it a misdemeanor to willingly, knowingly, and deceitfully use the social security number for any purpose; (2) it excludes from "employment" and covers as "net earnings from self-employment" remuneration received by certain fishermen; (3) it amends the provisions of the Internal Revenue Code affecting the social security coverage of self-employed U.S. citizens outside the United States; (4) it excluded until the 18th month for SSI purposes any support and maintenance received by an individual forced to leave his home because of a natural disaster during the period June 1, 1976, through December 30, 1976 (see Public Law 94–331); and (5) it extends the earned income credit provision of Public Law 94–12 through the end of 1977.

Public Law 94–563, signed October 19, 1976, deals with the coverage of individuals employed by nonprofit organizations where the organization failed to file a certificate electing coverage but paid the social security contributions and reported the earnings.

Public Law 94–566, signed October 20, 1976, the "Unemployment Compensation Amendments of 1976," provides that beginning October 1, 1979, the amount of unemployment compensation payable to an individual will be reduced by the amount of any public or private pension (including social security and railroad retirement benefits) received which are based upon the individual's work. The SSI-legislation section discusses the four SSI provisions of this law.

MEDICARE LEGISLATION

Public Law 94–368, signed July 16, 1976, provides that the prevailing charge for a physician service under medicare shall not be lower than the charge for that service in fiscal year 1975. It also provides that allowable charges under part B of medicare will continue to be updated each July 1 based upon actual charges made by physicians in the preceding calendar year. Finally, this public law delays until October 1, 1977, the implementation of the provisions of the 1972 amendments dealing with the reimbursement of teaching physicians.

Public Law 94–437, signed September 30, 1976, permits medicare reimbursement under certain conditions to Indian health service facilities.

Public Law 94–460, signed October 8, 1976, amends the definition and requirements of a health maintenance organization under medicare to better conform with those of title XIII of the Public Health Service Act but makes no change in the services a HMO must provide medicare beneficiaries.

Public Law 94–581, signed October 21, 1976, clarifies what the reimbursement will be by medicare for services to patients in certain Veterans' Administration hospitals under sharing agreements with non-VA hospitals.

GENERAL LEGISLATION

Public Law 94–505, signed October 15, 1976, establishes the Office of the Inspector General within the Department of Health, Education, and Welfare with the responsibility for conducting audits and investigations of DHEW programs and operations.

2. OASDI Benefits and Beneficiaries

At the end of October 1976, 32.8 million people were receiving monthly social security cash benefits (an increase from 31.8 million in October 1975). Of these beneficiaries, 17 million were retired workers, 3.6 million were dependents of retired workers, 193,000 were uninsured individuals receiving "Special Age-72" (Prouty) benefits, 4.6 million were disabled workers and their dependents, and 7.4 million were survivors of deceased workers.

The monthly rate of benefits for October 1976 was $6.3 billion compared to $5.7 billion for October 1975. Of this amount, $4.2 billion was paid to retired workers and their dependents, $779 million was paid to disabled workers and their dependents, $1.3 billion was paid to survivors, and $14 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit in October 1976 of $224 (up from $206 in October 1975), while disabled workers received an average benefit of $244 (up from $225). Retired workers receiving their first social security benefits in October 1976 averaged $232, while disabled workers reecived average initial benefits of $272.

During fiscal year 1976, $71.4 billion in social security cash benefits were paid compared to $62.5 billion in fiscal year 1975. Of that total, retired workers and their dependents received $45.1 billion, disabled workers and their dependents received $9.2 billion, survivors received $16.5 billion, and special age-72 beneficiaries received $186 million. In addition, lump-sum death payments amounted to $337 million.

3. Medicare

Medicare, provided under title XVIII of the Social Security Act, is a federally administered program providing two types of health insurance: (1) hospital insurance (part A), which covers inpatient hospital, skilled nursing facility and home health care; and (2) supplementary medical insurance (part B), which covers physicians' services and many other medical services. Medicare protection is available to people aged 65 and older, people who have been entitled to cash social security benefits for at least 24 consecutive months on the basis of their disability, and certain end-stage renal disease patients. The hospital insurance program is financed on a self-supporting basis through contributions on current earnings paid by employees, employers, and self-employed persons. The supplementary medical insurance program is voluntary and is financed through monthly premiums paid by eligible individuals who elect to enroll for such coverage and from Federal general revenues. The basic monthly premium was $7.20 for the 12-month period beginning July 1, 1976.

As of June 30, 1976, about 24.7 million persons in the United States were eligible for hospital insurance protection. Of this number, 22.3 million were age 65 and over, representing about 95 percent of the aged population. The remaining 2.4 million persons were disabled beneficiaries under age 65.

As of June 30, 1976, about 24.5 million persons in the United States had protection under the voluntary supplementary medical insurance plan. Of this number, 22.3 million were persons, aged 65 and over, representing about 95 percent of the aged population. The remaining 2.2 million persons were disabled beneficiaries under age 65.

About 95 percent of the population under age 65 in the United States have both hospital insurance and supplementary medical insurance protection in the event of the occurence of chronic kidney disease requiring kidney transplantation or hemodialysis.

For fiscal year 1976, payments for services covered under the hospital insurance program were made on behalf of an estimated 5.7 million persons, of which 5.0 million were aged 65, and over, and 0.7 million were disabled beneficiaries under age 65. Benefits under the hospital insurance program amounted to $12.3 billion in fiscal year 1976—an 18.2-percent increase over the $10.4 billion paid in 1975.

For fiscal year 1976, payments for services covered under the supplementary medical insurance program were made on behalf of an estimated 13.7 million persons, of which 12.2 million were aged 65 and over and 1.5 million were disabled beneficiaries under age 65. Expenditures under the supplemental medical insurance program for fiscal year 1976 totalled $4.7 billion—a 24-percent increase over the $3.8 billion paid in 1975.

4. Supplemental Security Income

Beginning July 1976, maximum monthly Federal SSI payment levels increased from $157.70 to $167.80 for an individual and from $236.60 to $251.80 for an eligible couple. The monthly rate of benefits for federally administered SSI payments was $507 million in October 1976, with 4.3 million persons receiving monthly benefits—2.2 million aged persons were receiving $204.1 million; 2 million disabled persons were receiving $291.3 million; and 76,831 blind persons were receiving $11.7 million in benefits. During fiscal year 1976 $5.9 billion in SSI payments were made—$4.5 billion in Federal benefits and $1.4 billion in State supplementation benefits. This is an increase from fiscal year 1975 SSI payments of $5.5 billion, which included $4.1 billion in Federal benefits and $1.4 billion in State supplementation.

5. Black Lung Benefits and Beneficiaries

During October 1976, 471,810 individuals received $77.6 million in black lung benefits from general revenues which were administered by the Social Security Administration. Of these individuals, 159,248 were miners who received $46.8 million, while 142,170 widows and 170,392 other dependents received $30.8 million. During fiscal year 1976, SSA administered black lung payments in the amount of $892.6 million.

Black lung benefits increased by 4.39 percent in November 1976 due to a general cost-of-living increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease increased to $205.40 from $196.80. The monthly benefits for a miner or widow with one dependent is $308.10, and with two dependents is $359.50. The maximum monthly benefit payable when there are three or more dependents is $410.80.

6. Ombudsman Project

The concept of an ombudsman was first mentioned before the Senate Special Committee on Aging in June 1975. The mission of the ombudsman-type individual (referred to as a Social Security Service Officer) and the support staff will be to attempt to resolve social security problems for private citizens. It is anticipated that, generally services will be provided to persons who feel they have been unable to resolve problems satisfactorily through regular channels. The Service Officer will be expected to pursue the problem until it is resolved or he is satisfied that the law and regulations were properly applied in determining the individual's rights under the program. The Service Officer will have authority to contact any source necessary within or outside SSA to request information and expedite handling. Upon completion of the investigation or study of the problem, the results will be communicated to the individual in the form of a decision, revised decision, or explanation of the prior decision or action, as appropriate.

The 12-month ombudsman demonstration formally began on October 12, 1976, in four locations throughout the United States—Boston, Dallas-Fort Worth, and the States of Washington and Georgia.

The ombudsman demonstration will be evaluated by an outside organization selected competitively. The evaluation should provide some basis for assessing the need for this type of service on a continuing basis. During the demonstration period, SSA will also be studying the types of problems being brought to the Service Officer, the reasons for the problems, and the results of the Service Officer's efforts. The objective will be to identify areas where improvements in policies, procedures, or services are indicated and take corrective measures.

7. Planned Activities for 1977

Four major objectives have been approved by the Department of Health, Education, and Welfare for the Social Security Administration for fiscal year 1977:

Objective No. 1 is concerned with SSI processing goals and implementation of selected SSI study group recommendations. Objective one has four parts: (1) reduce the average processing time for initial SSI aged claims to 27 days and for SSI blind/disabled claims to 50 days; (2) complete about 73,000 SSI hearings cases; (3) reduce the overall SSI case error rate to 19 percent; and (4) improve working relationships with State governments and others.

Objective No. 2 is concerned with improving the disability process. Objective two also has four parts: (1) reduce the average time for initial social security (title II) claims to 50 days; (2) complete about 95,000 hearings cases; (3) implement a procedure to increase uniformity of decisions in cases involving adjudication of vocational factors; and (4) strengthen program management and accountability of the vocational rehabilitation programs for social security and SSI beneficiaries.

Objective No. 3 is to prepare to begin processing annual wage reports from employers. Section 8 of Public Law 94–202 amends the Social Security Act and the Internal Revenue Code to provide for a single annual wage reporting system beginning January 1, 1979. Accomplishment of this objective will require much coordination of activities among the Social Security Administration, the Department of Health, Education, and Welfare, the Internal Revenue Service, and the Department of the Treasury.

Objective No. 4 deals with the master plan for the development of the future technological, management, and operational mechanisms required to accomplish the Social Security Administrations program responsibilities. The master plan will take place in four phases over a 6-year period and will include: Phase I, conceptualization; phase II, requirements definition; phase III, design and development; and phase IV, implementation.

SOCIAL AND REHABILITATION SERVICE

1. Research and Evaluation

No SRS programs are targeted on the aged population per se, but elderly persons make up a large percentage of the client population in the medicaid and social services programs, particularly in the long-term care area. The evaluation and research activities of SRS, therefore, consider the aged as a significant subgroup of the client population.

During fiscal years 1975 and 1976, evaluation activity most significant for the elderly is a project funded jointly with the Administration on Aging and the Health Resources Administration. This project focuses on deinstitutionalization and the question of what is appropriate care for impaired persons. Emphasis is on the testing of a methodology to classify functionally the impairment of adult persons requiring long-term care. A major field test of the functional classification system and survey instrument is scheduled to begin shortly in four States.

Another evaluation effort initiated in fiscal 1975 is examining Federal and State standards for nursing home care and their associated costs to the homes. An additional project is analyzing existing accounting systems in the long-term care industry as a guide to States considering the adoption of a uniform chart-of-accounts for long-term care. Uniformity of accounting systems could assist States in comparing facilities to encourage the most effective spending of the medicaid dollar on long-term care patients.

A nearly completed study of the spend-down provision of the medicaid program has obtained data on the sociodemographic and economic characteristics of persons who entered the program through the spend-down mechanism, including the effects of the spend-down on their income and assets, and the health service requirements which caused them to enter the program. Among the study findings were the determinations that a high proportion of individuals who entered medicaid via spend-down were aged and that the average spend-down individual spent over $1,000 in medical expenses in the year preceding his/her medicaid application. Spend-down is definitely a provision that helps the aged who are poor and have unusual medical expenses.

The Office of Research and Demonstrations within SRS has created a separate identifiable unit in the Health Services Division to focus on long-term care. Analysis of long-term care financing, developing alternatives to institutionalization, and studying the impact upon health delivery systems of a series of alternatives, including nonmedical services, is being emphasized.

Although the long-term care R. & D. program is primarily concerned with the delivery of health care and other appropriate services to the chronically ill and disabled of all age groups, the elderly comprise the highest proportion of the population in need of these services. Promoting community care alternatives to institutionalization for the chronically ill and disabled who want and are able to function outside of institutions can have an important effect upon the lives of the elderly.

During fiscal 1975, two demonstrations and analyses of community-wide coordinated health and social services delivery programs were initiated. The major thrust of this effort is to determine whether integrating services on a community-wide basis can improve the quality of care and reduce costs for delivering long-term care to the chronically ill and disabled. The projects are in early planning stages. One, in the State of New York, entitled "Demonstration of Community-Wide Alternative Long-Term Care Models," is testing the feasibility of developing community-wide, populations-based models for the organization, delivery, and financing of care within Monroe County, N.Y. The second project, in the State of Washington, "Community-Based Care Systems for the Functionally Disabled—A Project in Independent Living," is an effort to examine the effects of focusing State social services on coordinating health and social services delivery in order to prevent unnecessary institutionalization and improve the quality of care for high-risk populations. Each of these projects is an attempt to provide care plans for the population-at-risk which contribute to the maintenance of integrity and self-sufficiency through appropriate services and placements fitting the functional capacity of the long-term care population. Each will attempt to develop a link to the continuum of care important for this population as well as links with service providers for care delivery. In each of the projects, costs will be tracked and evaluation of effectiveness undertaken through comparison with a control community. In fiscal 1976 two additional projects were approved, one in Georgia, "Cost Effective Alternatives to Nursing Home Institutionalization," and Vermont, "Long-Term Care Proposal."

A research project primarily concerned with exploring the visibility and cost-effectiveness of delivering services to the chronically ill and disabled in settings other than day care centers, nursing homes, and long-term care hospitals is expected to have several additional products. The project, "The Feasibility and Cost-Effectiveness of Alternative Long-Term Care Settings," is being undertaken by the Standford Research Institute. Its products, when completed, should provide a number of case studies on long-term care programs outside of nursing homes and long-term care hospitals. (A companion investigation of day care centers has been undertaken by the Health Resources Administration.) A comparision of costs for participants of like functional capacity in nursing homes and the studies settings within the same geographic area will provide insights into the relative costs for different service packages for such groups. These case studies may provide guidelines on initiating similar programs useful to innovators developing community care projects. In addition, a bibliography on studies of long-term care providing systematic information on developments in this field and a report on the effects of legislative, regulatory and/or administrative programs on the feasibility of establishing alternative long-term care programs are being prepared.

The Utah Long-Term Care Payment System project is a statewide experiment designed to link reasonable cost reimbursement with the quality of care within skilled nursing facilities. It is not only designed to respond to the requirements of section 249 of Public Law 92–603 but to add to the system a structure which will increase nursing home accountability for appropriate services to the patients as well as provide an opportunity for the type and level of care extended to individual patients to be a component in the cost-reimbursement system.

The demonstration projects program in public assistance under section 1115 of the Social Security Act has provided grants to State public welfare agencies for several additional projects during fiscal 1975 which are totally or partially concerned with providing a variety of services to elderly recipients in public welfare.

A project in Pennsylvania on health services is demonstrating how such services should be administered to persons 65 years or older who were victims of a flood disaster.

In California, Texas, and Wisconsin, projects are demonstrating the effect of social services including day care and homemaker services in keeping the elderly in their own homes instead of in intermediate care facilities and nursing homes. A project in New York City, "Project Monitor in Day Hospital in Rehabilitation Medicine," is testing the effect of day hospital care in lieu of 24-hour hospitalization.

Housing allowances are being made to the elderly in eight experiments which are being carried out by the Department of Housing and Urban Development. Waiver of plan requirements has been granted by the Secretary to enable SSI recipients to participate in the experiments without having their grant entitlement reduced.

A project in Alaska permitted the exclusion from income for the purpose of determining supplemental security income (SSI) eligibility of monthly benefits which are paid by the State of Alaska to elderly people who have lived there more than 25 years.

Current plans for research and evaluation projects for fiscal 1977 include a project to develop a method for comparing long-term care costs and services, a demonstration of incentive reimbursement system for long-term care, and a project in effectiveness of SNF/ICF standards.

2. Social Services Program

During the first quarter of fiscal year 1976, social services programs for the aging were funded under provisions of title VI of the Social Security Act for the 50 States and the District of Columbia, and under provisions of titles I, X, XIV and XVI for Puerto Rico, the Virgin Islands, and Guam. During the remaining three quarters of the fiscal year, service programs were funded under title XX. Public Law 93-647, which established title XX grants to States for social services under the Social Security Act, became effective on October 1, 1975, replacing the social services provisions of titles IV-A and VI for the 50 States and the District of Columbia. Title XX may serve not only persons who receive aid to families with dependent children and supplemental security income payments but also, at State option, intact families and individuals with gross monthly income not exceeding a level set by the State which must be within limitations established by the Federal legislation. Under Federal legislation, funding in the fiscal year of the social services for aging under both titles VI and XX was included in the $2.5 billion ceiling on Federal financial participation for public assistance social services.

Approximately 287,000 SSI aged recipients from the 50 States and the District of Columbia received services during the first half of fiscal year 1976. Data regarding expenditures for this group of eligibles in fiscal year 1976 is incomplete at this time.[1] It has also been estimated that the most frequently provided service was related to the health needs of these persons and that the next most frequently provided was that of homemaker and home health aide service. Other major services provided were information and referral, family counseling, chore services, and protective services.

Continued efforts to upgrade services to the elderly at the Federal level included working with the following: the Domestic Council Task Force on Drug Abuse; the Interagency Task Force on Home Health Services (a national effort to increase the use of home health services as an alternative to inappropriate institutional care); the President's Committee on Mental Retardation; and the National Council on Homemaker-Home Health Aide Services, Inc. This latter includes a project funded by the Edna McConnell Clark Foundation to extend homemaker-home health aide services by utilizing older persons for provision of these services.

A joint agreement was developed between Administration on Aging, Office of Human Development and Community Services Administration (presently Public Services Administration), Social and Rehabilitation Service to promote joint efforts at the Federal, State, and local levels to develop comprehensive, coordinated social service systems for elderly native Americans served by these two administrations of HEW.

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[1] The new social services reporting system introduced by SRS requires States to provide data on a quarterly basis. The data for all of fiscal year 1976, including the transitional quarter, is incomplete and requires additional refinements which preclude our providing accurate estimates for the full year.

Negotiations are under way between the Administration on Aging, Office of Human Development and the Public Services Administration, Social and Rehabilitation Service, to enter an interagency agreement to address special needs of older persons arising out of the energy crisis.

A similar interagency agreement between the Rehabilitation Services Administration, Office of Human Development, and the Public Services Administration, Social and Rehabilitation Service is being developed which will promote cooperative arrangements between State and local vocational rehabilitation agencies and social service agencies serving disabled older persons.

In September 1976, an interdepartmental agreement was signed between HUD and HEW to coordinate the provisions of Public Law 93-383, the Housing and Community Development Act of 1974, with Public Law 93-647, title XX of the Social Security Act. The two departments are cooperating to establish and expand key efforts to create more effective environments, services and opportunities for persons residing in federally assisted housing.

FISCAL YEAR 1977

Objectives of the Public Services Administration for fiscal year 1977 include, through cooperative Federal and State efforts, the following:

1. Assure that the title XX statutory and regulatory provisions are met for the second program year, including the initiation of corrective action programs where necessary;
2. Develop the designated State agencies' capacity for effective services delivery, either directly or through agreements with providers;
3. Initiate any regulatory changes for the second program year found necessary or desirable out of the first program year experience, or for the third program year out of the second program year experience;
4. Strengthen each State's social service public planning process for the second title XX program year, which in some States began on either July 1, 1976, or October 1, 1976; and for the third program year, which in most States will begin July 1, 1977, or October 1, 1977; and
5. Provide for continuing evaluation of States' services program.

Below are charts of the services from a sampling of States. The services, the number of clients, and estimated total expenditures were taken from the final comprehensive annual service program plan for each State in the sample.

It should be noted that in most cases States have not separated the aging from other clientele who are also expected to receive the services listed. Therefore, dollar amounts include expenditures for eligible persons in addition to the aging, unless specified.

For these reasons and for the reason that one person could be eligible for and receive more than one service, no totals have been shown on these charts since to do so could be misleading.

COMPREHENSIVE ANNUAL SERVICES PLAN FOR THE PERIOD OCT. 1 1976, TO JUNE 30, 1977

Service	Number of clients	Total estimated expenditures
CALIFORNIA		
Information and referral	1,417,626	13,216,959
Protective services for adults	56,783	9,835,068
Out-of-home services for adults	47,483	12,202,389
Health related	123,169	13,885,646
Housing services	11,620	997,009
Special services for the blind	468	66,235
Special services for adults	12,529	1,709,318
FLORIDA		
Adult day care	44,458	5,242,176
Chore services	2,302	252,393
Companionship	1,500	31,986
Consumer education	14,941	708,911
Counseling	483,066	66,792,121
Employment services	32,641	2,740,476
Escort services	29,185	1,988,769
Health education	65,602	2,429,734
Health supported services	217,825	31,345,226
Home delivered meals	2,155	573,321
Homemaker	28,096	4,272,691
Home management	33,569	2,323,458
Housing improvement	6,581	526,565

COMPREHENSIVE ANNUAL SERVICES PLAN FOR THE PERIOD OCT. 1, 1976, TO JUNE 30, 1977—Continued

Service	Number of clients	Total estimated expenditures
FLORIDA—Continued		
Legal services	4,869	438,498
Nutrition services	8,005	150,990
Protective placement for adults	39,137	2,317,852
Social group services	43,988	10,140,628
Transportation	121,399	5,078,059
IDAHO		
Chore	3,881	536,066
Health related	7,446	1,028,484
Adult protection	2,095	289,373
Homemaker	3,144	434,267
Diagnostic testing (not offered)		
Home-delivered meals	330	45,581
MASSACHUSETTS		
Case management	5,684	710,453
Chore	6,896	1,693,531
Community residential	169	161,795
Emergency services	902	29,926
Homemaker	16,197	10,061,416
Housing	1,484	103,157
Legal	200	150,000
Rehabilitation	86	12,900
Talking books	805	24,150
Transportation	2,413	704,677
MINNESOTA		
Chore	6,262	2,721,594
Counseling	146,426	17,280,529
Day care, adults	730	260,874
Education assistance	8,669	1,242,606
Foster care, adults	2,366	381,010
Health	20,788	2,778,807
Home delivered and congregate meals	2,620	314,676
Homemaking	10,712	5,799,240
Information and referral	389,214	5,164,540
Housing	7,929	828,151
Legal	7,076	925,331
Money management	8,231	1,289,000
Protective service, adults	12,710	1,897,800
Social and recreational	9,633	1,261,794
Transportation	14,850	1,405,256
UTAH		
Adult protective	92	51,241
Counsel—drug and alcohol (combined under counseling services)	4,061	694,196
Counseling, personal	13,595	2,438,445
Day care, adult	337	203,228
Health services, guidance mediation	5,427	652,941
Home management services	247	207,670
Homemaker and chore	1,188	998,839
Housing (housing service and landlord mediation)	210	64,575
Information, referral, and followup	158,479	930,999
Legal services	1,360	177,594
Protective services	154	34,419
Reassurance (socialization and reassurance)	34,061	400,637
Substitute, adult (under substitute care)	673	968,147
Recreation and socialization (under socialization and reassurance)		
Transportation	3,271	282,602

Note: This information was abstracted from the current CASP.

3. Medical Assistance Program

The medical assistance program under title XIX of the Social Security Act is a Federal-State partnership through which Federal matching grants help States provide medical services to aged, blind, and disabled individuals and to families with dependent children who meet stringent financial standards. The program is administered by the Medical Services Administration in HEW's Social and Rehabilitation Service. Total expenditures for the program in fiscal year 1975 were $12.6 billion of which the Federal share was approximately 55 percent.

Forty-nine States (Arizona plans to initiate a program in July 1976) and the District of Columbia, Guam, Puerto Rico, and the Virgin Islands operate medicaid programs. In each State, a single State agency is responsible for administering the medical assistance program in accordance with a State plan that has

been approved by the Social and Rehabilitation Service. The State plan enumerates the services to be covered by the program and must conform to the statute (title XIX of the Social Security Act as amended) and the regulations issued by the Department of HEW.

Required services commonly used by the elderly include the following:

—physician services;
—inpatient hospital services (except in institutions for tuberculosis or mental diseases);
—outpatient hospital services;
—other laboratory and X-ray services;
—care in a skilled nursing facility;
—home health services; and
—family planning services.

The statute gives States the option of providing some or all of a list of optional services. In that list, the following are of interest to the elderly:

—clinic services;
—prescribed drugs;
—dental services;
—prosthetic devices;
—eyeglasses;
—private duty nursing;
—physical therapy and related services;
—other diagnostic, screening and preventive and rehabilitative services;
—emergency hospital services;
—podiatrists' services;
—optometrists' services;
—chiropractic services;
—care in institutions for mental diseases;
—care in institutions for tuberculosis; and
—care in an intermediate care facility.

About 19 percent of medicaid's nearly 23 million patients are 65 or older. About 40 percent of medicaid's funds are spent on this group. Individuals over 65 are the principal users of skilled nursing and intermediate care facility services and services in institutions for mental diseases.

Eligibility for medicaid is related to eligibility for the supplemental security income (SSI) program, a Federal income maintenance program for the aged, blind, and disabled (title XVI of the Social Security Act) that became effective January 1, 1974. Title XIX gives each State the choice of using the SSI definition of "aged, blind, and disabled" in determining medicaid eligibility or of establishing a more restrictive definition of its own. States also have options in regard to determining financial eligibility for medicaid. A State may use the Federal SSI payment as the income level, the SSI payment plus its own supplement (if any), the income level of the "medically needy" (if it offers medicaid to the medically needy), or an income level more stringent than any of these.

It is thus important for aged persons to realize that eligibility for a cash SSI payment does not automatically make them eligible for medicaid.

Because States do not follow the same procedures, aged individuals who want to find out whether they are eligible for medicaid should first call their local welfare or social services offices to find out what rules the State is following and which office is making medicaid eligibility determinations. The local welfare/social services office will be the right place to apply in some States and the local social security office in others.

Aged persons who are covered by medicaid usually have to find their own physicians and other health care providers, and should make sure that the health care providers they want to use will accept medicaid patients. Medicaid patients should not accept bills for services covered by the medicaid program. The providers should send bills to the State medicaid agency or its designated fiscal agent. If a patient finds it difficult to find a provider willing to accept a medicaid patient, his local welfare or social services office will often be able to help him find one. Medicaid is also required to assure that eligible individuals have transportation to and from providers of medical service.

SPECIAL PROGRAM ACTIVITIES SERVING THE ELDERLY

Recognizing the heavy emphasis on institutional care which has developed in the medicaid program and in keeping with the Department's objective of en-

couraging alternatives to institutionalization, MSA has developed and funded (in some instances in cooperation with the Administration on Aging) several projects designed to provide a complex of services to the aging. The following are programs underway at the present time:

On Lock Center

This center was established in 1972 to provide much needed geriatric services to elderly Chinese, Italian, and Filipino persons living in the Chinatown-North Beach section of San Francisco. It was funded as an R. & D. project by SRS. There is a strong health component, with an occupational therapist in charge of the program. Other primary staff includes a full-time Public Health nurse, a part-time physician (internist), a physical therapist, nutritionist, speech therapist, and reality-recreation therapist. The program emphasizes rehabilitation but also provides much needed maintenance services. Eighty percent of the participants are over 70 years old. Most of the participants have medical problems that require supervision on a sustained basis.

Mosholu-Montefiore Day Care for Elderly

This program is located in Bronx, N.Y., on the grounds of the Montefiore Hospital and Medical Center. This program was funded by SRS in 1972 as an R. & D. project. The staff is composed of one director (MSW), three aides, one social worker, one counseling specialist, one R.N., one L.P.N., one OT, and one secretary, all full time. The physician is part time. The program uses the facilities of an existing institution (the Monetfiore Center) for the meals and social programs. The daily health care of the participants is supervised by the R.N. and L.P.N. Procedures for special care, such as physical therapy or emergency treatment, are provided by staff of the Montefiore Hospital or Community Center. Recreational activities based on a participant's medical needs and interests are provided as a part of the daily schedule.

St. Camillus

This facility, located in Syracuse, N.Y., is a 130-bed skilled nursing facility which also offers a wide range of outpatient services such as occupational therapy, physical therapy, pulmonary care, diabetic care, and arthritic care. The day care program is operated as an independent program; however, patients admitted to the day care program receive most of their services from the St. Camillus Outpatient Department. The primary staff is composed of a registered nurse, social worker, and administrative and clerical personnel. Other staff are sharesd by St. Camillus SNF and the day treatment program.

Patients must have their own physicians. Day center personnel work cooperatively with each patient's physician to develop a care plan and obtain written orders. Care plans and physicians' orders are reviewed by day center staff with the private physician at least every 30 days. The medicaid rate is $12.60 per day, excluding transportation. Transportation costs vary with arrangements. Currently, taxi rates are about $5 per patient per day. There are approximately 45 persons in this program.

Burke Day Hospital

This program operates like a subsidiary of the Burke Rehabilitation Hospital of White Plains, N.Y. Although the day hospital is an independent program, the administrative staff has contracted with the Burke Hospital to utilize many of its services.

The day hospital is distinguished from the programs described above in two ways: (a) The patients served generally have more chronic medical problems, and (b) diagnostic and treatment services are more sophisticated.

Convenient access to the Burke Hospital treatment facilities permits employment of these sophisticated diagnostic and treatment services such as radiological therapy, hydrotherapy, or electroencephalography for the day hospital patients.

The physician for the day hospital is a member of the Burke Hospital medical staff and is part time for the day hospital. Other primary staff includes a primary nurse practitioner, registered, nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, and recreation therapist. The

program emphasizes rehabilitation and is vitally concerned with patients who have chronic medical conditions and require an intensive maintenance program to keep them from being hospitalized for long periods of time.

Wisconsin Community Care Organization

This program's overall objective is to demonstrate that a substantial segment of the elderly and functionally disabled population may be maintained in their own homes at a cost lower than that of the present pattern of institutionalization through the provision of a packaged continuum of health and health related social services, such as meals-on-wheels.[2] An inherent premise of this objective is the belief that this population would prefer to continue to live at home if possible. This premise as well as the overall objective will be tested as a part of the project evauation.

The CCO seeks to demonstrate that quality of care can be improved over that which is the experience in the current medical assistance program by introduction of interventionary health related social services and limited health services as offered by the CCO. This objective is based in part on data cited on accelerated rates of debilitation following institutionalization, studies on debilitation as a result of inappropriate placement and the experience of health maintenance organizations in reducing the demand for acute care services by early provision of lower level health services. Again, this premise will be tested as part of the evaluation design. Specific indices will be examined in the CCO population in contrast to a control population in the current system to test achievement of this objective.

FISCAL 1976

To implement the mandate of Public Law 92-603, section 222, titles XVIII and XIX awarded the following contracts:

Prospective Reimbursement

During a 3-year period 16 hospitals in South Carolina will participate in a prospective rate reimbursement experiment through a contract awarded to the University of South Carolina. There are three major aspects of the experiment: (1) budget review guidelines, (2) cost savings measures and measurements, (3) rating criteria for new ventures capital expenditure programs. In general, the evaluation will examine and analyze the strengths and weaknesses of this approach to cost containment. It will also examine the efficiency and effectiveness of the total program as well as the three program components mentioned above. The program components will be studied in terms of their effects on hospital budget preparation processes, hospital budgets, hospital decisionmakers motivational changes, and changes in new ventures projects funded.

Homemaker and Day Care Experiments

Section 222 authorizes experimentation to establish an experimental program to provide day care services under title XIX and part B of title XVIII; and to determine whether coverage of homemaker services would provide suitable alterations to posthospital benefits presently provided under title XVIII.

In June 1975, contracts were awarded to the following agencies:

Combined Homemaker and Day Care Services.—Lexington-Fayette County Health Department, Lexington, Ky.; San Francisco Home Health Agency, San Francisco, Calif.

Day Care Services.—Burke Rehabilitation Center, White Plains, N.Y.; St. Camillus Nursing Home, Syracuse, N.Y.

Homemaker Services.—Homemaker-Home Health Aid Services, Providence, R.I.; Los Angeles Intercity Home Health Agency, Los Angeles, Calif.

Day Hospital and Rehabilitation Medicine

A proposal has been developed with the Albert Einstein College of Medicine (Bronx, N.Y.) because of concern over the high cost of inpatient rehabilitation care.

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[2] Housekeeping aid and transportation.

The Einstein experiment will test the assumption that day hospital services can result in a substantial reduction in medical care costs for the seriously disabled, compared to conventional inpatient hospital treatment, without reducing the quality of care. If the experiment is clinically successful, it must be determined if the reduction in cost is sufficient to warrant medicare and medicaid covering the cost of transportation for day hospital services under the program. The program will evaluate the effectiveness of a day hospital service as a substitute for the conventional inpatient hospital for the treatment of the seriously disabled. The project would also include an intensive family training program as a part of effective day hospital care.

OFFICE OF EDUCATION

On December 10, 1976, the Commissioner of Education and the Commissioner on Aging met to discuss a joint working agreement, the purpose of which is "to promote the more effective and efficient use of the resources available to the Office of Education and the Administration on Aging in order to maximize the educational opportunities for older persons." The draft agreement sets out a series of 23 goals and objectives which the two agencies hope to pursue together. Among the joint strategies currently under discussion which will be utilized to implement these objectives are:

—Establishment of an interagency committee to continue providing leadership and coordination in carrying out the agreement;
—Support and participate with the National Institute of Education in establishing and operating an interagency panel on research and development in adulthood;
—Promote the appointment of representatives of the elderly on education councils and of educators on councils for the aging;
—Promote the development of policies and programs designed to eradicate ageism, stereotyping, and discrimination;
—Encourage and support the use of volunteers of all ages in education activities for older persons;
—Encourage the development of agreements between agencies at regional, State, area and local levels; and
—Support joint research and demonstration projects and the development of technical assistance materials.

Office of Education major program activities for the older American are concentrated in four areas: Adult education, community services and continuing education, public library services, captioned films and television.

1. Adult Education

The adult education program authorized under the "Adult Education Act of 1966," as amended, provides undereducated adults (persons 16 years of age and older) an opportunity to continue their education to at least the level of completion of secondary school and makes available the means to secure training that will enable them to become more employable, productive, and responsible citizens.

The program is a State grant operation administered by State education agencies according to State plans submitted to the U.S. Office of Education and approved by the U.S. Commissioner of Education. States are allowed grants to pay the Federal share of the cost of establishing or expanding adult education programs in local educational agencies and private nonprofit agencies. The matching requirement for the State grant program is 90 percent Federal funds and 10 percent State and/or local funds.

The regulation of the adult education State grant program requires an annual review of priorities in the field in order to examine and update currently established priorities, identify new areas of national concern, and recommend new priorities for programs of national significance. For fiscal year 1976, the following priority statement was distributed to the States for their guidance:

INVOLVEMENT OF OLDER CITIZENS IN ADULT EDUCATION

The Congress, the National Advisory Council on Adult Education, and other interested persons and groups have recommended to us (Office of Education) that we find ways of improving educational opportunities for adults who are 45

years-of-age or older. The adult performance level study also confirms that many older persons have a critical need for acquiring functional competencies and life coping skills. Of those persons who ranked in the lowest APL competency level, the study's findings show the largest percentage of persons in the age group of 60–65, followed by the age group of 50–59.

In response to this need, it is recommended that special consideration be given to assessing the educational needs of older citizens, to designing delivery systems for *counseling and instruction*, to developing curricula to provide competency-based adult education for older citizens, or to evaluating the effectiveness and impact of programs for the elderly. Established community facilities and programs should be utilized to involve older persons in adult education through cooperative efforts with community agencies and voluntary groups that serve the elderly, such as: senior centers, nutrition programs, nursing homes, home-maker-health aid, and other home-based services.

Reports from the States indicated the following age distribution of participants in the adult education program during 1975. The number of participants is expected to remain stable through 1976.

Age group:	*Estimate*
16 to 24	492,615
25 to 34	338,140
35 to 44	195,220
45 to 54	110,716
55 to 64	50,407
65 and over	34,107

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.

2. Community Service and Continuing Education

Title I of the Higher Education Act of 1965 (Public Law 89–329, as amended) authorizes grants to the 50 States, the District of Columbia, Guam, American Samoa, the Commonwealth of Puerto Rico, and the Virgin Islands. The intent of these grants is to strengthen the community service programs of colleges and universities for the purpose of assisting in the solution of community problems through the continuing education of adults. The program is administered in each State by an agency designated by the Governor, under a State plan approved by the U.S. Commissioner of Education. The State agency establishes program priorities and approves and funds institutional proposals. Funds are provided on a 66⅔ Federal and 33⅓ non-Federal basis. A community services project under this act means an educational program, activity or service, including research programs and university extension or continuing education offerings.

The State grant program has supported a number of projects designed to assist the older American. During 1976, more than 170,000 individual participants were involved in 77 projects (including multiproblem areas) in 35 States at a cost of approximately $1,451,000 in Federal funds. Activities supported by these funds included special programs to meet educational needs of the aging, legal aid and housing assistance, professional and paraprofessional gerontological human relations training for those providing care and services to the elderly.

Special projects, authorized by section 106, permits the Commissioner to reserve 10 percent of the funds appropriated in order to support special projects which are designed to seek solutions to regional and national problems brought about by technological change. Such special projects are limited to demonstration or experimental efforts. Projects must be based on a design for and the implementation of organized continuing education activity for adults. In 1976, two projects for the aging received second year renewals at a total cost of $180,000. A renewal award of $100,000 was made to the Maricopa County Com-

munity College District in Arizona for their project, six dimensions for people over sixty. This statewide project involving six community colleges has targeted services to senior adults. Each college has developed and will operate separate programs focusing on a different part of the senior adult population and its continuing education needs. Individual projects have used the mass media and direct instructional approaches.

In addition, $80,000 was awarded as a second year renewal to the University of Tennessee (Nashville) for development of an institutional model for community service and continuing education for the elderly. Ways and means have now been searched out to increase higher education access for the elderly. During this year, several processes will be further developed and then all will be tested. A consortium of four colleges and universities in Tennessee (Dyersburg State Community College, East Tennessee State University, Tennessee Technical University, and the University of Tennessee) are conducting this project.

Total appropriations for fiscal year 1976 were $12,125,000. Of this sum, $1,212,500 or 10 percent was reserved by the Commissioner for special projects, with the remainder, $10,912,500, being distributed to the States and territories.

3. Public Library Services

During fiscal year 1976, the Office of Education gave support to library and information services for the aging through projects funded by the Library Services and Construction Act (LSCA).

Since the elderly reader represents one of the highest user groups of public libraries (according to a 1973 LSCA-supported national study) and aging is a special project area designated in LSCA program guidelines, numerous library projects are carried out to serve this vital and often neglected segment of the population.

Librarians are responding to the social, economic, and physiological problems of the aging in many ways. By providing information and education on aging to professionals and laymen working with senior citizens, and by fostering cooperation among agencies concerned with the elderly's needs, the libraries contribute substantially to the achievement of a positive attitude toward the aged. Library-sponsored preretirement counseling and information has smoothed the transition from full-time work to productive and satisfying leisure for many older adults.

Involvement of the elderly in the planning process, employment of senior citizens in programs specifically designed to serve this age group, volunteer work, and participation on library boards and advisory councils are all means by which libraries utilize the time and talents of the elderly for mutual benefits. Their talents are also incorporated into oral history projects which aim to preserve the cultural heritage of ethnic groups and geographical locales.

Special programs from public and State libraries reach out to the aging in isolated rural areas and poverty pockets in the city with bookmobiles, cable TV, and books-by-mail delivery. These services are often specially adapted in order to better serve the aged population. In Ohio, for example, and LSCA grant provided for a custom designed bookmobile which facilitated service to elderly readers in Cleveland's senior day-care centers, nutrition centers, and other locations. A hydraulic lift that raises patrons into the bookmobile makes the senior bookshelf accessible even to readers confined to wheelchairs.

Books-by-mail, a growing delivery system, has notable impact on elderly persons whose mailbox can connect them with free, prepaid mailings of selected readings. Some libraries have made this popular service even more suitable for the elderly's needs by not only providing large print books, but also large print book selection catalogs.

Regular library programs in which the elderly participate as active members of the community include discussions, films, arts and crafts demonstrations, exhibits of senior citizens' hobbies, concerts and forums on consumer issues and health concerns. Many library programs are brought directly to retirement and senior citizens centers and in some cases the elderly are provided transportation to the library for special programs. Librarians and volunteers, often older adults themselves, make person-to-person visits to the homebound, residents of nursing homes and the aged in State supported institutions.

The blind and physically handicapped persons, a large percentage of whom are aged, are served through personal and mail delivery of talking books and special equipment to facilitate their reading opportunities. LSCA and Library of Congress programs complement each other in serving the elderly handicapped

with talking books, braille, and other special reading materials available on loan through a network of 154 regional and subregional libraries for the blind and physically handicapped throughout the country. Those elderly persons disadvantaged both by physical handicaps and by a limited ability to speak English can also receive library services in the form of talking books, large print materials, recordings and reading aids in their native language.

Senior citizens from all ethnic backgrounds are served with programs that recognize their diverse needs. Many LSCA projects for the aging in Texas, to cite one example, supply special bilingual library services and programs for the Spanish-speaking senior citizens. In one instance, such service included a bilingual large print card with the phone number of important community service organizations (police, fire, ambulance, et cetera) distributed at no charge by the library that produced it. Outreach programs bring information, education, survival skills, cultural pride and communication capabilities within the reach of all bilingual citizens.

Library-centered independent learning programs geared to a broad range of interests and study goals are attracting an increasing number of elderly citizens pursuing a lifelong learning pattern. For example, retired and senior citizens are taking advantage of cultural enrichment and continuing education offered by learn your way centers in New York, Brooklyn, and Queens Borough public libraries. By making appointments to confer with learning advisers, specially trained librarians who help patrons find information or special materials, the elderly can be put in touch with a wide range of resources and given continuing assistance on whatever their interests may be.

Lending and reference services, along with immediate information and referral (I. & R.) services also connect the elderly with front-line community agencies and governmental programs (for example, social security, medicare, medicaid, veterans' programs, etc.) that provide for their well-being. I. & R. services in general, and those services specifically designed for the aging population, are rapidly increasing in number. Cognizant of the elderly's special information needs, libraries are developing innovative I. & R. services. In a rural area outside of Los Angeles, Calif., public libraries used LSCA funds to implement an I. & R. service delivered from a roving van. This van was staffed with personnel knowledgeable about community agencies, especially those concerning the elderly's welfare, and equipped with communications devices which provided contact with the main library for additional resources.

Future plans for library and information services for the aging include the refinement and implementation of model programs developed during the year and the continuation of established services and programs. The extension of library services for the elderly through broader geographical coverage is being undertaken, assisted by a catalog for the dissemination of exemplary LSCA library program, which include projects for the aging. Plans are also being considered for the development of public information programs that would connect the elderly population with the available library services that respond to their special needs.

The 1973 amendments to the "Older Americans Act" included opportunities for strengthening library services to older adults through a new LSCA title IV, "older reader services." With no funds for the new title, special services for the aging continue to be provided from funding available from the Library Services and Construction Act, title I.

4. Captioned Films and Television

Under the Education of the Handicapped Act, part F (Public Law 91-230, as amended), films and television are captioned for the deaf. The program provides a free loan service of captioned first-run theatrical movies to groups of deaf individuals across the Nation. A considerable number of the people served by this program are over age 65. More important than the film program is the effort in captioning television. Captioned television programs may reach as many as 5 million hard-of-hearing individuals over the age of 65. Captions also enhance the viewing of older individuals who are not hard of hearing since captions provide a richer verbal signal for the viewer.

Public television captioning has taken two forms: open captions which are transmitted and viewed by all people and closed captions which are visible only on sets and stations with decoding devices. The open captioned rebroadcast of the ABC evening news which was begun in November 1971, is the most extensive

of these programs. The Bureau of Education for the Handicapped has expended $1,690,624 on this program. The current contract is for $569,510.

Since May of 1973 the Bureau has developed, in conjunction with PBS, a closed system of captioning. Currently, there is a petition before the FCC to make a permanent ruling for the use of this system. The Bureau of Education for the Handicapped has funded this development at an expenditure of $1,287,000. The current contract runs through May 1977.

PBS offers 5 hours of open captioning per week and 2–3 hours of closed captioning. Some local stations through repeat showings offer a significantly larger number of hours per week. Of particular interest to the population over 65 is the special program "Getting On" which is designed for older people. This is only one of an increasingly large number of programs that are captioned. "The Adams Chronicles," "The French Chef," "Once Upon a Classic," and special events such as the Presidential debates have been well received.

The deaf and hard-of-hearing population is estimated at 13 million. A large percentage of this population is in the age range of over 65. These individuals may be mild to moderately hard of hearing and consequently a prime audience for captioning. The reception of both sight and sound enhance the viewer's ability to understand and enjoy television. More than 140 of the 166 PBS stations offer some captioned programing.

5. Other Programs

RIGHT TO READ

The right-to-read reading academy program currently impacts youth and adults ages 16 and up. The primary emphasis of the reading academy is to provide for the development of literacy skills for those citizens whose current skills are at a very low level. In fiscal year 1977, approximately 30,000 adults including older Americans, are participants in these academies located in 82 sites throughout the United States. The reading academy program has continued under title VIII of Public Law 93–380, as amended.

Older Americans are also recognized as an essential resource for providing reading instruction to others in need. In fiscal year 1977, the reading academy program has funded $86,973 to the National Retired Teacher's Association in Washington, D.C., and has initiated an agreement with the older Americans retired senior volunteer program (RSVP). This agreement provides for the development of linkages between RSVP and reading academy programs throughout the Nation.

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 1976 was the initial funding year for this program and the Office of Education has placed one of its priorities for funding on projects addressing the consumer needs of the elderly. The six funded programs dealing directly with the elderly ranged from training older adults as consumer educators capable of teaching other senior citizens and organizing them for social action regarding their needs as consumers to reviewing and analyzing existing consumer education materials (print and nonprint) to determine their relevance and appropriateness for the use of the elderly.

COMMUNITY SCHOOLS

The community schools program, authorized by title IV, section 405, Public Law 93–380, provides grants to States and local educational agencies for programs to stimulate further community education through awards for educational, cultural, recreational and other related community services. Additional awards are made to institutions of higher education to encourage the training of persons to plan and operate community education programs.

Fiscal year 1976 was the initial funding year for this program and in order for any community to have received Federal funding, its program must have met

eight minimum elements, including the potential to serve all age groups in the community including the elderly. Forty-eight local education agency proposals were funded, all of which may include academic, educational, social, and recreational programs for the elderly.

During 1975, two agreements of understanding were signed by the U.S. Commissioner of Education and the U.S. Commissioner on Aging pledging close cooperative arrangements between the Administration on Aging and the U.S. Office of Education/community education program. These agreements encourage greater utilization of schools for services to the elderly as well as greater volunteer opportunities for senior citizens.

The first major step to implement these two important agreements of understanding took place in Flint, Mich., on October 5, 6, and 7, 1976. A National Conference on Aging and Community Education was attended by approximately 150 participants representing 43 States. Among those attending were representatives of a number of Governors, State leaders on aging, and community education as well as representatives of various national organizations. The purpose of the workshop was to explore methods of how community education and aging officials in each of the States can work more closely together. Statewide workshops to develop specific cooperative efforts are planned by many States in the near future.

A steering committee on community education and aging comprised of national leaders in both areas has been established and will explore further cooperative efforts in the months ahead.

WOMEN'S EDUCATIONAL EQUITY

The women's educational equity program, authorized by title IV, section 408 of Public Law 93–380, provides funds for public agencies, private nonprofit organizations, and individuals to carry out such activities as the development of materials, preservice and inservice training, research and development, guidance and counseling, etc., which will further educational equity for women.

Fiscal year 1976 was the initial funding year. Programs to provide educational opportunities for adult women, including the unemployed and underemployed, are one of the activities authorized under the legislation. The program's regulation requires that all projects reflect understanding that racial, ethnic, social-economic, age, or regional groups have differing approaches to the provision of educational equity for women.

METRIC EDUCATION PROGRAM

The metric education program, authorized by title IV, section 403 of Public Law 93–380, provides grants and contracts to institutions of higher education. 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 programs.

INDIAN EDUCATION

The Office of Indian Education is cooperating with the Office of Human Development, the Office of Native American Programs, Indian Health Service, Public Service Administration of the Department of Health, Education, and Welfare, and the Office of Environmental Affairs of the Department of Transportation in increasing the base of knowledge about educational opportunities for elderly American Indians and to focus the involvement of Indian tribes and Indian organizations in the decisionmaking processes on problems of elderly Indians.

During 1976–77, the Office of Indian Education in its national adult education meeting has and will continue to make its grantees aware of its commitment to the elderly American Indians. The Office of Indian Education has also written to 11 grantees, who will provide technical assistance to the Indian people all over the country on its commitment to the elderly.

PUBLIC HEALTH SERVICE

A. HEALTH RESOURCES ADMINISTRATION

Each of the program components in the Health Resources Administration is involved directly or indirectly in efforts which address the health concerns of the aged.

The focal point for such activities within HRA continues to be located in the Division of Long-Term Care. This organizational component carries the dual responsibility for research and development in long-term care and aging and provider improvement activities designed to improve the quality of care in institutions by upgrading the performance of long-term care personnel through short-term training programs. Since 1973, this Division had been located in the National Center for Health Services Research (NCHSR). However, because Public Law 93–353, authorizing creation of the National Center for Health Services Research, did not provide legislative authority for short-term training, an organizational shift was required to maintain the organizational integrity of the Division. This was considered advisable because a close working relationship of the total Division staff permits constant cross fertilization of ideas within the organization and between the Division and other concerned Federal agencies and consumers of services. Thus in February 1976, the Division of Long-Term Care was transferred from the NCHSR to the Office of the Administrator, Health Resources Administration.

The National Center for Health Services Research, which has as its mission the development of research efforts to improve the health status of the total population, has included as an integral part of its program health services research issues relating to both acute and long-term care for the aged.

The National Center for Health Statistics has in its data collection activities of the general population gathered and disseminated statistical information applicable to the aged. Its current research activities examine measurements of the health and nutritional status of the elderly, their utilization of health facilities and the characteristics of nursing home residents.

The Bureau of Health Planning and Resources Development and the Bureau of Health Manpower, in accomplishing the goals of their overall missions, have been involved in efforts which indirectly impact upon the health status of the elderly and the health services which they will receive. Presented below is a brief summary of each program's efforts as they relate to the health concerns of the aged.

1. Division of Long-Term Care

Located since February 1976 in the Office of the Administrator, HRA, the Division of Long-Term Care (DLTC) carries the major responsibility for the development within HRA of long-term care strategy, research and development activities for long-term care in all settings (institutional and noninstitutional), and the short-term training of personnel who work in long-term care facilities. Moreover, the DLTC works in concert with all other program components within and outside of HRA that are concerned with matters relating to long-term care and health of the elderly.

RESEARCH AND DEVELOPMENT

Program activities included extramural research experiments, demonstrations and technical assistance directed toward the development and evaluation of innovative approaches to the improvement in the care and the quality of life for the elderly and disabled.

Continued emphasis was placed in 1976 on: (1) Measuring the quality of care, including the development of instruments to insure that the most appropriate level of care is being provided; (2) increasing the options of patients for receiving needed care in the appropriate setting through a balanced array of institutional, ambulatory health services and (3) support of studies to develop systems and in the general area of economics.

Quality of Care

An approach to the assessment of long-term care

The purpose of this grant was to demonstrate a system of assessment of the status of long-term care patients that: (1) provides information about patients for decisions as to type and place of care appropriate to their needs; and (2) reflects changes over time so that progress and outcomes of patients may be related to information about quality of care. The basic tool for the assessments was the patient classification developed by four research groups and published by the National Center for Health Services Research as HEW Publication No. HRA 74-3107, "Patient Classification for Long-Term Care: User's Manual." During the course of the current grant, approximately 4,500 assessments were made of 1,500 nursing home patients. Comprised of a set of descriptors that form a uniform terminology to assess individual status, the information helps the decisionmaker in care planning, placement, appropriateness of care, staffing, reimbursement, utilization, and medical review. The final report is in preparation.

Evaluation of outcome of nursing home care

This was an 18-month planning and development grant in preparation for a major study of nursing homes, nursing home care and their relationship to outcomes. The goals of this grant were: (1) to develop, pretest and evaluate the reliability of data collection; (2) to develop tools and procedures for interviewer training, that is, demonstrate that the necessary data could be obtained efficiently and effectively; (3) to demonstrate that the nursing home industry would be involved actively in the planning of a major project and would participate in such a study; and (4) to prepare a refined research design for a follow-on study. The final report for this planning and development grant has been submitted. The protocol for a full-scale outcome study has been submitted for study section review but will not be approved until specific design requirements are met.

Regulatory use of a quality evaluation system for long-term care

The quality evaluation system developed under a previous contract, is an evaluation system that focuses upon the process of care delivery in long-term care facilities. The system has three components: (1) a set of survey instruments and procedures for resident reviews and facility surveys; (2) a construct relating measures of quality in a four-level hierarchy; and (3) a computer system for processing survey data, determining scores at each level of the construct and generating facility and resident profile reports.

The major research objectives of this contract were: (1) to establish the validity, reliability, and usefulness of a refined version of the QES: (2) to determine the regulatory usefulness of QES; and (3) to examine the potential for using QES results to control incentive reimbursement.

During the course of this contract substantial evidence has been amassed to confirm that this tool for the assessment of quality of care in long-term care facilities is a valid and useful instrument. The project accomplished the following: (1) demonstrated that QES can function efficiently and effectively in a State's production certification environment; (2) provided strong evidence of agreement between the quality measures of QES and an interdisciplinary team; (3) determined that QES assesses care like an interdisciplinary team rather than like any particular health professional; (4) found that QES detected deficient quality; (5) found that QES could detect deficient facilities that had achieved the paper compliance of the current Federal certification; (6) achieved acceptance by a majority of the providers; (7) demonstrated the cost-effectiveness of QES; (8) found that neither Federal nor State (Illinois) laws or regulations hamper the use of QES for certification or licensure; and (9) presented a simple model for use of QES in incentive reimbursement that takes into account both patient needs and facility performance in meeting those needs.

The final report is nearing completion and will be made available early in 1977 through the National Technical Information Service.

Health services for long-term care

The overall objectives of this project were to describe and understand the complex processes of care for the chronically ill and elderly, and on the basis of such understanding, to develop decisionmaking procedures for assessing patient status, for proper placement of patients, for assuring adequate staffing, for care planning, and for judging the effectiveness and quality of care. The

project was a follow-on of the collaborative development of long-term patient assessment carried out with a team of research groups from Harvard, Michigan State, and the Hospital Association of New York State (HANYS).

The objective of the field work was to develop a data base which records and quantifies where possible the care rendered to patients by personnel of various categories in a set of institutions of acceptable quality. That data is being analyzed in three parts: (1) an analysis of patient characteristics (sociodemographic, physical, and mental functioning, and life style) to uncover patterns which distinguish the levels of care thus leading to a simple method of classification using an abbreviated assessment form; (2) an analysis of staff activity data (patient-centered, unit centered, and institution centered) to be used to empirically derive staffing standards for the various care levels; and (3) an analysis of data from direct patient observations to obtain a distribution of patient-centered care times devoted to patients in each level of care.

In addition to development of the patient assessment instrument and its extensive use in observation of patients, mechanisms were explored for using patient assessment for such administrative purposes as staffing, regional planning and standards review. It has been shown that patient classification using a subset of assessment data is feasible and when combined with empirical staffing standards can be used as a staffing method. Conversely, the staffing procedure can be used to determine a standard against which an actual staffing can be compared. Thus, there is a structural measure of quality of care. In addition, patient assessment elements represent outcome measures against which care objectives can be compared, when assessment is carried out periodically.

An empirical basis for nursing home meal service

The purpose of this project is to determine factors which affect nursing home residents' consumption of food. Specifically, the project plans to identify the proportion of variance in nursing home residents' food consumption that may be accounted for by the foods themselves and by the conditions during meal services, and to use this information to provide practical recommendations which will assure reliable and independent consumption of food to meet the recommended dietary allowance of nutrients. The study will be conducted in one 100-bed skilled nursing facility in Lawrence, Kans., with 85 percent of the subjects between 73 and 85 years of age.

Management information systems and economics

In 1976, the results of the projects on management information and data systems for long-term care were reviewed and the findings shared with the National Center for Health Statistics committee on the long-term care minimum data set. A new phase of research in the area has been started emphasizing costs, and quality of care as related to staffing, case mix, regulation, and reimbursement. Following is a summary of two long-term care management information projects.

The project entitled "Cost Data Reporting System for Nursing Home Cost," completed this year, developed a system for analyzing the costs of long-term care based upon a set of uniform cost elements that related services and patient characteristics to cost. It also produced findings relative to uniformly defined cost elements and the relationship between resident patient characteristics and costs. Widespread variability exists both across facilities and States in accounting and recordkeeping and in cost finding and reporting practices and systems. The use of uniformly defined cost components in a cost reporting system will add substantially in the initial stages to time and effort required for completing cost reporting documents. Voluntary use of uniformly defined components for cost reporting is achievable if the benefits in improved decisionmaking and equity in reimbursement for the care of publicly financed residents/patients are sufficient to outweigh the initial and continuing cost of a revamped or new internal facility recordkeeping system. Aide/orderly contact time is much more predictable from selected resident/patient characteristics than is licensed nursing contact time. The distribution of nonnursing direct care employee time cannot be consistently predicted on the basis of resident/patient characteristics. Information on only a few resident/patient characteristics is needed in order to explain nursing time received. Number of medications is the most important explanatory variable of licensed nursing time received by residents/patients. The most important explanatory variables of aide/orderly time received are the resident's or patient's ability to perform activities of daily living. Inter-

mediate care residents/patients on the average received substantially less nursing care patients. The ability of residents/patients to perform activities of daily living had a more important relationship to receipt of nonnursing services than primary source of payment.

A new study is being undertaken which will replicate in certified facilities with average (NCHS study) staff mix and ratios, the analysis of the study of care and cost related patient characteristics done in superior, effective and efficient facilities. The project will use data collected by the Comparative Health Data Program of Battelle. The project is designed to compare the amounts of time spent with patients having similar profiles and determine how medications and services are delivered to patients in facilities with very different staffing patterns.

The final reports from the project to export the Illinois long-term care management information system have been received. It has proved impossible to develop a "model" system due to the major organizational, legal, and policy differences in the various State organizations identified during the research. Therefore, the project outlined the general requirements for a long-term care information system encompassing the major conceptual elements which are operational in the Illinois system.

Alternatives in the Long-Term Care Continuum

Day care and homemaker demonstration

The experiments authorized in 1972 by Public Law 92–603 have provided a challenge in implementation. Public Law 92–603 (amendments to the Social Security Act of 1972) section 222(b) enacted on October 30, 1972, authorized the conduct of experiments and demonstrations "to determine whether coverage of intermediate care facility services and homemaker services would provide suitable alternatives to post-hospital benefits presently provided under title XVIIII of the Social Security Act" and "an experimental program to provide day care services—for individuals eligible to enroll in the supplemental medical insurance program established under part B of titles XVIII and XIX of the Social Security Act . . ."

Six contracts were awarded in June 1974. These are: Day care and homemaker services—San Francisco Home Health Service, San Francisco, Calif.; Lexington-Fayette County Health Department, Lexington, Ky. Homemaker service—Inter-City Home Health Association, Los Angeles, Calif.; Homemaker-Home Health Aide Services of Rhode Island, Providence, R.I., day care—Burke Rehabilitation Center, White Plains, N.Y.; St. Camillus Day Care Program, Syracuse, N.Y.

The specific objectives of these contracts are for the contractors to demonstrate, experimentally, provision of homemaker services and/or day care services, in order to: (1) determine the cost of providing each of these services; (2) compare the cost of providing the two new services and the currently covered benefits (skilled nursing facility care and home health services) provided under the medicare program to its beneficiaries; and (3) determine and compare the extent to which the new services (as defined) will enable an eligible individual to reach and maintain his highest level of performance or will prevent or retard institutionalization as compared to the effectiveness of benefits currently provided.

San Francisco home health service.—This demonstration became operational in May 1975. It is located in the San Francisco Home Health Services, a nonprofit agency providing comprehensive in-home services, including homemaker-home health aide services. Homemaker services under the demonstration are provided by the agency. Health-oriented day care services are provided to demonstration participants by three community health providers. Two of these are located in hospitals, one at Mt. Zion Hospital and Medical Center and one at Ralph K. Davies Medical Center. The third day care center is located in the Garden Hospital Jerd Sullivan Rehabilitation Center. Referrals to this demonstration have come from a number of sources. All homemaker referrals have come from San Francisco general hospitals. Referrals to the day care centers have been both post-hospital and from community and social agencies. This demonstration has had two assessment teams of physicians, public health nurses and medical social workers augmented by physical therapists, occupational therapists, and a nutritionist. The same research protocol has been followed in this demonstration as in the other homemaker and day care project. After assessment, participants

have been randomized into a control and into an expanded benefit group. In addition to a homemaker sample and a day care sample, this project has a subsample of patients who have received both homemaker and day care services. When intake was closed on March 31, 1976, this demonstration had a study sample of over 1,000 patients. All patients are receiving quarterly reassessments and a new care plan, based on needs, is developed by the team after each assessment. As in the other "222" demonstrations, data is being collected and analyzed by a separate evaluation contractor.

Lexington-Fayette County Health Department.—This demonstration has been operational since May 1975. It is located in a public health agency serving the city of Lexington and Fayette County. Patients eligible to receive homemaker services have been referred by five general hospitals. Referral of patients for health-oriented day care services has come from physicians, hospitals, other health care providers, and social welfare agencies. After assessment by a team (physician, public health nurse, medical social worker) and development of a care plan based on need, the patients are randomized into a control group and into an expanded benefit group. Both groups are entitled to receive the currently covered medicare benefits and the expanded benefit group is eligible to receive, in addition, either homemaker and/or day care services. This project is also evaluating the costs and the benefits of providing day care services to a sample of individuals eligible for medicaid benefits. Reassessments are performed on participants in both the control and expanded benefits group at quarterly intervals for a period of 1 year. Data will be evaluated by a separate contractor.

St. Camillus.—This demonstration became operational in June 1975. This project is located in a nonprofit skilled nursing facility, having 125 beds which, in addition to its inpatient services, has an organized outpatient service department. Patients eligible to received health-oriented day care services have been referred by the acute general hospital serving the Syracuse community. After referral, an assessment team of physician(s), a public health nurse, and a medical social worker determine the patients' functional status, using an assessment instrument and following a research protocol developed for the demonstrations. After assessment and development of a care plan based on need, the patients are randomized into a control group and an expanded benefit group. Both groups are eligible to receive currently covered medicare benefits and, in addition, the expanded benefit group has entitlement to health-oriented day care services for a period of 1 year. Reassessments of participants in both the control and expanded benefit groups are done quarterly for a period of 1 year. Data will be evaluated by a separate evaluation contractor. The final report of the demonstration should be available in the fall of 1977.

Burke Rehabilitation Center.—This demonstration became operational in June 1975. The day care project is located in a separate building on the grounds of the Burke Rehabilitation Center, an inpatient comprehensive rehabilitation facility. It also established, in 1972, a day hospital program to demonstrate the value of ongoing therapeutic rehabilitation services to patients who did not require 24-hour inpatient care. Referral sources for this demonstration project have been nonhospital community based health and social welfare agencies. All eligible referrals have been assessed by a team of physician, nurse, and medical social worker. After assessment of the patients' current functional status and a care plan has been developed based on need, the patients have been randomizd into a control group and an expanded benefit group. Both groups of patients have entitlement to medicare, part B benefits and the participants in the expanded benefit group also have entitlement to health-oriented day care services for a period of 1 year. Reassessments are done quarterly and the data will be evaluated by a separate evaluation contractor.

Homemaker-Home Health Aide Services of Rhode Island.—This demonstration project differs organizationally from the other three similar 222(b) demonstration projects testing the effectiveness of homemaker service for post-hospital discharge patients. The assessment team (physician, public health nurse, and medical social worker) are employed by Miriam Hospital, which has a research unit to handle demonstration projects. This team will assess all patients and prepare care plans for them. The contractor, Homemaker-Home Health Aide Services of Rhode Island, will be responsible for all administration and fiscal data and will provide the homemaker service to the patients randomized into the expanded benefit group. The demonstration became operational in September 1975. All patients referred for homemaker services were inpatients at

Miriam Hospital and judged by their physicians to need continuing care after being discharged from the hospital. After assessment by the team and development of a care plan reflecting the individual patient's needs for homemaker and/or other available services, the participants were randomized into a control group and into an expanded benefit group. Both groups were eligible to receive the covered medicare benefits with the expanded benefit group entitled, for a 1-year period, to receive homemaker service, if this was approved by the patient's physician. Quarterly reassessments following the research protocol developed for all the homemaker demonstrations are being done. The data regarding the participants' functional status, utilization and cost of services, as well as outcomes from care are being evaluated by a separate evaluation contractor.

Inter-City Home Health Association.—This Demonstration became operational in August 1975. Patients considered eligible for homemaker service are referred from a selected group of general acute care hospitals located in the Los Angeles community. The project has a team of a physician, public health nurse, and medical social worker who assess the functional status of all patients referred by the hospitals, and after developing care plans based on the need for continuing care, the patients are randomly assigned to a control group and to an expanded benefit group. The control group is eligible to receive the post-hospital medicare, part A, continuing care benefits of skilled nursing facility care and/or home health services. The hospital discharge planners made arrangements for patients assigned to the control group to receive the necessary continuing care services. The expanded benefit patient has entitlement to homemaker services depending upon his need for a period of 1 year in addition to the covered medicare, part A benefits. Homemaker services under the demonstration are provided to the eligible participants by a separate homemaker service unit established within the contractor's organization. Data on the functional status, outcomes from the treatment received, costs and utilization of services by both the control group and expanded benefit group participants will be collected and analyzed by a separate evaluation contractor.

Triage: Coordinated delivery of services to the elderly

Triage is a model for single entry to the full spectrum of health, social and life support services backed by followup to insure that service follows client need. The eligible population includes all those individuals 65 years of age or older, in a seven town region in central Connecticut, as well as those persons 60 years of age and older who are disabled and medicare eligible.

A nurse clinician/social worker team establish client need, based on a comprehensive assessment procedure, and services are provided to each client based on the prescription of the nurse clinician. A comprehensive waiver package of medicare and nonmedicare services provides reimbursement for the services provided under the authority of section 222 of Public Law 92–603. The first year of the grant was devoted to revision, review and approval of the design methodology; defining and preparing guidelines for waivered services; obtaining approval of waivers; preparing and negotiating the master contract with Triage, Inc., and the provider contracts; establishing and operationalizing the reimbursement system with the Division of Direct Reimbursement, Social Security Administration, as fiscal intermediary; and preparation of the client consent forms, staff compliance forms, and the policy and procedures for the maintenance of client privacy.

As of April 1, 1976, the beginning of the second year of the grant, the approved research protocol was begun by the project staff at the University of Connecticut. Currently an experimental group of 300 persons from the Triage clientele and a comparison group of 200 persons are being assessed. All assessment, followup, bill-related and cost data on the entire Triage population are being prepared for entrance into the computer system. At this point, there is no data ready for analysis.

A comprehensive community approach to nursing home care

This contract developed in a selected community a realistic community plan to enable nursing homes to utilize community resources to meet the needs of inpatients or plan for a patient's return to community living without interruption of his continuing care needs. This was accomplished through collaboration of nursing homes, medical care facilities and services, health and social service agencies and programs. The project staff carefully documented the processes of planning, organizing and implementing the program to provide a foundation

for future development and testing in other communities. The final report may be obtained from the National Technical Information Service 5285 Port Royal Road, U.S. Department of Commerce, Springfield, Va. 22161.

Evaluation of Alternative Systems for Services for Aged at High Risk for Institutionalization

This project was joint-funded by the National Center for Health Services Research, the Social and Rehabilitation Services, and the Administration on Aging. The purposes of the project were to: Develop improved evaluation procedures to assess the impact of intervention on impaired elderly persons, study the differential outcome of several alternative service delivery systems, obtain accurate estimates of the true incidence of significant impairments among elderly persons and deliver actual clinical services to impaired elderly persons. The project was completed in June 1976.

As a part of the overall research effort several major reports have already been delivered to the several collaborating grant agencies. They are:

1. Multidimensional Functional Assessment: The OARS Methodology, edited by E. Pfeiffer, M.D., Durham, N.C.; Duke University Center for the Study of Aging and Human Development, 1975.

2. Guidelines for Estimating the Cost of Service Packages for the Chronically Impaired, by David C. Dellinger, North Carolina; Graduate School of Business Administration, July 1975.

3. The Development of an Algorithm to Classify Respondents to the OARS Community Survey Questionnaire, by David W. Peterson, Durham, N.C., 1975.

Alternative Working Models for Medical Direction in Skilled Nursing Facilities

This project is assessing the first year's compliance with the new regulations relative to medical direction in skilled nursing facilities, identifying the backgrounds of and services provided by medical directors, including the benefits, problems, and costs inherent in different models. The survey was mailed in September 1976 to a sample of 3,794 facilities with 436 returned. Responses have been received from one-third of the usable sample so far. Two mail followups and a telephone survey will be used in the months ahead to complete the data base. Twenty facilities, with widely varying characteristics, have been visited to develop indepth descriptive models of the medical direction working model. The study should be completed by July 1977.

Effects of an emergency alarm system for the aged

The overall objective of this 3-year grant is to evaluate the impact of an automatic emergency alarm (Lifeline) and response system on the mental, social, and physical well being (including preventing the need for institutionalization and, hopefully, preventing avoidable deaths) of physically disabled adults and elderly persons at risk.

The Lifeline alarm instrument is a small box which is placed under or near the telephone. It is plugged into a power source and the telephone jack and the phone are plugged into the device. It does not interfere with normal use of the phone and can operate even in the event of power failure. It has the capability of automatically seizing the telephone line, dialing the number of a 24-hour emergency station and giving identifying and emergency information. The Lifeline system includes a timer which can be set by the owner at 8 or 12 hours (or less if desirable). At the end of the time period, if resetting of the device has not occurred, it will automatically sound an alarm which, if not turned off by lifting the phone, will automatically dial for help. The owner resets the timer every time he lifts his telephone handset, thus indicating he is well.

In normal use, the device would be continually reset if the owner uses the phone or if he merely lifts the handset. In addition to the automatic timer, the emergency dialing may be activated manually by pressing an emergency switch on the device, or remote switches located in bathroom, bedroom, or kitchen. The emergency dialing may also be activated by a small wireless transmitter which can be carried on the person. At the 24-hour emergency station, the operator has a special console capable of receiving information from all Lifeline users. It displays the identification number of the calling party and also the type of emergency (panic button, timer, etc.). The operator then refers to a Directory of Emergency Resources, looking up the information pertinent to the calling party which was gathered when the Lifeline system was installed—phone numbers of nearest neighbors with keys, relatives, friends, police, or fire department. The operator calls down this list until someone who can immediately go to aid the

calling party is found. The operator also asks the responder to call back later to give feedback information on the emergency response. The operator then transmits a reassurance signal to the Lifeline device which shuts down the local alarm and indicates to the stricken person that help is on the way.

Now 18 months into the project, 360 sample members have been identified and 176 experiments have had "Lifelines" installed. Twelve real emergencies have occurred and have been responded to. It is expected that all instruments will be installed by February 1977, at which time study findings concerning characteristics of the target persons prior to receiving service will be analyzed.

Within the framework of a controlled impact design (including the randomization of subjects to experimental and control groups), the effects of this system are being evaluated for samples of elderly and disabled persons who have impaired physical functioning, are relatively socially isolated and/or medically vulnerable and who have been exposed to the service intervention for a period of about 1 year. Furthermore, since the emergency alarm and response system being studied has the potential for providing a new, nationwide service for large numbers of the elderly and disabled, other major objectives of this study include the development of guidelines and recommended procedures for the system's operation as well as the development of an easily applied assessment procedure for effective screening of clients with respect to need for this type of service intervention. The cost effectiveness of the system is also being evaluated so that, if successful, health planners will have needed data upon which to determine parameters for its deployment and methods of integrating it into the national health system. Furthermore, the extension, development, and standardization of specific measuring devices should contribute to both knowledge and action in that they can be used as variables (e.g., outcome measures) in future studies to increase knowledge about the effects of interventions, problems of the impaired and elderly, and processes of aging and debilitation.

Alternatives to institutionalization for the aged

The aim of this project is to improve the quality of life of elderly inpatients in a mental health center through placement in specialized living arrangements (artificial family or boarding home program), as alternatives to institutional care, at a cost lower than that of nursing home care or inpatient psychiatric hospitalization. This project was joint-funded with the Administration on Aging. Evaluation of the effectiveness of this program from the standpoint of quality of life and costs is currently underway. This project has been completed, and the final report may be obtained from the Administration on Aging.

Housing and health care paths of dependent elderly

A grant to study the effects of medically oriented housing deals with a specific kind of residential care for aged persons who are at risk for long-term institutional care. It is an experiment in which medically oriented housing is seen as enabling handicapped and disabled people to remain essentially independent in daily living. As such, medically oriented housing is viewed as an alternative to long-term institutional care. The methodology involves impact on residents in the housing facility over a 5-year period; development of separate prediction scales for benefits to people for medically oriented residence, and assessment of what happens to persons who moved from institutional care to the medically oriented residence. This project is full-funded by the Administration on Aging and the final report may be obtained from the Administration on Aging, 400 6th Street, SW., Washington, D.C. 20201.

Evaluation of I and R services for the homebound

This project's objective was to evaluate the effectiveness of informaton and referral services for the elderly, particularly for the homebound. Two information and referral programs were compared for their effectiveness in locating dysfunctional older persons. Intake questionnaires detailing age, sex, race and service problems were conducted with a random sample of callers (N=800) and outreach patients (N=300). Service plans were developed by a professional social worker in all cases. Referrals were followed up directly, both with clients and agencies to assess the referral adequacy and additional problems identified. The project was completed in November 1976. Preliminary findings revealed that over 30 percent of the highly problematic persons "discovered" by outreach had Department of Welfare caseworkers. While fewer than 20 percent of the telephone clients had major problems, almost 50 percent of these had case-

workers. These preliminary findings question the effectiveness of welfare department I and R services.

Home care: An alternative to institutionalization

This grant, developed in Massachusetts, proposed to demonstrate that a community-based home care program of coordinated health, social and other support services, drawing on the same sources of funds now used to pay for institutionalization (medicaid), could provide a most cost-effective option for the care of the elderly. The study expected to show that: (1) the elderly prefer to receive services in their own homes; (2) a model of coordinated maintenance services can prevent deterioration and eventual institutionalization; and (3) medicaid payments can be kept at the present level of expenditure, even though they cover these alternatives. The major implications for this project include fiscal feasibility of a number of services provided in the home, extension of medicaid benefits, and testing of a number of new services such as furniture purchase, rental of apartments, et cetera. This project was joint-funded with the Administration on Aging.

The project was completed in 1976 and the limited data did not support the purposes of the study nor the hypotheses. A major finding of the study was the extreme importance of the availability of inexpensive housing, designed to accommodate impaired elderly. None of the complex and varied community based home services were of value, either in preventing institutionalization or in moving patients out of institutions, unless housing was available to them. The final report stated that, "service is important but the availability of appropriate housing is as, if perhaps not more, important and may be a more fundamental need." Copies of the final report may be obtained from the National Technical Information Service, 5285 Port Royal Road, U.S. Department of Commerce, Springfield, Va. 22161.

The National Center for Aging and Black Aged plans to provide a comprehensive program of coordination, communication, information, and consultative services to meet the need for assistance in improving meaningful policies and programs involving aged blacks. Consultants include researchers, educators, and scholars on the aged. Through knowledge gained from a comprehensive review of research, a sound basis for program planning for black elderly will be built. It is planned that position papers will be produced and disseminated. The center, as an interpreter of the needs of the black elderly, will be available to provide consultation to agencies and organizations, both public and private, who desire assistance. This project is joint-funded with the Administration on Aging.

PROVIDER IMPROVEMENT ACTIVITIES

Responsibility for directing Federal resources toward short-term training of personnel employed in long-term care facilities continues in the Division's Provider Improvement Branch. Although the budget has remained fixed at $1.5 million annually since the program's inception in 1971, activities of the program have expanded. By September 1976, training opportunities had been provided to approximately 146,000 nursing home employees at all levels. In 1976, 17 new and 10 continuation contracts with national implications were awarded by the Division to expand the effort toward upgrading the quality of care in the Nation's long-term care facilities by improving the knowledge and skills of those providing care. In addition, more than 150 short-term training projects were supported through small contracts and purchase orders awarded by the several regional offices for State and area-based training programs.

The primary objective of the provider improvement program is to establish a comprehensive, integrated training network. Such a plan will, through coordination, cooperation, and competition, attempt to fill the varying educational needs of providers nationwide. A basic step toward this goal was the award to three States (Wyoming, Virginia, and Alaska) of contracts aimed at building State capacity to continue training for all levels of personnel after Federal funds are withdrawn (within 2 years). A prominent example of a similar approach is the recently completed contract with the University of Alabama. More than 10,000 nursing home employees received training opportunities, and the university will continue this successful program using other funding sources.

Another mechanism for State-based training focused solely on the training of nurse aides in rural areas. Of the four contracts awarded in fiscal year 1975, three were successfully completed in fiscal year 1976, and the fourth (the Uni-

versity of Maine) was continued to allow for additional consultation services. A training manual for aides has been developed, and an instructor's guide is nearing completion. The curriculum developed under the contract with Weber State College (Utah) is receiving wide national distribution. The Texas Health Care Association developed, tested, and utilized a multimedia approach to nurse aide and orderly training. This has proven highly successful in terms of imparting learning skills and improving attitudes. The instructional unit is available for purchase from the Texas Health Care Association. Because the developmental work was completed under a Federal contract, the purchase price of the instruction materials will be affordable to any long-term care facility.

The California Association of Health Facilities completed a 2-year contract to train registered and licensed practical nurses as trainers of nurses aides. A curriculum and trainers' guide were developed and tested and are now available for purchase from the contractor. Still another approach to providing a training network has been the involvement of national professional organizations. Significant new contracts this year were awarded in a variety of areas. For the first time, pedal problems of the elderly will receive attention through a contract with the American Podiatry Association. Building on an earlier contract in geriatric and aural rehabilitation, the needs of the persons with communication handicaps will be addressed by the American Speech and Hearing Association. A curriculum on psychosocial components of care will be developed and providers given assistance in dealing with these needs through a contract with the Menninger Foundation. Based on work done under a just completed contract with the American College of Nursing Home Administrators, a self-instruction text for administrators is being prepared by ACNHA.

The Association of State and Territorial Directors of Nursing (an affiliate organization of the Association of State and Territorial Health Officials) accomplished a 10-State effort to augment training in rehabilitation nursing for all levels of nursing personnel employed in long-term care facilities. Despite serious funding deficiencies encountered by all participating States,the experience gained in the project will help the Public Health Service in extending this effort to the remaining 40 States. In light of the recognition that a major priority training need exists for training in rehabilitation nursing, funding support for this endeavor will be sought by major consumer interest organizations representing older people.

The American Pharmaceutical Association successfully completed a contract which trained approximately 7,000 community pharmacists in over 60 seminars conducted throughout the country emphasizing the functions performed by pharmacists in monitoring drug therapy in nursing homes. In addition, an individual study course on clinical aspects of pharmaceutical services in nursing homes was developed; an inservice training program that the community pharmacist can use in the training of nursing home personnel was developed; and a pharmacy training curriculum was created for use in colleges of pharmacy that includes provisions for students to gain clinical experience in nursing homes, APhA is currently implementing a second contract with DHEW through which a series of multidisciplinary workshops will emphasize the responsibility of the health team in assuring rational geriatric drug therapy.

The American Medical Association (AMA) under contract with DHEW, collaborated with State medical societies in conducting 22 training programs for physicians who serve (or intend to serve) as medical directors of skilled nursing facilities. The AMA, in accomplishing the work in this second training contract for training physicians as medical directors, has sought to continue efforts to strengthen the medical director concept which was approved by the AMA House of Delegates in June 1973. The AMA has accomplished this, in some considerable measure, by developing "Guidelines for a Medical Director in a Long-Term Care Facility" which has been widely used by provider organizations in the process of implementing the newly required regulation for skilled nursing facilities which serve medicare and medicaid patients.

Nutritional needs of long-term care facility patients/residents continued to receive attention through the award of two new contracts in 1976. The Sister Kenny Institute (Minnesota) is developing and testing a curriculum in "Nutritional Aspects of Long-Term Care" for nurses and dietitians and the American Dietetic Association is developing a "Guide for the Nutrition Consultant in LTC Facilities." The highly successful 2-year contract with the American Dietetic Association to train consultants, dietitians, and food service supervisors was completed in 1976, and a "Patient Nutritional Care Manual," being developed as part of the final report, is near completion.

Other final reports of contracts completed in 1976 have been received and are being prepared for distribution. These include: "Guide for Registered Nurse Consultants to Intermediate Care Facilities, Part I," prepared by the American Nurses' Association which is also completing part II, "Guide to Social Work Consultants in Long-Term Care," prepared by the National Association of Social Workers, and "Clinical Aspects of Aging," a completely revised and updated text based on volume IV of "Working With Older People," which was published by the Public Health Service in 1971. A new contract was awarded in 1976 to ANA to develop a model plan for conducting seminars and other follow-up activities, through State nurses' associations, for the purpose of providing further assistance to the registered nurse consultant.

Several contracts were continued in 1976 to capitalize on their successes from the previous year. The American Society of Geriatric Dentistry developed and tested curriculums, which, with the assistance of the American Dental Association, will be used in replications throughout the country.

The American Medical Records Association will continue to develop a curriculum and information for junior colleges, baccalaureate programs, and continuing education, as well as an administrative manual for consultant use. The work under this contract has been particularly important because of the PSRO interest in long-term care and because of the Office of Long-Term Care's phase II (PACE) program. Also, AMRA has been stimulated to focus attention on long-term care at a special session during its annual meeting in 1977.

Areas receiving attention for the first time in 1976 include development of a programed instruction text for inservice educators. Going beyond legal implications patients rights will be considered in terms of the intent of the regulations. And, of particular importance, the needs of elderly minorities (racial and ethnic) will be addressed through the development of recommendations for provider training to meet these specific needs.

In an attempt to further meet the ongoing training needs of unlicensed personnel, a contract was awarded to the Johnson R. Bowman Center, Rush-Presbyterian Hospital (Illinois), to study and document training needs and successful training efforts throughout the country, and to explore alternative approaches to pre- and in-service training, particularly through vocational and technical educational systems.

A new and innovative concept of organized planning for patient and family education as an integral part of the facilities care plan was introduced to provider personnel in a series of four workshops held in various parts of the country under contract with the Western Consortium for Continuing Education for the Health Professions.

A third strategy in the network-approach focuses on the continuation of 8 of the 10 long-term care education centers (one without additional funds). These regional centers will continue to train multidisciplinary teams from other facilities. This training encompasses both academic and experimental opportunities and prepares selected personnel to train his/her coworkers. In the fiscal year 1976 continuations, primary emphasis was given to a philosophy of rehabilitation, to establishing satellite centers to increase trainee populations, and to providing more expensive consultation services. It is worth noting that the region I center has been able to report, through its evaluation reviews, actual improvement in practice and impact on patient care. The region IV center reported on its activities at the annual meeting of the American Public Health Association.

The regional centers are: New England Rehabilitation Center, Inc., Woburn, Mass. (region I); Burke Rehabilitation Center, White Plains, N.Y. (region II); Philadelphia Geriatric Center, Philadelphia, Pa. (region III); Hillhaven Convalescent Center, Raleigh, N.C. (region IV); Sister Kenny Institute, Minneapolis, Minn. (region VII); Beth Israel Hospital and Geriatric Center, Denver, Colo. (region VIII); and L. C. Foss Sunset Home, Seattle, Wash. (region X). The Garden Crest Convalescent Hospital, formerly the region IX center, in Los Angeles, is now self-supporting through Health Care Educators, Inc.

The above activities are carried out under the general legislative authority of the Public Health Service Act, stimulated by the Presidential Nursing Home Initiatives of 1971. In fiscal years 1975 and 1976, funding for provider training projects came from the Bureau of Health Manpower, HRA, and its legislative authorities.

The lack of legislation specific to long-term health care provider training has resulted in an inability to be responsive to the needs of all occupational categories and has also placed limitations on the kinds of training that can be supported.

TECHNICAL ASSISTANCE

The Division of Long-Term Care continues, along with the regional offices, to provide a focal point for technical assistance to State agencies, national provider and professional organizations, and educational institutions. Present manpower limitations somewhat restrict the capability of health professionals in these offices to offer technical assistance beyond that related to contract activity. Through collaborative efforts with State agencies and organizations, the headquarters and regional office staffs are striving to establish a network for consultation and technical assistance to provider organizations and institutions.

In the course of monitoring contracts such as those described above and in collaborative activities with other agencies and organizations, technical assistance is frequently provided on both a formal and an informal basis. Additional technical assistance capability is required, however, at both headquarters and in the regional offices as, well as in State agencies, in order to assist long-term care providers in the planning, implementation, and evaluation of short-term and continuing education programs specifically designed to meet individual provider and facility needs.

The University of Washington, Seattle, Wash., in conjunction with a DHEW training contract with the Washington State Health Facilities Association, is offering continuing education programs which emphasize restorative concepts for long-term care. The curriculum was subsequently evaluated, modified, and accepted to meet the requirements of the training contract in rehabilitation nursing effected by the Association of State and Territorial Directors of Nursing in 10 States. Beyond that useful outcome, the publication will be used by other States in replicating the training throughout the Nation. Training contractors have also developed in-service training program materials which may be used by the health professional in accomplishing training of personnel who serve in long-term care facilities.

WORKING RELATIONSHIPS WITH OTHER AGENCIES AND PROGRAMS

The Division maintains an operational philosophy that substantial improvements in the delivery of long-term health care services can only be accomplished through a partnership of Federal, State, and local governmental agencies, professional and provider organizations, and educational institutions.

The Division of Long-Term Care staff has a strong ongoing working relationship with the Office of Long-Term Care and assisted in the preparation of the report of the Nursing Home Survey. The Division of Long-Term Care Director serves as a permanent member of the Office of Long-Term Care Interagency Advisory Group and the Interagency Task Force on Short-Term Training. The latter group has been formed to consider the special short-term training needs that will arise as a result of publication of new regulations relating to nursing homes.

The Division of Long-Term Care staff works closely with other programs such as the National Center for Health Statistics, Division of Health Resources Utilization Statistics, the Bureau of Health Planning and Resources Development, the Bureaus of Quality Assurance and Community Health Services of the Health Services Administration, the Office of Planning, Research and Evaluation and Medical Services Administration of the Social and Rehabilitation Service, the Division of Direct Reimbursement and Division of Health Insurance Studies of the Social Security Administration, the Administration on Aging, National Institute of Drug Addiction, National Center for Mental Health of the Aging, the National Institute of Mental Health, the National Institute on Aging, the Veterans' Administration, and the Department of Labor, the Department of Housing and Urban Development, the Center for Disease Control, the Indian Health Service, and the Office of Education.

Activities have been both at the planning and operational level and in both directions. For example, the Office of Education has provided to the Division assistance in planning for and writing a contract which will provide data on how States have funded and met effectively preservice and inservice training programs for unlicensed long-term care provider personnel. Members of our staff have provided consultation and assistance to the office of the Assistant Secretary for Health by chairing a task force, and by providing technical consultation to the Bureau of Health Education, CDC, and to the Veterans' Administration.

Division staff participate on several interagency committees such as the Interdepartmental Task Force on Research on Aging, the Interagency Advisory

Group on Long-Term Care, Interagency Advisory Group on Education/Training in Long-Term Care, the Interagency Task Force on Home Health Services, the Home Health Interagency Work Group for Health Services Administration (CHS), Interagency Liaison Group on Mental Health, and the Task Force on Home Health Training. Individual staff members participate in the drafting and review of regulations and guidelines for implementation of legislation. A division staff member chaired a task force on reimbursement in patient education.

The provider improvement branch continues ongoing collaboration and cooperation with a variety of professional and provider organizations: American Nurses' Association. American Dietetic Association, American College of Nursing Home Administrators, Association of University Programs in Health Administration, American Association of Homes for the Aged, American Health Care Association, and American Public Health Association.

The Long-Term Care Education Coordinator serves as the focal point in each DHEW Regional Office for purposes of effecting close collaboration between headquarters and regional operations. Within the regional offices, the coordinator serves a key role in focusing attention of several agencies on long-term care provider training issues. They also provide the vital link among the myriad State and local associations, organizations and agencies that are involved in supplying training in their respective areas. The coordinators have been very effective in this capacity, particularly in the maximization of national association training contracts through working with their State affiliates.

THE LONG-TERM CARE ADVISORY COMMITTEE

The Division of Long-Term Care has enlarged the Long-Term Care Advisory Committee to address research and training issues. The Secretary of the Department of Health, Education, and Welfare and by delegation, the Assistant Secretary for Health, authorized under section 301 of the Public Health Service Act, as amended, 42 U.S.C. 241, the appointment of the Long-Term Care Advisory Committee effective July 8, 1976. This committee will advise and make recommendations on delineating national problems, issues, and unmet needs concerning the delivery of long-term care services and the status of research, education, and technical assistance in the long-term care field.

The committee membership includes the chairperson, Mrs. Bernice Catherine Harper, Director, Division of Long-Term Care, HRA; the executive secretary, K. Mary Straub, Ed. D., Chief, Research and Development Branch, DLTC, HRA; and 17 members, leading authorities in the field of research, education, health administration, nursing, social work, medicine, gerontology and rehabilitation in the long-term care field. Meetings will be held three times a year and will be open to the public. Notice of meetings and the agenda will be published in the Federal Register 60 days prior to the meetings.

SPECIAL PRESENTATIONS BY DLTC STAFF

The accelerated activities relating to long-term care by the academic community, on the part of providers, by civic groups and by professional organizations is reflected in the growing demand for assistance from DLTC staff as speakers, resource personnel, and to serve as faculty in long-term care workshops. Because of work pressures it is not possible to fill all requests.

During 1976, the Director of DLTC spoke on "new directions in health care" at the annual meeting of the Catholic Hospital Association; "long-term care facility: a center for rehabilitation" at the school of social work at the University of Georgia; and "new trends in long-term care for the elderly" at the Governor's Conference on Aging in Houston, Tex. The Deputy Director served as speaker and resource person at day care workshops sponsored by Duke University, Durham, N.C., and On-Lok Day Care Center in San Francisco, Miami Day Care Centers, and a program sponsored by the Peoria (Ill.) day care program. She also participated as a speaker and resource person on matters relating to day care at national conferences sponsored by the Western Gerontological Society, the Gerontological Society, and the American Public Health Association.

A staff member of the Research and Development Branch presented a paper entitled "The Characteristics of Residents/Patients Receiving Occupational Therapy and/or Activities in Effective and Efficient Nursing Homes" at the annual conference of the American Occupational Therapy Association.

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Staff of the research and development branch assisted in developing a booklet entitled Growing Old . . . A Guide for Understanding and Help, published by the American Occupational Therapy Foundation.

The Chief, research and development branch, presented a paper on the "Single Entry Concept for the Provision of a Comprehensive Array of Health and Social Services" at the American Public Health Association annual meeting in Florida.

The Health Education Consultant of the provider improvement branch (PIB) presented papers on patient/family education at the First International Conference on patient counseling in Amsterdam, the Netherlands, and the First Canadian Conference on Patient Compliance sponsored by McMaster University, Hamilton, Ontario. The PIB Nutrition and Education Specialist presented a paper, "Nutrition and the Elderly," at the invitation of the Ohio Nutrition Council. She also was instrumental in the formation of the special interest group on long-term care of the American Dietetic Association.

The PIB Chief prepared a paper on the role of continuing education in preparing long-term care facility to deal with death which will be included as a chapter in a text entitled "The Nurse as Caregiver for the Dying Patient and His Family," being published by Columbia University Press.

The PIB Deputy Chief and Management Consultant serves on the Task Force on Long-Term Care Administration of the Association of University Programs in Health Administration (AUPHA). This has tied the work of the Division to the important efforts of AUPHA in influencing the improvement of education for both those who seek to enter the field of long-term care administration as well as those who, as practitioners, seek quality continuing education efforts. The AUPHA task force has been instrumental in accomplishing those objectives by, for example, developing the long-term care administrator: role and function, guidelines for education in long-term care administration, to suggest minimum guidelines for an academic institution planning to educate an individual for service in the long-term care field.

The Management Consultant represents the Division of Long-Term Care on the Kellogg grant advisory committee of the American College of Nursing Home Administrators (ACNHA). The W. K. Kellogg supported project, which began in March 1975, has three objectives: (1) the development of a national profile of long-term care administrators; (2) the construction of examinations to certify administrator competency; and (3) the development of model continuing education programs.

The entire PIB staff presented a seminar for the annual meeting of State education directors of the American Health Care Association.

Recognizing the increasing urgency of the multiple challenges of long-term care as it affects the aged and other population age segments, the Administrator of Health Resources Administration (HRA), assumed a leadership role and convened an administrator's seminar on long-term care issues in Washington, D.C., in July 1976. This seminar provided an opportunity for dialog between Federal officials from multiple agencies concerned with the problem and experts from the academic community, long-term care facilities, researchers, and practitioners.

CONFERENCES

National Conference on Long-Term Care

A planning conference was held at the University of Washington in Seattle to plan a national conference on research in long-term care. A number of experts from the fields of aging, developmental disabilities, and chronic illness met in the summer of 1976. The group achieved the following objectives for the National Conference: stated objectives, identified participants and speakers, designed the format and agenda, and selected the location for the meeting. A 3-day conference is planned for March 1977.

Conference on Adult Day Care

An award was made to the University of Arizona to conduct an invitational conference to develop a research strategy for adult day care. The first meeting of the two-part conference will be held in Washington, D.C., in February 1977.

Conference on Future of Long-Term Care

In collaboration with the National Conference on Social Welfare, the DLTC cosponsored an institute on the future of long-term care in the United States. The

institute was held during the NCSW's annual forum. A task force comprised of Federal officials and non-Federal authorities assisted in planning the conference and produced a working document on long-term care. Institute participants were challenged to address long-term care from a different vantage point—to look anew at traditional methods and care modalities, and to promulgate a new thrust for the future. A final report to form the basis for further deliberations is in preparation.

Workshop on Day Care

DLTC sponsored a 1-day workshop featuring Dr. John C. Brocklehurst, an outstanding authority in day care, from England. Dr. Brocklehurst is professor of geriatric medicine of the University of Manchester, and director of the Geigy unit for research into aging. He described the day hospital movement in England and discussed its applicability to the health system in the United States. Representatives of concerned Federal programs, as well as the interested public, attended the workshop.

PUBLICATIONS AND PAPERS

The DLTC has effected training contracts with national professional societies and other contractors which frequently require the development in conjunction with the training activities, the publication of the workbook and teaching materials developed for the training programs. Thus, the American Pharmaceutical Association, the American Medical Association, the American Society for Geriatric Dentistry, the American Speech and Hearing Association and others have developed publications which have been widely distributed to health professionals who work in or with long-term care facilities for the purpose of upgrading practice. For example, the APhA developed, published, and distributed some 9,000 copies of the publication entitled " A Workbook for Pharmacists, Monitoring Drug Therapy of the Long-Term Care Patient." Another example, the curriculum entitled "Continuing Education Programs in Restorative Long-Term Care for Licensed and Non-Licensed Nursing Personnel," was developed by the department of rehabilitation medicine, University Hospital, University of Washington, Seattle, Wash., in conjunction with a DHEW training contract with the Washington State Health Facilities Association for offering continuing education programs which emphasize restorative concepts for long-term care. The curriculum was subsequently evaluated, modified, and accepted to meet the requirements of the training contract in rehabilitation nursing effected by the Association of State and Territorial Directors of Nursing in 10 States in replicating the training throughout the Nation. Training contractors have also developed in-service training program materials which may be used by the health professional in accomplishing training of personnel who serve in long-term care facilities.

PUBLICATIONS

1. The executive summary of the cost data reporting system for nursing home care, grant Nos. HS–01114 and HS–01115 will be published in spring 1977. The entire final report which details the findings, the uniform cost item definitions and the methodology will be available at the same time from the National Technical Information Service. More than 10 articles have been published in professional journals on the findings of this project in 1976–77.

2. A training manual entitled "Patient Assessment: A Training Manual for Use of Patient Classification in Long-Term Care" is available for use by providers in long-term care facilities. In addition to instructions for the use of a patient assessment form, the manual contains the practical application of the assessment information in terms of discharge planning, utilization review, care planning, pharmacy review, etc.

3. Rosenberg, Stanley, and Judkins, Beatrice S.: "Federal Programs Make Education an Integral Part of Patient Care"—Hospitals, Journal of the American Hospital Association, 50 :9, May 1, 1976.

4. Rosenberg, Stanley: "Patient Education—An Educator's View" in David Sackett and Brian Haynes, "Compliance with Therapeutic Regimens," John Hopkins University Press, Baltimore, Md., 1976, pp. 82–90.

DISSEMINATION

This year saw substantially increased activities in dissemination of information resulting from prior years' contracts. As noted above, final reports of several

training projects resulted in curricula, training guides, manuals and other materials which are now available to the long-term care field. Notification of availability has been given in Government publications such as the HRA Newsletter, through direct mailing of announcements from DLTC, and through several professional association journals and newsletters.

The multimedia information center concept, developed under contract in 1974–75, has become operational as the long-term care component of the National Health Planning Information Center, Health Resources Administration. Resources of the center are available to health care providers, students, educators, researchers, and all others with an interest in long-term care. Announcements regarding availability of publications, research findings, curricula and audio visuals in all aspects of long-term care will be made in weekly Government abstracts, published by the National Technical Information Service. Computerized literature searches are also available. The creation of the center has made a substantial contribution to the field by providing access to long-term care information in one central location which has capability for continual updating of that information.

FUTURE THRUSTS

Research and development activities

It is expected that future research efforts in long-term care will continue to build and expand upon current activities. The total program will be directed toward the following issues:

1. *Public policy and priorities.*—What is the national policy on long-term care to be? When will it be promulgated? What priority should be placed on public expenditures on individuals requiring long-term care?

2. *Consumer protection.*—What information must be made available to persons requiring long-term care to help them understand the services available to them as well as their entitlements?

3. *Financing the costs of health care for individuals needing long-term care.*—What will be paid for from public sources? Institutional care? Home care? Day care? Other alternatives in long-term care field? Social care and other support systems? Mental health? Should there be a comprehensive approach to the total problem of long-term care? What services should be included?

4. *Availability and delivery of services.*—What should be the role of the health facility providing acute care, primary care, and long-term institutional care? What should be the basic social services and mental health services?

5. *Quality of Care.*—Problems of substandard facilities. Enforcement of Federal and State standards. Training of personnel and reorientation to the quality of life concept. Utilization of manpower. Community approaches and involvement.

Provider Improvement Activities

During 1977, a strengthening of the capability of providers, associations and appropriate State agencies to permit a continuation of training efforts on a more sustained basis is anticipated. Within the framework of a continuing education concept, efforts will be directed at creating closer linkages between service-delivery agencies and facilities with the established educational institutions in States and localities. It is hoped that this will pave the way to the development of a more systematic program of preservice and inservice training. One mechanism for developing this approach is the State-based training effort initiated in 1976, which requires the formation of a statewide planning group comprised of providers, educators, and government agency personnel for purposes of training needs assessment and program development. Another approach is increased involvement of the State affiliates of national professional organizations in developing and conducting discipline-oriented training activities and organizing long-term care special interest groups for purposes of improving levels of competence in practice.

It is anticipated that the regional long-term care education centers will be able to continue most of their programs next year on a self-supporting basis. Some form of contract or grant support may be required for new efforts or for those which have not been fully developed. DLTC will continue to encourage the training of facility personnel to plan and carry out inservice education programs.

The new efforts will be carried out in 1977 to further evaluate the total provider training program: One will be followup of participants trained under

previous contract activities to determine impact of the training on practice; another is through a conference planned for June 1977 in which project directors and key staff of present and previous contracts will be convened to share information and results of their separate evaluations, and recommend future directions to DLTC.

Funding levels permitting, the Division plans to initiate training activities for noninstitutional long-term care health providers, hopefully in collaboration with the Home Health program of HSA/PHS. As noninstitutional services on the continuum of long-term care emerge or expand, the need for adequately trained service personnel will increase.

Also, increased attention will be given to training needs of personnel caring for the mentally and developmentally disabled being cared for in community based long-term services. These activities will be carried out in close collaboration with the National Institute of Mental Health, the Division of Developmental Disabilities, OHD, and the President's Commission on the Mentally Retarded.

A major change in program strategy will be necessary in 1977. Public Law 94–63 and Public Law 94–484, the Nurse Training Act of 1975 and the Health Professions Educational Assistance Act of 1976, respectively—the funding authority under which provider training activities are supported—prohibits delegation to the regional offices of authority to award contracts. Plans are now being developed to assure that local, State, and regional needs are considered while administering a centralized program.

2. National Center for Health Services Research

INTRODUCTION

Chronic health problems affect a large segment of the population including all age groups. There are currently more than a million beds in skilled nursing homes and extended care facilities. According to a 1972 estimate, there are also 25.9 million noninstitutionalized people who suffer some limitation of activity due to chronic disease or impairment.[1] Yet, these statistics do not begin to capture the full magnitude of the problem. They omit the people whose chronic health conditions are subdued through careful clinical management. They also ignore the severe psychological stress, economic hardship and social dislocation which many victims of chronic health conditions and their families confront.

Over the past few decades, people with chronic health conditions have turned increasingly to health care providers for assistance with their diverse health and social problems. Unfortunately, the health sector has been organized primarily to deal with discrete, acute health problems. For people requiring prolonged multiple services, medical care has often been fragmented and impersonal. Furthermore, the health sector has largely ignored the economic and social difficulties of chronic care patients, except to offer them the rather drastic alternative of institutionalization. While institutional care may be essential for people whose chronic health problems require constant attention, there are millions of less severely afflicted persons not well served through this single long-term care strategy. Such people require a flexible mix of health and social services which will allow them to function independently in their homes and communities as long as possible.

The National Center for Health Services Research (NCHSR) defines long-term care to include all forms of service required by people with chronic health conditions. Such conditions may be experienced at any age as recurrent or persistent symptoms, illnesses, disabilities or impairments which are either incurable or which last for prolonged periods (e.g., 3 months or more).

Clinical management of chronic health problems is clearly an essential element of long-term care so defined. NCHSR has, therefore, concentrated a pool of resources on developing more efficient means of delivering health services to chronic care patients. For example, NCHSR sponsored the development of diagnostic and treatment protocols used by briefly-trained health assistants in caring for patients in a diabetes and hypertension clinic. Compared to the previous system utilizing only physicians and nurses, the health assistants were more thorough in patient data collection and identified more previously undetected

[1] National Center for Health Statistics. "Limitation of Activity and Mobility Due to Chronic Conditions United States—1972," Vital and Health Statistics. Data from the National Health Survey, Series 10, No. 96, DHEW Publication No. (HRA 75–1523).

pathology in the patients they saw. Although on average the health assistants ordered more laboratory test than did physicians functioning under the older system, the overall costs generated by the health assistants were offset by an average saving of 20 percent in physician time per patient visit.[2]

The National Center is also supporting research to learn more about the efficacy of various clinical treatment regimens for selected chronic health conditions.[3,4,5] One of these projects involves implementing the national chronic disease data bank system in seven institutions that serve large patient populations. This data system is designed to process longitudinal treatment and outcome information on patients with chronic health problems. One application of the system is to give providers prognostic feedback on other patients most like a patient in question, including comparative treatment information.

By definition, chronic health conditions include all of the debilitating diseases and impairments which modern medical technology is least able to combat. It is not surprising then that the social, economic and physical functioning problems which arise from such conditions are as important in planning long-term care as health service concerns. Yet, until recently, there has been no standard set of objective patient descriptors which would permit the collection of comparable data on patient functional problems over time. The lack of such information has seriously hampered our ability to evaluate the efficacy of different long-term care programs.

As one response to this problem, the National Center sponsored the collaboration of four well-known research groups to design an objective, multidimensional patient assessment instrument including descriptors of patient condition and levels of functioning known to be relevant to patient outcomes over time.[6] This instrument, described in "Patient Classification for Long-Term Care: Users' Manual", is now being used for a variety of patient placement, program monitoring, and research purposes.

Given the existing set of available service options, "patient placement" now refers primarily to the determination by professionals of whether a patient is eligible to receive care in a skilled nursing home or extended care facility. These two types of institutions are by far the major providers of long-term care in this country and their costs are borne largely by taxpayers, through medicare and medicaid.

The National Center has supported a number of projects to describe the structure and behavior of the nursing home industry, particularly in response to the introduction of medicare and medicaid. In a populous region of California, one response to the legislation was the entry of nonnursing home investors who built large facilities and were seeking high returns. The level of capital formation was clearly related to facility size, with startup costs found to be lower for facilities of more than 50 beds.[7] These findings may explain in part the national trend toward more and larger nursing homes during 1965–70.

In Massachusetts, changes in reimbursement formulas for nursing homes during the same period has a demonstrable effect on operating costs. In particular, the introduction of cost-plus reimbursement led nursing home operators to increase the level and quantity of services and staff as a means of increasing their rates of return. Proprietary institutions became quite competitive with voluntary facilities in services and staffing as a result.[8]

While increasing the number of highly skilled personnel in nursing homes may have positive implications for the content of care, this relationship is not entirely clear. A study of Pennsylvania nursing home personnel in 1968 revealed

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[3] A. Komaroff, et al.: "Quality, Efficiency and Cost of a Physician-Assistant-Protocol System for Management of Diabetes and Hypertension." Paper presented in part at the American Federation for Clinical Research, Eastern Section Meetings; Boston, Mass.; Jan. 10–11, 1975.

[3] James F. Fries: "Computerized National Chronic Disease Data-Bank." Research being conducted under Grant No. HS 01875.

[4] Alvan R. Feinstein: "Improvement of Methodology for Clinical Evaluation." Research being conducted under Grant No. HS 00408.

[5] Frank C. Starmer: "Laboratory for Development of Health Information System." Research being conducted under Grant No. HS 01613.

[6] Ellen W. Jones, et al.: "Patient Classification for Long-Term Care: Users' Manual." DHEW Publication No. HRA 74–3107, December 1973.

[7] J. W. Garbarino: "Capital Formation in the Nursing Home Industry: Growth, Cost and Financing in Alameda County, California." Final report on research conducted under PHS grant No. CH 00277.

[8] S. Levey: "Nursing Homes in Massachusetts: An Analysis of Costs and Services." Final report on research conducted under contract No. HSM 110–69–413.

a great degree of overlapping in the tasks regularly performed by RN's, LPN's, and nurse aides. Furthermore, although LPN's were paid on a higher wage scale then nurse aides, 75 percent of LPN's had received their status by "waiver" of examination which is allowed in Pennsylvania on recommendations of a physician. Without such waivers, these LPN's would have been classified as nurse aides, and persumably paid substantially less.[9]

The predominance of nursing homes as suppliers of long-term care in this country stems largely from the structure of existing long-term care financing mechanisms. Their position is not a function of proven superiority in clinical efficacy, efficiency, or attractiveness. The National Center has therefore devoted substantial resources to the exploration of additional strategies for noninstitutional long-term care programs. Particular emphasis has been given to home care not only because it represents a potentially useful alternative to institutionalization, but also because home health services after hospitalization may have substantial rehabilitative impact in some types of cases.

This contention is supported partially by the findings of one carefully controlled study which examined the effect of visiting nurse services on patient functioning and health services utilization among elderly patients discharged from a rehabilitative hospital. The study revealed that continued nursing had statistically significant beneficial effects on physical or mental functioning for patients who had a principal diagnosis of arthritis, or a muscular or skeletal condition without coexisting major chronic condition. Ironically, the study revealed that professional services were heavily concentrated on the patients with greatest functional limitations, who were least likely to show beneficial effects from such skilled attention. These findings suggest a serious misallocation of professional resources in current patterns of health services delivery.[10]

Another important form of home care is general homemaker/home aide services. One study found that intensive daily assistance by home aides seemed to be an acceptable alternative to institutionalization for all clients other than stroke patients. The service was associated with significantly reduced institutionalization for study patients who had a friend or family member in the household capable of providing evening or overnight care.[11]

The National Center is continuing to study the effectiveness of diverse long-term care strategies particularly as alternatives to institutionalization. One important set of current projects is a set of service demonstrations and an evaluation of homemaker, adult day care and day hospital services for medicare and medicaid beneficiaries. These studies were mandated by section 222 of Public Law 93–603. They involve the cooperation of the Social Security Administration in reimbursing providers for the experimental benefits and processing related claims. Findings from a preliminary descriptive study of some existing adult day care programs suggest that one of the most important outcomes will be a detailed description of the great variations in services and staffing patterns which characterize these similarly labeled service programs.[12] The National Center is also conducting experiments in the use of home alarm systems and medically oriented housing as substitutes to institutionalization for elderly and disabled persons who do not require intensive levels of care.

RESEARCH FOCUS

The National Center will continue to support research concerning clinical management of chronic health conditions, descriptions of the associated functional difficulties of the individuals and families affected, studies of nursing home industry performance, and evaluations of noninstitutional long-term care programs. There will, however, be substantial changes in overall program emphasis in long-term care research.

First, it appears with hindsight that the National Center supported too many service demonstrations which did not yield significant findings either because the demonstrations were premature relative to necessary research methodology

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[9] William C. Mather: "Characteristics and Turnover of Nursing Personnel in Pennsylvania Nursing Homes." Research report No. 2 (Medical Sociology Center, Pennsylvania State University, 1970).

[10] Sidney Katz, et al.: "The Effects of Continued Care: A Study of Chronic Illness in the Home." DHEW publication No. HSM 73–3010, December 1972.

[11] Margaret W. Blenkner: "Home Aide Service and the Aged: A Controlled Study." Final report on research conducted under grant No. CH 00385.

[12] Trans Century Corporation: "Adult Day Care in the U.S.: A Comparative Study." Final report on research conducted under contract No. HRA 106–74–148.

or because insufficient attention was paid to research design considerations. In the future, the National Center will support only those demonstrations which are necessary to resolve important policy issues and which appear feasible within the constraints of tested research methodology and available funds.

Second, the National Center recognizes that the basic issues identified in its current research agenda are as germane to long-term care as to other types of health services. To offset the past tendency of researchers to view these issues principally in an acute care context, the National Center will encourage research that addresses the issues specifically in relation to long-term care.

Early in 1976, the National Center published a program solicitation on long-term care which describes research issues in long-term care that merit special attention. The research areas emphasized are planning, health insurance, quality of care, and health care of the disadvantaged.

In the area of planning, the National Center intends to encourage the development of a conceptual framework for assessing long-term care problems and the adequacy of existing services. Such a framework is critical to the improvement of planning capabilities in long-term care, particularly since multiple human service delivery systems are involved. The National Center will also support research to examine consumer preferences and other factors affecting demand for a variety of long-term care programs. To improve our ability to allocate scarce resources effectively, researchers will be encouraged to identify realistic health and social objectives of long-term care for people with various chronic health conditions, to study the mix of services required to efficiently meet these objectives and to evaluate the social acceptability of innovative service options. Finally, studies regarding the effects of current Government policies on the nature and supply of long-term care programs and historical analyses of the roles of government, the health sector, families and communities in providing long-term care are also viewed by the National Center as priority research needs.

In relation to health insurance, further studies are needed that will examine the access problems, demand distortions and inefficiencies associated with the current structure of medicare and medicaid. A more fundamental issue is the question of whether insurance and assistance schemes keyed to acute medical care needs are consistent with the health and social requirements for long-term care in this society. Another major concern currently is the problem of how to structure catastrophic health insurance in a noninflationary manner. To prepare for the possibility that disease-specific cost controls may be required, the National Center will encourage systematic analyses of the health service and family costs associated with chronic health conditions known to frequently entail devastating personal expenditures.

The unique characteristics of long-term care pose some special challenges in quality assurance. From a medical perspective, quality assessment tools are needed that will take into account the limited patient outcome goals and complex treatment processes characteristic of much long-term care. From a broader perspective the National Center has also identified the need to develop quality assessment techniques and quality assurance mechanisms which bring a community perspective to issues of the adequacy of services and cooperative arrangements among programs and providers of the nursing, social, and custodial service components of long-term care. In this regard, one important element of the quality assurance mechanism is a community-based monitoring system for patient evaluation. In addition, special investigations are warranted in the area of long-term care to address the problems of continuity of care, protection of individual dignity in the care process, and prevention of social isolation for people whose activities are restricted.

In the area of health care and the disadvantaged, the National Center intends to further investigate the relationships between poverty and chronic health conditions. The National Center has defined the concept of disadvantaged to encompass considerations such as geographic, racial, and language-related barriers to care. Particular attention will be focused on identifying strategies to improve work conditions and remove barriers to health care where such changes are likely to have substantial preventive or rehabilitative impact.

3. Bureau of Health Planning and Resources Development

The Bureau of Health Planning and Resources Development was created to implement the National Health Planning and Resources Development Act of 1974 (Public Law 93-641). The act calls for the creation of a nationwide network

of health systems agencies and State agencies responsible for health planning and resources development. The program is designed to improve the quality and delivery of health services throughout the Nation, while at the same time containing the cost of providing health services and preventing unnecessary duplication of health resources.

The program is designed to improve health care for the total population, not for a particular group such as the aged. Nevertheless, to the extent that the planning agencies improve the effectiveness and efficiency of the health care system, the elderly will be major beneficiaries. This is particularly so in terms of improved accessibility to health manpower and facilities, and in terms of moderating the excessive costs of health care.

To date, 201 health systems agencies have been designated, as well as 50 State health planning and development agencies. The health systems agencies will be responsible for preparing and implementing plans designed to improve the health of residents in their areas, for providing technical assistance to organizations seeking to implement the plans, and for reviewing applications for Federal funds for health programs within the service area. The State health planning and development agencies will work to integrate the health plans of the local agencies into a State health plan, administering the facilities construction program, and implementing the certificate-of-need programs.

In 1977, a particular focus will be on the health systems agencies as they develop their health systems plans and annual implementation plans. These plans will be addressing the health needs of the population of the health service area and to that extent will be considering the problems of the aged. These plans, to the extent that they provide for a priority for the aged, have a capacity to be addressed through the area health services development fund, which should be available late in 1977.

4. National Center for Health Statistics

The National Center for Health Statistics has as its mission the identification of problems and trends of health status of the general population through the collection and dissemination of quantifiable data. As part of its mandate to collect data on health indicators that affect the total population, the National Center has compiled data on health issues applicable to the elderly. Acting as a statistical resource base for the other components of PHS, NCHS has conducted surveys which measure the health and nutritional status of persons aged 60–74; the health status and utilization of health facilities by persons aged 65 and over, and the characteristics of residents of nursing homes. These data are presented in the Vital and Health Statistics series reports published by the Health Resources Administration. Data relevant to the activities of the elderly obtained by various data collection mechanisms of NCHS are as follows:

National Mortality Statistics examines death by various causes. The statistics are broken down by age, sex, race, State, counties, and places with more than 10,000 inhabitants.

Health and nutrition examination survey provides data related to the health and nutritional status of the population collected through actual examination of a sample of the Nation's noninstitutionalized population. The survey supplies data for evaluation of nutritional status through analysis of dietary intake and food frequency interrelated with physical examination, medical history and biochemical assessment data. The survey was specifically designed to examine population groups at high risk of poor nutrition, i.e., preschool children, the aged, the disadvantaged and women of childbearing age. The age group of the sample is from 6 months to 74 years.

Health interview survey conducted on an ongoing basis identifies health characteristics and the utilization of health services by individuals in the noninstitutionalized population. Variables examined include: age, sex, color, ethnicity, material status, and socioeconomic status.

Hospital discharge survey conducted on an ongoing basis compiles data on discharges, diagnoses and surgical operations or procedures of populations in short-stay hospitals in the United States. Age, sex, race, and marital status are examined.

National ambulatory medical care survey collects data on an ongoing basis on the diagnosis, treatments or services and the dispositions of patients for ambulatory medical care visits in the United States. The sample population covers noninstitutionalized individuals and office based physicians in the United States.

Variables used in this study are: age, sex, color of patient, and physician characteristics.

National nursing home survey conducted every 3 years examines the characteristics of nursing homes, their expenses, services and staff, and the health and demographic characteristics of their residents.

Diagnoses, conditions, functional status, age, sex, color, ethnicity, marital status, and source of payment are resident variables utilized in the survey. Data from the 1973–74 survey have been published and the next survey is scheduled for mid-1977.

In addition to these data collection activities, the National Center for Health Statistics is sponsoring a technical consultant panel for the purpose of developing a minimum basic data set for long-term health care. When developed, the data set will be collected on a regular basis to show up broad variations and trends in factors related to long-term health care.

5. Bureau of Health Manpower

The Bureau of Health Manpower strives to expand the force of primary care practitioners and improve the distribution of health personnel. The Bureau's activities do not focus primarily on elevating the health concerns of the aged, but they affect this segment of the population.

On July 29, 1975, the Nurse Training Act of 1975 (Public Law 94–63) was enacted, revising and extending the nurse training authorities under title VII of the Public Health Service Act until June 30, 1978. It includes new authority for nurse practitioner programs with emphasis on training to meet the particular problems of geriatric and nursing home patients as well as training to provide primary health care in homes, ambulatory facilities, long-term care facilities and other health care institutions.

Primary care training is supported through grants to hospitals to train residents in family practice. At the undergraduate level, primary care preceptorships are assisted through special project awards. A Graduate Medical Education National Advisory Committee (GMENAC) was established to advise the HEW Secretary on physician specialty distribution in relation to graduate medical education opportunities.

Public Health Service scholarships are awarded to students of medicine, osteopathy and dentistry who are willing to serve in health manpower shortage areas. To increase the output of medical and dental services, particularly in shortage areas, the training of physicians and dental extenders is supported.

Eleven area health education centers, designed to link health manpower training with community service needs, are supported in various parts of the country. Priority is given to clinical training of medical and other health professions students in hospitals and ambulatory care settings in medically underserved areas.

The health professions educational assistance program was substantially revised and extended on October 12, 1976, with the enactment of the Health Professions Educational Assistance Act of 1976 (Public Law 94–484). The new law puts added emphasis on alleviating the problems of specialty and geographic distribution of health personnel. Special consideration is given to assistance programs for students willing to participate in shortage related activities. In addition, there is special project authority for training in the diagnosis, treatment, and prevention of the diseases and related medical and behavioral problems of the aged.

B. NATIONAL INSTITUTES OF HEALTH

National Institute on Aging

The vast increase in the absolute number and relative proportion of older people is the most startling demographic characteristic of the twentieth century. Individuals over 65 comprised 3 percent of the population in 1900, nearly 10 percent by 1972, and will comprise a projected 17 to 20 percent of the population in 2020. In only 45 years, one out of every five Americans will be over 65. This explosion in numbers will have social, economic, and personal consequences if plans are not made well in advance.

Congress demonstrated great wisdom and foresight in establishing the National Institute on Aging. The research conducted and supported by the NIA will help improve the quality of life, enhance service delivery, and contain costs. The

major commitment of time and effort necessary to unravel the mysterious process of aging is rightfully undertaken now, before the post-World War II "baby boom" reaches age 65, if we are to prevent unnecessary suffering and hardship. Time and money invested in research today will pave the way for more efficient services at less cost in the future.

Fundamental to all good health care and social services is research—biomedical, behavioral, and social research. Yet often, criticism of our health care system frequently extends to a questioning of the value of continuing research. This questioning is more than antiintellectual; it is part of a real national anxiety to commit public resources toward immediate social ends, instead of making a long-term investment to acquire useful information. The demand for some justification in economic terms of the return on research is a fair one, but one that is not always easy to satisfy. How, for example, can savings of suffering brought about by the development of a new drug be quantified?

We no longer rely on leeches and the purge to protect us from periodic outbreaks of plagues. Both the practice of medicine and our health care system are still based a good deal on trial and error; without research they would not progress.

The ultimate purpose of research is the same as social welfare: to improve the well being of man. In the case of research, this is done by promoting a greater understanding of the nature of life. At the most basic level, we gather knowledge about the functioning of life-giving systems and about the processes of growth, development, and decline. Combining and developing this basic information leads to ways of understanding, preventing, and curing disease and disability.

Our lives are influenced every day by mass social actions such as the fluoridation of water, mandatory sanitation, and pollution control practices, all of which have resulted from information gotten in basic laboratory studies. Individuals also participate directly in the application of research to health when they change life styles by improving eating habits or stopping smoking.

Perhaps one of the biggest problems we face is the enormous educational process which needs to take place in this country before we can eradicate negative attitudes toward aging These attitudes carry over into our medical schools and research institutions. Unbelievably, there is minimal teaching of geriatric medicine in U.S. medical schools. There is no greater need for research than in the field of aging. The creation of the National Institute on Aging by the Congress 2 years ago is indicative of Federal recognition of this need.

THE RESEARCH PLAN

Recognizing the necessity for an orderly approach to the various aspects of aging in America, the Research on Aging Act directed the Secretary of DHEW to develop a plan for research on aging. The Secretary designated NIA as the lead organization in the preparation of the research plan. NIA, working in conjunction with the National Advisory Council on Aging, has now completed its recommendations to the Secretary. The Secretary has in turn transmitted this plan to Congress.

Any well-conceived research plan must necessarily deal with specifics. But research on aging is particularly vulnerable to fragmented approaches. The plan, therefore, is conceived as a holistic approach to discovery of information about aging.

In the course of developing this plan, the NIA was able to begin defining its mandate in more specific terms. Its mission extends the study of aging beyond decline, loss and decrement, to an examination of the normal processes of development that contribute to the quality of life in later years. By investigating the wide variety of factors that constitute and affect the aging process, the NIA hopes to be able to translate the accumulated knowledge into ways of preventing, modifying, or reversing these factors. The ultimate goal of the Institute is to improve the quality of life, and extend the healthy, productive middle years of life.

In some cases, we can move ahead fairly rapidly, with applicable returns on our research investment possible within 5 years; for other issues, their very complexity demands a longer, more sustained effort, although significant improvement in our understanding is possible within several years.

The Institute is divided into intramural and extramural programs. At its intramural research facility in Baltimore (commonly known as The Gerontology

Research Center), the Institute conducts studies ranging from investigations of the tiny molecular building blocks of life to the broad age-related changes that occur over long periods of time, such as the decline in the body's ability to resist disease. A longitudinal study of aging uses a sample of 650 men to examine the effects of aging on metabolism, organ function, hormone biochemistry, psychology, and genetics. Plans are now being made to include women in the longitudinal study.

Grant- and contract-supported research covers a wide variety of areas, such as cellular aging, endocrine changes with age, immunologic aging, the pharmacology of aging, the use of experimental animals in aging research, cognitive changes with age, and societal aspects of aging. Extramural research (supported by grants to universities and medical centers) is administered by the Adult Development and Aging Branch. The extramural program is evaluating the need for the development of centers for aging research. These centers would permit a multidisciplinary approach to the study of aging, ranging from biology to geriatric medicine and behavorial studies.

The need for tangible and immediate improvement in the quality of life for the aged has shifted research away from its exclusive disease orientation, with its study of the sick and institutionalized, to a broader inquiry into normal physiological changes occurring with age, the behavioral constitution of the aged, and the social, cultural, and economic environment in which the elderly live.

To identify issues amenable to research or requiring additional effort, the National Advisory Council on Aging sought the advice of the research community. In so doing, it identified the following:

Biomedical issues amenable to a short-term effort include:

1. The decline in immunological competence with aging, and its implications.
2. Variations in the process of aging, life expectancies, and the patterns of disease among the aged of different ethnic, racial, and cultural groups, as well as between the sexes.
3. The interaction of aging and its accompanying diseases with such external factors as nutrition, physical fitness, and response to medicines.
4. Collaborative studies with other Institutes of the NIH and with other DHEW agencies of diseases more common to the aged, including diabetes, myelitis, senile dementia (organic brain syndrome), atheroscelerosis, and osteoporosis.
5. The effective diagnosis and management of the reversible forms of senility.

Long-term studies needed in the biomedical area are:

1. The criteria for healthy and successful aging.
2. The mutually interacting influences of aging and disease.
3. The influence of cultural background on successful aging.
4. Personal and economic costs of major diseases in old age.
5. Prosthetic technology as an aid to the maintenance of an independent life.

Short-term investigations in the behavioral and social areas include:

1. The social costs, system costs, and socioeconomic impact of an increased population of the old on communities, public and private services, and the old themselves.
2. The advantages and disadvantages of flexible retirement policies to society as a whole and to the aged in particular.
3. Occupational and social roles for older people.
4. Adjustments to crises in the life cycle.
5. The impact of income-maintenance programs.

Long-range projects that merit study are:

1. Relationships among family structure and support, lifestyles, and patterns of aging.
2. Middle age as a transition to old age.
3. Personality changes during life, from young adult to very old age.
4. Improvement and maintenance of memory.
5. The meaning and impact of the new age structure on American society.

Many issues in the area of human service and delivery were also identified for the use of the Department of Health, Education, and Welfare and are improving the quality of services to the aged.

At the same time that identification of research directions was being conducted, the NIA was actively engaged in organizing, staffing, and performing research. One of the Institute's most valuable and productive endeavors is the Baltimore longitudinal study, conducted at the NIA's Gerontology Research Center (GRC). The study is specifically designed to collect medical data on a number of individuals over a long peroiod of time and see how these data change with age.

The Baltimore longitudinal study was began in 1958, before the formation of the NIA. Every 18 months, approximately 650 men, ranging in age from 20 to 96 years, come to GRC and undergo 2½ days of extensive examinations that include clinical, biochemical, and psychological tests.

NIA sponsored 52 projects in its intramural research program in addition to the Baltimore longitudinal study last fiscal year, and expects to increase its program significantly in fiscal year 1978. Those activities produced many advances, including the following findings:

—Older men generally handle alcohol as well as younger men physiologically, but there are differences in metabolism. The same amount of alcohol, for example, produces a higher peak blood alcohol level in older men, a finding which is consistent with a reduced body mass and total body water content known to occur with aging. Physiologically, older men appear less intoxicated than their younger counterparts, but testing showed that their memory and decisionmaking ability was impaired more than in younger subjects. Since alcohol has greater psychological effects on the old and they perceive those effects to a lesser degree, the drug is potentially more risky for older men than for younger ones.

—Older hearts tend to have thicker walls and fill slower than younger hearts, but the changes apparently have little to do with function. Both under stress and at rest, old hearts are just as good as young hearts, all other factors being equal.

—Cells from older donors grown in tissue culture have larger volumes than similarly cultured cells from younger men, but they tend to reproduce themselves much more slowly and they don't live nearly as long as younger cells. On the basis of these and other findings, investigators conclude that there is probably a highly regulated mechanism inside cells which is responsible for aging at the cellular level.

It is clear that the NIA will have to excite the interest and then support many more investigators if it is to carry out satisfactorily the mission that Congress has given it. The question, of course, is where these investigators will come from. There are several possible sources. Investigators in other fields may shift to aging research. Newly trained scientists may take postdoctoral training that launches them in research on aging. Predoctoral students can conduct their research in an area of their discipline that bears on aging processes or the problems of the aged. NIA plans to recruit scientists from all these sources.

FUTURE PLANS

Fundamental Biology of Aging

Studies of the aging process at a fundamental level are essential if the National Institute on Aging is to responsibly address public expectations of an improved quality of life throughout the lifespan. The basic mechanisms of the aging process are still unknown. Any attempt to ameliorate age-correlated health problems, such as are seen in the organic brain syndrome and osteoporosis, may ultimately depend upon knowledge of the aging process at the molecular and cellular levels. Furthermore, knowledge achieved at this basic level must then be integrated with knowledge of more complex biological systems within the organism. Current theories, hypotheses, and concepts within the field of biological gerontology are inadequate to justify a highly directed research program on the mechanisms of aging. In order to insure growth in the field, we must stimulate new ideas among competent researchers.

Although most experimental work must be conducted on laboratory organisms, studies should be conducted on humans or human materials wherever possible, or on animal model systems which approximate human aging phenomena if humans cannot be used. A great deal would be gained by comparing the characteristics and bases of the aging process in selected organisms throughout the animal

kingdom. Such studies might be expected to indicate which phenomena are basic to all animal life, and consequently provide a clearer insight into the human aging process.

Senile Dementia

One of the most disturbing aspects of aging is a condition related to the mental deterioration of the old generally known as "senility." Although called by this single name, the condition is probably a mixture of disease-derived changes coupled with less specific and poorly understood deteriorative changes associated with growing old. We now know that there are approximately 100, if not more, causes of "senility," many of them reversible. They range from malnutrition to excessive medication to unrecognized congestive heart failure to walking pneumonia to anemia. All too often, doctors dismiss confusion and forgetfulness as an irreversible and inevitable part of the aging process, when in fact many cases are treatable. But there are presently severe irreversible organic brain diseases that develop among older people. One such condition is commonly called senile dementia and accounts for the presence of perhaps one-half of the 1.2 million persons in American nursing homes. It results in enormous social and health costs, as well as personal and family anguish. Research in the causes and treatment of these various dementias would improve care and reduce institutionalization.

Drugs and Aging

An immediate contribution to the prevention of disabilities and institutionalization of the elderly would be the support and conduct of research in pharmacology and aging. The basic concepts and tools for developing the pharmacokinetics (absorption, distribution, etc.) and pharmacodynamics (e.g., paradoxical reactions, toxicity) of aging are available, but the work has not been done. The classic text in pharmacology does not even have age in the index. Nor do the National Library of Medicine's reference volumes of "Drug Interactions." The absence of a comprehensive body of knowledge on drugs and aging poses a serious problem. Physicians inadequately educated in the special considerations of the old have no prescription guidelines on which to rely, and often drugs overuse and misuses result in unnecessary falls and fractures, episodes of confusion (often misdiagnosed as "senility"), excess hospitalization, and expensive institutionalization in nursing homes.

Retirement

The current system of mandatory retirement results in economic and human loss to society. It makes no sense whatsoever to decrease the productive contribution of any segment of the population and then pay out money for its care and support. Just as we have flexible ways of promoting people, so too should we have flexible ways of retiring them. In order to work, however, this system must be based on a set of standards of health and well-being which are both measurable and reproductible. The NIA could contribute by collecting the necessary psychological and social assessment data on which base a retirement test battery.

In 1975, the Federal Government paid out $36 billion in social security income benefits to the elderly, and $6 billion in civil service benefits to annuitants. Flexible retirement procedures would potentially save some of these billions of dollars. With more people working past the age of 65, there will be fewer collecting annuities. Moreover, as the impact of the changing age structure is felt and the number of working generations decreases, older people will be an increasingly valuable component of the national work force, reducing the present dependency of the old on younger workers.

Prosthetics

The technology which put men on the Moon and created flying belts for astronauts can be adapted and applied to the development of prosthetics to assist older people who are severely disabled by stroke, arthritis, and muscular weakness. Advances in bioengineering in recent years have not been sufficiently harnessed for use in prosthesis.

Information Dissemination

The broad mission of the NIA and the size and high motivation of the aging constituency require that public information and health education programs of

the Institute be given high priorities. The NIA will try to make up some of its deficit in information production capacity by working with voluntary organizations that already have well-established channels of communication, such as the American Association of Retired Persons, the National Council on the Aging, and the National Council of Senior Citizens.

Informational materials will emphasize the need for research on aging, as this need is not entirely recognized or understood by all those interested in aging and the aged. Informal fact sheets are also planned on areas of general interest of the public, such as research on senility, retirement, sexual potency with age, immunologic aspects of aging, grief as a part of aging, the medical aspects and social implications of the longer life expectancy for women, drug-drug and drug-age interactions, and self-care habits for the old.

Philosophically, the goals of the information program include a desire to promote a better image of aging and the aged and to foster an interest among professionals and paraprofessionals in choosing a career dedicated toward the needs and special interests of the aged.

Self-Help and Self-Care

Self-help (an organizational approach to aftercare education) and self-care (the individual's desire and ability to care for himself, based on learning proper procedures and skills) have been practiced since the earliest history of man. However, during the 1970's these intervention approaches have received increased recognition as a means for improving the Nation's health care. They are seen as a means for reducing preventable illness, disability, and death, and thereby reducing the cost of health care. The emphasis is on the individual's responsibility for achieving better health through his/her own efforts. Yet there is little evidence that the public wishes to be free of medical judgment. Are the old, in particular, less motivated to be independent of a medical care system? Research is needed regarding the transfer of functions for health care and prevention to the patient, especially the older patient, to determine whether this leads to better utilization of the health care system and to improved well-being of the individual.

Regional Aging Animal Models and Colonies

The lack of aged experimental animals is a major limiting factor to the study of aging. Until recently aging studies in animals, particularly rodents, were usually limited to those animals hardy enough to survive the stress of infectious disease and a fluctuating physical environment. Respiratory disease, parasitism, and the environmental stress of nutritional temperature and humidity variability reduced the numbers of aged animals so that few, if any, animals survived to natural senescence.

Those that survived were so debilitated by infectious disease, stress, and pathologic lesions that it was virtually impossible to separate physiologic and morphologic concomitants of aging from disease, stress, and induced pathology.

In recent years sophisticated methods for excluding microbial pathogens and controlling environmental changes within reasonable limits have evolved. These include caesarian derivation to separate the animal from the disease of the maternal parent and rearing the offspring in a barrier containment room in which personnel can enter only through locks, with work materials autoclaved and food pasturized before entry into the barrier room.

The development of resource colonies of aged animals . several defined strains and species under the conditions necessary for rearing aged animals is beyond the usual capability of university based investigators, who are not usually willing to commit available space to long-term holding (2 to 5 years) of aging animals. Commercial animals breeding laboratories are also reluctant to commit space and funds to long-term projects in which turnover of animals is low, species and strains may change, and commercial experience is limited.

In view of the risk of infectious disease or environmental accident that may wipe out or compromise the entire holdings of aged animals at a central location, it is desirable to separate the aged colonies to minimize risks. The dispersal of colonies will increase availability and accessibility of the animals to more investigators. Also, it will minimize excessive mortality and morbidity that may result from extended transit time to the investigator. Finally, the flexibility to develop special models common to a particular laboratory or locale can be readily accomplished in collaboration with scientists interested in a unique species or strain.

Because of the special facilities required and the long-term commitment to rearing aged animals at research institutions and the reluctance of commercial breeding laboratories to develop aging animal colonies, it is incumbent upon the National Institute on Aging to develop colonies of commonly used strains and species of animals as well as selected animal models that may have special value for answering questions about aging processes. The prudence of developing regional colonies is evidenced by the all-too-frequent loss of valuable strains and species due to disease or environmental accident.

C. OFFICE OF LONG-TERM CARE

Organization, Functions, and Relationships.—The legislative mandate to develop nursing home standards dates back to 1965, when the Congress passed Public Law 89-97 establishing medicare (title XVIII) and medicaid (title XIX) of the Social Security Act. Since that time, amendments to the Social Security Act, national adoption of the Life Safety Code established by the National Fire Protection Association, and passage of other legislation have involved 12 agencies within the Department of Health, Education, and Welfare and five other Federal departments which have responsibilities for long-term care and programs for the aged. Until 1971, no mechanisms existed for assuring that the activities carried out by the agencies do, in fact, complement each other, that there are no gaps, conflicts, or duplication of services.

On August 6, 1971, in response to national publicity regarding the poor conditions of long-term care facilities, the President called for a national effort to improve the quality of life and care of the elderly and disabled. In his eight-point plan for nursing home improvement, the President called for changes in the areas of standards development and enforcement, surveyor and health care personnel training, mechanisms for handling consumer complaints, research and development, and data collection efforts.

In November 1971, a Special Assistant for Nursing Home Affairs, was appointed in the Office of the Assistant Secretary for Health and Scientific Affairs (now the Office of the Assistant Secretary for Health). The special assistant was given responsibility for directing the Department's efforts to improve the standards and quality of nursing home care. Thus, the Office of Nursing Home Affairs (ONHA) was established in 1971 as a Presidential initiative to step up Federal efforts to improve the quality of care by nursing homes participating in the medicare and medicaid programs.

The original role of the ONHA was to stimulate, coordinate, and obtain concurrence and clearance on policies which affected over 16,000 skilled nursing and intermediate care facilities participating in medicare and medicaid programs. (There are some 7,000 additional nursing home facilities which do not participate in these programs.) On October 18, 1973, the ONHA was delegated further responsibility to coordinate all headquarters policy decisions and for communicating departmental policy to the regional directors.

On November 28, 1973, Dr. Faye G. Abdellah, Assistant Surgeon General, was named Director of the Office of Nursing Home Affairs, by the Assistant Secretary for Health. Subsequently, on March 20, 1974, to preserve the continuity of the current collaborative activities between the Administration on Aging and the Public Health Service, Dr. Abdellah was designated the additional responsibility of the PHS coordinator for aging. This action brought together into one office within the Department the responsibilities for long-term care and aging to maximize the involvement of the health agencies and the Administration on Aging in implementing related programs. On August 30, 1974, the responsibility was enlarged to include all policies related to long-term care (i.e., elderly, mentally retarded, and developmentally disabled). In February 1975, ONHA was charged with coordinating Federal policy concerning both beneficiaries and services covered by home health care benefits under medicare and medicaid.

In June 1976, the organizational title, ONHA, was changed to the Office of Long-Term Care (OLTC). Within the OLTC there are two divisions: the Division of Standards Enforcement Coordination and the Division of Policy Development. The former is responsible for assuring the consistent application and enforcement of long-term care standards and for monitoring the uniform interpretation and implementation of policies. The Division receives and analyzes regional reports of certification activities in order to evaluate the progress of the correction of any deficiencies, and to give timely, responsive technical

assistance to those responsible for implementing standards. The Division of Policy Development recommends, develops, interprets, and clarifies policies that impact on levels, ranges, and quality of both institutional and noninstitutional long-term care services.

In October 1973, responsibility for survey and certification of long-term care facilities in the regions was delegated to the regional directors. In 1974, 3 years after the establishment of the ONHA, regional directors of long-term care were appointed to carry out departmental policy related to standards enforcement in nursing homes within the 10 HEW regions. Growing out of this step, in April 1974, the Regional Offices of Long-Term Care Standards Enforcement (ROLTCSE), were established within the offices of the regional directors as a result of an increasing awareness on the part of the Federal Government that many nursing home facilities which were receiving medicare (title XVIII) and medicaid (title XIX) funds were not meeting standards. The central mission of these offices is to upgrade the capacity of nursing homes to provide quality care for beneficiaries and recipients of Federal funds who are patients or residents and, conversely, to insure that no Federal funds are made available to facilities that cannot, or will not, comply with Federal requirements.

The Federal Register, published on June 13, 1974, describes the obligations of these newly established ROLTCSE's. They serve as monitors of the States' survey activities for medicare and medicaid certification and perform validation surveys of the States' certifications to ensure that standard procedures are being closely followed. ROLTCSE's receive advice from headquarters on activities relating to the approval and termination of agreements with facilities participating in medicaid and medicare programs.

Senior staff members of the OLTC at headquarters meet every 3 or 4 months with the directors of the ROLTCSE's to review and discuss long-term care issues, new or proposed policies, operational problems and difficulties in the field. An Inter-Agency Advisory Group on Long-Term Care Policy and an Inter-Agency Advisory Group for Education/Training also meet regularly to report on assigned and completed tasks and to recommend priority action areas.

In carrying out its diverse functions, the OLTC maintains a close working relationship with the Bureau of Quality Assurance (BQA), the Social Security Administration (SSA), the Social and Rehabilitation Service (SRS), the Administration on Aging (AoA), the Office of Facilities Engineering and Property Management (OFEPM) and other Federal agencies as well as special commissions such as the White House Conference on Handicapped Individuals and the President's Commission on Mental Retardation.

The OLTC is in frequent contact with congressional oversight committees, particularly with the Subcommittees on Long-Term Care and on Health of the Elderly of the Senate Special Committee on Aging, and the Health and Long-Term Care Subcommitte of the House Select Committee on Aging, as well as with professional, provider, and consumer groups concerned with long-term care, aging, and developmental disabilities. Also, the OLTC has the lead responsibility for several departmental task forces concerned with long-term care such as the Inter-Agency Task Force on Home Health Services.

The following sections of this report highlight the OLTC's accomplishments during 1976.

PART I. INSTITUTIONAL CARE

A. LONG-TERM CARE FACILITY IMPROVEMENT CAMPAIGN

1. Background

On June 21, 1974, the Under Secretary of the Department of Health, Education, and Welfare announced the OLTC's campaign to improve long-term patient care in nursing homes. The purpose of this continuing campaign is to assess the status of nursing home care and the costs of providing it, and to measure the progress in upgrading long-term care since the Preisdent made it a major administration health care initiative in 1971.

The overall goals of the campaign are:

(*a*) To demonstrate Federal presence and commitment to improve the quality and safety of the care of older Americans, particularly in nursing homes;

(*b*) To obtain a statistically valid picture of the actual status of quality and safety;

(c) To support ROLTCSE's in each HEW region to ensure that adequate resources are provided and personnel are trained to do the job; and

(d) To develop a followup program with agencies to deal with the findings of the survey.

2. Phase I

On June 21, 1974, the Department of Health, Education, and Welfare announced a campaign to improve long-term care in nursing homes. One of the projects in phase I of this campaign was a fact-finding survey of skilled nursing facilities. The survey asked three basic questions: Who are the patients? How are nursing homes managed? How good is patient care? Designed cooperatively by several government organizations and consultants from leading universities, the survey was conducted by teams of professionally trained experts. A complete report of the survey findings was published by the Department, July 1975; "Long-Term Care Facility Improvement Study: Introductory Report" and contains specific findings about patient characteristics, facility management, and patient care.

Strong needs for action emerged from the survey findings. These include:

—A total review of the survey/certification process.

—Nationwide training and certification of all State surveyors.

—A complete analysis of the entire fiscal approach to reimbursement for services provided.

—Alternatives to institutional care, such as home health care and day care.

3. Phase II

Phase I emphasized the increasing burden carried by the regional offices to monitor the survey and certification program for medicare and medicaid reimbursement. There has been growing awareness that such efforts require a new look at the method by which survey and certification is carried out. The national nursing home improvement survey documented that present regulations for survey and certification procedures only confirm whether or not the facility is capable of delivering the required services, but not whether the standard is being implemented or whether quality care has actually been administered.

These findings led to the February 12, 1976, announcement by the Under Secretary of the Department of Health, Education, and Welfare of phase II of the long-term care facility improvement campaign. This phase focuses on patient care rather than on the institutional framework within which care is provided.

One direct way of improving patient care is to obtain and refine a mechanism by which an individual patient's care outcome can be measured systematically at regularly scheduled intervals. This would provide a method for determining the allocation of resources in a facility and whether the services provided are those actually needed by the patient. A patient appraisal and care evaluation (PACE) instrument has been developed for this purpose and is presently being tested in selected nursing homes, both SNF's and ICF's in 19 States across the Nation.

The following steps have been carried out or are planned for phase II:

—Introduce, on a demonstration basis, a patient appraisal and care evaluation (PACE) instrument in long-term care facilities receiving Federal reimbursement who volunteer for participation.

—Test and refine the process by which patient care outcomes can be measured systematically and provide a method for determining resource allocation in the facility.

—Evaluate results of efforts of the pilot study, make the necessary modifications in PACE, and develop a national study of nursing homes.

—Assess all standards in the present medicare and medicaid programs to identify those standards that relate to facility improvement and those which are essential to provide an evaluation of patient care.

—Assess the medicare and medicaid reimbursement mechanism with a view toward developing reimbursement procedures with incentives linked to performance.

The patient appraisal system will have important implications in the provision of care in long-term care facilities and for general administrative practices in nursing homes. We trust that the PACE will serve as a tool which will be helpful in defining the needs of patients, in planning for their care, and in utilizing

resources most efficiently and effectively. Consequently, PACE may be a possible approach to costing out the care of patients on the basis of their needs and the services rendered. Finally, an important objective of phase II is the development of a survey and certification process that will be based on the quality of care provided rather than only the capability of facilities to provide care.

4. Future Developments

Planning for the future of long-term care in institutions is addressed in the long-term care facility improvement campaign—phase I—which established baseline data on the quality of care provided in long-term care facilities. Phase II provides a basis for substantive planning in the following areas:

(*a*) A complete analysis of the regulations for skilled nursing facilities and intermediate care facilities will be conducted in order to revise and restructure them to provide for the measurement of performance outcomes which reflect the quality of care.

(*b*) The present medicare and medicaid long-term care survey and certification forms will be studied and combined into a single survey and certification package that is responsive to the need for measuring the quality of care provided in the facility.

(*c*) Surveyor training will be thoroughly analyzed to determine whether training should be centralized or decentralized and to determine the most effective and efficient methodology.

(*d*) Provider training will be increased to include both health professionals and paraprofessionals working in the area of long-term care whether institutional or noninstitutional.

(*e*) Research and development activities will be conducted to develop both a quality-of-care index and a cost-of-care index which would create a mechanism for reimbursement incentives to nursing homes on the basis of performance and outcomes of care.

B. STANDARDS DEVELOPMENT

1. Policy Enforcement

Since its formation, the Office of Long-Term Care at headquarters has promoted an intensive campaign to carry out its responsibilities by developing more uniform and sophisticated evaluation and enforcement techniques as well as initiating and implementing educational and consultative programs to the States and providers. Using strong guidelines issued by its Federal office, the ROLTCSE's have identified hundreds of facilities which either did not meet or were in minimal compliance with Federal standards.

Although the majority of facilities have been upgraded, the remainder, which could not be brought up to standard, were terminated from participation in the medicare and/medicaid programs and arrangements were made for the orderly relocation of patients to more suitable facilities.

The number of demands on the ROLTCSE's has increased considerably so that there is a call for increased regional staff. Not only do regional offices monitor the adherence to all regulations dealing with long-term care facilities, they also provide technical assistance and training to State and local agencies and providers. In addition, certain requirements for SNF's, which have been introduced in the past year, will be very difficult to monitor and determine compliance. Among the new requirements are: (1) Medical direction of a facility; (2) nursing services on a 7-day rather than a 5-day basis; and (3) the patients' rights amendments.

In reorganizing the HEW effort to focus on problems of long-term care, the ROLTCSE's have strengthened their relationships with State health authorities, consumers, and provider groups by meeting with them to resolve common problems. State legislators have also become more aware of the plight of nursing home patients. HEW's efforts to remove substandard facilities from medicare and medicaid programs have encouraged the States to appropriate funds to upgrade facilities and to enact legislation requiring stricter compliances with regard to patient care.

2. Life Safety Code

Public Law 94–182, signed into law on December 31, 1975, mandated that under title XVIII and XIX of the Social Security Act, HEW enforce the applicable requirements of the 1973 edition of the Life Safety Code (LSC), a con-

sensus standard published by the National Fire Protection Association (NFPA). The 1973 edition of the code was substituted for the 1961 edition by Public Law 94–182 as of June 1, 1976.

The LSC contains nationally accepted provisions for specifying minimum standards for fireproof construction, firewalls, exits, lighting, and alarm systems. Although the law applies only to skilled nursing facilities participating in medicare and/or medicaid programs, the Department has required, by regulation, that hospitals and intermediate care facilities also comply with the code provisions.

The principal enforcement mechanism is the direct survey of nursing homes by State surveyors. The ROLTCSE's review the results of the surveys to determine whether the SNF's comply with the LSC requirements and pass judgment on requests for waiver of specific requirements. The State survey agencies are responsible for determining whether the ICF's comply with the regulations and consider waiver requests. The waiver determinations are made on a case-by-case basis and are approved only if: (1) The waiver will not adversely affect patient health and safety; and (2) requiring compliance would result in undue hardship to the facility.

The OLTC promotes and participates with SSA and SRS in training sessions in fire safety in a continuing effort to improve the quality of surveys and to reinforce its strong stance on enforcing the LSC requirements. This approach has encouraged administrators of nursing facilities to make the necessary improvements or to be dropped from participation in the medicare and medicaid programs.

Continuing efforts to improve the enforcement of the LSC standards include ongoing training programs for State surveyors conducted by the ROLTCSE's and increased surveillance and review of State survey agency activities. Preliminary data for calendar year 1975 indicate that participation agreements for 134 SNF's were not renewed because of LSC deficiencies.

The ROLTCSE's, in cooperation with State and territorial fire marshals, began an intensive campaign to insure compliance with Federal laws. Consultation service and necessary technical assistance were offered to the hundreds of unprotected facilities so each could meet the fire safety standards.

3. Implementation of New SNF and ICF Regulations

A long-standing problem in the administration of the largely state-controlled medicaid program is the matter of insuring that State surveyors are certifying SNF's and ICF's in a uniform manner and in consonance with the Federal regulations. In a cooperative venture the Federal and State agencies are working to identify areas of abuse which, in some cases, have led to the termination of Federal financial participation (FFP). One such effort is a program of unannounced visits to SNF's and ICF's for the purpose of assuring continued high quality care in the Nation's nursing homes. Under this program all Federal validation surveys are conducted totally unannounced to the facility. States are also encouraged to adopt such a program and many have endorsed the concept. It is anticipated that by 1977, all States will adopt a program of unannounced visits.

Until the regulations governing ICF's were published in 1974, many States had used their own discretion in using medicaid funds to support individuals in facilities which do not offer the level of care of an ICF or cannot meet the new requirements for FFP. Regulations effective March 18, 1974, require that each facility be surveyed and certified, using the same procedures as those developed for the SNF's to determine eligibility for participation in the medicaid program within 1 year. Although it is still too early to predict nationwide trends, the phenomenon of SNF's under medicare (title XVIII) and medicaid (title XIX) converting to ICF's under title XIX has program implications, and raises the critical question of the impact on patients'/residents' needs for care. The following issues are being studied: (1) the reason behind conversions; (2) patient versus facility reclassification; and (3) the impact of the appropriate ratio of SNF's to ICF's required to meet care needs.

4. Intermediate Care Facilities for the Mentally Retarded (ICF/MR)

On January 17, 1974, HEW issued final regulations, effective March 18, 1974, requiring all ICF/MR facilities to comply with higher standards in facilities, Life Safety Codes, staffing, environmental design, and patient care. In order to

participate in the medicaid program, facilities must meet minimum requirements and must develop acceptable compliance plans which would show how they would meet the higher standards by March 18, 1977. ROLTCSE's were responsible for approving such plans and for monitoring the actions taken by State survey agencies to promote progress toward the new standards. Although compliance plan requirements were clearly defined in the regulations, there was a lack of guidance given to the regions concerning the criteria to be applied in reviewing and accepting the plans. This deficiency resulted in a lack of uniformity among Federal monitoring programs and may have contributed to the variation among States in the degree of their compliance.

States have encountered difficulties in attempting to meet the March 18, 1977 deadline. The major areas of difficulty lie in the Life Safety Code and the environmental design of the facility. Many of the changes required are costly and time consuming; States must appropriate funds and approve plans before structural changes can be made to the facilities.

On February 25, 1976, the OLTC requested each region to undertake a major validation effort to determine how well the plans for compliance were being carried out, the status of each State's progress, and the likelihood of meeting the ICF/MR standards by March 18, 1977. An addendum to this report was later requested to include the recommendations of the regional offices on what course of action the Department should pursue in the implementation of the regulations.

The data submitted by the regions indicates that 68 of the 197 State operated facilities are expected to comply with the ICF/MR regulations by the effective date; another 54 are expected to be in compliance with at least 80 percent of the standards by that date. The data represent a positive interest and commitment toward improving the conditions for the mentally retarded.

The majority of the regional directors of the OLTCSE's are satisfied with the content and effective date of the regulations. They recommended that the requirements remain as they are and that the facilities be certified on an individual basis with a plan of correction which would allow the facility additional time to correct any deficiencies after March 18, 1977. Such action would be conditional on the facility making a good faith effort to comply with the regulations.

C. MANAGEMENT INFORMATION SYSTEM—THE MEDICARE/MEDICAID AUTOMATED CERTIFICATION SYSTEM (MMACS)

To assist in the certification of long-term care facilities, during 1976 OLTC developed a management information system formally known as the medicare/medicaid automated certification system, using automatic data processing capabilities. Potentially, the system offers an efficient and economical approach to (1) the review and appraisal of State agency survey operations, (2) efforts to upgrade the quality of SNF's and ICF's, and (3) the uniformity and appropriateness of certification procedures and decisions.

As a result of its rapid response capability the system, when fully operational, will enable the regional OLTCSE's to review survey report form deficiencies prior to certification. The system is capable of producing every needed data aspect of the certification process in a systemized and codified fashion. The data can provide headquarters, regional office, and State agency staffs with the management tools required for a more efficient and effective administration of certification activities.

D. SURVEYOR TRAINING

The Bureau of Quality Assurance (BQA) within the Health Services Administration works with other Federal agencies to coordinate the operation of a continuing program designed to improve the effectiveness and uniformity of State health facility certification procedures. A major part of this mandate is the training of Federal and State personnel engaged in survey activities.

Six university based programs have been involved in surveyor training. However, because of budget constraints, this was reduced to one program at Tulane University, which had the lead responsibility until June 1976. Beginning October 1976, the University of Maryland working with Federal personnel, has taken the lead in the effort. As of June 1, 1976, over 2,500 surveyors have participated in these training programs. In addition, each HEW regional office plans and conducts surveyor training programs designed to meet the specific needs of the State and the region.

During fiscal year 1976, 38 surveyor training courses were conducted, including 21 basic surveyor training courses, 6 executive development institutes, 5 consultants courses, 3 advanced Life Safety Code Institutes, and 3 Training officer workshops. Over 650 State survey agency and regional office personnel participated in these programs.

A study, conducted in 1972 and 1974 to determine training needs of surveyors for the purpose of planning and developing future training activities, found that while the majority of the surveyors have received some training, there is a continuing need for entry-level training because of the rapid turnover in staff and the expanding number of persons needed at the State level to meet medicare/medicaid demands. Furthermore, it is necessary to train staff working in specialty areas such as fire safety and laboratory services.

In an effort to upgrade the quality of fire safety surveys, the OLTC has participated in training courses on fire safety, of which the most recent were conducted in fiscal year 1976 for each of the 10 regions covering the 1973 Life Safety Code. The regional offices continually provide training and consultation to State surveyors.

During 1977, the OLTC expects to make available to State surveyors audio-visual training material which will enable them to train new Life Safety Code surveyors and improve the skills of others.

The OLTC is actively participating in the presentation of the new 2-week basic surveyor training course. Six courses have been scheduled as pilot courses. These courses are being conducted at the University of Maryland Center for adult education. The need for additional courses and other sites will be determined after an evaluation of the backlog of untrained surveyors.

Bi-tri-regional training sessions are planned for February 1977 to implement the consolidated ICF/MR regulations.

Future training mechanisms and materials will be designed to be responsive to the needs of persons working at the regional, State, and local levels so that a range of sophistication of skills is developed and available.

E. PROVIDER TRAINING

By September 1976, a total of 146,328 long-term care provider personnel received training designed to increase their knowledge and skills in the delivery of health services to patients/residents in facilities. The overall provider training has been diverse and developed under a variety of auspices in order to meet the varied needs of special groups of trainees throughout the country. The training has been supported by HEW and administered through the Division of Long-Term Care, Health Resources Administration, PHS. This effort has been a direct outgrowth of the 1973 Presidential Initiative.

Of the 146,328 trainees, 66,186 (45 percent) were nursing personnel, and 36 percent of these trainees are listed in the aide category. Forty-one percent (58,100) of trainees have been support personnel, such as pharmacists, social workers, housekeeping workers, dietary workers, and medical records personnel. Another 11 percent (17,148) were listed as administrative personnel; and the remaining 3 percent (4,904) included other direct care personnel such as physicians, dentists, occupational therapists and physician assistants.

From 1973 to 1975, long-term care education centers were established in each of the 10 HEW regions. In 1976, eight were operational under continuation contracts. One former regional center has continued training programs on a self-supporting basis. Continued results from the centers' training has been shown in areas such as better utilization of nursing home staff and concerted efforts in patient education with the goal towards independent self-help and personal care.

Training contracts have called for development of a series of workshops in areas of special need (for example pharmacy and dietary) in long-term care that have been conducted nationwide. Some curricula developed though the contracts have been adapted for use in professional university programs. Other benefits resulting from contracts have included curriculum modules, workbooks, guidebooks and publication of resource materials useful to long-term care trainers, trainees and nursing home personnel.

Long-term care training coordinators in each HEW regional office have continued to receive allocated funds by DLTC/HRA to design or plan for special training needs of States in that region.

The Division of Long-Term Care has prepared a publication entitled "A Promise Kept" which described Division activities and summarizes all past and current contract supported projects.

PART II. NONINSTITUTIONAL CARE

A. IN-HOME HEALTH CARE DEVELOPMENT

The approach to long-term care is now directed mainly toward institutional care. The passage of the Health Resources Planning and Development Act has increased the potential for a planned, comprehensive, community effort in long-term care. Through the health systems agencies, it will be possible to look at a community's needs in terms of a broader concept of long-term care. This broader concept would consist of a continuum of both institutional and noninstitutional settings and services.

Expansion of long-term care services must include noninstitutional care. The concept of care outside of an institution is a broader one than has been presently defined. It includes not only home health services but also in-home support and maintenance services as well as new setting for long-term care outside of an institution such as day care centers and day hospitals. The patient's home should be defined more broadly to include foster homes, boarding homes and other sheltered environments.

During 1976, the Inter-Agency Home Health Services Task Force, under the leadership of OLTC, has continued its efforts to develop short- and long-term objectives for home health care. The Department's attempts to enhance the role of home health care were further aided by the publication on May 25, 1976 of presumed coverage regulations that should result in fewer home health care cases being retroactively denied reimbursement. The home health grant program has also become operational with the September 1976 allocation of $3 million to assist in the establishment and expansion of home health agencies. In addition, as of August 25, 1976, finalized medicaid home health regulations clarify the requirement that States include home health care in their title XIX programs. The medicaid regulations also clarify who is eligible for home health care and dictate that specific services must be available.

B. HOME HEALTH CARE HEARINGS

In August 1976, in an effort to solicit public comment, the Secretary of HEW called for a series of public hearings on home health services. The OLTC was responsible for the development of the Federal Register notice of these hearings, in which basic issues were raised in seven areas of concern ranging from who is eligible for home care, to who should pay for such services. Hearings of 2-day duration were conducted between September 20 and October 1 in New York, Arlington (Tex.), Atlanta, Chicago, and Los Angeles.

The vast majority of the 540 witnesses testifying in person also provided written comments, as did 375 individuals and organizations which did not make oral presentations. An indication that the hearings successfully captured the public's attention and interest was the attendance of over 1,200 persons who came only to observe the proceedings. Staff of OLTC participated in these hearings and assisted in the development of a report which was sent to the Secretary identifying the priorities of public concern.

The Department is in the process of developing an option paper on home health services. During the next year, it is anticipated that comprehensive and coordinated departmental policy will be established in home health care in keeping with identified issues.

PART III. OTHER LONG-TERM CARE ACTIVITIES

A. INTERAGENCY ADVISORY GROUPS

Regular meetings of the interagency advisory groups for both policy and education/training in long-term care were convened during 1976. Representatives from concerned Department agencies and the regional offices met regularly to resolve issues, expedite actions, identify needs and coordinate activities. The meetings were chaired by the Special Assistant to the Under Secretary for Long-Term Care and Director, Office of Long Term Care, PHS, Dr. Faye G. Abdellah.

B. CONSUMER/PROVIDER INTEREST IN LONG-TERM CARE

1. Consumer/provider meetings

In providing policy direction and coordination of long-term care activities throughout HEW, the Office of Long-Term Care (OLTC) deals directly with the

10 HEW regional offices, the Office of the Secretary, and with the Social Security Administration (SSA), Social and Rehabilitation Service (SRS), and the Administration on Aging (AoA). Within the Public Health Service, the OLTC monitors and coordinates the long-term care activities, reviews plans and objectives for conformance with HEW long-term care requirements and stimulates needed long-term care programs.

In addition, to assure receiving a complete spectrum of opinions, input has been requested from consumer and provider groups. During the past year, regular meetings were scheduled to give consumers and providers the opportunity to provide feedback to consumers on policies and programs. The consumer groups were represented in terms of individual institutions and through national organizations or associations. Areas of consumer involvement included policy advisory and program planning, participation in process of developing regulations, national consumer/provider meetings and consumer education.

2. Consumer feedback and education

During 1976, the OLTC employed many methods to provide information to consumers on policies and programs. They included:

(*a*) Testimony at congressional hearings;

(*b*) Formal presentations by key OLTC staff at regularly scheduled national, regional, and State meetings of consumer groups;

(*c*) Preparation and distribution of articles, editorials, booklets, reports, and audiovisual aids;

(*d*) Use of media to present agency concerns;

(*e*) Participation in seminars conducted by consumer groups;

(*f*) Provision of technical assistance to consumers on an individual or small group basis; and

(*g*) Development of short-term training offerings to client and provider consumer groups. These training programs have been carried out since 1971 and have resulted in 100,000 short-term training opportunities for persons engaged in providing care in nursing homes.

Among the publications developed by the OLTC for use by the consumers was the introductory report which summarized the findings of the long-term care facility improvement survey. A multimedia publication consisting of a script, a complete set of 35 mm. slides, précis, and presentation suggestions, has been distributed to each regional office and has been used to reach numerous consumer and provider groups. A new HEW booklet, also based on the survey results, "How To Select a Nursing Home: A Guide for Consumer," and three monographs describing the survey's implications in specific health care areas, have been published in 1976. These monographs were:

—Assessing health care needs in skilled nursing facilities: Health professional perspectives.

—Physicians' drug prescribing patterns in skilled nursing facilities.

—Assessing patients' needs in skilled nursing facilities.

3. Consumer correspondence and complaint handling

The OLTC received numerous letters and phone calls from consumer groups concerned with regulations and standards. By periodically reviewing the nature of complaints, the OLTC determined if there was a pattern emerging which indicated that regulations needed to be clarified, modified, revised, or revoked.

Correspondence from consumers had considerable impact on programs, policy decisions, and the development of proposed regulations and guidelines.

In the future, more reliance will be placed on regional operations to respond to consumer requests. Recent changes in staff organization will provide better regional office support and liaison to accomplish this decentralization effort.

ITEM 5. LETTER FROM G. DONALD WHEDON, M.D., DIRECTOR, NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM, AND DIGESTIVE DISEASES; TO SENATOR FRANK CHURCH

DEAR MR. CHAIRMAN: I am pleased to respond to your letter of November 9, 1976 and to provide updated information to your committee concerning the National Institute of Arthritis, Metabolism, and Digestive Diseases' (NIAMDD) programs that we have identified as having particular relevance to aged persons.

The NIAMDD is responsible for the conduct and support of research into a wide array of chronic and disabling diseases as well as some which are associated with a high degree of mortality such as diabetes and kidney disease. Because of the nature of these particular diseases, that is, chronic and disabling, many aged persons suffer from one or more of them by virtue of their longevity. There are in particular, however, several diseases under the purview of this Institute which occur more commonly in aged persons and are of considerable concern because they are crippling, they limit activity and increase dependence on others and often require extended hospitalization. Diseases such as osteoarthritis, osteoporosis and benign prostatic hyperplasia afflict many aged persons and constitute health problems of great magnitude through their social and economic importance.

Osteoarthritis.—In its report to the Congress (April 1976), the National Arthritis Commission, of which I am a member, stated that more than 40 million Americans (survey date 1960–62) had some manifestation of osteoarthritis. The severity of the disease varied from symptom-free to bedridden. The Commission went on to make specific recommendations for research activity needed to help alleviate this situation which we are proceeding to implement in a stepwise manner within the limitations of the resources available. Our major research efforts in this area involve the use of biochemical and bioengineering methods to advance fundamental understanding of the chemical and structural alterations that occur in the joints with aging and to develop improved and longer wearing artificial joints to replace those destroyed by the disease.

New initiatives concerning arthritis are underway within the Institute following passage of the National Arthritis Act (Public Law 93–460). I am pleased to report that we have published an announcement of our intent to establish multipurpose arthritis centers, resources which will consist of the facilities of a single institution or a consortium of cooperating institutions through which cooperating health personnel can demonstrate and foster prompt and effective application of available knowledge and develop urgently needed new knowledge. Each center will have or will develop a program in education, research and community-related activities.

Osteoporosis.—This bone-thinning condition occurs frequently in elderly, postmenopausal women. Our research activities are aimed primarily at the production of new knowledge about bone formation, structure and metabolism that can form the rational basis for devising new means of therapy and, hopefully, prevention of osteoporosis. The possibility that bone formation might be stimulated in the thinned bones of patients by fluoride salts is being examined in a clinical study supported by the Institute. My own personal research interests in mineral metabolism of bony tissues have led to studies on the effects of prolonged bedrest in promoting the loss of calcium from bones. As previously reported, the Institute continues to distribute a pamphlet on osteoporosis written for the general public and the regularly published Endocrinology Index, which contains references on the latest research information on osteoporosis for investigators and physicians.

Benign prostatic hyperplasia (BPH).—Last year we reported on a workshop that the Institute held in February 1975, to review, evaluate and identify and thereby stimulate new directions in BPH research. The proceedings of that workshop have now been published and I am pleased to enclose a copy for each member of your committee. The Institute is distributing this publication widely with 3,700 copies going to members of the American Urological Association, 360 copies to all medical school and hospital libraries in this country and abroad and copies sent to young research investigators identified at training centers across the country. Additional copies are on sale through the Government Printing Office. Your attention is directed in particular to the preface and introductory remarks and the summary of the workshop's findings which begins on page 269. Benign prostatic hyperplasia is a benign growth of the prostate gland that encroaches upon the urethra and produces bladder outlet obstruction. Recent studies have suggested that more than 80 percent of men over the age of 40 have some degree of bladder outlet obstruction secondary to BPH, and it is estimated that more than 10 percent of these men will eventually require a major surgical procedure for its correction. Secondary infection may result from bladder outlet obstruction which in turn could lead to chronic prostatitis and inflammation of the bladder and upper urinary tract with accompanying urinary incontinence of varying degrees. Complications of the condition include infection with possible damage to the kidneys and a predisposition to urinary stone formation.

Interdisciplinary studies have been stimulated by the workshop and the Institute is presently supporting integrated clinical and basic research involving both animals and man. Recent exciting findings of research have strengthened the belief that development of BPH is under hormonal control since this condition has now been shown to be associated with an abnormal accumulation af potent androgen (male hormone). In addition, it has been found that BPH can be produced in animals by treating them with hormones. The experimental animal model thus produced will be studied in the coming months to help provide insight into the pathogenesis of this disorder. In addition, the Institute will initiate a program of specialized centers of research this year on urolithiasis (kidney stone formation) which should have impact on dealing with one of the complications which occurs in BPH.

Insofar as funding levels for these areas of research are concerned, there have been only minor changes from fiscal year 1975, primarily because NIAMDD's overall budget did not change, having about a 2½ percent increase in fiscal year 1976. Internal budgetary shifts saw a small gain (about 7 percent) for support of activities in arthritis and related musculoskeletal disorders while the kidney and urology area remained at about the same level.

We in NIAMDD are acutely aware of the tremendous public health problems these diseases represent and of the considerable social and economic burden they place on our aged citizens. There will continue to be considerable commitment on the Institute's part to sustaining the long-term efforts required to make significant improvements in the outlook for these diseases of such importance to the aged.

Sincerely yours,

G. DONALD WHEDON, M.D.,
Dircotor, National Institute of Arthritis, Metabolism, and Digestive Diseases.

ITEM 6. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CONSUMER AFFAIRS AND REGULATORY FUNCTIONS

DEPARTMENTAL ADVISOR, ELDERLY AND HANDICAPPED POLICY

The Office of the Departmental Advisor for Elderly and Handicapped Policy, located in the immediate office of the Assistant Secretary for Consumer Affairs and Regulatory Functions, serves as the focal point within HUD for matters pertaining to housing and related facilities and services for the elderly or the handicapped, and advises the Assistant Secretary on such matters.

In order to give added emphasis to housing programs for the elderly and the handicapped and provide a visible contact point for the public, elderly and handicapped housing coordinators are located in all HUD field offices.

Major responsibilities assigned to the Office include participating in the development or revision of all HUD policies, programs and procedures affecting the elderly or handicapped; coordinating HUD Elderly/Handicapped initiatives and responses; and representing HUD in activities with other Federal, State, and municipal or private organizations relating to the elderly and handicapped.

To help carry out its responsibilities, the Office chairs two intradepartmental working groups: one on the elderly and the other on the handicapped. Members of each group represent all of the operating divisions of the Department, and meet on a regular basis to surface and discuss various issues relating to the elderly or the handicapped.

In addition, the Office is an active participant on the Interdepartmental Working Group of the Domestic Council Committee on Aging. As a result, working agreements between this Department and other Federal agencies have been developed and the effectiveness of their implementation monitored by the Elderly and Handicapped Policy Staff and other elements of the Office of the Assistant Secretary for Consumer Affairs and Regulatory Functions.

During 1976, the Departmental Advisor worked with the Department of Health, Education, and Welfare in a successful effort to resolve differences in the minimum property standards used by the two departments for housing the elderly or handicapped. Moreover, during the year this Office actively participated in the development of the new section 202 program and played a substantial role

in the screening and evaluation of applications for direct loans under this program. Funds totaling $750 million were awarded to sponsors for the construction or rehabilitation of over 25,000 units of housing for the elderly or the handicapped.

Throughout the year, the Office arranged numerous meetings and discussions between HUD executives and representatives of various major organizations representing older Americans and handicapped citizens. The sessions served to bring to the attention of the Department the immediate concerns of these organizations regarding elderly/handicapped housing and to suggest ways in which the Department could respond to them. In turn, the Department was afforded an opportunity to explain its programs and policies with respect to housing the elderly and handicapped.

In working toward the goal of a more barrier-free environment, the Office has acted as liaison and provided staff support to the Architectural and Transportation Barriers Compliance Board since its inception in March of 1974. It also advises the Assistant Secretary for Consumer Affairs and Regulatory Functions who serve as HUD's representative on the Board.

As life expectancy increases and the awareness of the need to make our environment accessible to all persons, the Office of the Department Advisor will continue its attempts to provide a life of greater quality, dignity and independence for all citizens who are elderly or disabled.

Housing Consumer Programs Division

Current agreements between HUD and AoA, HUD and DOT, and HUD and HEW continue to produce programs and services. Another HUD/AoA agreement for services under section 202/8, housing for the elderly, was completed. A member of the staff serves on the Administration on Aging Task Force on Nutrition, as well as on its Task Force on Information and Referral. Some 700 local housing authorities have provided facilities for the meal program over the past year, with some housing agencies providing additional services as grantees. In several instances, the nutrition program has added other programs in recreation, health education, referral, and transportation. Nearby elderly residents of housing projects are thereby benefitted.

HOUSING

Section 8—Implementation

The problems of aging and particularly the housing needs of the elderly are continual concerns of the Department. The implementation of the new section 8 housing assistance payments program will both assist the construction of elderly housing projects and provide an alternative for those who prefer to avoid living in projects housing only elderly persons.

The section 8 housing assistance payments program authorized by the U.S. Housing Act of 1937, as amended, replaces and considerably expands and improves upon the section 23 leasing program which enabled low-income families to rent privately owned housing. Section 8 will provide the flexibility necessary to allow lower-income families including elderly families to occupy existing standard rental units, as well as to permit a family to shop for and choose its own dwelling, rather than leaving the selection to HUD or the local housing authority.

The section 8 program provides assistance to encourage the construction of new units, the substantial rehabilitation of units, and the use of standard existing units. It encourages the participation of both private developers and housing agencies. 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 units is inadequate to meet all housing needs, including those of the elderly.

The legislation requires that section 8 projects serve lower-income and very low-income families. Further, some projects may be developed with a mix of assisted and unassisted families.

In addition, the act recognizes that the elderly have special housing needs. The preference for projects with 20 percent or less of the units subsidized under section 8 does not apply in cases of projects for the elderly.

No family assisted under section 8 may pay more than 25 percent of its income for rent, but the rental payment may be as low as 15 percent, depending on family income, size, and medical or other unusual expenses.

In fiscal year 1976 (including the transition quarter), 49 percent of the contract authority reserved was for units for occupancy by the elderly. Contract authority was reserved for 181,881 units for occupancy by the elderly; 105,143 units were in preliminary proposals for units to be newly constructed; 7,979 units in preliminary proposals for units to be substantially rehabilitated; and 68,759 units under the existing housing program.

Several other features of the section 8 program should be of special advantage to older Americans:

Eligibility for section 8 assistance has been expanded to include two or more unrelated elderly, disabled, or handicapped persons, who are living together, or one or more such individuals living with another person who is essential to their care or well being;

FHA multifamily mortgage insurance programs will be made available to both section 8 developers and nonprofit sponsors to provide the project financing they need for new construction or substantial rehabilitation. Public housing agencies also may use FHA's section 221(d)(3) market rate multifamily insurance program to finance construction or rehabilitation of section 8 assisted units. (Development for profit-motivated mortgagors will generally use the section 221(d)(4) program or conventional financing.)

Another program feature of particular relevance to elderly citizens is the provision of congregate facilities. The term "congregate housing" generally refers to projects in which some or all of the dwelling units do not have full kitchens, where the residents are served by a central kitchen and dining facility. This arrangement permits some of the conveniences and economics of communal living to be built into rental projects. Assistance for such housing will be available under the public housing, section 202 and section 8 programs. However, there is a statutory limit of 10 percent on the amount of annual contributions contract authority which may be used for this purpose in any fiscal year.

Section 202—Direct Loans for Housing for the Elderly or Handicapped

The section 202 program was first introduced as a part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction of housing for the elderly or handicapped. The program was intended to serve elderly persons whose income was above public housing levels but still insufficient to secure adequate housing on the private market. The section 202 program was amended by the 1974 Housing and Community Development Act to change the method of determining the interest rate (previously set at 3 percent) and to provide for the use of section 8 housing assistance payments for projects constructed or substantially rehabilitated under the program. The current interest rate, applying to all loans closed through September 30, 1977, is 7⅜ during the construction period and 6⅞ thereafter.

HUD was authorized to lend $750 million in fiscal year 1976. The first group of reservations was announced in April 1976. Two additional groups were approved prior to September 30, 1976, the end of the transition quarter, for an aggregate of 285 projects totaling more than 29,000 units. The first project started construction in September 1976.

Regulations are being amended to provide for a decentralized program in fiscal year 1977. Funds totaling $750 million have been assigned to the 10 regional offices on a fair share basis. When final regulations and processing instructions have been issued, the field offices will issue Notices of Fund Availability within their respective jurisdictions and new applications will be accepted. We expect to be able to accept new applications by the end of April 1977.

Other Subsidized Housing Programs for the Elderly

Rental assistance—section 236(f)(2) and rent supplement

Section 236(f)(2) also was added to the National Housing Act by the Housing and Community Development Act of 1974. It is designed to assist tenants in section 236 projects who cannot afford to pay basic rents within 25 percent of their income. It provides that HUD will make rental assistance payments to project owners on behalf of such tenants. The program has been structured along lines similar to those for the rent supplement program.

Generally, rental assistance payments are not made with regard to more than 20 percent of the units in a project. However, in the case of projects for the

elderly, this may be increased to 40 percent, and in some cases to even higher levels.

During calendar year 1976, 1,253 section 236 units occupied by the elderly were made eligible for rental assistance payments. In November 1975, OMB issued an instruction that no further unit allocations could be made under the rent supplement program. Since that time only dollar increases have been provided for existing unit allocations to cover increased operating expenses.

SECTION 236 PROJECT APPLICATIONS

Firm commitments for 81 projects consisting of 10,462 units were issued during the year ending November 30, 1976. During this same period construction started on 125 projects consisting of 16,168 units. As of November 30, 1976, 456,958 units in 4,196 projects has been insured under section 236. A significant number of these projects are partially or totally available for the elderly.

PUBLIC HOUSING FOR THE ELDERLY

The public housing program was initiated by the U.S. Housing Act of 1937 (Public Law 412, 75th Congress), "to provide financial assistance to the States and political subdivisions thereof for the elimination of unsafe and insanitary housing conditions, for the eradication of slums, for the provision of decent, safe, and sanitary dwellings for families of low-income, and for the reduction of unemployment and the stimulation of business activity."

HUD provides technical, professional, and financial assistance to public housing agencies (PHA's) for the planning, development, and management of low-income housing.

Today, the primary goal of public housing is to serve families who cannot afford to pay enough to cause private enterprise in their locality to build an adequate supply of decent, safe and sanitary dwellings for their use. Single persons who are elderly, handicapped, or displaced, are also eligible. To assure that only such families and individuals will be served, income eligibility limits are set and enforced locally.

Amendments to the U.S. Housing Act by the Housing Act of 1956 made it possible to admit as tenants in public housing low-income single persons who were 65 or older. It also authorized the construction of units specifically designed for the elderly. Subsequent legislative changes, such as the Housing Act of 1959, changed the age requirements for elderly persons and families to conform to the Social Security Act (at that time, 65 for men and 62 for women), and included as "elderly," disabled persons 50 years of age and over; the Housing Act of 1961 changed the eligibility age for males from 65 to 62 as a result of the 1961 amendment to the Social Security Act, eliminated the minimum age requirement for persons qualifying as elderly by reason of disability, and authorized an additional annual contribution of up to $120 a year per unit where required to enable leasing the unit to an elderly family at an affordable rent and still maintain project solvency; the Housing Act of 1964, permitted admission to low-rent housing of single low-income persons who are displaced by urban renewal or other governmental action, or who are handicapped.

Currently available statistics indicate that there are 8,550 public housing projects under management, consisting of 1,060,000 families with a population of 4,240,000 persons. The elderly families represent 42 percent of the total families, or 445,200 families with an elderly population of 690,000 persons. These consist of 311,650 one-person families and 89,000 two-person families.

Although new applications were not accepted between January 1973 and early 1976 (there was a moratorium on the public housing program), the Department continued to process bona fide commitments during this suspension period. In addition, $50 million was provided from the fiscal year 1976 appropriations act to fund public housing programs. The Department utilized these funds to allow PHA acquisition of HUD-owned, HUD-held and HUD-insured properties.

Recent authorization and appropriations acts have reinstituted the program and on January 31, 1977, final regulations were published to be effective February 7, which will govern the implementation of the traditional public housing program. Housing for the elderly may be provided if a determination is made by the HUD field office that the housing needs of the elderly are not being met by other HUD-assisted programs proportionately to their share of total housing needs in the jurisdiction of the PHA.

The 1977 appropriations act established a set-aside of $120 million for the public housing program, and this amount (together with roughly $50 million from prior year balances) will be used for public housing in the current year to fund new projects, amendments to previously approved projects, and to the extent needed, will also be used for the small number of remaining bona fide units. It is anticipated that after funding the outstanding pipeline, the available authority will permit the approval of roughly 15,000 units of new construction and 13,000 existing units.

UNSUBSIDIZED PROGRAMS

SECTION 231—MORTGAGE INSURANCE FOR ELDERLY HOUSING

Under section 231 of the National Housing Act, as amended, the Department is authorized to insure lenders against losses on mortgages used for construction or rehabilitation of rental accommodations for older persons (aged 62 years or more, married or single).

Section 231 is HUD's principal program for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program, and section 8 housing assistance payments can be made available in connection with it. During the year ending November 30, 1976, firm commitments were issued for 56 projects consisting of 6,079 units. Construction was started on 45 projects consisting of 4,450 units, bringing the total activity under section 231 mortgage insurance to 318 projects consisting of 47,537 units.

SECTIONS 221(d)(3) MARKET RATE AND 221(d)(4) OF THE NATIONAL HOUSING ACT—MORTGAGE INSURANCE PROGRAMS FOR MULTIFAMILY HOUSING

While these programs are not specifically geared to the elderly, they also are available to sponsors as alternatives to the section 231 program.

Section 221(d)(3) authorizes the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures for housing low- and moderate-income families or elderly or handicapped persons. Up to 10 percent of the units may be occupied by low- or moderate-income single persons under 62 years of age. Priority in occupancy is given to those displaced by urban renewal or other governmental action. (Because they tend to be residential occupants of old and deteriorating urban neighborhoods, a greater proportion of older persons than younger persons are affected in these areas.)

The above features are present in the section 221(d)(4) program except that this program is available to public and private profit-motivated sponsors as opposed to nonprofit sponsors under section 221(d)(3).

SECTION 223(f) MORTGAGE INSURANCE FOR THE PURCHASE OR REFINANCING OF EXISTING MULTIFAMILY HOUSING PROJECTS

This program offers mortgage insurance for existing facilities, including housing for the elderly, where repair costs do not exceed 15 percent of project value. The program can be used either in connection with the purchase of a project, or for refinancing only. To the extent that real estate liquidity is enhanced, the availability of section 223(f) encourages investment in residential real estate of all kinds. Prior to its being added to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction.

SECTION 232—MORTGAGE INSURANCE FOR NURSING HOMES/INTERMEDIATE CARE FACILITIES

The primary objective of the section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. Since 1959, when the program was enacted, the Department has insured mortgages for 1,100 facilities providing 125,289 beds.

Approximately 90 percent of the residents of nursing homes are elderly. HEW's medicare and medicaid programs have made it possible for many, who would not otherwise have been able to do so, to benefit from the services provided under this program.

During the year ending November 30, 1976, firm commitments for insurance covering 88 section 232 projects were issued representing 11,581 beds. Construction starts were achieved for 86 projects representing 11,688 beds.

The recent addition of subsection (i) to this program provides for FHA-insured supplemental loans to finance installation of fire safety equipment in these facilities. These loans are not limited to section 232 facilities and may prove useful in enabling conventionally financed nursing homes to comply with HEW and State requirements concerning fire safety.

CONGREGATE HOUSING—MORTGAGE INSURANCE PROGRAMS

The 1974 Housing and Community Development Act also amended FHA's multifamily housing programs to add a general provision authorizing mortgage insurance for housing projects which include units "which are not self-contained," or in other words, congregate housing. While HUD/FHA has previously provided mortgage insurance for projects with congregate facilities only under the section 231 elderly housing mortgage insurance program, the section 236 lower income rental housing program, and the section 232 program, we now have authority to include such housing under all FHA multifamily project insurance programs, including sections 207, 213, and 221.

MANAGEMENT ACTIVITIES

The program support staff continues in its range of interests of the housing needs of the elderly, handicapped, congregate, nursing home and transient residents, and security in HUD-assisted housing. In addition, it has been assigned the responsibility of assisting in contract supervision of training for elderly housing management, as well as developing standards for the certification of housing managers. A Federal Register issuance has established the principle that managers of more than 75 units will be certified by January 1, 1979. Organizations that will conduct the certification have applied to HUD for approval to conduct such certification.

Training: During 1976, Temple University continued its development of elderly housing management materials that can form the basis for curriculum development in schools and universities throughout the country. The second phase of its contract was underway in 1976, and additional funds were granted by HUD to continue to perfect the materials and begin the transfer process to other educational institutions.

Elderly Housing Directories: During 1976, the program support staff continued to distribute two directories of interest to the elderly. The first item "U.S. Housing Developments for the Elderly," has been printed in several thousand copies, and is distributed to those who request the listing. A second is "Federally Assisted Congregate Housing Developments for the Elderly."

Articles dealing with security for the older person continue to be printed in the HUD magazine, Challenge. These articles include, among others, "Living Arrangements and Security Among the Elderly: A Study," and "Practice v. Theory: Public Housing Security and the Elderly." The staff also contributed to a special issue of Police Chief with an article: "The Older Person as Victims."

POLICY DEVELOPMENT AND RESEARCH

Title V of the Housing and Urban Development Act of 1970 authorizes and directs the Secretary to undertake programs of research, studies, testing, and demonstrations relating to the mission and programs of the Department. Section 815 of the Housing and Community Development Act of 1974 strengthened the role of HUD research in the areas of elderly and handicapped by specifically encouraging demonstrations into the problems of members of special user groups, including the elderly and handicapped.

The HUD research program serves as a stimulus for positive change by conducting technological and managerial research, and by demonstrating new methods for application of government and private expertise. The program serves as a national focal point for housing and community development research, and as a central point for research, analysis, data collection and dissemination.

The focus on research related to the problems of the elderly and handicapped is in our program of special user research, although other program areas such as community design research and economic affairs also support research which impacts on the elderly and handicapped.

The mission of the special user group research program is to design, conduct and support research and demonstration projects whose results will improve housing conditions and related housing and community services for the elderly, the handicapped, and other members of identifiable special user groups. The focus of the special user group research program is on five areas: (1) Improved design and technology, (2) Financing mechanisms, (3) Service delivery, (4) Housing management, and (5) The integration of past findings into current operating programs.

The special user research program is conducted in the office of the Deputy Assistant Secretary for Research and Demonstration.

Current Special User Research

The Office of Policy Development and Research has recently completed or is currently sponsoring several projects related to the housing problems of the elderly and handicapped, and additional projects will be undertaken during 1977. The following list demonstrates the scope of these recently completed and ongoing projects:

—An evaluation of the effectiveness of existing elderly property tax relief measures nationwide, and the development of model improvements in administration, incidence, eligibility, and cost.

—A cost study, based on classifications of disabilities, will determine the expense for making existing housing accessible, to include design, services and management adaptations. Information drawn from this study will be used in determining departmental policy and standards for planning, management and delivery services.

—The development of a program of maintenance and repair assistance tailored for elderly homeowners, which also includes a study of sources of appropriate financing and means to educate the elderly to assess their own maintenance and repair needs and to more effectively plan for their accomplishment.

—The revision, broadening and extension of the existing American National Standard for Accessible and Usable Buildings to include dwellings and their related exterior spaces. This report with its recommended revisions will reflect the state of the art in standards for barrier-free design to make the built environment accessible to people with various disabilities.

—An evaluation and demonstration of mobile homes specially adapted for use by the severely handicapped. This project will adapt standard mobile home units to meet the needs of physically handicapped persons thereby facilitating independent living in low cost housing for this group with special housing needs.

—Further research in the use of a sheltered housing environment for the severely handicapped to determine whether persons with different types and degree of disabilities benefit differently from residence there, and if so, what this would suggest in determining target populations for operating programs.

—An evaluation of the effectiveness of existing congregate housing in meeting the needs of elderly persons no longer able to live independently, but not yet in need of medical supervision.

Future Research

During this fiscal year the Department will be starting several new projects which relate to the needs of the elderly and handicapped:

—A study and demonstration of community based small group homes as a housing alternative for handicapped persons. This type of alternative would allow for release from unnecessary and costly institutionalization. Group homes could provide closely integrated service, management and housing packages to meet varying levels of services and needs, depending on the special group served.

—A project of technical assistance to several title VII new communities developers to enable them to design and develop a barrier free village in their new communities.

—A guidebook for the design of housing for the elderly, based on the lesson learned in recent design competitions sponsored by the Massachusetts Department of Community Affairs.

Housing Allowance Experiment

The Department of Housing and Urban Development is conducting a major research effort, the experimental housing allowance program, to evaluate the concept of channeling Federal assistance directly to families in need of housing instead of through organizations in the business of providing housing. The program, authorized by the Housing Act of 1970, is being conducted as a part of the housing assistance research program under the direction of the Assistant Secretary for Policy Development and Research.

The experimental program will produce information upon which to base key decisions regarding housing assistance policy in particular and with application to income transfer programs in general. Considerable knowledge will be gained concerning housing markets, administrative techniques, and the response of households to increase resources for housing.

Three elements, which form the basis for a full analysis of an operating housing allowance program, make up HUD's experimental housing allowance program. Although these elements were not designed to focus specifically on the problems of the elderly in the housing market, some information will be gained in the context of the analyses that were planned. The three elements are briefly described below:

A supply experiment will provide information on the market effects of a full-scale, operating housing allowance program. About one-fourth of participating households are expected to be elderly. The plan calls for assistance to be given to both renters and homeowners.

The demand experiment completed its enrollment at the end of February 1974. About 20 percent of the participants are elderly households. The focus of the experiment is the participant family and its experiences under carefully controlled variations, and a wide variety of interviews and survey data is being collected, including information on the quality of housing and neighborhoods, participant initiative, locational choices, maintenance and rehabilitation and cost factors. In some of the analyses planned, elderly participants will be compared with other age groups on such questions as quality of housing, satisfaction with their homes and neighborhoods, and the degree to which they move. They will be consistently observed as a relevant subgroup throughout the experiment. Reports from the demand experiment are scheduled for 1976 through early 1978.

The administrative agency experiment (*AAE*) was designed to determine experimentally the most satisfactory and cost-effective management procedures that may be used under varying conditions in the delivery of a housing allowance program. Since one measure of a successful administrative process or function is the effect on the participant, data regarding participating attitudes, responses and experiences have been gathered in several different contexts including from agency recordkeeping, from surveys, and in-depth participant case studies.

The final enrollment period was completed in May 1974, and the final number of recipients was 5,512 with approximately 17 percent (950) being elderly households.

Several of the reports concerning the administrative functions of outreach, screening, certification and enrollment will have information on the extent to which elderly participants attended counseling sessions and some descriptive data on the extent to which they required special counseling services. Reports on the other administrative processes contain similar findings by age group where relevant results are found.

Special study of the elderly (*under the AAE*).—Since there are considerable data available in the AAE of particular relevance to the elderly, the evaluation contractor was asked to conduct a special study, including a special survey, to gain certain additional information from the AAE elderly subsample. This study focuses on such questions as how the elderly recipients use their housing allowance, the ability of elderly households to shop for housing, the relationship of the housing allowance to the special needs of the elderly, and the delineation of an appropriate outreach, application and enrollment system for the elderly.

COMMUNITY PLANNING AND DEVELOPMENT

The Office of Community Planning and Development administers programs impacting on the elderly and handicapped under the authority of the Housing

and Community Development Act of 1974 and the "701" comprehensive planning and management assistance programs. The authorization is for the conduct of both the community development block grant (CDBG) program and the comprehensive planning program. Neither program is specifically directed to the elderly and handicapped, but activities benefiting these persons are eligible under the 1974 act and may be carried out at the discretion of communities receiving community development funds.

701 Comprehensive Planning Assistance

The comprehensive planning assistance program provides two-thirds matching grants to all States, some 330 areawide planning agencies, several hundred cities over 50,000 and about 700 localities. Planning for the elderly is a specific eligible activity under the 701 program. Grantees at their option may undertake planning for such elderly concerns as availability of affordable housing, the development of improved transportation systems serving the elderly, and the provision of health and other social services for senior citizens.

Community Development Block Grants

Chart I presents information on the programing of community development block grant funds for activities in neighborhoods where there is a low (0 to 9 percent of the population), medium (10 to 19 percent) and high (20 to 100 percent) concentration of elderly citizens. Entitlement communities are programing 57.6 percent of their CDBG funds for areas with a medium (10 to 19 percent) concentration of elderly.

Chart II shows the distribution of CDBG funds for major community development activities by areas of elderly concentration. In areas of medium and high elderly concentrations certain types of CDBG activities are funded more often than others, and increases are in part, due to the increased presence of elderly and handicapped households. In areas of high elderly concentration, localities plan to increase their expenditures for fire protection, housing counseling and a variety of elderly facilities and equipment. For public services in areas with higher concentrations of elderly, local plans call for increased spending on general public service and public health services.

In addition to the above distribution of CDBG funded activities, communities plan to provide housing assistance to elderly households. Local plans call for 38 percent of their housing assistance to be distributed among the elderly and handicapped. As in the first program year, the proportion of total housing assistance being planned for the elderly and handicapped corresponds closely to needs of these persons in the total population. Elderly and handicapped households, representing 33 percent of the total needs population, are to receive a little more than one-third of the total assistance.

The distribution of housing assistance varies by the type of housing assistance planned by local communities. Forty-eight percent of the new construction planned by communities is targeted for elderly and handicapped households. This percentage of assistance would meet nearly 46 percent of the housing assistance goals for the elderly and handicapped in the second program year. Another 29 percent of their housing assistance goals would be met by rehabilitation housing and 25 percent by existing units.

CHART I.—PERCENTAGE OF TOTAL EXPENDITURE OF CDBG FUNDS BY PERCENT OF ELDERLY CONCENTRATION BY NEIGHBORHOOD LOCATION

Neighborhood location	Elderly concentration (percent)			
	Low concentration (0–9)	Medium concentration (10–19)	High concentration (20–100)	Total
Residential	31.5	60.9	7.6	100
Central business district	9.6	54.4	36.0	100
Other commercial areas	25.6	59.6	14.9	100

CHART II.—PERCENTAGE OF RESIDENTIAL EXPENDITURES ON CDBG-FUNDED ACTIVITY BY PERCENT OF ELDERLY CONCENTRATION

CDBG-funded activity	Elderly concentration (percent)			
	Low concentration (0–9)	Medium concentration (10–19)	High concentration (20–100)	Total
Clearance related	33.2	59.1	7.8	100
Code enforcement	33.7	59.7	6.6	100
Public works	27.1	64.3	8.6	100
Housing rehabilitation loans and grants	28.9	64.2	6.9	100
Services related	27.2	61.4	11.3	100
Public services	35.8	56.4	7.7	100

NEW COMMUNITIES ADMINISTRATION

Through legislation passed in 1970, the Federal Government can guarantee mortgages for developers of large scale new communities which meet certain requirements, including provision of an economic base, provision of substantial amounts of low and moderate income housing, good physical and social planning, and provision of adequate community amenities and facilities including education, health, culture and recreation.

New community projects approved for Federal assistance will provide housing, community facilities, and amenities which will have special value to the elderly and handicapped. These include barrier-free access to public buildings, pathway systems separated from vehicular traffic, and ready access from homes to shopping, recreational facilities, and neighborhood facilities.

Barrier Free Design Regulations

Draft regulations for the new communities program contain the following paragraphs:

> The new community must be planned to accommodate the "current and projected need for housing by age, household size and income, particularly for the elderly and low and moderate income households for the region and market area."
>
> "Buildings, outdoor areas and facilities must be designed to satisfy the needs of the physically handicapped and elderly who need a barrier-free environment to facilitate their movement and self-sufficiency."

In addition, design standards for new community projects include the Department's standards for public housing (40–FR–24), the FHA Minimum Property Standards, the General Services Administration standards for public buildings (101–17–FR–41), and standards published in 1964 by the American National Standards Institute.

The regulations further permit incorporation of nonprofit community associations which will own and manage facilities and provide services to residents. Generally, the regulations state that these community associations will charge dues which are available to, and affordable by, all residents including the elderly, persons from low income families, the handicapped, and renters. These may include such facilities as certain parks and playgrounds, pathways, lakes, tennis courts, swim clubs, community centers, and services such as community recreation programs, community information services, cultural and counseling services, and community center operations.

New Community Projects

Two of the title VII new community projects have completed housing projects for the elderly. On Roosevelt Island, N.Y., 284 units for the elderly and 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 apartment structures are multiuse,

some containing schools and social services. Private autos are banned from the island's streets and minibus transportation provides ready access throughout the Island. An aerial trainway is now operating between the island and Manhattan.

Park Forest South, Ill., has the 182-unit Thornwood House for the elderly. This project for independent seniors is fully occupied, with a waiting list of over 100. Because rental assistance from HUD has been limited to 40 percent of the residents, only those paying more than 50 percent of their incomes for rent are eligible. In the last year, a staff of one full-time and one part-time person, with some help from the residents, has developed the following programs: bus service to area shopping; in-house religious services; food delivery service; an arts and crafts program; games; monthly movies; twice-monthly trips for extended shopping and recreation; weekly meetings both for entertainment, and to inform residents about matters of concern to them like medicare or new legislation; a "coffee shop"; and an inexpensive lunch service provided through the school district.

St. Charles, Md., has under construction 96 units of 221 D (4) with proposed section 8. It is intended that at least half these units will be for the elderly. St. Charles is also proceeding with what it calls the "third age project." This project will consist of 100 units of 236 housing for elderly and handicapped. Both of these projects consist of single-story quadraplex housing, making them more easily accessible to elderly and handicapped. Additionally, they are sited to be convenient to shopping and transportation.

Harbison, S.C., will be reapplying this year to HUD for funds to build housing for the elderly and handicapped.

Maumelle, Ark., has a sponsor interested in providing housing with related medical facilities, if construction moneys can be located.

Program Administration

New communities administration, in conjunction with HUD's office of Policy Development and Research, is sponsoring a research project to design whole villages in new communities to be barrier-free, and thereby accessible to the elderly and the handicapped. The purpose of this particular study is to determine the process, and additional incremental costs required to plan and build barrier-free. Two title VII new communities will be selected to participate in this study on the basis of their willingness and ability to capitalize on this barrier-free planning in terms of providing housing, services and other opportunities for the elderly and handicapped. The 14-month contract which began in October 1976, will develop technical and training materials helpful in replicating this design and planning process in other communities. Local governmental concerns will be considered along with seven aspects of community design: land use, planning of building types for human services; public transportation; public buildings and sites; recreation facilities; public streets; and housing.

INTERSTATE LAND SALES REGISTRATION

Congress passed the Interstate Land Sales Full Disclosure Act of 1968, to give the public a measure of protection against fraudulent and deceptive land sales operations. The act is administered through HUD's Office of Interstate Land Sales Registration. Although the act is intended to provide protection for all consumers, it is evident that a great number of potential victims of fraudulent land sales could be the elderly.

The property report is the key to the protection available to consumers under the Act, since developers are required by law to give the prospective purchaser a property report before or at the time of signing a contract. The disclosure contained in a property report covers such items as (1) existence of mortgages, liens and other encumbrances; (2) whether contract payments are set aside in a special (escrow) fund; (3) availability of recreational facilities, where and when; and (4) availability of water and sewer facilities or of wells and septic tanks.

In 1976, the Office of Interstate Land Sales Registration embarked upon a project to obtain consumers' evaluation of the HUD property report and their suggestions for its improvement. Lists of people who had visited registered subdivisions were requested from developers, and a general questionnaire was sent asking for opinions whether the property report was helpful in purchase deci-

sions. At the same time, OILSR published an advanced notice of proposed rulemaking, asking developers' opinions and ideas for possible simplification or clarification of the registration rules and regulations. The process of tabulation, review and assessment of all the comments which have been received may be culminated by the publication of proposed new rules some time in 1977. The object is to make the disclosure documents easier to understand and to simplify compliance for developers while maintaining the effectiveness of the act in protecting the interests of consumers, including the elderly.

FEDERAL DISASTER ASSISTANCE ADMINISTRATION

The FDAA Administrator and the Commissioner on Aging signed an agreement on September 10, 1976, which sets forth common goals and procedures in disasters affecting the elderly. The agreement provides for:

(1) Cooperation between the Regional Office on Aging and the FDAA Regional Office, in assessment of the needs of the elderly;

(2) Provision of services under the Older Americans Act (such as meals, transportation, outreach services) to elderly disaster victims;

(3) Cooperation of the area agencies on aging with the Federal coordinating officer, whose role in the disaster area is to oversee the provision of all Federal disaster assistance;

(4) Outreach programs conducted by the Area Agencies; and

(5) Provision of special services to the elderly and others when a mission assignment is given to AoA by the FDAA Administrator under the Disaster Relief Act of 1974.

The Federal Disaster Assistance Administration recognizes that the Administration on Aging (AoA) is a valuable source of assistance to elderly disaster victims under its own statutory authority, and desires to cooperate during Presidentially declared disasters for our mutual benefit. The AoA continues to support elderly disaster victims by providing services immediately after the disaster and in conjunction with disaster assistance centers established by FDAA. In Idaho Falls, Idaho, following the collapse of the Teton Dam, AoA provided outreach services, meals, transportation services, and cleanup crews to assist elderly disaster victims. These services enabled them to resume daily activities, and to avail themselves of the other disaster assistance programs available.

In recent disasters in Colorado, southern California and Illinois, the network established by the AoA provided a link between the elderly disaster victim and the disaster centers by conducting effective outreach programs.

As a followup to the large and successful programs of assistance to the elderly after the Omaha, Nebr., tornadoes of 1975, AoA has produced a planning document which can be made available to area agencies on aging for use in disaster situations.

INTER-AGENCY COOPERATION

HUD–HEW Cooperation

HUD, through the Office of the Departmental Advisor on Elderly and Handicapped Policy is working in close coordination with the Department of Health, Education, and Welfare to identify and resolve differences in minimum property standards used by the two departments for housing the elderly and handicapped and the adoption of common minimum standards for both departments in the provision of quality services and management in such housing.

In addition, HUD and the Administration on Aging have identified joint objectives to promote maximum coordination between them, using HUD's section 202/8 programs and AoA's titles III and VII 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 community services advisors and elderly and handicapped coordinators and AoA's regional, State and area agencies on aging; and

(4) Provide joint training or technical assistance for HUD's field staff administering the production and management of the section 202 program with respect to the social aspects of site selection, architecture, service space requirements, project management, function and responsibilities of sponsors, available social services, and related matters dealing with the elderly and handicapped.

INTERDEPARTMENTAL AGREEMENTS

The Office of the Departmental Advisor on Elderly and Handicapped Policy has been an active participant in the work of the Interdepartmental Working Group of the Domestic Council Committee on Aging. Through this group, the Department has been able to enter into a number of working agreements with other Federal agencies. These agreements cover such subjects as nutrition, transportation, energy and information and referral. A summary description of actions undertaken by HUD pursuant to each of these agreements follows:

NUTRITION

HUD recognizes that it and the Administration on Aging (AoA) share a common interest in serving residents of elderly housing through the 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 one hot meal a day not only to residents of the development but also to other elderly of the community.

Therefore, in each State, local housing authorities and the management of other HUD assisted housing for the elderly will be alerted through HUD field offices to make contact with the State agency on aging. They also identify the number of elderly residents reachable through the housing development; inform the State agency on aging about community space and facilities that can be made available; ascertain from the State agency on aging how and when participation may be brought about; and are instructed by HUD that modernization program funds can be utilized to accomplish alterations necessary in community space to accommodate meal preparation and service.

TRANSPORTATION

Management of HUD-insured housing for the elderly, section 202 direct loan projects, and local housing authorities have been urged to establish and maintain relations with their local transit authority and to explore: working with the local government to implement reduced rates for the elderly and handicapped; rerouting of transit lines to serve housing projects for the elderly and handicapped; adjusting schedules to accommodate the special transportation needs of the elderly and handicapped; and obtaining from the local transit authorities special services or facilities.

The management of HUD assisted housing for the elderly and handicapped and local housing authorities also post the transit maps and transit schedules of local transit authorities.

ENERGY

The Department advises its field offices about elderly related energy conservation efforts and suggests that these offices provide State and area offices on aging with information concerning HUD home repair programs. In addition, the Department will suggest to its field offices that they initiate discussions with State and area agencies on aging concerning the use of community space in HUD assisted elderly projects for energy conservation related activities.

INFORMATION AND REFERRAL

The Department is providing to the National Clearinghouse on Aging, on a continuing basis, directories of HUD assisted housing for the elderly and HUD issuances pertaining to the elderly, and has reaffirmed the fact that HUD area and insuring offices can answer general questions on elderly housing availability, eligibility for occupancy and questions of this nature. In addition, the Department has agreed that HUD assisted projects can provide a conduit for appropriate aging information and materials, and that these elderly projects may, in some instances, be able to provide information and referral sites in community space.

ITEM 7. DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

DECEMBER 27, 1976.

DEAR SENATOR CHURCH: This letter will supplement the information furnished by Secretary of the Interior Kleppe in response to your request for a report on the Department's major activities on aging during 1976.

The Land and Water Conservation Fund Act of 1965, as amended in 1972, provides a program which makes available significant recreation fee benefits for senior citizens. The basis of this program is the golden age passport, a free lifetime permit which is available to U.S. citizens and those domiciled in this country who are 62 years of age or older. This passport entitles the holder and his or her family to free entrance to all areas of the national park system where fees vary from 50¢ per person to $3 per car. In addition, the passport also authorizes 50 percent discounts on recreation use fees, such as camping fees, in a wide variety of Federal recreation areas. Nearly a million golden age passports have been issued to date and this has become a very popular program with senior citizens. A description brochure is enclosed (attachment A*).

Accessibility to and use of national park facilities by elderly and physically handicapped visitors is provided in accordance with applicable provisions of Public Law 90–480, 82 Stat. 718 (Architectural Barriers Act), as amended. To the greatest extent possible, commensurate with their physical limitations, the handicapped and elderly are encouraged to enjoy the parks, using the same facilities as the nonhandicapped visitor. It is the National Park Service's policy that park design will facilitate this goal. Special interpretive facilities and programs for those with limited vision and mobility are encouraged where good potential for participation is indicated.

In 1971, the Service issued a "National Park Guide for the Handicapped," and is currently updating the guide. This booklet provides brief descriptions of what the elderly and handicapped may expect in the way of facilities and limitations in the National Park System. An enjoyable experience may be planned by using the guide. (See attachment B.*)

As in previous years, the Department will participate in the program conducted by Retirement Advisors of New York. A contract renewal is pending. Under this program a series of informational booklets is distributed to employees who are within 5 years of optional retirement, and a postretirement newsletter is distributed to all retirees.

Personnel offices in the major bureaus of the Department also offer preretirement counseling on an individual basis upon request. Several of the bureaus conduct preretirement seminars for employees which are generally well attended.

The Secretary has designated a departmental liaison to the White House Conference on Handicapped Individuals which will take place in May 1977. While the emphasis of the conference is on the handicapped, this term is applicable to the infirm elderly. We anticipate that, as a result of the conference, there may be some followup activity in several bureaus and offices of the Department which have responsibility for human resources programs.

We appreciate the efforts of the Senate Special Committee on Aging and hope that the above information will be useful to you.

Sincerely yours,

ALBERT C. ZAPANTA,
Assistant Secretary for Administration and Management.

BUREAU OF INDIAN AFFAIRS

DECEMBER 23, 1976.

DEAR SENATOR CHURCH: In reply to your request of November 9 for information concerning programs on aging, the following statements are provided pertaining to the Bureau of Indian Affairs' programs:

The Bureau of Indian Affairs' program of social services undertakes to provide necessary assistance and social services on reservations when such assistance and social services are not available through State or local public welfare agencies. The Bureau administers such programs on every major Indian reservation.

*Retained in committee files.

Indians on reservations are eligible for benefits under the Social Security Act on the same basis as non-Indians. Persons eligible for these programs are not eligible for BIA financial assistance. An exception is made for elderly Indians on reservations who are eligible for SSI benefits but whose cost of care in a nursing home or other nonmedical facility exceeds the amount of the SSI payment. In these instances, BIA financial assistance is provided as needed and an application for SSI benefits is not required as BIA assistance, unlike that of the States, is considered income under SSI legislation.

The Bureau of Indian Affairs also provides technical assistance and support to the tribes and to Indian organizations. It provided certain support services for the first National Indian Conference on Aging, in Phoenix, Ariz., June 15–17, 1976, where the National Indian Council on Aging was established. Certain support services are being continued for the council.

I have also asked other departmental organizations, such as the National Park Service, to provide you information on their programs. This supplementary information will be provided to you in the near future.

Sincerely,

W. W. LYONS, *Deputy Undersecretary.*

ITEM 8. DEPARTMENT OF TRANSPORTATION

DECEMBER 27, 1976.

DEAR MR. CHAIRMAN: In response to your letter of November 9, 1976, I am pleased to send to you the enclosed report which summarizes significant actions taken by this Department during the past year to improve transportation facilities and services for older Americans.

If we can assist you further, please let us know.

Sincerely,

WILLIAM T. COLEMAN, Jr., *Secretary.*

[Enclosure.]

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

I. INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during 1976 to improve transportation for the elderly,[1] together with ongoing programs and projected initiatives, on their behalf. The information included in the report was furnished by the following elements of the Department: Office of the Secretary, Urban Mass Transportation Administration, Federal Aviation Administration, Federal Railroad Administration, Federal Highway Administration, and National Highway Traffic Safety Administration.

II. REGULATIONS

On April 30, 1976, the Urban Mass Transportation Administration issued regulations dealing with transportation for the elderly and handicapped. The regulations include design standards for mass transportation facilities and equipment, and a requirement that each annual program include projects for elderly and handicapped persons. The latter requirement is supplemented by advisory guidance giving specific examples of satisfactory levels of efforts in serving wheelchair users and semiambulatory persons.

The regulations were amended in October 1976 in order to fill in some gaps in the bus area. Attached to this report is a copy of both the advisory information and the amendment.[2]

Also, on April 30, 1976, the Urban Mass Transportation Administration (UMTA) and the Federal Highway Administration (FHWA) issued joint advisory information on urban transportation planning for elderly and handi-

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[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 they also benefit from these activities.

[2] Retained in committee files.

capped persons (appendix to 23 CFR Part 450, Subpart A). The purpose of this supplementary information is to provide additional guidance on the requirement that the urban transportation planning process include special efforts in the planning and design of mass transportation facilities and services so that the availability of mass transportation which elderly and handicapped persons can effectively utilize will be assured.

III. Policies

Based on advanced-design bus specifications which have been developed, the Urban Mass Transportation Administrator announced on July 27, 1976, that transit buses advertised for bid after February 15, 1977, must have an effective floor height of 24 inches. The mandated height is approximately 10 inches less than the floor height of current transit buses. Also after February 15, buses to be purchased must offer a wheelchair entry option and must have steps of no more than 8 inches in vertical rise. Following the July policy announcement, the Office of Research and Development began development of a specification for an advanced-design bus that reflects the policy statement. A draft of the specification is currently being reviewed by the industry. UMTA states that a final specification is expected to be completed in December 1976.

The Federal Aviation Administration (FAA) has been preparing a regulation relating to travel of handicapped persons on air carriers. The objective of this regulation is to improve service for the air transportation of handicapped persons to the maximum extent possible while providing a high level of safety for all passengers. FAA states that the regulation is expected to be issued in early 1977. As part of the regulation process, comments were requested from the public, especially those interested in air travel of handicapped persons, and over 1,500 comments were received and have been reviewed by the agency.

IV. Research

A. COMPLETED PROJECTS

1. The Office of the Assistant Secretary for Systems Development and Technology (TST) supported: (a) State-of-the-Art Document and Workshop on Demand Responsive Transportation; and (b) an Analysis of Dual Mode Systems in an Urban Area (included an assessment of system application to the handicapped and elderly).

2. The National Highway Traffic Safety Administration (NHTSA) supported the development of a supplemental driver manual to inform those over 55 years of age of the possible problems they may encounter and should anticipate in order to be safe drivers. The manual has been tested in Virginia and the test results indicate a significant increase in older drivers' knowledge and a retention of more information over a 6-month period than other groups tested.

B. ONGOING PROJECTS

1. In a study on the transportation problems of the handicapped supported by UMTA, the contractor will: (a) Conduct a national survey of transportation of handicapped persons in urban areas to determine their needs and problems on existing transport modes; (b) develop planning methodologies, cost-benefit models, demonstration plans, standards and guidelines, and a national program of transportation services for handicapped persons; and (c) investigate the one-half fare requirements of section 5 of the Urban Mass Transportation Act of 1964, as amended. UMTA states that the project is to be completed in the fall of 1977.

2. Identifying driver licensing and improvement requirements of older drivers will be accomplished through a recently awarded contract by NHTSA. The contractor will identify driving problems of the elderly and will develop techniques to overcome their safety problems.

3. Another research effort supported by NHTSA will identify vehicle design deficiencies that might lead to accidents by handicapped and elderly drivers. The initial contract will determine vehicle design deficiencies needing improvement through motor vehicle safety standards and the further research needed in this area.

4. An additional study supported by NHTSA will identify driver visual limitations of the elderly driving population and treatment requirements for correcting

the vision problem. This is an ongoing R. & D. activity that has identified visual performance limitations such as glare recovery, vision under nighttime lighting conditions, and ability to detect moving objects. The study is an attempt to determine what can be done to reduce the problem and its highway safety consequences.

5. Coordination of resources as a means of improving transportation services for the handicapped and elderly is the primary objective of a study supported by the Office of the Assistant Secretary for Environment, Safety, and Consumer Affairs. The contractor for this project will examine barriers to the coordination of resources and will recommend ways to overcome these barriers.

6. "Determining the Future Mobility Needs of the Elderly: Development of a Methodology" is the subject of a study which is supported by the Office of University Research in the Office of the Assistant Secretary for Systems Development and Technology.

7. The titles of other relevant studies supported by the Office of University Research are: (a) Mass Transit Development for Small Areas; A Case Study, Tompkins County, N.Y.; (b) A Study to Identify the Problems that Deaf People May Encounter with METRO and Dial-a-Bus in Metropolitan Washington; (c) New Perspectives on Urban Transportation Strategies for Overcoming Barriers to Innovation; (d) A Study of the Problems of the Carless; (e) Rural Transportation Systems Feasibility Study; (f) Evaluating Rural Public Transportation Demonstrations; (g) Travel Needs and Solutions of Low and Middle Income Urban Residents: A Comparative Study; (h) The Mobility of People and Goods in the Urban Environment; and (i) Transportation to Fulfill Human Needs in the Rural/Urban Environment.

8. The FHWA Office of Research and Development, as part of a multiphased project, has contracted with the Georgia Institute of Technology to study the problems encountered by elderly and handicapped pedestrians. The study identified mobility problems associated with these groups and has proposed 14 highway related countermeasures designed to alleviate these problems in urban situations. At least 12 countermeasures will be tested in five cities throughout the country.

V. Development Projects

A. COMPLETED

1. The Transbus program involved the development and demonstration of prototype, 40-foot transit buses. The Transbus prototypes included a number of features that were provided to accommodate various disabilities commonly found in the ambulatory elderly and handicapped population. In an earlier year, the buses were evaluated in an extensive human factors test program that employed 35 senior citizens in Phoenix, Ariz., as test subjects. Final reports on the Human Factors Evaluation were published in May 1976. Key findings from these tests were that the low floor and the wide front door of the Transbus dramatically improved the speed and safety of boarding and alighting. Boarding time for a typical elderly passenger was cut almost in half, compared to boarding time on current buses.

Much of the information learned through the attention given to elderly and handicapped factors in the Transbus program was incorporated into the UMTA regulation, "Transportation for Elderly and Handicapped Persons," published April 30, 1976, and amended October 18, 1976.

2. A major objective of the development of prototypes of two low-pollution paratransit vehicles has been to improve accessibility features of vehicles now used as taxicabs, particularly for the elderly and handicapped. In order to provide wheelchair access, the two vehicles built have flat floors less than 12 inches above the street level, and a ramp that extends 60 inches.

The two vehicles were shown to the public along with four foreign-made taxicabs during the City Taxi Exhibition of the Museum of Modern Art in New York from June 16 to September 7, 1976. The response to this exhibition was very gratifying. Vehicles of this type could be used for providing door-to-door service for the elderly and handicapped who find it difficult or impossible to use regular mass transit.

B. ONGOING

1. "Wheelchair Access in Current Production Bus" is the subject of a project to determine whether it is feasible to achieve an acceptable wheelchair lift in one manufacturer's current bus design.

2. In a project entitled "Study of Future Paratransit Requirements," the contractor investigated requirements for future paratransit vehicles and services. Reports from this study are expected by late December 1976. The study is an attempt to define what assistance UMTA can provide to obtain meaningful improvements in services and vehicles during the period 1980 to 1995. The contractor is to give special consideration to transportation services for elderly and handicapped travelers, including wheelchair users. The needs and services will be based on projections of the socio-economic environment of U.S. cities from 1980 to 1995 and the anticipated demand levels of these services.

3. The objective of a project entitled "Small Bus Requirements, Concepts, and Specification" is the development of a general and performance specification for an advanced, small urban transit vehicle. That specification should be completed in late 1976. One aim of this project has been to determine what characteristics are necessary for a small bus to have to meet the needs of the elderly and handicapped. The contractors looked at the problem areas for the elderly and handicapped in boarding, alighting from, and maneuvering in small buses. One of the design conclusions of the contractors is that seat heights for elderly and handicapped passengers should be an inch or two higher than they are for the able-bodied, since restricted mobility and loss of strength for rising make low seats undesirable for many. Another finding is that the most critical part of entry and exit is the exiting. Going down steps is more difficult, and, therefore, takes more time than going up.

4. The advanced concept train (ACT–1) program is intended to advance the state-of-the-art of rail rapid transit car design and construction and obtain lower life-cycle-costs per vehicle. The program has three major categories for improvement: (*a*) passenger comfort and appearance; (*b*) economics and operating efficiency; and (*c*) environmental impact. Under passenger comfort and appearance specific attention has been paid to improve facilities for elderly and handicapped. These improved facilities include a reserved section in the rear of the car, a seat designed to be more comfortable for elderly passengers, wheelchair space, a place on the chair for holding crutches and canes, and an increased number of hand grips.

5. For a period of approximately 5 months, beginning in the spring of 1977, the UMTA Office of Research and Development will undertake an assessment of the inclined elevator and its use in Stockholm to: (*a*) determine whether the inclined elevator would be useful for helping the elderly and handicapped change floor levels in transit stations in the United States; and (*b*) obtain factual engineering, architectural, operational, and user data about this equipment, which—if the inclined elevator is deemed worthwhile—can be used in planning and designing future stations and future transit systems in the United States. Inclined elevators travel at the same angle as the escalator and alongside the escalator. There are 36 inclined elevators in Stockholm each of which has a capacity of 12 people.

6. The UMTA Office of Research and Development anticipates that bids soon to be requested will call for conceptual designs for modifying existing escalators in existing transit stations, to determine if it is within the state of the art to make escalators more accessible to the elderly and handicapped.

7. Beginning in late 1976, California Department of Transportation (Caltrans) undertook a project for UMTA to investigate wheelchair safety. Caltrans will be studying lifts and ramps that are on the market today and will be developing safety guidelines for this boarding equipment for wheelchair passengers. They will also be testing the protection given by wheelchair securement systems on the market today to learn how well the restraint systems hold the wheelchair in place under conditions of rapid deceleration, and what the behavior of the wheelchair is when secured by these restraints. The tests will use anthropomorphic dummies placed in wheelchairs mounted on sleds. These systems will be tested with the wheelchair facing forward and facing into the vehicle. Depending on the findings, they may also be tested with the wheelchair facing backward. Caltrans will ask wheelchair users to evaluate the tiedowns for comfort, ease of use, time required for connecting, etc.

8. UMTA has awarded a contract for the development of a prototype elevator device for standard light-rail vehicles (SLRV). The lift is to be designed for use by persons in wheelchairs and by other elderly and handicapped travelers as well. Design, fabrication, and testing are expected to take about a year. In the design concept, the three-sided lift pivots from outside the car, up the vehicle steps and around so that the user ends up facing into the center of the vehicle.

Designed to be self-operated, the lift also will allow the motorman to have override control.

9. The Office of Federal Assistance in the Federal Railroad Administration (FRA) has collaborated with Amtrak, and has provided financial support for the design and implementation of special facilities and programs for the handicapped and elderly which include: (*a*) special seats for the handicapped, enabling them to transfer easily from a wheelchair to their train seat; (*b*) handrails built into restrooms to insure the safety of the handicapped and aged while mobile; and (*c*) sponsoring off-peak fares for people over 65 years of age. As of now, new equipment designed for the handicapped and elderly has already been put to use on the turboliners in upstate New York, and the Am Fleet operated in the Northeast corridor, midwestern, and western routes.

VI. Planning

A. Under section 9 of the Urban Mass Transportation Act of 1964, as amended, UMTA provides financial and technical assistance to approximately 250 metropolitan and 50 State agencies. These agencies are now required by the April 30, 1976, transportation for elderly and handicapped persons regulations to make special efforts in the transportation programing process to plan public mass transportation facilities and services that can effectively be utilized by elderly and handicapped persons, particularly wheelchair users and semiambulatory handicapped persons. Guidance to the UMTA field offices has been developed to assist in their review of unified work programs.

B. Under the State and community highway safety program of NHTSA, States are encouraged to plan and execute their own projects to benefit the elderly. Through the use of Federal, State, and local funds, States are planning preparing and providing programs for the elderly in the areas of driver instruction, pedestrian safety, and driver licensing.

An excellent example of these types of activities is in the State of Illinois where a specific driver reeducation program for the elderly is now operational as a result of Federal assistance. The program entitled "The Senior Driver Improvement Program" was designed to assist elderly drivers to become more knowledgeable about the driving task and ways to compensate for their driving deficiencies. A study guide and a coordinator's handbook were developed and are available from the State of Illinois. This program should prove valuable to senior drivers who wish to continue their driving in a safe and more skillful manner.

VII. Demonstrations

A. Following an appropriation of $15 million, 50 additional projects have been identified for selection under the rural highway public transportation demonstration program, bringing the total to 102 projects in 48 States. The selection and evaluation criteria again specifically required consideration of the "adaptability of systems to the needs of the elderly and handicapped." While almost 98 percent of the projects identify elderly persons as direct beneficiaries of the proposed service, several, most notable in Kansas, will demonstrate the coordination of the transportation service with programs sponsored under the Older Americans Act.

B. In a demonstration of user subsidies for the elderly and handicapped in Lawrence, Mass., eligible users can purchase tickets at a reduced rate but they can be redeemed by the transportation provider at full fare. The project will examine how the several private sector providers respond to the demand, and what changes, if any, are made in the supply and levels of service. Lawrence, Mass., has a private, fixed route bus system and several taxicab companies that will be participating in the demonstration.

C. In a project in Montgomery, Ala., the user subsidy mechanism is an identification card that will enable eligible elderly and handicapped persons to obtain public transportation, including bus or taxi services at reduced fares.

D. The objective of a demonstration project being carried out in Mercer County, N.J., is to determine the extent to which elderly and handicapped transportation can be improved by coordinating the transportation resources of various social service agencies, including public transit agencies and private transportation providers.

E. The Vera Institute of Justice in New York City is conducting a demonstration to demonstrate the cost effectiveness of integrated funding in the operation of a multipurpose special transportation service.

F. The Tri-State Regional Planning Commission in New York City has a demonstration grant to carry out the planning necessary to develop a detailed implementation plan for a demonstration of coordinated door-to-door transportation services for the handicapped in a pilot area of New York City. One alternative being considered is a broker system through which private operators can be contracted to provide services.

VIII. Capital Assistance

The Urban Mass Transportation Administration has awarded a capital grant to the West Virginia Board of Regents for the phase II expansion of the Morgantown PRT system. Under the grant, elevators for use by the elderly and handicapped will be installed in the three stations of the present system and in the two stations being added.

During fiscal year 1976, $22 million was set aside under section 16(b)(2) of the Urban Mass Transportation Act of 1964, as amended, to provide grants to private nonprofit organizations in the acquisition of capital equipment for the provision of transportation services to the elderly and handicapped. Of the $22 million that thas been set aside, grants totaling $466,000 have been awarded to 4 States on behalf of 27 organizations in fiscal year 1976 and the transition quarter. Some States have elected to hold over their fiscal year 1976 funds for use in fiscal year 1977.

IX. Conferences and Workshops

The problems elderly riders encounter are addressed in the workshops FHWA/UMTA conduct for State representatives and sponsors of rural demonstrations projects, including such aspects as sensitive driver selection and training.

X. Information Dissemination and Technology Sharing

The Federal Highway Administration reprinted 1,500 copies of the Administration on Aging sponsored "Planning Handbook—Transporattion Services for the Elderly," prepared by the Institute of Public Administration. FHWA distributed the report to all its demonstration project sponsors, its field offices, State transportation agencies, and metropolitan planning organizations.

ITEM 9. DEPARTMENT OF THE TREASURY

December 24, 1976.

Dear Mr. Chairman: On behalf of the Secretary of the Treasury and myself, I am furnishing you with a summary of Treasury activities benefiting the elderly during 1976. Our efforts during 1977 will be largely along the same lines, although we hope and expect to improve our programs. We are also continuing to make a major effort to inform elderly taxpayers, and others, of their tax rights and responsibilities under the recently enacted Tax Reform Act of 1976, and to simplify our forms and instructions where possible.

You will note that we have included material supplied by Treasury bureaus and offices in addition to the Internal Revenue Service. In this connection, it is our understanding that your committee has had recent contact with the Office of Revenue Sharing on matters relating to the committee's endeavors and that they have responded with information directly to your office. We have not, therefore, duplicated these efforts in this transmittal.

If we can provide additional assistance to the committee, please call upon us.

With kind regards,

Sincerely,

Donald C. Alexander,
Commissioner.

[Enclosure.]

INTERNAL REVENUE ACTIVITIES AFFECTING THE AGED

As in past years, the Internal Revenue Service was active during 1976 in numerous activities directly associated with providing tax assistance for the elderly. These activities included:

—Published Revenue Ruling 76–481, December 13, 1976, in Internal Revenue Bulletin 1976–50, which allows a medical deduction for the medical-care portion of both the founder's fee and the monthly fee, paid by individuals in connection with life-care residence in a retirement home.

—Preparing a series of questions and answers to be issued shortly which provide guidance for applying the newly enacted disability income exclusion provisions of the Tax Reform Act of 1976.

—Updated and published the following publications that deal with tax issues of particular interest to the elderly:

Publication No.—	*Title*
524	Tax Credit for the Elderly.
554	Tax Benefits for Older Americans.
559	Federal Tax Guide for Survivors, Executors, and Administrators.
567	Tax Information on U.S. Civil on U.S. Civil Service Retirement & Disability Retirement.
575	Tax Information on Pension & Annuity Income.

All of these publications are available free of charge at IRS offices. They are also used extensively in taxpayer education programs, often in cooperation with organizations especially interested in problems of retired people.

—Conducted "retiree income tax seminars" as a part of our overseas taxpayers assistance program. These seminars are designed to assist retirees and senior citizens (who reside abroad) to determine their correct U.S. tax obligations. These seminars consist of discussions of tax laws and forms applicable to this specific taxpaying group. The discussions are followed by an exercise in the preparation of a tax return under the guidance and assistance of a tax assistor.

—Implemented a procedure to discontinue an examination when it is found that the issues in question were considered in an audit of either of the 2 preceding tax years and such audit resulted in no tax change. This relief is available to all taxpayers but is particularly helpful to the elderly individuals and others who would be unduly burdened by repetitive and unnecessary audit.

—Increased number of locations where appellate conferences may be held to include all cities in which the U.S. tax court hears small tax cases. Conferences are now offered in 37 additional cities in small tax cases in which the amount of the disputed deficiency or overpayment does not exceed $1,500 for any 1 tax year. This service is available to all taxpayers, but is particularly beneficial to elderly persons and others who could not readily participate in conferences at more distant locations.

—Required that all employees who performed tax assistance work during the 1976 filing period complete a lesson during refresher training on tax issues for the elderly.

—Visited senior citizen centers, nursing homes and other sites convenient to elderly taxpayers in order to assist in tax return preparation.

—Emphasized tax problems of the elderly by providing special lessons in our volunteer training program geared to the tax situations of older citizens as a part of the voluntary income tax assistance (VITA) portion of our taxpayer education program. The special material included information on tax credits for the elderly, estimated tax payments and form W–4P.

—Conducted a workshop, in conjunction with the National Retired Teachers Association and the American Association of Retired Persons, for senior citizen instructors who, in turn, recruited and trained other volunteers in the tax aid program for the elderly.

—Distributed with the cooperation of the Social Security Administration (SSA) publications describing tax benefits for the elderly through SSA local offices.

—Continued emphasis on securing first floor space or, alternatively easy access to elevators as an aid to handicapped and elderly citizens.

—Developed and mailed approximately 2.5 million notices to low income individuals, of whom the elderly represent a relatively high number, calling specific attention to the earned income credit in those cases where it appeared eligible persons failed to claim the credit on their tax return. This resulted, at last count, in some $247 million in credits allowed to lower income tax-

payers who might otherwise not have had the benefit of this provision of the law.

—Issued guidelines to our collection people which exclude, except in flagrant cases, the first $6,000 per annum of retirement (pension) income from the effects of tax levies under IRS section 6331.

—Provided tax information via our public affairs office to older Americans with the following as major points of emphasis:

A. Special tax advantages available to taxpayers age 65 and over such as a double personal exemption, retirement income credit, and tax advantage in the sale of a home.

B. The nontaxability of the special $50 payment made to social security beneficiaries on the rolls for the month of March 1975, as well as all other social security payments received during 1975.

C. Taxpayers age 65 and over, while entitled to a double personal exemption, can claim only a single $30 personal exemption credit.

D. Certain taxpayers, including those age 65 and over with adjusted gross income under $8,000 might be eligible for an earned income credit.

E. Taxpayers with high medical and dental expenses, such as older Americans, should determine if they can itemize on their tax return and qualify for a medical deduction.

F. Premiums for part B of medicare can be deducted as a medical deduction by taxpayers who itemize.

G. The availability of a special form W–4P for use by retirees having income tax withheld from their pensions.

H. The necessity for many part-time workers, including retirees, who had taxes withheld during the year but incurred no tax liability, to file a tax return in order to obtain a refund.

I. The services provided by the IRS-sanctioned voluntary income tax assistance (VITA) program, a tax aide volunteer program designed, in part, for the elderly and retired.

J. The services for older Americans provided by IRS taxpayer services year-round in terms of telephone assistance, walk-in help at IRS offices, free publications available by mail, taxmobiles and satellite offices in some locales, and in some areas, tax seminars for older Americans.

In 1977 our plans will cover the following activities:

—Requiring that employees performing tax assistance work during the 1977 filing period complete training on provisions of the Tax Reform Act of 1976 including new benefits for the elderly.

—Visiting senior citizen centers, nursing homes and other sites convenient to elderly taxpayers in order to assist in tax return preparation.

—Continuing assistance to older Americans through taxpayer education programs such as the volunteer income tax assistance (VITA) program.

—Scheduling a workshop similar to that held in 1976 for the National Retired Teachers Association and the American Association of Retired Persons volunteers.

—Conducting retiree seminars to assist citizens residing abroad with their U.S. tax obligations.

—Instituting computer preparation of forms 1040 on a trial basis. This will allow the IRS to render a complete preparation service rather than the limited self-help previously available to the older taxpayer and other individuals less able to prepare their own returns.

—Conducting a mailout program similar to that described with regard to taxpayers who appear to be entitled to, but do not claim the earned income credit.

—Continue to direct information to the elderly via our Public Affairs Office. In 1977, with passage of the far-reaching Tax Reform Act of 1976 which includes certain provisions affecting older Americans, the Public Affairs Division again has developed an intensive information program to reach the elderly. In addition to stressing all of the highlighted items for 1976, except for the special $50 payment to social security beneficiaries, the $30 personal exemption credit, and the retirement income credit—all of which have either been discontinued or changed by legislation—other points of emphasis for 1977 include:

A. Older Americans may qualify for a new tax credit for the elderly.

B. Tax benefits for older Americans relating to the sale of a home have been liberalized.

C. Older Americans, although eligible for a double personal exemption, can claim only one general tax credit.

D. Taxpayers who file the short form 1040A, including a large number of older Americans, compute their tax from a single tax table.

In addition, Public Affairs has prepared a special tax supplement for use by Sunday and weekly newspapers with the contents including a feature article on older Americans, an article on the general tax credit, and a listing of "tax terms" to make understanding of the tax instructions easier.

OFFICE OF THE SECRETARY
ASSISTANT SECRETARY (ADMINISTRATION)
ACTIVITIES AFFECTING THE AGED

In response to Presidential Proclamation 4426, the Director of Personnel contacted each Bureau to publicize the month of May as Older Americans Month.

The Department of Treasury amended the Treasury Personnel Manual chapter 713 (equal opportunity) appendix B (processing complaints of discrimination) to include provisions for age discrimination complaints.

The Equal Employment Opportunity Affirmative Action Plan for fiscal year 1977 reaffirms Treasury policy that there must be equal opportunity provided without regard to age.

BUREAU OF GOVERNMENT FINANCIAL OPERATIONS
ACTIVITIES AFFECTING THE AGED

Treasury's direct deposit program for Federal recurring payments, which was implemented during 1975, was extended to recipients of civil service and railroad retirement annuities during 1976. This program permits beneficiaries to receive their monthly payments by automatic credit to their accounts in financial institutions. This system virtually eliminates loss, theft, forgery and delays in receiving payments. This service will be extended to recipients of veterans compensation and pension payments during 1977. A marketing campaign is planned for 1977 to make more elderly recipients aware of the advantages of the program.

As an aid to social security recipients, whose checks are normally dated the third of each month, the Bureau amended its disbursing procedures in 1976 to provide for delivery of the checks on the preceding Friday whenever the third falls on a Saturday or a Sunday. This permits recipients to receive their benefits on a day when most financial organizations are open.

COMPTROLLER OF THE CURRENCY ACTIVITIES AFFECTING THE AGED

National bank examiners will soon begin to enforce amendments to the Equal Credit Opportunity Act prohibiting discrimination in the granting of credit on the basis of age. These amendments were enacted by Congress in 1976 as part of Public Law 94–239 and will become effective on March 23, 1977.

Several years ago, the Comptroller granted permission to Chesapeake National Bank, Towson, Md., to establish a branch office in Annapolis that would be of special assistance to older citizens of the community. When a competitor subsequently filed a legal challenge to the bank's right to open the branch, the Comptroller's Office assisted in the bank's defense. Ultimately, the Comptroller's approval of the branch was upheld by the courts.

In evaluating applications for new bank charters, branches, mergers and relocations, the Comptroller is willing to receive and take into account evidence tending to show that approval of the application will assist senior citizens. Such evidence suggests that approval of the application would benefit the needs and the convenience of the community to be served.

Within the month, the Comptroller will write a letter to all 4,700 national banks urging their participation in the neighborhood housing services program, which is aimed at preserving residential neighborhoods suffering from blight. Neighborhood housing services represents a unique neighborhood preservation strategy involving a partnership of mortgage lenders, municipal officials and community residents in a concerted local effort at reviving the flow of private capital into declining urban neighborhoods. Since an unusually large percentage

of persons living in such neighborhoods as thought to be elderly, the program should be of assistance in improving the housing conditions of senior citizens. The Comptroller of the Currency is a member of the board of directors of the task force encouraging participation by lenders.

ITEM 10. ACTION

DECEMBER 15, 1976.

DEAR MR. CHAIRMAN: In response to your request of November 9, 1976, I am enclosing a report summarizing ACTION's activities for older Americans during 1976.

Older Americans participate or are recipients of services in almost every program within ACTION's volunteer family. The number of volunteers 60 and over working in ACTION programs domestically and internationally (Peace Corps) total over 222,000.

The great majority of ACTION older volunteers work in one of three older American volunteer programs, respectively entitled foster grandparent, senior companion, and retired senior volunteer programs. Title II of the Domestic Volunteer Service Act (Public Law 93–113) incorporates the older American volunteer programs' authorizing legislation. The only legislative action during the last year affecting the older American volunteer programs was an amendment to Public Law 93–113 providing for continuation of foster grandparent care to the mentally retarded past the chronological age of 21.

However, there are many volunteers 60 and above who are working in other programs within ACTION. The following statistics indicate the number and percentage of those 60 years of age and over who are serving in some other ACTION programs in 1976:

	Number of volunteers 60 years and over	Percent of volunteers in program
Volunteers in Service to America (VISTA)	309	9.6
Program for Local Service (PLS)	125	10.3
ACTION Education Program (AEP)	12	[1].0067
Peace Corps [2]	150	2.4

[1] These programs are for students and consequently would only rarely enlist as volunteers those beyond the normal school age.
[2] A substantial percentage of those serving Peace Corps are in the age group 50–60—some 183.

It is important to note that many recipients of ACTION's volunteer services are elderly. For example, Volunteers in Service to America (VISTA) estimates that approximately 20 percent of all VISTA volunteers work in antipoverty projects geared specifically toward services to older people. Many other VISTA projects, though not directed solely toward the elderly, impact significantly on poverty-related problems common to many elderly such as housing, food and nutrition, legal services, welfare assistance and referral services.

The older American volunteer is a tremendous natural resource. The enclosed report on the older American volunteer programs of ACTION explains how these programs have made life more rewarding and enriching for the older American volunteer and those they serve.

Sincerely,

WILLIAM B. PRENDERGAST,
Assistant Director for Congressional Affairs.

[Enclosure.]

DOMESTIC VOLUNTEER PROGRAMS

FOSTER GRANDPARENT PROGRAM (FGP)

The foster grandparent program (FGP) provides opportunities for low-income persons, age 60 and over, to offer supportive person-to-person services in health, education, welfare, and related settings to children with special needs.

The program was originally developed as a cooperative effort between the Office of Economic Opportunity and the Department of Health, Education, and Welfare (Administration on Aging). It was given a legislative base in 1969 under title VI, part B, of the Older Americans Act of 1965, as amended. In July 1971, the program was transferred to ACTION in accordance with Executive Reorganization Plan No. 1. Current authorizing legislation is title II, part B of Public Law 93–113, the Domestic Volunteer Service Act of 1973, as amended.

The foster grandparent program is designed to meet the needs of two groups; low-income older Americans and children with physical, mental, social, or emotional needs. This activity is intended to enable older persons to maintain a sense of personal worth and self-respect, to enrich social contacts and retain physical and mental alertness. Foster grandparents do not displace salaried installational staff, but complement staff care to special children with the love and personal concern essential to their well-being.

ACTION grants to support the operation of foster grandparent programs are awarded to public or private nonprofit agencies and organizations. Settings where foster grandparents serve include correctional facilities; pediatric wards of general hospitals; schools; day care centers; private homes; and institutions for mentally retarded, physically handicapped, emotionally disturbed, and dependent and neglected children. Foster grandparents serve 4 hours a day, 5 days a week, and receive a small stipend for their service. They are also reimbursed for, or provided with, transportation and, where possible, a meal daily. They are covered by accident and liability insurance and receive annual physical examinations. Orientation, in-service instructions, and personal counseling are provided by project staff.

The fiscal year 1977 appropriation for the foster grandparent program is $34 million. The program has grown to a strength of 13,934 foster grandparents (September 1976) serving more than 34,000 children. There are now 184 projects.

The foster grandparent program has provided many insights into the potential use of the elderly in community settings by demonstrating that older persons have the talent, skills, experience, and desire to serve their communities. Foster grandparents surveyed in 1975 expressed improved satisfaction with life, improved feeling of usefulness to others, improved personal happiness and less financial worry. Three-quarters of those surveyed stated that their affiliation with the program is one of the most important events to occur within the past 5 years of their lives.

The following cases exemplify how the foster grandparent program offers to the children served an opportunity to participate more fully in the activities and joys of life. In one case a foster grandparent was assigned to a child suffering from near deafness and blindness, who had been classified as mentally retarded. Through the efforts of the foster grandparent and a psychologist at the State hospital where the child resided, it was determined that the child was not a retardate. He is now in a regular school and is studying braille. Another foster grandparent was assigned to a child who had never spoken. The grandparent sang to the child and encouraged her to sing, and eventually to articulate single words. Today, the girl can talk and sing simple lullabies. Still another foster grandparent, assigned to a male child suffering from starvation due to his refusal to eat, brought fruit to the boy daily and spoke to him in his native tongue (Spanish). The boy responded and gained 14 pounds after a few months with his grandpa. Doctors in the pediatric ward of a large hospital report that through the love and tender handling of the foster grandparents assigned to babies diagnosed as failure-to-thrive, the babies are able to eat and thus increase their chances of survival. Numerous other examples attest to the ability of the foster grandparents to train the untrainable and give reason for hope to the hopeless.

Senior Companion Program (SCP)

The senior companion program provides meaningful opportunities for low-income persons, age 60 and over, to offer person-to-person supportive services to adults, especially older persons, living in their own homes and in residential and nonresidential group care facilities.

The senior companion program, an older American community services program, was originally authorized under title VI, part V, of the Older Americans Comprehensive Services Amendments of 1973. Current authorizing legislation is title II, part B, of Public Law 93–113, the Domestic Volunteer Services Act of 1973, as amended.

The senior companion program, like the foster grandparent program, is available to low-income older persons. It provides them with opportunities through volunteer service to maintain a sense of self-worth, retain physical and mental alertness, and enrich social contacts. Additionally, the provision of a stipend and other direct benefits enables them to partially overcome the combined hardships of poverty and old age.

ACTION grants to support the operation of senior companion projects are awarded to public and private nonprofit agencies and organizations. Volunteer stations where senior companions serve include hospitals, nursing home, intermediate care facilities or homes for the aged, and various health, welfare, or related settings. Senior companions are also assigned to assist others, especially older persons, to remain in their own homes or familiar surroundings.

Senior companions serve 4 hours a day, 5 days a week, and receive a small stipend for their service. They are also reimbursed for transportation and provided with a meal, where possible, during orientation and on days when service is rendered. They are covered by accident and liability insurance and receive annual physical examinations. An orientation and in-service instruction program is provided, and through the project staff, senior companions receive counseling on personal matters, as well as information and referral services.

The senior companion program, first operational in 1974. has grown from 18 pilot projects and 1,000 senior companions in fiscal year 1975 to 46 projects and approximately 2,600 senior companions as of December 1976.

The need for such a program that provides meaningful service by older adults to older adults is evidenced by the rapid growth of local senior companion projects and the wide array of services provided, such as the following.

A senior companion in Kandiyohi County, Minn., who is providing service to a lady recipient, called upon the woman one day and found her unconscious and bleeding in her kitchen. She took charge of the situation and called an ambulance. Medical assistance was provided and the woman is now back in her home.

A senior companion, age 66, is providing service to a male recipient, age 60, who was institutionalized because of a stroke which had paralyzed his whole right side from his face to his foot. The recipient, who was formerly unable to stand or even get up in bed, is now back in his own home in a wheelchair. The senior companion visits him 5 days a week and is providing therapy so that the man can now move both his right arm and leg.

A senior companion in Appalachia provided support so that an older person in an isolated area was able to live at home rather than being placed in a nursing home.

Serving others has brought satisfaction to many volunteers, who realize how much their efforts are needed and appreciated.

Retired Senior Volunteer Program (RSVP)

The purpose of the retired senior volunteer program is to develop a recognized role in the community and a meaningful life in retirement for older adults through significant volunteer service.

Originally authorized under the Older Americans Act Amendments of 1969, RSVP became operational in 1971 when the Department of Health, Education, and Welfare (Administration on Aging) funded 11 projects. In July 1971, the program was transferred to ACTION in accordance with Executive Reorganization Plan No. 1. Current authorizing legislation is title II, part A, of Public Law 93–113, the Domestic Volunteer Service Act of 1973, as amended.

ACTION grants are awarded to local public agencies and nonprofit private organizations to support the development and operation of RSVP projects providing volunteer opportunities for persons 60 years of age and over. Transportation reimbursement is provided the RSVP volunteers between their homes and the volunteer stations where they serve. Accident and liability insurance are also provided.

As an inherently local program, each RSVP project is locally planned, operated, controlled and supported on a cost-sharing basis. The local match starts at 10 percent the first year, 20 percent the second, and for the third and subsequent budget periods remains at a maximum of 30 percent for the local share and 70 percent for the federal contribution. Exceptions to this requirement may be granted by ACTION in individual cases of demonstrated need.

RSVP projects encourage organizations and agencies to develop a wide variety of volunteer service opportunities for retired or semiretired persons. The focal

point of RSVP activity is the preference of the volunteers, for whom opportunities are arranged to match interests, abilities, and physical capabilities. There are no income, education or experience requirements to becoming an RSVP volunteer. Orientation or instruction for volunteer assignments is provided when necessary. Older adults, including the handicapped and isolated elderly, are sought out and actively encouraged to contribute their time and experience in service to their communities.

Assignments arranged for RSVP volunteers offer varied opportunities to serve people of all ages. ACTION grants are awarded to publicly owned and operated facilities or projects and to private, nonprofit organizations, and volunteers serve in schools, courts, libraries, museums, hospitals, nursing homes, day care centers, institutions, and programs for shut-ins.

In the last 5 years, the retired senior volunteer program has experienced dramatic growth. In 1973, the program more than doubled in size to a total of 590 local RSVP projects located in all 50 States, Puerto Rico, the Virgin Islands, and the District of Columbia. Almost 65,000 RSVP volunteers were in service by the close of fiscal year 1974, at which time project strength had increased to 666. This number of projects was maintained during fiscal year 1975, while the number of volunteers continued to increase. In September 1975, there were over 162,000 RSVP volunteers, and as of September 30, 1976, there were over 205,000 RSVP volunteers serving in 680 projects.

In December 1973, a study of the retired senior volunteer program identified benefits derived from participation in RSVP by both senior volunteers and volunteer stations. Nearly three-fourths of volunteer stations included in the study indicated that senior volunteers provided a valuable supplement to their staff, and nearly two-thirds stated that they would be forced to cut services or activities in the absence of the RSVP volunteers. More than half of the senior volunteers included in the study indicated that they felt better physically, and nearly four-fifths stated they felt better mentally, due to their volunteer experience. In addition, study data indicated that a majority of senior volunteers who lived alone experienced an increase in community involvement and a reduction in isolation as a result of RSVP.

Numerous examples illustrate the value of the contributions of RSVP volunteers to their communities.

The director of education at a State correctional school wrote: "Three of our former students. . . . were all tutored by RSVP volunteers and the three all said they would not have finished high school or passed the high school equivalency test without this help."

Retired senior volunteers in Virginia serve in schools, institutions, senior citizens' centers, nutrition centers, hospitals, museums, and city and county government units. During fiscal year 1976, they collected and repaired clothes for the children of migrant farmworkers in the Tidewater area, and operated a book exchange for the inmates of the Giles County jail.

The King County, Wash., AFL–CIO RSVP station provided free home maintenance and repair services to low-income elderly. Volunteers—all union retirees—also offered vocational training to the handicapped and provided transportation services and visits to shut-ins.

A major thrust of the program in the future will be to place many additional RSVP volunteers in public schools, not only to assist staff members, but also to pass on to the youth in the schools the volunteers' personal experiences and the acquired wisdom of one generation to another.

ITEM 11. CIVIL AERONAUTICS BOARD

DECEMBER 22, 1976.

DEAR MR. CHAIRMAN: This is in response to your letter of November 9, 1976, requesting a summary of the Board's major actions on aging during 1976, including some mention of planned activities for 1977.

Discounts for the elderly have been proposed by the carriers at various times, and the Board, because of the inherent discrimination in limiting discounts to a specified class of ratepayers on the basis of the status of the class, has ordered these fares investigated. Any such investigation was mooted when the domestic carriers canceled such proposals rather than pursuing them to investigation. While discounts for the elderly have not been tested in the courts, two Federal court decisions directly questioned the discount fares which the carriers were

offering to youth and family groups. According to the courts, in evaluating the justification of a prima facie discriminatory fare, the Board may not consider factors, such as age, which are related to the status of the traffic but are unrelated to transportation—nor is the Board empowered to take into account social policies which might be advanced as a basis for favoring one group of farepayers over another. Those policies are for Congress to decide.

As a consequence of the court decisions, the Board conducted a formal investigation into the lawfulness of the youth and family discount fares. After a full evidentiary hearing, the Board found the youth and family fares to be unjustly discriminatory and the domestic carriers no longer offer such discounts.

In view of this precedent, the Board ordered an investigation of a proposal by Hawaiian Airlines to offer senior citizen discounts for travel within the State of Hawaii. Instead of canceling these fares, Hawaiian Airlines pursued the matter to formal investigation. Evidentiary hearings were held in Honolulu in August of 1975, the Administrative Law Judge issued an initial decision in the matter on January 12, 1976, and the Board issued a final opinion on October 1, 1976, which found that the fares in question are unjustly discriminatory and should be canceled. In a concurring statement members Minetti and West recommended passage of legislation authorizing such discount fares for the aged. Disposition of a petition filed by Hawaiian Airlines for reconsideration of the Board's opinion is pending.

In August 1976, a member of the Board's staff appeared before the House Subcommittee on Aviation to offer the Board's views with respect to H.R. 14866, a bill to amend section 403(b) of the Federal Aviation Act to authorize standby service at reduced fares for elderly persons, young persons, and the handicapped. While the Board recognizes the prerogatives of the Congress to determine questions of social policy, it is better, in the Board's view, to encourage airlines to offer a variety of discount fares such as night coach fares, group fares, excursion fares, inclusive tour fares, and advanced booking charters, which are available to all persons, rather than to allow fares which are restricted only to certain favored classes of persons.

Other than disposing of Hawaiian's petition for reconsideration mentioned above, the Board has no plans for any further activity related to the aging during the remainder of 1976, and has no activities contemplated relating particularly to the aged and aging during 1977.

We are pleased to receive a copy of the report of the Special Committee on Aging and have forwarded it to our library for cataloging and use as a reference work.

Sincerely,

JOHN E. ROBSON, *Chairman.*

ITEM 12. CIVIL SERVICE COMMISSION

DECEMBER 17, 1976.

DEAR MR. CHAIRMAN: This is in response to your letter of November 9, 1976, inviting us to submit a summary of our major actions on aging during 1976.

Enclosed is our report on these activities, entitled "Major 1976 Activities of the Civil Service Commission Affecting Rights and Benefits of Older Americans." Related activities during the next year should again focus on efforts to assure nondiscrimination on account of age in Federal employment and to provide services and assistance related to administration of the civil service retirement system and the retired Federal employees health benefits program.

We hope our report offers a helpful addition to the committee's publication for this year. If any other information is needed, please let us know.

Sincerely yours,

ROBERT E. HAMPTON, *Chairman.*

[Enclosure.]

MAJOR 1976 ACTIVITIES OF THE CIVIL SERVICE COMMISSION AFFECTING RIGHTS AND BENEFITS OF OLDER AMERICANS

AGE DISCRIMINATION IN EMPLOYMENT ACT (ADEA) PROGRAM

The Commission (and Federal agencies) continued the program to assure nondiscrimination on account of age under the law, as amended in 1974, and implementing Commission regulations. This included policy interpretations;

processing of complaints, appeals, and notices of intent to file civil action under ADEA; program evaluation; statistical data program development; Department of Labor and other liaison-coordinative relationships; orientation, training, and other efforts to inform and publicize; and other ongoing activities.

The Assistant Executive Director, Civil Service Commission, gave ADEA-related testimony at a June 1976 hearing by invitation of the House Select Committee on Aging.

Presently, only individuals' age discrimination complaints are processed. However, the Commission is considering revisions to its equal employment opportunity (EEO) regulations which would broaden the kinds of complaints to be included in the system. One major revision proposed would provide for the acceptance and processing of class actions (including age discrimination class actions). Also under consideration is expansion of the procedures for "third party" complaints to include age-related complaints (third party complaints concern general or systemic personnel policies, actions and practices rather than individual personnel actions).

A Presidential memorandum to all department and agency heads in late 1975 underscored the applicability of EEO law and related requirements—and of the amended ADEA and pursuant regulations—to personnel actions involving the selection of Federal employees for assignments to foreign countries. In early 1976, agencies having overseas positions were required to review their selection procedures and to issue new internal guidance. In further accordance with the memorandum, the Commission then examined all agency policy issuances on nondiscrimination in foreign assignments and incorporated particularized, ongoing oversight of this matter into its program evaluation and discrimination complaints system monitoring activities.

The Federal discrimination complaints system has been fully available to Federal civilian employees and applicants in the ADEA-protected age group (age 40 to less than 65) since the May 1, 1974 effective date of the 1974 ADEA amendments. Age discrimination was the subject of about 11½ percent of formal discrimination complaints filed by individuals in the first half of fiscal year 1976 (latest information available), as compared with about 10 percent in fiscal year 1975.

By a special memorandum to heads of departments and agencies, the Chairman of the Civil Service Commission distributed governmentwide copies of the Presidential proclamation designating May 1976 as "Older Americans Month." He also quoted, as follows, from remarks made by the President when signing the proclamation:

"One of the best ways we can draw upon their (older Americans') strengths and skills is in the job and volunteer market. Too often, older and even middle-aged Americans are the victims of myths and prejudices regarding their capabilities. Americans must repudiate these myths and prejudices, as we have repudiated others, and assure our older Americans the chance to prove that time has only enhanced their demonstrated abilities."

The Chairman then pointed to the legal and executive branch policies prohibiting age discrimination in the Federal employment sector and urged Federal managers to give appropriate recognition to "Older Americans Month" in ongoing EEO and related personnel program activities.

Civil Service Annuitants

Pursuant to 5 U.S.C. section 8340, annuities payable under the civil service retirement law were increased by 5.4 percent on March 1, 1976. This section of the retirement law serves to maintain the purchasing power of civil service annuitants by authorizing adjustment of annuities when the cost of living nationwide rises. Public Law 94-440, approved October 1, 1976, amended section 8340 to provide automatic cost of living adjustments at 6-month intervals (on March 1 and September 1 of each year) to reflect rises in the cost of living.

Public Law 93-342, approved July 6, 1976, provides for the restoration of health benefits coverage for survivor annuitants whose annuities were terminated because of remarriage, and later reinstated when the remarriage dissolved. Heretofore, the health benefits enrollment was not restored when a former survivor annuitant became eligible for further survivor annuity payments. This amendment restores the health benefits coverage for any reinstated survivor who had health benefits coverage when his or her annuity ceased because of remarriage.

Public Law 94–397, approved September 3, 1976, amends 5 U.S.C. section 8344 with respect to the reemployment of annuitants and payment of supplemental annuity benefits. Previously, the salary of a reemployed annuitant was reduced by the amount of his or her annuity during the period of reemployment, and the moneys saved were at the disposal of the employing agency. Under the new legislation, the agency will deposit the amount of salary allocable to the reemployed annuitant's annuity to the civil service retirement fund. Also, this amendment liberalizes the qualifications for supplemental annuity benefits. The law formerly stipulated that supplemental annuity was payable only if a reemployed retiree worked full time continuously for at least 1 year. Now, supplemental annuity may be paid for continuous part-time service that is equivalent to 1 year of continuous full-time employment.

Public Law 94–455, approved October 4, 1976, amended the U.S. Tax Code to redefine the eligibility criteria for application of "sick pay exclusion" for Federal income taxes. Before enactment, Internal Revenue regulations had allowed a tax exemption of up to $100 per week for persons who had retired because of disability. The new legislation narrows the definition of disability to include only those people who are permanently and totally disabled for any kind of work.

The Commission began participation in the electronic funds transfer program, which permits retirees to have their annuity checks routed directly to the bank, while all informational issuances are mailed to the home or post office box address. In the past, the lack of a dual address capacity resulted in informational materials going to the banks. Frequently, materials were not forwarded to the retiree. Another positive aspect of this program is that the number of lost, stolen and missing retirement checks should be significantly reduced as more and more retirees participate.

Commission Participation With Groups on Aging

The Commission continued to participate in activities dealing with problems of older Americans. In cooperation with the Administration on Aging, for instance, the Commission continued the Government's effort to make certain information and referral services available in the Commission's nationwide job information center network for the use of older Americans.

ITEM 13. COMMISSION ON CIVIL RIGHTS

December 28, 1976.

Dear Senator Church: Chairman Flemming has asked me to respond to your invitation to submit a summary of the Commission's activities with regard to aging for inclusion in your committee's annual report. Athough the statutory jurisdiction of the Commission does not extend to age discrimination, the Commission is currently preparing the report on unreasonable age discrimination in federally assisted programs and activities which is required by the Age Discrimination Act of 1975. I have, therefore, included a brief statement about the legislative background, scope, and present status of the Commission's study.

I trust that the enclosed statement is suitable for the committee's annual report. If you have any questions, please have Mr. Oriol or another member of your staff contact Jim Lyons at 254–6626.

Sincerely,

John A. Buggs, *Staff Director.*

[Enclosure.]

Although the statutory jurisdiction of the U.S. Commission on Civil Rights does not extend to age discrimination, the Commission is required by the Age Discrimination Act of 1975 (part of the Order Americans Amendments of 1975 (Public Law 94–135)) to prepare a report on unreasonable age discrimination in programs or activities receiving Federal financial assistance. The Commission's study is to provide a factual basis for the issuance of regulations implementing the act's prohibition against unreasonable age discrimination in federally assisted programs and activities which becomes legally effective in January 1979.

As part of the study of unreasonable age discrimination, the act requires the Commission to identify with particularity any federally assisted program or activity in which there is found evidence of persons who are otherwise qualified

being, on the basis of age, excluded from benefits of, or subjected to discrimination under such program or activity. As part of its study, the Commission must conduct public hearings to elicit the views of interested parties, including Federal officials, on age discrimination and the reasonableness of using age to distinguish among potential participants in, and beneficiaries of, federally assisted programs.

The Commission must transmit a report of its findings and recommendations for statutory and administrative changes, including suggested general regulations, to the President, the Congress, and the head of each Federal department or agency with respect to which the Commission makes findings or recommendations.

Appropriations to meet the costs of the study were first made available on May 28, 1976. The study formally got underway during the transition quarter between fiscal years 1976–77, and will continue through fiscal year 1977. The legislative history indicates that the age discrimination provision was intended primarily as a protection for older persons. "Ageism"—discrimination based on age—was suggested as being as serious a barrier to full participation in society as sexism and racism, and that the resulting deprivations were such as to warrant a statutory remedy. This discrimination was believed to occur not only in employment, where it is fairly well recognized, but also in programs and activities that receive Federal funding for the provision of services to the general population, including health care programs, rehabilitation programs, social services, education, public service employment, and revenue sharing. The act, in fact, does not apply to any employment practice of any employer, employment agency, or labor organization, or with respect to any labor-management apprenticeship training program, except for any program or activity receiving Federal financial assistance for public service employment under the Comprehensive Employment and Training Act of 1974. The legislative history also shows however that the age discrimination provision is not directed exclusively to older persons but is intended to eliminate age discrimination at all age levels.

During fiscal year 1977, the Commission will choose and analyze several Federal programs to determine whether or not age discrimination is practiced and then whether such discrimination may be reasonable. This will include review and analysis of the Federal authorizing statutes, their implementing regulations, the Federal administering agencies' policies and procedures and data relative to eligible and actual recipients of the benefits intended to be provided by the program. The Commission will also review a number of the selected programs in the field; that is, at the State and local levels. The Commission will also conduct extensive legal research into the questions raised by the Age Discrimination Act, and into other areas within the field of civil rights which are significant to interpretation and implementation of the act. The Commission will conduct public hearings to solicit the views of interested parties on the question of age discrimination, particularly on the reasonableness issue, and use other informal mechanisms to obtain outside input.

ITEM 14. COMMUNITY SERVICES ADMINISTRATION

DEAR MR. CHAIRMAN: I am pleased to enclose a statement for your committee's report regarding what the Community Services Administration considers significant progress in meeting some of the needs of low-income older persons.

As our report states, the Community Services Act of 1974 designating the CSA as the successor agency to OEO resulted in the initial restructuring of many program emphases. Our attempts to carry out these changes and the new amendments have resulted in a determined effort to do even more in the future in providing effective programs affecting this age group.

Included in our report, also, are the CSA plans and goals we hope to implement and achieve during 1977.

Sincerely,

ROBERT C. CHASE, *Acting Director.*

[Enclosure.]

REPORT ON ACTIVITIES FOR LOW-INCOME OLDER PERSONS IN 1976

The Community Services Administration, designated as the successor agency to OEO in the Community Services Act of 1974, focuses a major part of its pro-

grams on the nearly 4½ million elderly Americans who live below the poverty income level. Individuals 60 years and over comprise nearly 17 percent of the national poor population of 25 million.

One of CSA's basic purposes is "to stimulate a better focusing of all resources upon the goal of enabling low-income families and individuals (including the elderly poor) to secure the opportunities needed for them to become fully self-sufficient."

CSA funds programs assisting low-income older persons through both section 221, Community Action Agencies Local Initiative, and section 222, Special Programs and Assistance.

The major implement to carry out the CSA plans, policies and programs is the community action agency. Nationally, there are 865 CAA's which at the local level design plans and programs to meet the needs of their low-income residents including the elderly.

The typical community action agency conducts a number of multigenerational, general and special programs for low-income older persons. Among the more than 20 different services are outreach, information and referral, homemaker assistance, emergency or crisis energy intervention, home weatherization, congregate and home delivered meals, transportation and advocacy organizations.

A major responsibility of the CSA nationally and the local CAA's is the mobilization of other resources, Federal, State, local public and private sources to meet the needs of low-income older persons. The 1975 study of CSA programs by MARISCAL and Company showed that $1 in CSA funds mobilized $4.67 in other moneys and services to the poor. The same study disclosed that $10.2 million in Senior Opportunities and Services (SOS) funds generated more than $40 million of non-CSA funded services from Federal, State, local public and private sources.

CSA Programs for the Low-Income Elderly

Nearly all of the 865 community action agencies have established programs which benefit the elderly directly.

Most of these programs are directed toward all age groups, but special efforts are made to insure that they reach senior citizens. For example, a community action agency's minibus program might transport children to Head Start and day care programs in the morning and then be used later in the day to carry elderly poor citizens to medical facilities and noon congregate nutrition programs.

It should also be noted that elderly citizens are involved in numerous ways in the local CAA's and their communities. They are employed by the CAA's as bookkeepers, carpeters, day care workers, community aides, bus drivers, etc. Additionally, older persons normally make up a significant portion of CAA board of directors, lending their age wise experience and judgment to the CAA's process which makes policy, establishes priorities and sets realistic goals.

We feel that without these talents provided by the elderly and which the CAA's can utilize to the fullest, community action agencies would not be the constructive force which they are within today's communities. Conversely, we like to think that, without community action agencies, much of the wisdom, insights and contributions of older poor citizens would be lost.

I. Brief Description of CSA's 221 and 222 Programs Which Emphasize Services to the Aged as a Client Group

(1) *Community Food and Nutrition Program*

These programs, usually funded at a modest level, enable CAA's to meet some of the nutrition needs of the elderly. The funds are often used to extend existing feeding programs, increase the enrollment of those eligible for food stamps, establish neighborhood gardens and canning projects, and other programs related to nutrition.

(2) *Neighborhood Centers*

Virtually every community action agency operates a network of neighborhood centers which meet some of the needs of all age groups. Typically, the neighborhood center provides some direct services, such as feeding, and refers individuals to other services. Often DPW and social security representatives visit centers on a periodic basis. Socialization programs for the elderly are common features of neighborhood center programs.

(3) *Energy*

Elderly persons usually are given highest priority in the distribution of services available under CSA energy programs. The aged person who is physically and financially usable to maintain a weatherproof dwelling may have the residence insulated and repaired with a view toward minimizing heat loss. A small fund is often available with which to make emergency utility payments in order to insure that service is not discontinued.

(4) *Transportation*

As a group, the elderly probably benefit from this program to a degree disproportionate with their numbers. This is probably the case, since many members of this group are unable to drive their own vehicles—if they have them—and are also unable to make use of public transportation—if it is available. The most common use of this program is to transport individuals to and from feeding programs. However, it is also used to enable the aged to avail themselves of medical, social and recreational facilities.

(5) *Senior Opportunities and Services (SOS) Program*

The special emphasis programs for the elderly, funded under section 222 as a national program, focus on the special needs of low-income families and individuals (age 60 and above) and the creation of maximum opportunity for employment and volunteer services for 55 years or older.

Such projects seek to develop and provide new employment and volunteer services; effective referral to existing health, welfare, employment, housing, winterization, legal services, consumer, transportation, education, recreational, and other services. Stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; modification of existing procedures, eligibility requirements and program structures to facilitate the greater use of and participation in public service by the poor; development of all season service centers and recreation, controlled by older persons themselves; and such other activities and services as are necessary or specifically appropriate to meet the needs of the older poor and to assure them greater self-sufficiency.

II. EXAMPLES OF CSA'S PROGRAMS SERVING THE ELDERLY POOR

(1) The SOS program operated by the Hill Country Community Action Association is unusual because of the amount of local support the program has generated. Residents of this essentially rural seven-county area in central Texas have in the past been forced to travel 50 to 150 miles for health services, or to apply for social security and other programs. Through the SOS program, small towns in the area have been persuaded to donate space for senior citizens' centers. The CAA then supplies equipment and staff. Through these centers the elderly are able to obtain a wide variety of services. DPW and social security representatives visit many of the centers. Some centers have a county health nurse and/or mental health-mental retardation services. Examinations for diabetes, blood pressure, and glaucoma are available. For many of the rural towns participating in this program, it is the first time these services have been accessible locally.

(2) The alternate care program operated by the San Antonio CAA is funded through the Texas Department of Community Affairs with funds available through title X of the Public Works and Economic Development Act. The program provides homeworker, choreworker, and transportation services for the aged, blind, and disabled. In order that the aged, blind and disabled participants may maintain their physical, mental and social well being in a familiar setting, the program recruits, trains and supervises workers to provide alternate care services in the homes of clients. A three-segment training program has been implemented in the areas of medical care, geriatrics, and human relations. Six hundred persons were given job opportunities to deliver a variety of social and health services to clients who are certified and referred by the State Department of Public Welfare (SDPW). While the alternate care program does not give professional medical services, it does provide certain personal care through trained home health aides. Since the program was implemented in April of this year, it has served 859 clients referred by SDPW, made 302 referrals to DPW and 438 referrals to other CAA programs.

(3) LEAP is in the city of Phoenix, Ariz. It has been a very innovative agency, not only in the depth and scope of its program, but in their sources of funding. It started with a $43,000 SOS grant. As a result of that activity, they received the first title IV research and development grant which was the original model for the nutrition program now so heavily funded through the Administration on Aging. They have been able to get large sums of money from the city which supplements each one of their programs. The $43,000 of SOS is matched by the city with $46,611. The Administration on Aging gave almost a half million dollars to the agency and this amount is matched by almost $200,000 from the city and from project income. The $24,000 which covers their title IX program and their public service employment project is matched by $1,700 by the city. Their title XX nutrition supplemental grant of $346,000 from the department of social services is matched by $16,782 by the city and their ACTION grant of $148,313 for foster grandparents is matched by the city with over $50,000. This shows considerable ingenuity in developing funding sources as well as an echo of the respect the community feels for the agency.

III. CSA'S FUNDING OF PROGRAMS FOR LOW-INCOME ELDERLY (THE FUNDING AMOUNTS LISTED ARE FOR FISCAL 1976 AND THE INTERIM QUARTER JULY 1–OCTOBER)

Senior opportunities and services (SOS) program	$12,868,000
Emergency energy conservation services	19,000,000
Community food and nutrition program	5,607,000
Research and pilot projects	227,000
Local initiative	25,000,000
Total	62,702,000

The initial aggregate computer totals of CSA's national programs survey, begun in November 1976 when projected to 865 CAA's, including 204 Senior Opportunities and Services (SOS) projects shows that more than 2 million low-income older citizens were served by the CAA's.

IV. CSA' S INTERAGENCY AGREEMENTS

CSA during 1976 sought to implement the mutual support statement agreed to by CSA and the Administration on Aging, November 5, 1975, the working agreement on energy conservation actions for the elderly and the interdepartmental task force on information and referral services for older people.

Considerable progress was made during 1976 to carry out the objectives of the three agreements which are summarized in last year's report. However, some obstacles were encountered and the agreements are currently being reviewed by the respective agencies in order to revise them and make possible more cooperative and coordinated responses to the needs of elderly citizens.

V. CSA'S PLANNED ACTIVITIES FOR 1977

The CSA is presently engaged in the following activities impacting importantly on our agency efforts in 1977:

(1) Joint funding with the Administration on Aging (AOA), Law Enforcement Assistance Administration (LEAA) and the Department of Housing and Urban Development (HUD) in a national elderly victimization prevention and assistance program. CSA will fund three research and pilot projects, in the cities of Milwaukee, New Orleans, and New York City, in the amount of $250,000 to each city. AoA will fund four cities at the same level as CSA funding and LEAA will provide $100,000 for the administration and coordination of the seven research and demonstration projects. LEAA and HUD will also provide $100,000 from each agency for the evaluation of the seven projects.

(2) CSA regional offices are currently evaluating their SOS projects with the purpose of making more equitable the distribution of the SOS funds, making new grants in geographical areas having large concentrations of low-income older persons and grants to CAA's where the Administration on Aging has no title III, V, and VII programs.

We intend by taking careful steps to determine new strategies and the development of better funding and program criteria to assist the SOS grantees

to be even more innovative and imaginative than in the past. We plan through a revised funding strategy, initiated in some regions, to make SOS grant awards based on the CAA's performance capability, the number and needs of the elderly poor and the income levels of the target areas in both cities and towns. We feel that testing this planned and more equitable distribution of SOS funds will prove to be a salutary effort resulting in distinctive and different programs and services for the elderly poor and will complement the efforts of the AOA area agencies on aging.

(3) The CSA Director will be provided a series of options on how all of CSA's programs can better be meshed to serve the elderly and how the CAA's and SOS grantees can better generate other sources of funds to assist them in serving elderly poor citizens.

ITEM 15. CONSUMER PRODUCT SAFETY COMMISSION

DEAR MR. CHAIRMAN: I am pleased to submit a statement outlining the Consumer Product Safety Commission's actions on behalf of the aging, for inclusion in the annual report of the Special Committee on Aging.

The Commission directs most of its efforts toward the population as a whole rather than to any specific age group. We recognize, however, the vulnerability of the Nation's elderly to injuries associated with a wide range of consumer products and are concerned with the special needs of the elderly. The Commission follows a policy on establishing and revising priorities for action which includes the following statement:

> Children, the elderly, and the handicapped are often less able to judge or escape certain dangers in a consumer product or in the home environment. Because these consumers are, therefore, more vulnerable to danger in products designed for their special use or frequently used by them, the Commission will usually place a higher priority, assuming other factors are equal, on preventing product related injury to children, the handicapped, and senior citizens.

In addition, the Consumer Product Safety Commission Improvements Act of 1976 specifically requires that the Commission "consider and take into account the special needs of elderly and handicapped persons to determine the extent to which such persons may be adversely affected by [a consumer product safety] rule."

In prior years, activities of benefit to the elderly have ranged from data collection on injuries sustained by the elderly to dissemination of information of special interest to the elderly. By far, the most extensive effort on the part of the Commission specifically on behalf of the elderly has been our promotional campaign to inform the elderly that they can obtain regular packages in lieu of those with child-resistant safety caps.

I hope that the enclosed statement describing our activities in greater detail will be useful to you. Please let me know if I can be of further assistance.

Sincerely,

S. JOHN BYINGTON, *Chairman.*

[Enclosure.]

PROGRAMS RELATING TO THE AGING

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulations to insure 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. A recent 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."

Our 1976 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 recognizes 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 119 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 1976, 276,215 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 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. In 1976, we collected 2,167 death certificates involving individuals 65 or older.

Information and Education Activities

The Commission prints and distributes materials on a wide variety of hazards associated with consumer products. Those of special interest to the elderly include fact sheets on "The Elderly and Stairway Accidents," "Upholstered Furniture," "Stairs, Ramps, Handrails, and Landings," "Bathtubs and Shower Injuries," "Kitchen Ranges," and "Flammable Fabrics."

The Commission is also funding a controlled 3-year experiment to measure the effectiveness of various burn-injury education techniques and strategies. The elderly, as well as four other population-group targets, will receive special attention in the development of the education program. We hope that the results of this experiment will provide the basis for a nationwide burn injury education program.

Under the Commission's Federal/State information and education volunteers program, States have been awarded contracts for information and education projects targeted toward the elderly. The Georgia Governor's Office of Consumer Affairs, for example, was awarded a contract of $10,000 to carry out an information and education volunteers program. That office, with the cooperation of the 4–H clubs of Georgia, the Georgia Office of Aging, and the Cooperative Extension Service of the University of Georgia, will present programs on household hazards, bicycle safety, and smoke detectors, intended for the aged, school-age children, and homeowners. Presentations will be made throughout the State in 105 nutrition centers serving the elderly, in 3,000 State 4–H clubs and through the Cooperative Extension Service with agents in over 150 countries.

Under the Commission's city/community demonstration projects, information and education programs targeted toward the elderly were carried out in Texas and Kansas. The programs addressed flammable products as well as stairs, ramps, and landings.

In 1977, the Commission is planning to fund several community/demonstration projects aimed at the elderly. In Chicago, for example, a study will be undertaken to determine what kinds of programs best reach the elderly. This project will measure not only the impact of existing materials, but will also provide recommendations for improving our methods of communication with the elderly and or improving our efficiency in reaching this target audience. The Commission will also fund programs in Boston, Oakland, and San Francisco, on flammability and smoke detectors.

An area of particular concern to the elderly and the Commission is child-resistant packaging. The Commission administers the Poison Prevention Packaging Act, regulations under which require human prescription drugs in oral dosage forms to be dispensed in child-resistant containers. The act, however, recognizes that the elderly and/or handicapped may experience difficulty in opening these closures, and provides that consumers may receive their medications in conventional packaging at their request or by request of their physician. Since many elderly people are apparently not aware of this exemption, CPSC conducted an information campaign.

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.

For example, the Commission noted that the elderly were often involved in matchbook-related accidents, particularly those involving dropping a lit match. A requirement that would limit the burn-time of matches was incorporated into the proposed safety standard for matchbook published in April 1976.

CPSC has also 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. The Commission is now encouraging incorporation of these requirements into building codes and standards.

The Commission is also concerned about safety problems encountered by the elderly with bathroom hazards. Possible solutions include design guides to be developed for architects and engineers, proposals for mandatory product standards, assistance to the developers of voluntary standards, and general information and education campaigns. The Commission is working with the American Society for Testing and Materials' F15.03 Committee on Safety Standards for bathtubs and showers, which is developing standards for slip-resistant bath surfaces, antiscald systems, grab bars, and thermal shock preventing devices for bathing.

For the past few years, we have been collecting injury data on the ignition of clothing and of interior household furnishings. One study focused on adult sleepwear, with emphasis on sleepwear for the elderly. As a result CPSC is formulating recommendations to solve serious problems that involve clothing ignitions and burns injuries to the elderly. Another study is being conducted to develop new test concepts that may predict more accurately the flammability hazards associated with all wearing apparel and interior furnishings. The feasibility of extending the existing children's sleepwear standards to certain other specified items of wearing apparel is also under consideration.

The Commission staff is also considering special labeling to warn the elderly, especially those with visual problems, of hazards associated with consumer products.

ITEM 16. ENERGY RESEARCH AND DEVELOPMENT ADMINISTRATION

DECEMBER 17, 1976.

DEAR SENATOR CHURCH: We are pleased to submit the enclosed report in response to your letter of November 9, 1976, to Dr. Seamans, requesting information on Energy Research and Development Administration (ERDA) activities in the field of aging for inclusion in the forthcoming annual report of the Senate Special Committee on Aging.

ERDA sponsors large-scale research efforts aimed at evaluating the environmental and health risks associated with the use of energy. This mission includes the effects of a broad spectrum of energy-related physical and chemical hazards upon environment and health. These efforts range from basic studies of biological mechanisms at the molecular levels to more sweeping studies of human, animal, and plant populations and their responses to energy-related environmental stresses. Since age is an important factor in biological responses to environmental stress, certain of these studies touch directly or indirectly upon the phenomenon of aging.

Thus, while ERDA has no specific mission in aging or geriatric research, it is clear that the ongoing and planned research activities listed herein contribute in a real way to understanding the relationships of disease states and environmental stresses to reduction of lifespan.

We hope the information provided in the enclosed report will be helpful and that you will call on us if further assistance is required.

Sincerely,

JAMES L. LIVERMAN,
Director, Division of Biomedical and Environmental Research.

[Enclosure.]

ERDA PROGRAMS RELATED TO AGING

Introduction

The great majority of Energy Research and Development Administration (ERDA) programs related to aging are carried out within the Agency's Division of Biomedical and Environmental Research. The primary objectives of this Division's program are: (1) To insure that the national goal of increasing domestic energy production is achieved with a minimal impact on man and his environment; (2) to provide information for the establishment of a workable set of release and exposure standards for energy-related hazardous agents; and (3) to provide a basis for informed public judgment of the cost, risk, and benefit tradeoffs involved in the development of energy resources and production technologies.

With respect to man, it is essential to evaluate the latent somatic, genetic, developmental, and pathophysiological effects that may result from continuous low-level exposure to energy-related agents. In order to extrapolate experimental results obtained from model animal populations to man, it is necessary to use both short- and long-lived animal species and to understand age-related differences in the production or development of these effects. Thus, certain ERDA biological research programs deal with an evaluation of life-shortening diseases and their increased frequency of occurrence under stress. Efforts are made to identify the cause of death in stressed and unstressed model animal populations, and a large amount of supporting research is conducted to facilitate understanding the sequence of events and the mechanisms involved in the induction of life-shortening in stressed populations. This supporting research is performed at the whole-animal, tissue, cellular, and molecular levels of biological organization. These studies also contribute indirectly to the body of information needed to develop realistic approaches to the prevention or reduction of age-related degenerative processes that contribute to normal senescence or specific malignancies.

Long-Term Human Studies

Since the late-effects research program is aimed at prediction of damage to the human population, long-term followup of four major human populations with radiation exposure histories is being continued. As the responsibilities of this Agency increase in terms of other energy-related pollutants, new human epidemiological studies may be initiated. At present, human population studies are of major interest to all agencies concerned with human health.

The Radiation Effects Research Foundation, sponsored jointly by the United States and Japan, is continuing a lifetime followup of a sample of survivors of the atomic bombings of Hiroshima and Nagasaki in 1945. Detailed clinical and laboratory examinations of exposed and control groups will be performed on a continuing basis to obtain evidence of disease states that contribute to morbidity and mortality.

A group of about 200 inhabitants of the Marshall Islands, who were exposed accidentally to fallout from a thermonuclear weapon tests, has been followed for the past 20 years by medical investigators of the Brookhaven National Laboratory.

Over 1,500 persons who have been exposed to radium, many of whom have demonstrable radium burdens, have been studied at the Center for Human Radiobiology (CHR) of Argonne National Laboratory. In most cases, the exposure occurred occupationally during watch dial painting or chemical laboratory activities or medically by injection as a method of treatment. Many individuals in this study receive medical and radiologic (dosimetric) examinations periodically at the CHR.

A large epidemiological cohort study of 170,000 employees of ERDA production and laboratory facilities is in progress as a cooperative effort between members of the graduate school of public health of the University of Pittsburgh and data collection and analysis groups at the Hanford and Oak Ridge plants. Various levels and modalities of radiation exposure as well as exposure to other toxic agents may be encountered in this group of employees. Most radiation exposures have been at a low level.

Lifetime Studies on Long-Lived Mammals

Although the aforementioned human studies are valuable for supplying direct estimates of adverse effects of radiation on man, they are inadequate to provide

the detailed, quantitative data necessary for the estimation of health risks that form the basis for exposure guidelines and standards. Information of this type will have to be derived from comparative studies on long- and short-lived animal species. The beagle dog, whose life expectancy is about one-fifth that of man, has been the major long-lived mammal utilized in the ERDA radiation effects research for more than 20 years. At the University of Utah, the University of California at Davis, the Battelle-Pacific Northwest Laboratories, the Argonne National Laboratory, and the Inhalation Toxicology Research Institute, more than 5,000 beagles have lived out their lifetime under careful experimental observation. Periodic clinical examination has revealed a wealth of information about the pattern of disease throughout the lifespan of normal animals and alterations in the pattern caused by superimposed stress of radiation exposure.

Long-Term Research With Other Species

Small rodents with lifespans of 2 to 6 years have been used primarily for large-scale radiation studies to evaluate late somatic and genetic risks involved in low-dose lifetime exposure. Moreover, small laboratory and wild rodent populations have been used at the Argonne National Laboratory to specifically understand the genetic and physiological factors involved in aging per se. At the Argonne National Laboratory and the Oak Ridge National Laboratory combined, more than 50,000 mice have been exposed to various doses of ionizing radiation at different daily exposure rates to characterize the various radiation-accelerated disease states that contribute to lifespan reduction. The unexposed, control populations are characterized, as well as the irridated groups, in terms of the diseases that cause death.

It is anticipated that similar studies will be conducted to evaluate the late somatic effects produced by other potentially hazardous chemical pollutants introduced into man's environment from a variety of energy-producing technologies. Since man is constantly exposed to a number of such environmental pollutants, it is suspected that they contribute to reduction of his lifespan. Although radiation does not seem to contribute to nonspecific lifespan reduction, it is likely that other environmental pollutants do. The anticipated studies should produce a large pool of information for understanding the development of latent somatic damage which contributes to morbidity and mortality under conditions of environmental stress.

Research More Specifically Concerned With Aging

Two programs, one at the Argonne National Laboratory and one at the Oak Ridge National Laboratory, are concerned with the theoretical, genetic, and physiological aspects of aging, including changes in the microvasculature as they relate to imposed stress. The program at Oak Ridge is aimed at gaining an understanding of how normal body defense mechanisms, primarily immune surveillance against disease, are reduced in aging mice and, hence, make the old individual more prone to certain diseases that can incapacitate or kill. A part of the research is aimed at developing immune therapy to counteract reductions in body defense mechanisms by cell transplantation. This latter study is done in collaboration with investment at the National Institutes of Health's Gerontology Research Center in Baltimore. Since immune surveillance may play an important role in prevention of malignant diseases, including those induced by environmental agents, these studies are of interest to a number of agencies concerned with human health. At the Argonne National Laboratory research has emphasized homeostatic control, localized in the brain, as a regulator of aging or lifespan.

Parts of several research efforts at the Oak Ridge National Laboratory, the University of California at San Francisco, and the Brookhaven National Laboratory involve studies to test the cellular hypothesis of aging using either in vivo or in vitro cell systems.

In addition to these studies, ERDA has always sponsored small efforts in aging-related research in various university departments.

Clinical Aspects of Age-Related Diseases

In addition to the aforementioned research areas, the ERDA biomedical program expends more than $10 million per year for research and development aimed at developing improved methods for the early diagnosis and treatment of

diseases that contribute to morbidity or mortality of human populations, including the aging or aged.

Environmental Studies of the Response of Aged Members of Populations to External Stress

Finally, the ERDA environmental program has a large number of controlled environment resident species under observation for their ability to withstand applied stresses. The age span of these populations are normal for such circumstances, and data on correlations between age and stress resistance either are available or could be made.

Breakdown by Research Subject Area of ERDA Biomedical Research Related to Aging

Table 1 provides a dollar breakdown of ERDA research activities related to aging according to research subject area. Projects are categorized according to their focus on aging. A program with a primary focus on aging is one in which aging is the main focus of the research activity. A secondary focus indicates that aging is not the main focus, but an important accompanying factor in the research. Projects listed under applicable are those in which aging is not an explicit focus of the research activity, but in which research findings could be applicable to the field of aging. All ERDA biological research related to aging falls into either the secondary or applicable categories.

TABLE 1.—ERDA RESEARCH RELATED TO AGING

Research subject area	Number of projects: Aging is—				Amount of funds (in thousands): Aging is—			
	Total	Primary focus	Secondary focus	Applicable	Total	Primary focus	Secondary focus	Applicable
I. Biomedical, total	42	0	9	33	18,131	0	1,453	16,678
A. Intrinsic aging process, total	7	0	6	1	1,244	0	1,108	136
1. Cellular and molecular	3	0	3	0	248	0	248	0
2. Organ and tissue system	3	0	2	1	649	0	513	136
3. Organisms	1	0	1	0	347	0	347	0
B. Diseases, total	0				0			
1. Diseases with a strong senescence component (specify important diseases)								
2. Other diseases of importance to the elderly (specify important diseases)								
C. Interaction of external influences and aging, total	29	0	2	27	12,845	0	274	11,809
1. Nutrition and aging	0	0	0	0	0	0	0	0
2. Drug metabolism and aging	0	0	0	0	0	0	0	0
3. Physical agents and aging	13	0	2	11	4,954	0	345	4,609
4. Other environmental factors and aging	16	0	0	16	7,891	0	0	7,891
D. Demography/epidemiology, total	6	0	1	5	4,042	0	415	3,627
1. Human population study	6	0	1	5	4,042	0	415	3,672
2. Model systems for study of the aging	0	0	0	0	0	0	0	0
E. Other (specify subject area)								
II. Behavioral and society, total	0				0			
III. Human services and delivery systems, total	0				0			

ITEM 17. ENVIRONMENTAL PROTECTION AGENCY

DECEMBER 23, 1976.

DEAR MR. CHAIRMAN: This is in response to your November 9, 1976 request for information on the Environmental Protection Agency's actions on aging during 1976.

EPA's health research program is directed toward assessments of the health effects associated with exposures to environmental pollutants. Thus, the research program is broadly based and does not focus directly on aging or the aged as a primary group for investigation. However, as an inherent part of research design and analyses—in both clinical and epidemiological investigations—the age of individuals or populations under study is an important variable of consideration and serves as an identifying characteristic.

Age as a variable must be identified and considered for primarily two reasons. First, examination of variations in disease frequencies due to age can assist in definitions of disease etiology. Second, associations between disease frequency and age must be considered as they can produce effects that affect or alter disease rates between groups. To examine the impact of other variables, such as exposure to a pollutant, upon disease rates, age differences among the groups under study must be considered. In addition, specific chronic diseases, such as chronic respiratory disease, which are of major importance in aging populations, are analyzed with respect to the significance of possible environmental etiologic factors.

Therefore, although the thrust of EPA's health research is directed toward assessment of health effects in the entire population, as associated with pollutant exposure, certain information on different age groups is available since age is included as a component of research design protocols. As a result we do not have specific actions or studies for inclusion in your committee's annual report. I have requested my staff to contact Mr. William Oriol and provide any information he may require.

Sincerely yours,

RUSSELL E. TRAIN, *Administrator.*

ITEM 18. FEDERAL ENERGY ADMINISTRATION

DECEMBER 29, 1976.

DEAR MR. CHAIRMAN: In response to your letter of November 9, I am pleased to provide a summary of Federal Energy Administration (FEA) activities during the past year dealing with the energy needs and problems of the aging.

During 1976, the FEA, through both its headquarters and regional offices, has been engaged in a variety of undertakings addressing the special circumstances of the aging.

At the headquarters level, FEA is presently involved in four main actions regarding the elderly.

1. The Office of Consumer Affairs/Special Impact through the regions is presently collecting data regarding emergency fuel needs of low-income and elderly persons on fixed incomes in order to develop policy regarding actions which should be taken to alleviate emergencies.

2. FEA is developing regulations to implement the low-income weatherization program authorized by Congress in the Energy Conservation and Production Act. The program provides for grants to States to develop and implement weatherization programs to insulate the dwellings of low-income persons, particularly the low-income elderly and handicapped, in order to conserve energy and to assist those persons least able to afford higher energy costs.

3. FEA is updating and increasing its participation in the Administration on Aging's interagency working agreement on energy conservation actions for the low-income elderly.

4. Through the Interagency Task Force on Energy and Human Resources, established in 1974 by FEA's Office of Consumer Affairs/Special Impact, FEA continues to utilize other Federal resources at the Washington level in the development of energy programs, particularly in assessing the impact of various programs on the low-income and elderly.

Many FEA actions on aging have been undertaken by FEA Regional offices through the Office of Consumer Affairs/Special Impact (CA/SI). The following are among the special initiatives regarding the elderly which were taken during 1976:

Region I: A report entitled "The Energy Crisis and New England's Elderly" has been prepared and implemented through the Federal Regional Council to question various agencies regarding barriers to the solution of energy problems of the elderly.

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

Region V: The CA/SI office has developed an information and referral system on energy for senior citizens by taping radio and television programs with local networks for senior citizen program. The CA/SI office was instrumental in printing and publicizing a booklet for senior citizens which provides energy referral information in the Chicago metropolitan area.

Region VII: FEA, in conjunction with the Federal Executive Board Community Service Committee, sponsored an energy conservation seminar for senior citizens in the Kansas City area.

Region VIII: A slide presentation was developed to acquaint elderly people and others with utility rate structures and the regulatory process.

During 1977, each regional CA/SI officer will conduct State consumer energy workshops in coordination with the national office in order to provide a forum for the exchange of ideas and information to obtain input on FEA policies and programs. Each CA/SI officer will work closely with the regional Administration on Aging to insure that the elderly citizens take an active role in the workshops.

If I may be of further assistance to the committee in this matter, please do not hesitate to call upon me.

Sincerely,

FRANK ZARB, *Administrator.*

ITEM 19. FEDERAL TRADE COMMISSION

JANUARY 4, 1977.

DEAR MR. CHAIRMAN: Chairman Collier asked me to respond to your request for information on the activities of the Bureau of Consumer Protection which relate to aging Americans.

During 1976, the Bureau has pursued a number of projects which affect the aging and their purchasing decisions. Several of these projects were first announced by the Commission in 1975, including the proposed trade regulation rules for the hearing aid, funeral, and eyeglass industries. The goals of these proceedings are to increase the availability of accurate and relevant information to purchasers and prospective purchasers and, where appropriate, to eliminate public or private restraints on information. During 1976, Bureau staff has been paticipating in the hearings on the proposed rules, and are now engaged in writing the staff reports required by the Commission's rules of practice implementing title II of the Magnuson-Moss Federal Trade Commission Act.

In September, the Commission announced an investigation of the nursing home industry which is being conducted by the regional offices. The investigation will focus on the business relationships between the home and the patient and the home and its suppliers. Staff will be making recommendations to the Commission to take action as is appropriate based on the results of the investigation.

Other Commission activity initiated or pursued during 1976, although not specifically addressed to problems of the aging, should be of benefit to them. For example, the condominium investigation lead to the issuance of a complaint against the developers of one Florida condominium; one of the objectives of the case is to obtain redress for purchasers, many of whom are aging, who may have entered into unfair contracts without full disclosure of the relevant facts. In addition, Bureau staff conducted hearings on the proposed trade regulation rules concerning protein supplements and food nutrition and prepared for the hearings on the proposed rule on advertising of over-the-counter drugs, which are scheduled to begin in January. Each of these proposed rules is designed to provide additional information to consumers, which will benefit consumers of all age groups.

The Bureau intends to pursue the same goals of providing more and better consumer information and increasing competition during 1977.

I would be pleased to provide additional information about any of these matters.

Sincerely,

MARGERY WAXMAN SMITH,
Acting Director.

ITEM 20. NATIONAL ENDOWMENT FOR THE ARTS

DECEMBER 15, 1976.

DEAR SENATOR CHURCH: This is in response to your request for information about the arts endowment's major actions on aging during 1976 and planned activities for the upcoming year.

As you requested, I have enclosed a summary of endowment programs and activities which describes our current efforts in making the arts more widely accessible to older Americans. It is a pleasure to have the opportunity to share this information with the Special Committee on Aging. I hope it will be helpful to the committee in completing its annual report for the Congress.

If we can be of further assistance in this or any other regard, please do not hesitate to let us know.

Sincerely,

NANCY HANKS, *Chairman.*

[Enclosure.]

REPORT TO THE SENATE SPECIAL SUBCOMMITTEE ON THE AGING SUMMARIZING THE MAJOR ACTIVITIES IN THIS AREA BY THE NATIONAL ENDOWMENT FOR THE ARTS DURING FISCAL YEAR 1976 AND CONTINUING INTO FISCAL YEAR 1977

The National Endowment for the Arts continues to become increasingly involved in arts programing directed at making the arts more available to older Americans and providing the elderly with participatory experiences in the arts. In 1973, the National Council on the Arts, the endowment's advisory body of 26 Presidentially appointed artists and art patrons, passed a resolution urging the endowment to take a leadership role in making the arts more accessible to the handicapped, including the elderly.

Responding to a growing awareness among arts administrators, artists and older persons, in July 1976 the endowment established the position of coordinator for special constituencies within the special projects program. This new office has particular responsibilities for relating the arts to the handicapped, the aging and the institutionalized. The coordinator for special constituencies: (1) Advises individuals and organizations seeking technical assistance on developing arts programs for older persons; (2) advises prospective grant applicants of the appropriate Federal grant-in-aid programs within the endowment and in other Federal agencies; and (3) develops policy recommendations related to the arts and older Americans for review by the endowment Chairman and the National Council on the Arts. Through this office the endowment is able to respond to proposals seeking to make the arts more available and accessible to older persons and is able to assess the potential of arts programs for the elderly.

ATTITUDINAL BARRIERS

Perhaps the most persistent barrier to developing quality arts programs for older Americans is that the public at large, and arts administrators and artists in particular, do not fully understand the relationship of the arts to individuals over 65 years of age. A recent survey conducted by the University of Wisconsin's Center for Arts Administration, published in spring 1976, pointed out that while senior citizens represent less than 10 percent of the audience in approximately 80 percent of the 600 arts organizations surveyed, the majority of these organizations were interested in increasing their audiences of older persons. The survey, entitled "Older Americans: The Unrealized Audience for the Arts," accomplished two important goals: (1) It gathered pertinent information about audience composition among older persons; and (2) it identified some widely held views about developing audiences comprised of the elderly which are shared by

administrators of cultural organizations. The survey has proven extremely useful in making arts administrators more aware of an heretofore untapped potential audience for arts activities.

To encourage the development and understanding of new attitudes concerning arts programs for the aging, the endowment has supported the National Council on Aging's center for older Americans and the arts for the past 3 years. The center stimulates arts programing for the elderly by providing information and technical assistance to State and local arts organizations interested in sponsoring arts programs for older people. In October 1976, the center, with support from the endowment, sponsored the first nationwide conference on arts and the aging. The conference brought together administrators from the fields of arts and aging to discuss the relevance of the arts to the lives of older persons and to showcase outstanding arts projects for the elderly which have been successful throughout the country. One of the most important results of this conference was that arts and aging administrators alike were made aware of the important contributions the arts are making to the lives of older Americans. With endowment assistance, the proceedings from this benchmark conference will be made available to arts and aging administrators, artists, and the general public.

Architectural Barriers

It is not surprising that, along with attitudinal barriers, architectural barriers have played a role in impeding older persons' attendance at cultural events. The problems of architectural barriers in cultural institutions have been identified in a recent publication for the arts endowment researched and written by Educational Facilities Laboratories (EFL). The booklet, entitled "Arts and the Handicapped: An Issue of Access," highlights successful projects which have overcome architectural barriers and which have developed arts programs for the handicapped, including the elderly. In addition, a series of television public spot announcements produced for the endowment by the Public Advertising Council of Los Angeles are being aired this year on television stations around the country. The theme of these spot announcements, "Nobody's Perfect," is serving to heighten the public's understanding of the importance of barrier-free design. In addition, in fiscal year 1976, the endowment and EFL established a national "Arts Information Service" for the handicapped and the elderly which provides written information and telephone consultation to anyone interested in obtaining information on source of funding and technical assistance for arts programs for the handicapped and older persons, successful arts projects and the status of Federal and State laws affecting barrier-free design.

The endowment's architecture plus environmental arts program has awarded grants to individuals and organizations for the research and design of products used by the elderly and for seminars/workshops to enhance the understanding of designers and the public alike about how architectural barriers impede older American's access to the arts. These projects include grants:

—To study the design of bathroom fixtures and spaces to improve their convenience for the elderly;

—To support the design and development of a travel chair which will provide transportation assistance to the physically disabled;

—To sponsor a series of seminars in 10 U.S. cities on the need for barrier-free interior environments for the elderly; and

—To conduct a seminar with corporate industrial designers on the product needs of the handicapped and elderly and to demonstrate how those needs can be met by corporations in the design of new products.

Through its cultural facilities assistance grants, the architecture plus environmental arts program encourages all grantees undertaking studies to establish, replace, or alter cultural facilities to include barrier-free architectural design planning. Under this program, grants were made to study the adaptive reuse of the historic Standard (Folly) Theater in Kansas City, Mo., as a multipurpose community theater with 1,000 seats accessible to the physically disabled, and to Mt. Sterling, Ky., for a design and planning study to convert an obsolete railroad station into a multipurpose community center to include an arts and crafts center for the elderly.

Arts Exposure

Providing opportunities for older Americans to attend performances and other artistic events in an important means of developing audiences for the arts. For

a significant portion of the Nation's 30 million persons over 65 years of age, attendance at cultural events is an economic problem. They cannot afford the price of admission to a symphony concert, theatrical drama, or dance performance nor can they afford to pay for their transportation to these performances.

A number of endowment grantees have developed ticket subsidy, transportation, and touring programs to assure that older persons can partake of the cultural resources within their communities. Through its programs in expansion arts, dance, museums, music, and theater, the endowment is assisting arts organizations to provide tickets and transportation services for older people to attend cultural events. Included among these grants are support for:

—The Old Creamery Theater Co., Garrison, Iowa, provides ticket discounts for the elderly to attend its dramatic performances;

—The Dubuque, Iowa, department of recreation provides persons 60 years and older with tickets and transportation to plays, concerts, historical tours, and art exhibitions;

—The Hispanic American Dance Co., New York City, devotes 1 week of its annual season exclusively to performances for senior citizens;

—The Opera Guild of Greater Miami brings opera concerts and staged performances of opera and piano to an estimated 30,000 older persons of Dade County at an average admission price of $2 per ticket;

—The Cincinnati Ballet Co. programs weekend concerts for the elderly which include free tickets and transportation;

—The Circle in the Square, New York City, is continuing its program of distributing free tickets to the elderly and economically disadvantaged to its four major theatrical productions each season;

—The Chinese Cultural Foundation of San Francisco, maintains a strong, multiarts community program for older persons, including touring performances and festivals;

—The Maryland Arts Council is expanding its 10-year-old program of art exhibitions from the Baltimore Museum of Art to facilities serving the elderly;

—The Durham, N.C., Arts Council sponsors twice-monthly professional arts programs in senior residential communities;

—The New Stage Theater, Jackson, Miss., is offering a series of free tickets for plays and transportation to 3,000 low-income elderly citizens, which includes after-performance seminars led by directors and actors; and

—Hospital Audiences, Inc., and its affiliate chapters across the country are continuing their successful programs of free and discount tickets to older persons, as well as bringing professional artists into hospital wards and nursing homes to give performances.

In addition to providing the means for older Americans to attend artistic activities, the arts endowment's grantees are providing opportunities for the aging to have "hands-on" creative experiences through workshops and seminars directed by professional artists. Among these grants are:

—Artkare, Inc., Dayton, Ohio, sponsors artists who give weekly workshops and demonstrations in area nursing homes;

—The West Nebraska League of Arts has developed an "artists outreach program of professional artists in several disciplines who give workshops and instruction in senior citizens centers and nursing homes;

—The Theater Project of Antioch College, Baltimore, Md., is developing a personal oral history and performance project with older Americans based on its successful arts exposure program the International Ladies Garment Workers Union;

—The Madison Civic Repertory Theater, Madison, Wis., is involving the elderly in a variety of activities at the theater, including workshops in playreading, costume and set design, acting and directing classes, and play discussion groups;

—Akron Rehabilitators of Community Houses is providing a ceramic art training program for senior citizens under the direction of a master craftsman;

—Free Street Theater, Chicago, Ill., gives instruction and training in the theater arts to older individuals who, in turn, have formed their own repertory company (Free Street Too) and perform for audiences of older persons around the country. Presently, the two companies are developing ways of integrating their casts and activities to promote intergeneration programs for individuals of all ages;

—Frog Hollow Craft Association, Middlebury, Vt., provides tuition and materials fees for seniors in rural communities to attend craft workshops;
—Watts Community Symphony Orchestra in Los Angeles, sponsors a summer music workshop program providing free music instruction to older persons, including the loan of free instruments for the duration of the lessons;
—The Johnson Museum of Art at Cornell University makes a museum professional available to senior citizen centers and homes to conduct slide lectures, participatory workshops and special tours as a means of acquainting older persons with the museum;
—The Monroe County Rural Heritage Alliance of Union, W. Va., sponsors elderly mountain musicians to teach and perform mountain music in their own homes for audiences of all ages; and
—The University Circle, Inc., Cleveland, Ohio, is developing an implementation plan for four Cleveland area museums to provide programs specifically for senior residents of inner city neighborhoods.

The Endowments' Federal-State partnership program has supported several outstanding arts and aging projects which are serving as models for other State arts and community arts agencies.

The Minneapolis State Arts Board and the Community Arts Agency of St. Paul-Ramsey Arts and Science Council (COMPAS) is providing opportunities for older persons to become involved in many art forms. Workshops conducted by professional artists are offered in music, painting, pottery, dance, theatre and writing. A senior chorus and theater group give performances by seniors themselves. During the year these workshop activities were integrated into another COMPAS arts project for seniors funded by the Administration on Aging. This successful 2-year demonstration project placed artists in long-term residencies with older persons in housing sites, nutritional sites, and senior citizen centers.

An Endowment grant to the Iowa Arts Council is permitting the continuation of a music, poetry and visual arts program for older Iowans. "The living arts program" involves professional artists who work with 300 older persons at 13 sites throughout the State in developing skills and exploring dormant talents. The program is being expanded to include 20 artists at 40 sites during 1976–77. The poetry component of this program recently published a book containing the poems of senior poets entitled "Speak Easy."

The Endowment's folk arts program has funded a significant number of older folk artists and projects by and for older Americans. Approximately two-thirds of the folk arts program's $1.6 million budget for fiscal year 1976 was devoted to preserving our Nation's cultural heritage by providing opportunities for older artisans to perform, teach, and exhibit their crafts and by recording these contributions to our cultural legacy. Included among the many grants of the folk arts program which utilized older Americans as the transmitters of a culture from one generation to the next are:

—Support to make videotapes of the stories and life-styles of 10 storytellers in the upper east Tennessee region;
—Support of a project to document black Mississippi folk arts for an exhibition within the State and for archival uses;
—Support to document the Indian tribal traditions through and by elderly tribal members of tribes in the upper Northwest;
—Support of a team of trained field collectors, all of whom are older Americans, to work with the Oklahoma Indian tribes in recording and photographing their cultural traditions;
—Support of a project to strengthen the tradition of sacred harp singing through a program of demonstrations conducted by experienced older teachers; and
—Support of a festival in Los Angeles presenting American folk music and dance in concerts and workshops involving older artisans as performers and instructors.

The Endowment's Bicentennial program, "City Spirit," assists planning activities for a variety of cultural efforts which seek to broaden the role of the arts in a neighborhood, town, city, county, State, or region. The program is based on the concept that the interaction of a community's diverse interests—business, labor, government, religious groups, educational institutions, civic organizations—can provide new cultural programs for the community. The inclusion of organizations and institutions serving older Americans have been well represented in "City Spirit" grants. Some examples of "City Spirit" programs in which special efforts have been made to include the elderly are:

—The Arts Council of Greater New Orleans is identifying and developing cultural resources for the elderly in the greater metropolitan area; and
—The city of San Luis Obispo, Calif., has identified senior citizens as a major resource to contribute to the city's development of arts programs for every segment of the population.

The Endowment, and particularly its new office for special constituencies, is continuing its commitment to make all the arts available to elderly citizens. Currently plans are underway to assist in the planning and implementation of a major conference for arts administrators on the theme of arts and the aging to be held in early 1977. By serving as an initiator of model demonstration programs and the catalyst for transmitting information about arts and aging projects to its many constituencies, the National Endowment for the Arts will increase the opportunities for older Americans to attend and participate in cultural activities.

ITEM 21. NATIONAL ENDOWMENT FOR THE HUMANITIES

JANUARY 6, 1977.

DEAR SENATOR CHURCH: In response to your request, I am pleased to enclose a statement summarizing major activities for the aging supported by the National Endowment for the Humanities in 1976.

I hope that you and your committee will find this report of our activities useful. I also hope that readers of this report will find the examples cited suggestive of the varied ways in which humanities projects can be designed to benefit older Americans, and to increase understanding of their contributions and of the problems associated with aging in our society.

Sincerely yours,

RONALD S. BERMAN, *Chairman.*

[Enclosure.]

REPORT TO THE SENATE SPECIAL COMMITTEE ON AGING ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1976

INTRODUCTION

The Endowment recognizes the important contributions older Americans can and do make to this society; it also recognizes the need of older citizens to have access to information and perspectives that can aid them in making informed decisions as they confront personal and public problems and choices. Therefore, NEH encourages increased utilization by the elderly of Endowment-supported products (such as print materials, radio and television programs), and participation of older Americans in a wide variety of NEH-supported activities, including scholarship, the pursuit of additional knowledge through formal and informal educational programs, and discussions of vital public policy questions in communities across the Nation.

In carrying out its congressional mandate to encourage the understanding and use of humanistic knowledge in the United States, NEH responds to needs and interests in the humanities, primarily as they are expressed in applications for specific projects. The agency does not designate fixed amounts of money for work in any subject area or for particular groups of individuals. Consequently, there is no special NEH program for older citizens utilizing funds allocated for that group; nor is there a formal program to support study of the processes and problems associated with aging.

However, through its regular procedure for selection and support, NEH has funded a number of projects specifically designed to increase understanding of attitudes toward aging, and to provide learning experiences in the humanities for the elderly. In addition, regrants of NEH funds through the State-based humanities committees have supported many locally initiated and conducted projects of these types. This report includes descriptions of all NEH grants made in this area and a few of many examples of local projects funded through State-based committees.

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. This report describes such projects only if they include special planning for the elderly, or are particularly relevant or potentially useful in programing by or for older citizens.

I. Specific NEH Grants Serving the Elderly

In 1976, the Endowment has awarded approximately $300,000 for grants specifically designed to increase knowledge about aging, or to provide special materials or activities for the elderly.

"Human Values and Aging: New Challenges to Research in the Humanities"

Through the Endowment's science, technology, and human values program, an award was made in 1974 to Case Western Reserve University in Cleveland, Ohio, to support the planning and preparation necessary for a symposium which would introduce younger humanities scholars to research needs and opportunities on the subject of aging and the aged. As the result of this planning grant, NEH began in 1975 to support a 2½-year research-design project to elicit humanistic research on this important subject.

Early in the project there was a symposium for 30 postdoctoral humanists with interest in this subject, at which several scientists and social scientists discussed the biomedical and sociopsychological aspects of aging, and several humanists discussed possibilities for research in disciplines such as history and literature which could provide new insights into aging and attitudes toward the process.

In October 1976, research papers prepared by the participants during this past year were presented and discussed at a conference in New York. Papers resulting from the project will be edited and organized for dissemination. Newsletters issued by the project provide current information about research in the humanities and about programs on the subject of aging in which humanists are involved.

The increasing interest and activity in this new area of inquiry are signaled by interchange in New York between scholars on the project and gerontological society members, and by the society's establishment of an ad hoc committee on humanism and humanities in gerontology, charged with exploring ways and means by which the humanities might contribute to gerontology and the work of the society.

The Salk Institute: Appointments in the Humanities

This grant, also made through the science, technology, and human values program, provides for the appointment of two humanists to contribute perspectives on scientific studies underway at the Salk Institute in San Diego, Calif. Appointees are made from the fields of literature and philosophy, specifically to contribute to studies in human specificity—those functions which characterize human uniqueness—and in aging.

Youth Grants in the Humanities

The youth grants program (which supports humanities projects initiated and conducted by students and out-of-school youth) awarded a grant to a group of young people to produce "August," a documentary film on aging made in cooperation with the Masonic Home in Utica, N.Y. This film, recently completed, focuses on the socialization of the elderly in an institutional environment and it pays particular attention to the various social attitudes, fears, and prejudices that contribute to this process. Through its investigation of this particular way of life, the film makers expect that the film will provoke questions leading to a better understanding of attitudes about aging.

"A Matter of Indifference," which was completed in 1974, is another documentary film study of aging in America supported by an NEH youth grant.

Television Production Colloquium

The University of North Carolina, supported by a grant from NEH's division of public programs, held a 2-day colloquium for humanists and television producers in Chapel Hill, N.C., in November 1976. The meeting was part of a project to develop content for a major television series which will provide new insights into the search for a meaningful old age through a reexamination of the American heritage in the fields of religion, history, philosophy, literature, and other humanistic disciplines.

Humanities Programing for the Older Population

The National Retired Teachers Association/American Association of Retired Persons received a grant in 1976 to explore the feasibility of developing a

national educational program for out-of-school adults to be focused on the humanities and designed specifically for older learners. Drawing upon experience gained in 47 NRTA/AARP institutes of lifetime learning, the project will study the needs and interests of the elderly as they relate to humanities programing, investigate content and curricula, identify delivery mechanisms that are most effective in reaching this population group, and determine methods to maximize use of human and community resources. It is hoped that the study will result in a plan for the development and implementation of a national program in the humanities for older people.

The National Council on the Aging, Inc., has received two grants in support of projects to enrich the lives and increase the community involvement of older Americans by bringing programs in the humanities to the NCOA network of over 5,000 senior centers.

NCOA is developing and testing the effectiveness of a series of pamphlets and audiotapes connecting the humanities with the concerns and interests of older people. The materials are being developed in several phases to test their audience appeal, with the cooperation of local volunteer members of the National American Studies Faculty, who are donating their time to help lead discussions and to relate discussion materials to activities and displays of cultural institutions in each community where programs are being offered. These materials, assembled by a task force of distinguished scholars, introduce a variety of historical, literary, mythical, and religious traditions as they have dealt with themes such as community, kinship, and the nature of old age.

During 1976, senior center humanities programs have been operated at two test sites (in Cincinnati, Ohio, and Providence, R.I.) each with a network of four senior centers representing a cross-section of urban, rural, minority and blue- and white-collar older Americans in the area. Because of its popularity, local history was the subject of the first of two units of new material to be tested. The other unit—on images of aging in literature—will be tested at the same centers in order to provide additional information about the comparative effectiveness of different approaches and content. Through this process NCOA will also learn how effectively senior center staff and a national volunteer faculty can combine materials and community resources to create new and valuable learning experiences in the humanities for program participants. The grant will produce new resources—in terms of both materials and experienced people—which hopefully may lead to humanities programs for the elderly on a continuing national basis.

Amalgamated Clothing and Textile Workers Union received a planning grant to develop, with a national task force, programs in the humanities that involve the union's membership and staff, and that directly relate to their working and social lives. Retiree centers, as well as other existing channels of communication (such as the union newspaper and retired members newsletter which reach 500,000 workers and retirees) will be used to disseminate information; they are also considered major resources for the humanities projects to be developed. Retirees have been identified as a distinct group on which planning and programing will be focused. This grant will enable the ACTWU to explore new program possibilities such as a labor history project involving retirees and young workers in an effort to increase the self-image and involvement of retired workers, while giving knowledge of the past, and a sense of continuity, to young workers.

II. State-Based Humanities Programs

A major activity of the Division of Public programs is the State-based humanities program now operating in all 50 States and utilizing approximately 20 percent of the endowment's funds. In each State, volunteer committees of citizens representing business, labor, cultural, educational, and community groups regrant funds from NEH for projects developed and implemented in the States which focus on humanistic understanding of public policy issues. In the 5 years since the program was launched, thousands of locally initiated projects sponsored by a wide variety of organizations have been supported, bringing together professional humanists and millions of citizens as participants or audiences.

Participation of older citizens in state-based projects

There is a high rate of participation by elderly citizens in all of these community projects, not just those on topics of particular relevance to that population group. For example, a survey undertaken recently by NEH indicated that

among questionnaire respondents, over 24 percent of those attending regrant projects were between the ages of 50 and 64, while over 12 percent were 65 or over. Among those participating as discussants or speakers, over 23 percent were between 50 and 64, while over 5 percent were 65 or older. Thus, over 37 percent of those attending were 50 or older, while over 28 percent of those who participated directly in presenting programs were 50 or more years old. It should be noted that these percentages are not based on regrants dealing with the topic of aging, but on a sample reflecting the wide range of topics under discussion by the public through this program.

TYPES OF STATE-BASED PROJECTS DIRECTLY AFFECTING OLDER CITIZENS

In 1976, as in previous years, regrants made by the States supported projects varied in their format but similar in their focus on issues of importance to the people in each State. Of approximately 2,000 projects conducted in 1976, nearly 10 percent were on the topic of aging, and many more were on subjects specifically related to the aged and aging (such as the family, health care, euthanasia, et cetera).

Although the variety of these projects can only be suggested here, they generally include one or more of the following features: Projects exploring the values and assumptions implicit in our behavior toward the elderly at present; exploring attitudes toward aging in other cultures or in other times in our history; considering future alternatives to our present behavior and attitudes; exploring major public issues with audiences limited to the elderly; and programs on the topics of death and dying.

EXAMPLES OF STATE-BASED PROJECTS DIRECTLY AFFECTING OLDER CITIZENS

Of the many State-based regrant projects undertaken in 1976, 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.

Arizona

The place of the aging Indian in society and the problems of caring for elderly individuals by tribal and health personnel were explored in a project on the White Mountain Apache Reservation. Conducted entirely in the Apache language, the project consisted of video-taped interviews (with old Apaches, their middle-aged children, and government and social service workers) on the conflicting attitudes and needs of traditional Apache tribal members affected by the stresses that modern medical and health care services create. An anthropologist from Northern Arizona University, conversant in the Apache language, conducted the interviews. The film was shown in every Apache village on the reservation and the anthropologist led a general discussion following showings of the film. Very well received on the reservation, the video-tape won an award at the Apache tribal fair where it was exhibited.

New York

"Humanities and aging" was the title of a series of 12 radio interviews, sponsored jointly by the Brookdale Center on Aging and the Hunter College School of Social Work. From the perspective of their disciplines, distinguished scholars discussed public issues which affect the experience of aging. Following the broadcasts, discussion groups headed by retired scholars in the humanities were held at senior citizen centers, settlement houses and nursing homes. Twenty to thirty discussion groups, each involving 15 to 30 participants, followed each of the broadcasts. The older people who attended the discussions were enthusiastic abut the program, particularly as many of them have few opportunities to talk with others about the problems they face, and some have even less chance to participate in educational and cultural events because of infirmity and the difficulty of traveling from their homes.

Connecticut

This past October a major conference sponsored by the State Department on Aging titled "Bicentennial Conference on Aging" brought 800 citizens from across the State to 2 days of speeches, discussions, and workshops on historical, ethical, theological, and legal perspectives on the elderly and the American

way of aging. Arthur Flemming, U.S. Commissioner on Aging, was the keynote speaker and State officials, including the Governor, as well as scholars in the humanities and representatives from national organizations concerned with the elderly, spoke at various sessions.

Florida

Among a number of projects dealing with subjects of particular interest to the elderly was a symposium on "Leisure-Centered Living: The Human Use of Free Time," sponsored by the Alachua County Older Americans Council, several other community organizations, and the Center for Gerontological Studies and the Department of Philosophy at the University of Florida. Three evening sessions were devoted to discussions of public policies related to leisure time and space, leisure and aging, and leisure and community planning. The program began with a discussion of the philosophical question of "what is the good life?" and examined the part leisure is assigned in various theories of the good life.

Illinois

Southern Illinois University and the Illinois Humanistic Council sponsored a series of 24 weekly sessions with senior citizens ending in March 1976. The program involved a maximum of 50 senior citizens from Madison and St. Claire counties in Illinois, admitted on a first-come, first-served basis. The first third of the program was devoted to the primary historical events and concepts which underlay the foundations of the American experience. The second third of the program examined seniors' perceptions of contemporary society in light of these concepts, while the last third of the program dealt with forecasting the fate of American political theory in the final years of the twentieth century and beyond.

As these examples show, through the cooperation of local organizations, schools, and various groups of concerned people, many kinds of humanities programs can be designed and implemented locally which provide a service not only to the elderly, but to the entire community. The significant level of participation of older citizens in the projects conducted through the State-based committees is evidence of the value placed on serious discussion of public policy questions facing them as individuals and citizens in this society; it is also an example of the active involvement of many older citizens in community and cultural activities, and of the contributions they make to society.

STATE-BASED COMMITTEES: EMPLOYMENT OF RETIRED PERSONS

In the past year, the endowment provded the 50 State-based committees with an important new opportunity to expand their effectiveness through the employment of retired persons in various capacities. The endowment offered to amend each State's grant by an amount equal to $2,700 (in keeping with social security policies) for a 12-month period to enable the committee to hire one or more retired persons. The committees of nearly every State have taken advantage of this new resource to find highly skilled and highly motivated employees and, in a few cases, to tap unique knowledge of the State or areas of the State to develop the program. Operating on modest administrative funds, the committees are benefiting greatly from the experience these people bring to their jobs, while those employed have an opportunity to use valuable skills and ideas.

In California, Iowa, and Louisiana, retired secretaries work on a part-time basis, while in New York and West Virginia—among many others—retired accountants are keeping the committees' complex books. Indiana is an example of a State in which more than one retired person has been hired. On the part-time staff are an accountant and a public affairs specialist to advise the committee on its brochures, news releases, and other public communications. The committee has been delighted with the work of these retirees, but as one more junior member of the staff complained, "They make us work harder, too, because they are so good."

A number of States have hired retired humanities scholars to do program development work across the State. One example is Wyoming, where an eminent scholar of the history of the State and of the suffrage movement in the West is devoting a year of his retirement to develop programs in the community colleges of Wyoming. In Pennsylvania, a retired scholar, 80 years old, has been donated free office space at the University of Pittsburgh to initiate an intensive program development effort in the Pittsburgh area. The Mississippi committee,

having some difficulty in expanding its program to the southern part of the State, is in the process of locating a retired individual from that part of Mississippi to increase activity there.

In many cases, the talents of the people now working for State committees would not have been within the financial reach of the committees during the individual's preretirement days. The jobs often involve a strong commitment to the program and are both challenging and time consuming. Through this NEH initiative, valuable skill and experience have been made available to the committees, and at the same time, retired individuals are finding a challenging focus for the expertise they have spent a professional lifetime accumulating.

III. American Issues Forum

From September of 1975 through May of 1976, The American Issues Forum, a unique national Bicentennial program developed by NEH, involved citizens all over the country in discussion of issues fundamental to our history and relevant to our present national and personal concerns. Calendars of 9 monthly topics and 36 weekly subtopics which identified major issues for discussion were developed by NEH with advice from a distingished national planning group made up of representatives from business, education, labor, scholarship, and the communications field. These calendars, and other materials designed to assist discussion leaders and to enable people to study the topics objectively and in depth, were widely distributed.

EFFORTS TO REACH THE ELDERLY

As part of NEH's attempt to involve all citizens in this program, special efforts were made on behalf of older Americans. AIF calendars and invitations to participate in the forum were mailed to 250,000 national, regional, and State leaders. Included in this mailing were all community centers, and leaders of organizations whose missions relate to the aging (i.e., Administration on Aging, ACTION, National Council of Senior Citizens, and heads of State and local chapters of the American Association of Retired Persons/National Retired Teachers Association).

In addition, many local institutions such as libraries, community colleges, and community centers distributed versions of the forum calendar to senior citizens in their areas. For example: Montcalm Community College, Sidney, Mich., collected the names of 10,000 senior citizens in the area and sent each an AIF calendar along with an invitation to participate.

SPECIAL AIF MATERIALS

Several organizations, with support from the endowment, prepared special materials for use by their own members and constituents. Among them was the National Council on the Aging which developed a series of articles related to the nine monthly topics from the perspective of older Americans. The series, distributed to 2,000 editors, was carried in newspapers across the country, and hundreds of additional sets of information were distributed in response to individual requests.

With an NEH grant, National Public Radio produced the "American Issues Radio Forum," a series of monthly 3-hour programs on AIF topics. These programs, which reached 179 National Public Radio stations in 49 States, included discussions, readings, music, and a call-in feature which generated approximately 200 calls per program. Information about this program was distributed to all major senior citizens groups. Radio programing serves a wide audience, of course, but is particularly helpful to those who are visually handicapped and who might have limited access to the humanites in other media, such as print. In addition, the call-in mechanism enabled older people to participate and to discuss their thoughts and questions with others without leaving their places of residence. A listener's guide prepared to increase the usefulness of the forum was distributed to many senior citizens.

The National Federation for the Blind placed the full text of the forum calendar on talking book discs, to enable visually handicapped Americans of all ages to participate fully in community discussions of the forum topics. Recording for the Blind, Inc., also received NEH support for a project to tape books related to AIF topics for free distribution to the blind and others for whom print media are difficult. Although visual handicaps obviously are not

limited to older people, the many elderly citizens who do have that problem benefit from special materials such as these.

"Courses by Newspaper," an NEH project designed to serve the general adult public, also developed special material for the American Issues Forum. Conceived and administered by the University of California at San Diego Extension, the courses consist of weekly articles by eminent thinkers. During the forum, articles on the AIF topics were carried in over 400 newspapers, and over 270 colleges and universities offered the course on both a credit and noncredit basis. Although the articles were not developed specifically for older people, a recent survey of subscribers to newspapers carrying the courses indicated that the percentage of those over 65 who read the articles was relatively high—20 percent or over in several communities, and as high as 43 percent in one. Readership among subscribers between 51 and 64 was slightly higher in all communities surveyed.

All of the materials developed for the American Issues Forum—articles, discussion guides, bibliographies, records, et cetera—constitute a valuable resource for future use, by groups of individuals or by organizations and institutions. The high level of participation of older Americans in study and discussion of the fundamental questions raised in this program suggests that the value of these resources for older Americans can and should be extended by further use. By utilizing existing materials—both those specifically prepared for older people, and those for a general audience—programing on subjects of lasting interest and importance can be implemented at minimum cost, thereby benefiting Americans in general and older people in particular.

PARTICIPATION OF OLDER CITIZENS IN AIF

As in all NEH programs for the general public, participation of older Americans was active and extensive. Thus, nationwide, a great many older people attended forum meetings in their communities. In addition, special weekly and/or monthly meetings were held by senior citizens' groups across the country. The following is one example:

San Antonio, Tex.—"Growing Older Together: A Country and its People" was the subject of a series of discussions held from March through May 1976, in San Antonio. This activity was sponsored by a group of local institutions and organizations, including Senior Community Services—RSVP, the Senior Citizens Council of Bexar County, and Senior Opportunity Services. Concerned citizens, community leaders, and academic humanists joined in examination of the experiences, values, and contributions of older people. In various locations, including four senior centers, panels discussed topics such as changes in attitudes toward war over the past 30 years, and adjustment to changing values and lifestyles in 20th century America. Another activity was the broadcast of two 30-minute television programs which explored the historical and cultural development of San Antonio through the interviews with elder members of the many ethnic and cultural groups that have contributed to local life.

IV. Humanities Projects for the General Public

ACTIVITIES OF PARTICULAR INTEREST

The following examples of projects or programs designed to serve the general adult public—that is, adults not formally affiliated with educational institutions—are described because they involve special planning, or are particularly relevant or useful to older citizens. One example illustrating the contributions of older people to this society is also included.

MEDIA PROGRAMS

The development of television and radio programing in the humanities is a major area for the Division of Public Programs.

—Quality radio and television productions are especially useful to older people, many of whom cannot or prefer not to leave their homes. An excellent example of such NEH-supported humanities programing, the "Adams Chronicles," a 13-week series of 1-hour long programs shown on public television in 1976, has been the object of wide interest by viewers and of acclaim by critics and historians. Among the millions of viewers of the program to date, many are, of course, older citizens. Because many people have

impaired hearing, the "Adams Chronicles" was also produced in a captioned version.

—Specific information on media programs and on any adjunct material is provided to all organizations working for special interest groups, including the elderly. NEH encourages grantees to promote the use of media productions among senior citizens and applicants to plan media programs with this group in mind.

—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 programing 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, projects such as the American Issues Radio Forum (described above) provide access to information as well as a mechanism for communicating with others.

MUSEUM PROGRAMS

Several major exhibitions (such as the "Treasures from the Tomb of King Tutankhamun") were supported by NEH funds in 1976, in additional to small exhibitions in communities across the Nation.

According to a recent survey of museum attendees conducted by NEH, 14 percent of the persons attending the NEH-supported exhibition were between the ages of 51 and 64. Clearly, a large number of older persons benefit from exhibitions such as those NEH has supported this year. However, our sample also indicated that only 4 percent of the attendees were 65 and over, a finding which corroborates results reported in "Americans and the Arts." NEH is concerned that exhibitions for the general public reach more people in this age group, and hope that—through the initiatives of grantees and community service organizations—some of the problems will be resolved which presently make participation of the elderly in this activity difficult.

COURSES BY NEWSPAPER

The "Courses by Newspaper" project was described briefly above as one of the numerous American Issues Forum activities. In September 1976, several hundred newspapers began publishing a course on the oceans, and a course on contemporary moral choices will begin early in 1977.

"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. In addition, a recently developed discussion leaders' guide can be used to conduct informal but productive discussions.

We hope that wider knowledge about the "Courses by Newspaper" and recognition of their potential usefulness as a focus for discussion and learning will result in even greater active participation by the elderly. A special effort is being made to provide information on the courses and the varied opportunities for learning they present to organizations acting in the interest of older people.

PARTICIPATION OF OLDER PEOPLE: A SELECTED PROJECT

The involvement of older people in some NEH supported activities has been described above—specifically in sections on nationwide activities such as the State-based program and the American Issues Forum. Projects designed for older people have also been described.

However, there are also a number of projects not easily recognized as affecting the elderly but which, in fact, have involved significant numbers of older people. One of these is included, primarily because it demonstrates the kind of contributions older people make to this society, as well as the curiosity, the desire to learn, and the energy and intelligence that characterize most of America's older citizens.

NEWBERRY LIBRARY: WORKSHOPS IN COMMUNITY HISTORY

In 1975, recognizing that systematic training in "how to do" local history was not generally available for adults in educational institutions, the Newberry Library's Family and Community History Center, in conjunction with the Chicago Historical Society, began a training program of 1-week workshops in local and community history. This program was designed to provide interested lay people in the greater Chicago area and 12 neighboring midwestern States with both the basic skills and the encouragement of professional historians that would enable them to return to their communities better able to promote and do local history.

As of November 1976, six of eight scheduled workshops had been completed; two more will be held in January and February 1977. Statistics on the 174 persons who have completed the workshops reveal a broad range of participation: 18 percent of participants were over the age of 60, while 46 percent were between the ages of 40 and 60; of the 174 people, 27 percent were amateur historians (with 12 percent homemakers, 11 percent white collar workers, and 4 percent retired).

With the training received, people in a position to influence serious historical investigation in their own communities are working in various ways—writing, mounting exhibitions, preparing film and slide presentations, organizing local history discussion groups—which will contribute both to understanding and to a sense of community. Equally important, these people, a significant number of whom are older citizens, are contributing to the building of an historical record of national importance.

V. NEH PLANS FOR 1977

NEH support in 1977 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 1977, 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 potential usefulness; (3) through local and national projects, people are acquiring experience in humanities programing for older citizens; and (4) there is increasing interest in the Nation in extending educational opportunities—formal and informal—to citizens of all ages.

NEH encourages applicants and grantees to consider the problems and the potential of older Americans in their project designs. 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, it is hoped that, for significantly larger numbers of older Americans, the humanities will be an important part of their lifelong learning experience.

ITEM 22. NATIONAL SCIENCE FOUNDATION

DECEMBER 20, 1976.

DEAR MR. CHAIRMAN: This is in response to your letter of November 10, 1976, to Dr. Richard C. Atkinson, Acting Director of the National Science Foundation (NSF), in which you requested a summary of the Foundation's actions on human aging during fiscal year 1976. You also requested some mention of our planned activities on aging for fiscal year 1977.

The Foundation's principal mission is to maintain U.S. scientific strength through the support of scientific research and science education programs. The bulk of NSF support has been and continues to be focused on fundamental research in all major fields of science.

Although research support for human aging is not a specifically targeted thrust of the Foundation's efforts, some important results related to this area have

been discovered as a consequence of funding by the NSF. Attachment A contains a summary listing and description of several projects on human aging that received NSF support during fiscal year 1976. Most of these projects are in the applied areas and therefore focus on several issues that have implications for the policy, social, legal, and economic aspects of aging.

Additionally, attachment B comprises brief descriptions of several basic research projects supported by the Foundation that are related to human aging processes. These projects, which fall in the areas of developmental and regulatory biology and the behavioral and neural sciences, were/are ongoing activities for fiscal years 1976 and 1977.

Other current Foundation plans for fiscal year 1977 call for placing even greater emphasis on research focusing on various aspects of human aging. The scientific and cultural mechanisms of aging pose a growing concern for society and this will require increased research efforts if we are to deal more effectively with this complex issue.

Please let me know if I can provide you with any additional information.

Sincerely yours,

JACK T. SANDERSON,
Director, Office of Planning and Resources Management.

[Enclosures.]

Attachment A

NATIONAL SCIENCE FOUNDATION FISCAL YEAR 1976 AWARDS ON HUMAN AGING AS OF SEPT. 30, 1976

Project title	Institution/organization	Description
Social indicator models of trends in the status of the aged.	University of Illinois—Urbana.	This study is concerned with developing social indicator models which describe and explain changes in the status of the aged in several spheres of life: Family, economy, residence and housing, health and health care, social participation and attitudes. These constructed models, which will take into account such variables as age, period and cohort effects, will permit analysis of changes in the status of the aged in the context of the broader societal changes which took place during the 1947–74 period.
Legal ethnography of the aged in an urban setting.	University of California—San Francisco.	This project is an exploratory study that focuses on the legal problems and behavior patterns of the elderly in an urban area. The realization that victimization of the elderly, both real and perceived, is a reality in our society, particularly in the areas of consumer fraud, criminal assault and unethical practices, the study plans to: obtain a legal ethnography of the urban elderly in San Francisco; ascertain what alternative legal mechanisms exist within the aged community and how they operate; attempt to document which legal problems are generic to most urban elderly; and discover the extent of the congruence between the elderly's perceptions of their legal problems and those of the legal and other service personnel who work closely with the elderly.
Aging and modernization.....	Wichita State University....	This study examines the relationship between the status of the aged and the degree of modernization characteristics of 4 Samoan communities including 1 in the United States. Through the use of interviews, observations, and analysis of economic and social modernization indicators as well as demographic data, the study emphasizes the following influential variables: economic and medical technology; urbanization and education; the role of status and self-perception; and the social, economic, and political behavior of aged Samoans.
Age structure and economic change.	Duke University.....	This project will focus on the interrelationship between the demographic factors resulting from various low fertility patterns and the economic status of the elderly combined with the ability of the working population to provide the aged with adequate income maintenance. The project will examine: The tradeoff between lower dependency costs for the decreasing number of younger dependents and the increasing cost of supporting the growing number of older dependents; The ability of individuals to accumulate assets to support themselves in late life; The fluctuation of retirement income from various sources over late life; Potential shifts in the age-earning profile and the resulting impact on income distribution; Trends in the patterns of labor force participation rates and their implications for the capacity of the nonaged to support the aged.

Attachment A

NATIONAL SCIENCE FOUNDATION FISCAL YEAR 1976 AWARDS ON HUMAN AGING AS OF SEPT. 30, 1976—Con.

Project title	Institution/organization	Description
The social and cultural contexts of aging: Implications for social policy.	University of Southern California.	This research study focuses on the investigation of the sociological aspects of aging and its place in the proper cultural context including socioeconomic and ethnic aspects.
Decisionmaking processes among the elderly consumers.	Rand Corp	Comparisons of how product choices are made between the older and younger consumers will be the major goal of this project. The 4 specific phases of the project include: (1) An experimental pilot project to explore how products are perceived, to pretest procedures, and to develop and implement a sample design; (2) obtaining product ratings from the participants; (3) examining the manner in which older and younger consumers weight product attributes and arrive at "optimum choices"; and (4) establishing aspects of the product decision process which can be modified to improve product choices by the elderly.
Economic impact of private pensions.	Brandeis University	This study is developing a microsimulation private pension model to investigate the future impact of private pensions on the economic status of the elderly. Specific areas explored include: the distribution and magnitude of future private income; the impact of private pensions on the economic status of the aged; and the implication of vesting standards specified in the 1974 Pension Reform Act that are relevant to economic impact. The study will permit analysis of alternatives to or changes in private pension mechanisms.
Socialization of Japanese women for maturing and aging.	University of Hawaii	This exploratory study focuses on the modes and directions of socialization in adulthood as anticipated, experienced and conceptualized by Japanese women. The learning of sex roles and how this impinges upon the dominant values of a culture will form one important phase of the study. A woman's life cycle will generally include her role career punctuated by role transitions (acquisition and loss of roles). These transitions may generate strain. Normally involved in this process is a sequential acquisition of the marital, maternal, and grandparental roles, followed by the loss of these through widowhood, senility and death.
Effects of environmental determinants on the social interaction of institutionalized elderly.	University of Illinois—Urbana.	This research project concentrates on the effects of environmental determinants such as exterior and interior design, including space characteristics and relationships, on the social interaction of elderly people in a retirement home setting. Although a retirement home resident may occupy his or her own living unit, many spaces such as the dining area, activity rooms, commons area, foyer, and patio may be shared. It is therefore, the intent of this research to study interaction in each of the aforementioned shared areas to determine which environmental determinants enhance and which detract from the goal of promoting social interaction. Hopefully, the findings of this study will be of use to administrators and staff of elderly care facilities as well as architects and designers who plan these types of environments.
Perception of the horizontal by hemiplegics: Toward a systematic comparative research model.	SUNY St. University—Buffalo.	Because cardiovascular disease occurs with common frequency among aging members of society, the major thrust of this study will involve an effort to generate an appropriate comparative model for hemiplegic research which uses perceptual motor tasks. In an attempt to accomplish this task, 2 different kinds of experiments will assess hemiplegic effects in humans and infrahumans. Performance of the human and infrahuman subjects will be analyzed separately to assess the effects of major independent variables. The human component of this study will involve the testing of visual perception of stroke victims and other elderly control subjects.
Ion microscopic study of elemental distribution in cataractous human lenses.	Cornell University	This study focuses on the search for mechanisms which maintain functional lens transparency of the eye. Being aware that the human lens has been found to contain many elements which possibly have an important metabolic role in functional lens transparency, this project hopes to further explain the exact role of these elements by using a new technique called analytical ion microscopy. Further analysis will investigate how these chemicals vary with age and cataractogenesis.
Distribution of earnings, occupational status and educational attainment.	University of Pennsylvania	Investigations of new bodies of data by this project will analyze the effects of: (1) Illness and disease on occupational status, workweek and annual lifetime earnings; (2) schooling and other measured variables on annual and lifetime earnings; and (3) unmeasured genetic and environmental indices on annual and lifetime earnings.
Effects of taxation and fiscal programs on accumulation and distribution.	Harvard University	Project has the principal focus of analyzing the effects of the current social security program in the United States on savings and comparing this with savings which would derive from alternative social security programs. One result of this effort will be the design of an optimal structure of social security benefits which takes into account the different characteristics of the aged.

Attachment B

NSF-SUPPORTED BASIC RESEARCH PROGRAMS RELATING TO THE AGED

Regulatory Biology

Due to current researchers' implications that there is a similarity of female reproductive aging in rodents and primates which enables the use of the rodent as a model system for insights into human reproductive diseases associated with aging, two research projects supported by the Foundation's regulatory biology program are directly concerned with the effect of aging upon reproduction and fertility in rodents. One project focuses on the loss and restoration effects of uterine estrogen in rodents while the other deals with studying the changes in the hypothalamopituitary axis which result in infertility in the aged female rat.

Additionally, two other projects are studying the permeability and transfer of macromolecules, especially lipids and proteins, from the lumen of arteries into the arterial walls. Potentially, both studies can offer important information regarding the development of arteriosclerosis, a condition that appears to be related to aging.

Behavioral and Neural Sciences (BNS)

Research supported by BNS generally has substantial impact upon the ultimate understanding by many of the basic behavioral and neural processes involved in aging.

One project focuses on determining the anatomical and physiological causes of hearing loss due to exposure to noise. Researchers are working initially with "aged" ears to map the normal changes that occur over time. These data will serve as a normative base against which specific aberrations induced by exposure to noise can be compared. The normative data will also help scientists better understand how the ear changes as a function of time.

Similar longitudinal research in other sensory systems, such as learning and memory, developmental psychology, linguistic, and in behavorial biology is contributing significantly to a better understanding of some of the behavioral changes involved in the aging process. Research dealing with the nervous system, involving for example, tissue culture systems where the mechanism of nerve cell development and death can be studied directly, is especially promising.

Developmental Biology

Research supported by the developmental biology program is directed toward gaining an understanding of the basic mechanisms involved in the differentiation of cells and the orchestration of the aging process within an organism. Examples of such studies involve research on both animals and plants at all levels from the organismal to the molecular.

One molecular level project at Harvard University is studying the mechanisms involved in the rate and timing of protein synthesis to form the proteinaceous eggshell of insects. The particular proteins have been identified and are found to be produced asynchronously. This makes it possible to determine the developmental state of the eggshell-producing organ by examining the proteins at any given time and thereby allows the definition of gene expression. Such study of terminally differentiating cells or organs provide insight into the biochemical changes which accompany the maturation or aging process.

Other studies place considerable emphasis on the nature and relationship of hormonal and other regulation mechanisms with aging. In peas, for example, death normally follows the reproductive phase. One NSF-sponsored researcher has found that a certain hormone can extend the reproductive phase and the life span of the plant. Further research will characterize the nature of the hormonal regulation.

ITEM 23. POSTAL SERVICE

December 10, 1976.

Dear Mr. Chairman: Thank you for your letter of November 9, requesting the submission of a report on those activities of the Postal Service affecting the

lives of senior citizens. I am pleased to provide you with the following information relative to the activities of the Postal Inspection Service during fiscal year 1976. Although the Inspection Service does not maintain age group statistics concerning the number of individuals who have fallen victim to the various types of postal crime, experience has shown that the elderly are particularly susceptible to certain fraud schemes.

Mail Fraud

Through the years, swindlers and con artists have continued to devise new schemes, or put new gloss on old ones, seeking the imagined anonymity of the mails to perpetrate their frauds. However, in the more than 100 years since its passage, the Mail Fraud Statute, title 18, U.S. Code, section 1341, has proven a most effective and flexible weapon against fraud and deceit. Under the authority of this statute, the Inspection Service completed 5,793 fraud investigations during fiscal year 1976, resulting in 1,674 arrests, 1,458 convictions, and the discontinuance of 2,786 dubious promotions. The arrest and conviction totals are both in excess of the figures for the preceding year. The number of postal customer complaints alleging mail fraud which were received by the Inspection Service during fiscal year 1976 rose to 135,717. Court-ordered and voluntary restitution to victims of postal fraud amounted to $6,103,211.

Ancillary to this criminal investigation activity, the Inspection Service consumer protection program, to which I referred in my previous report, accounted for the satisfactory resolution of approximately 32,845 (90 percent) of 36,315 customer inquiries. As you may remember, this program involves direct contact by the Inspection Service with mail-order firms involved in unsatisfactory transactions. Oftentimes, such transactions are the result of inadequate business practices or simple lack of communication between consumers and businessmen.

Still another effective means to protect postal customers from fraud by mail is provided by the False Representation Statute, title 39, U.S. Code, section 3005. When an investigation discloses evidence that mailed advertisements seeking remittances contain misrepresentations, the case may be referred to the Postal Service's Law Department for proceedings before an Administrative Law Judge.

Should the alleged misrepresentations be substantiated, a false representation order may be issued, directing post-masters to return to the senders all mail addressed to the questionable promotion and to refuse to honor postal money orders payable to the firm. During fiscal year 1976, the Inspection Service requested administrative action in 260 cases.

Although the several types of fraudulent promotions which can have a decided impact upon the quality of life of our senior citizens have been described a number of times in the past, I believe that summaries of certain of the more prevelent schemes bear repetition in an effort to achieve increased public awareness.

Medical frauds.—Spurious medical promotions probably affect senior citizens more than any other age group. Through cleverly conceived advertising, promoters tout all manner of miracle cures for a long list of geriatric disorders. Due to the rising costs of medical attention and, perhaps, previous unsuccessful attempts to alleviate their suffering, the elderly are often tempted to try these purported cure-alls. In some instances, the products advertised have no effect whatsoever on the symptoms complained of. However, in other cases, products have actually proven hazardous to an individual's health. During fiscal year 1976, the Inspection Service, in cooperation with the Postal Service's Law Department, secured the discontinuance of 121 of these bogus medical promotions. The worthless nature of the products under scrutiny was often established through expert testimony furnished by personnel of the Food and Drug Administration.

Work-at-home schemes.—Retired persons or invalids are naturally attracted to promotions which offer the opportunity to supplement their limited incomes by working at home. The most common such scheme is that which advertises the possibility of earning a substantial income by stuffing and addressing envelopes. In reality, such an operation is a pyramid scheme, with income claims well out of proportion to what will actually be realized; in some instances the income estimates are totally outlandish. In many cases, supposedly free materials are not free, receipt, being contingent upon the payment of certain fees. The Inspection Service conducted 317 investigations which concerned work-at-home schemes, resulting in the discontinuance of 211 fraudulent operations.

Distributorships and franchises.—Regaled with promises of high profits and guarantees of success, senior citizens are frequently induced to invest significant sums of money in worthless distributorships, franchises, vending machine operations, or similar job opportunity ventures in the hope of expanding upon their fixed incomes. Quite often, the promoters fail to fulfill their contractual obligations to the franchise holders. Exclusive territories assigned to the victims are rarely exclusive buy back guarantees are not honored, and the product to be distributed is seldom as attractive or efficacious as was represented. In some instances, after the receipt of the victims' money, no efforts are undertaken by the promoters to satisfy their obligations. The Inspection Service was instrumental in halting 19 job opportunity frauds during fiscal year 1976. A total of 145 cases remain under investigation.

Home improvement/land frauds.—Senior citizens desirous or purchasing a retirement homesite can be victimized by unscrupulous land promoters. The quality of the land itself, or the amenities which are to accompany its purchase, can be misrepresented, or the land could be nonexistent. Instead of a desirable retirement home, victims are left with swamp land, barren desert plots, previously encumbered real estate, or low quality structures. They may find that the property is served by inadequate roads, sewerage, or utilities; or they may find no property at all.

Since older people are often unable to accomplish home improvements for themselves, they may be susceptible to shady contractors' blandishments concerning extensive home repairs or additions to the existing structures. Frequently, the quality of the work done is substandard and the price inflated.

Such frauds were the subjects of 63 investigations concluded during fiscal year 1976. Fifteen questionable promotions were terminated.

Merchandise frauds.—The Inspection Service conducted over 1,000 criminal investigations in which specific intent to defraud was suspected when a particular mail-order firm failed to furnish ordered merchandise or make refunds. A total of 420 fraudulent or suspect promotions were discontinued. The goal of this criminal investigation effort coincides with that of the consumer protection program mentioned earlier, to maintain the integrity of the postal system as an avenue for the conduct of business, to the mutual advantage of buyer and seller.

In conclusion, I would like to urge any senior citizens who feel that they have fallen victim to a fraudulent scheme to make their complaint known to a responsible employee at a postal installation near them. I can assure you that their inquiries will receive both prompt and conscientious attention.

Sincerely,

BENJAMIN F. BAILAR.

ITEM 24. RAILROAD RETIREMENT BOARD

DECEMBER 16, 1976.

DEAR MR. CHAIRMAN: With reference to your letter of November 10, 1976, I am pleased to enclose a statement summarizing major activities of the U.S. Railroad Retirement Board on aging during 1976. It is anticipated that payments under the Railroad Retirement and Railroad Unemployment Insurance Acts will be somewhat higher during 1977 than in 1976.

We look forward to your committee's 1976 report on developments in aging.

Sincerely yours,

R. F. BUTLER, *Secretary.*

[Enclosure.]

The U.S. Railroad Retirement Board is the Federal agency that administers a comprehensive social insurance and staff retirement system for railroad workers and their families, separate from but coordinated in several ways with social security. Programs of the system include the following: (1) Old-age, survivor and disability benefits under the Railroad Retirement Act; and (2) unemployment and sickness insurance benefits under the Railroad Unemployment Insurance Act. In addition, certain administrative services under the Federal health insurance (medicare) program are performed with respect to aged and disabled railroad workers and eligible members of their families.

BENEFITS AND BENEFICIARIES

During fiscal year 1976, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled over $3,687 million, an in-

crease of $560 million from fiscal year 1975. Retirement and survivor benefit payments amounted to $3,470 million, an increase of $409 million over the preceding fiscal year. Unemployment and sickness benefit payments during fiscal year 1976 totaled $218 million, which was $151 million more than in the preceding fiscal year.

The number of beneficiaries on the retirement-survivor rolls on June 30, 1976, totaled 1,021,000. The vast majority (over 81 percent) were aged 65 and older. At the end of the fiscal year, over 464,000 retired employees were being paid a regular annuity averaging $351, about $27 higher than a year earlier. In addition, 157,000 of these employees were being paid supplemental annuities averaging over $59.

Almost 224,000 wives of retired employees were receiving an average annuity of $165. Of the 338,000 survivors on the rolls as of June 30, 1976, 291,000 were aged widows receiving an average annuity of $250. Some 871,000 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 1976. Of these, 846,000 (97 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to almost 170,000 railroad employees during fiscal year 1976. However, only about $970,000 (less than 1 percent) of the benefits went to individuals aged 65 and older.

Development in 1976

Legislation

On October 18, 1976, technical amendments to the Railroad Retirement Act of 1974 were enacted. The amendments (Public Law 94–547) were mainly for the purpose of correcting certain defects in the law which were not apparent upon enactment of the Railroad Retirement Act of 1974; of providing borrowing authority for the Railroad Retirement Supplemental Account; and of excluding certain payments from railroad retirement taxes.

These amendments now insure that a widow's annuity under the 1974 act will not be less than the annuity she received as a spouse before her husband's death. A previous guaranty provided by the 1974 act was not fully effective under certain conditions.

Also, certain modifications were made in the way survivor benefits are calculated, mainly with respect to widows entitled to either their own railroad retirement employee annuities or social security benefits in order to more fully carry out the intent of the joint labor-management committee that recommended the 1974 legislation to Congress. In addition, there is a provision to retain existing rates of employee or spouse annuities being paid at the end of 1974 in cases where the annuity otherwise would have increased unintentionally because of a transition recalculation required under the 1974 act.

To conform with existing practices, the amendments also provide that supplemental sickness benefits, payable under nongovernmental plans, and certain travel and meal allowances will not be taxable or creditable for railroad retirement purposes.

Authority was given to the board to borrow funds from the regular Railroad Retirement account during any period in which the Railroad Retirement supplemental account is temporarily insufficient for benefit payments. These funds are to be fully repaid with appropriate interest.

ITEM 25. VETERANS ADMINISTRATION

December 15, 1976.

Dear Mr. Chairman: In response to your request of November 9, 1976, I am pleased to forward the enclosed report on the Veterans Administration activities relating to developments in care of the elderly for the year 1976.

The VA has a significant interest in our aging population because two-thirds of the 29.6 million veterans in this country have passed their 40th birthday, and more than 4 million are 60 years of age or older. In order to meet the above expanding veteran population needs we have devised a comprehensive integrated approach to provide health care to the aging veteran.

The Veterans' Administration's integrated program for the aging veteran constitutes a major contribution of the agency to the national effort to meet the growing needs of the increasing number of older Americans.

I hope the enclosed information will be helpful to the committee. Please let us know if we can provide any further assistance.

Sincerely.

RICHARD L. ROUDEBUSH, *Administrator.*

[Enclosure.]

VA ACTIVITIES AFFECTING OLDER VETERANS IN 1976

DEPARTMENT OF MEDICINE AND SURGERY

1. INTRODUCTION

A major thust within the Veterans' Administration is toward comprehensive planning and coordination of health care resources for the elderly. The needs of present veteran elderly and the needs of an exponentially growing future older veteran population can not be met adequately by simple expansion of existing VA programs. The Department of Medicine and Surgery has begun, therefore, a long-range program to insure comprehensive geriatric care through the fostering and utilization of geriatric innovation and research and through the efficient coordination of resources.

Basic to this goal was the formation in September 1975, of the medical service, headed by the Assistant Chief Medical Director for extended care, which brought together under one organizational roof all those long-term care facilities within the VA which served primarily older veterans. A major outcome expected from this reorganization was cooperative planning among the diverse extended care programs in order to achieve a more total approach to geriatric care.

To aid in this cooperative plan the Geriatric Research, Education and Clinical Centers (GRECC's) were mandated to develop and demonstrate models for innovative geriatric care, to further significant research in all areas of aging, and to provide educational enhancement for staff associated with extended care programs. In essence, the GRECC's were designated specifically to develop the areas of expertise necessary for the redesign and execution of a comprehensive geriatric health program.

During 1976, both the extended care service and the Geriatric Research, Education and Clinical Centers have made some major strides toward improved geriatric care for veterans. Two new VA nursing home care units were opened during this year. These nursing home units and those additional units planned for the immediate future reflect the most recent environmental and design concepts developed for nursing homes. Recognizing the psychosocial impact of living environments, the staff of the extended care service have worked to firmly establish the integrity of nursing home care units as unique, freestanding facilities and not just redesignated hospital wards. Consistent with this perceived need for more widespread education about the impact of nursing homes upon elderly residents, a continuing education conference on this subject was held this year at the Bay Pines, Fla. GRECC. The conference was geared toward administrators, architects, and construction engineers most directly responsible for the design and management of nursing home facilities.

During the past year, the extended care service has evolved a forward-looking, far-reaching plan for the revitalization of the VA domiciliary program. New standards for modern domiciliary living are being set which call for smaller, 200-bed facilities, increased privacy for residents, and a more homelike, less institutional atmosphere. Changes in these environmental factors within domiciliaries have been shown to result in significant improvements in the living, dining, and recreational behaviors of resident veterans.

Construction and design for new domiciliary buildings is allowing also for possible conversion to nursing home units when the need is present. Considering that the average age of current domiciliary members is 60 years, this kind of anticipatory planning seems most advantageous. Construction of the first new 200-bed domiciliary is scheduled to being in fiscal year 1977 at Wood, Wis. Long-range plans envision one such model domiciliary in each of the VA medical districts for comprehensive coverage of older veterans' needs across the country.

In 1976, an additional geriatric center was initiated at the VA hospital, St. Louis, Mo.; therefore, the current Geriatric Research, Education, and Clinical Centers in existance total eight. The new St. Louis GRECC will have a particular emphasis upon preventive medicine and restoration programs for the elderly.

Most of the GRECC's have been actively engaged in geriatric research, educational conferences and professional training, and clinical demonstration work in geriatrics during 1976. A total of 25 basic research projects have been funded among four of the eight established GRECC's. The topics for this research include such areas as amino-acid metabolism and aging, connective tissue research, the neurobiology of aging, cardiological research, and attitudes of professionals toward the elderly. One GRECC has been particularly strong in its initiation of demonstration projects. One of the four demonstration projects conducted in 1976 was a successful remotivation program, integrating elderly veterans with young people. The two remaining GRECC's have just recently completed the full-time appointment of two nationally known individuals as their respective geriatric center directors.

Two of the GRECC's have opened their planned 10-bed geriatric units which are intended for intensive clinical study of disease processes associated with older patients. The remaining six centers are at various stages in the development of their geriatric units; however, most units should begin operation during fiscal year 1977.

All of the extended care components have been involved in various educational efforts during the past year. Six of the GRECC's have worked actively with local medical school representatives to strengthen their ties and to encourage and foster medical school commitments to the area of geriatrics. Two of these GRECC's have now succeeded in establishing medical residency positions in geriatrics at their respective hospitals. This is a precedent-setting move toward more specialized training for medical students and physicians in the care of geriatric patients.

There has been a concentration on local conferences and workshops over the past year aimed at enhancing VA and community staff understanding of geriatric issues and care. Three GRECC's have been directly involved in the continuing education conferences organized by the extended care service during 1976. A total of six continuing education conferences were held by extended care involving approximately 280 VA and approximately 300 non-VA participants from across the country. The conferences consisted primarily of intensive workshops and symposia dealing with such topics as cardiopathy of the aging, the aging brain and senile dementia, and training of VA nursing home care personnel.

The Veterans' Administration has also been involved in many interagency coordinative efforts in its attempt to insure comprehensive geriatric care. The growing numbers of older veterans requiring health care, specialized extended care services, supportive living environments, and nutritional supplements are indicative, of course, of similar demands being made by a growing elderly population in general. Agencies at the Federal, State, and local levels and within the private sector are working to develop comparable geriatric care programs. To minimize duplication of efforts and promote efficient use of resources, the VA has been actively participating in coordinative efforts on behalf of the elderly citizen.

The extended care service has supported policy decisions which allow for improved utilizing of community nursing homes, and State hospitals, domiciliaries, and nursing homes by older veterans. Very recent legislation now allows the Veterans' Administration to place veterans in intermediate community nursing home care. Previously, only community nursing home placements involving skilled care was permissible. This broadening of feasible community alternatives is likely to result in more appropriate placements of older veterans. States interested in initiating, expanding, or updating their State programs for older veterans receive consultation and aid from extended care specialists.

The Veterans' Administration is cooperating enthusiastically with the experimental technology incentives program (ETIP) of the National Bureau of Standards to test technologically innovative devices appropriate to an elderly population.

The extended care service has worked closely with the Administration on Aging (AoA) to coordinate Federal programs on behalf of the aged. For instance, extended care and the Department of Veterans Benefits have been involved in the implementation of a working agreement among the VA, 13 other Federal

agencies, and the Administration on Aging to improve information and referral services to older Americans. The VA took the initiative in matching local area agency on aging (AAA) offices with their nearest VA facility across the nation.

The VA and AoA are also jointly sponsoring nutritional programs for older veterans which are to be located initially at various GRECC sites.

Further significant efforts in the VA to meet the needs of a growing aging veteran population in a comprehensive manner are described in the following sections.

2. MEDICAL SERVICE

Medical services in VA hospitals are responsible for approximately one-third of the total number of operational beds in the system. One-fourth of all patients in VA hospitals on a given day are aged 65 or older. Patients over 65 show a progressively increasing length of stay, illustrating two principal points: aging patients tend to manifest chronic diseases requiring longer periods of hospitalization and many of these patients are to be found on medical services, frequently in what is termed intermediate sections, which are staffed and equipped for the needs of longer-term patients, especially for those with hospitalizations in excess of 30 days. Moreover, as the largest group of American veterans from World War II become older (now 54.5 years on the average), VA can expect even a greater incidence of long-term illness arising from this group.

Heart, stroke, cancer, and renal diseases continue to be the principal causes of death among adults in this country. VA is making significant effort to improve care of all veterans with these conditions, which per se affect a large proportion of aging patients. VA is in process of completing programs for installing specialized intensive care, coronary care and respiratory care diagnostic and treatment capability in all hospitals. The VA dialysis program for end-stage kidney disease continues to grow and more aging patients are being accepted for long-term dialysis treatment. Hypertension, one of the principal underlying causes of heart disease, stroke, and kidney failure, is the target of a majority VA detection and treatment program. Broader implementation of the hypertension screening and treatment program should do much to ameliorate major causes of disability and death in the aging veteran.

Several programs which should have further impact on care of the aging veterans are continuing to develop in VA. Examples are improved methods of diagnosing and treating infectious diseases (pneumonia and kidney infections continue to be major problems in the older age groups); rheumatology, which is concerned with arthritis and related bone and joint conditions, major causes of discomfort and disability among the elderly; and a planned program of rehabilitation for major heart and lung disabilities.

Medical services in the VA are committeed to and involved in major emphasis on ambulatory care as a significant element of a comprehensive care program for veterans. In addition to broader services, greater use of ambulatory care as an alternate to hospitalization may yield significant cost avoidances.

3. MENTAL HEALTH AND BEHAVIORAL SCIENCE SERVICE

Mental Health and Behavioral Sciences Service has continued and expanded its services to the elderly patients in our Veterans' Administration health care facilities. We provide psychiatric and psychological consultation and services to intermediate medical services, nursing home care units, domiciliary populations and to the eight geriatric research, education, and clinical centers. The primary emphasis of mental health services are in the area of psychosocial, psychopharmacological, and psychological services.

The Mental Health and Behavioral Sciences Service is planning for the increasing numbers of aging veterans who will be availing themselves of our services. In anticipation of this large future geriatric patient population, we are emphasizing education in this area for professional staff. In April 1976, a training conference was held on "Care for the Chronic Patient." This was attended by 358 multidisciplinary staff members from facilities located throughout the VA system. Panel discussions were given on treatment, research, psychopharmacology, and program management. Workshops on patient care and specific problems were conducted. A similar educational training program will be sponsored by this service in January 1977 to be attended by over 150 participants.

Work is continuing in the area of drug prescription practices particularly in regard to psychotropic medication, so the benefits which these drugs produce can be maximally applied to patients who manifest psychiatric disturbances in addition to the physical infirmities accompanying advancing age.

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In most of our psychiatric hospitals, and in wards which treat a significant number of geriatric psychiatric patients, programs of reality orientation are almost routine so that the ward and hospital environments are actively working to reduce the experience of confusion and disorientation which often result from the institutionalization of elderly people.

As one of the major outpatient mental health programs, our Day Treatment Centers which have been functioning since 1957 are allowing many of our World War I and II veterans to remain in the community which providing a stimulating and therapeutic experience and environment without which hospitalization would be required for many of them. There are currently 52 day treatment programs treating over 5,000 patients.

During 1977, it is anticipated that there will be increasing efforts in the treatment, research and educational activities of the Mental Health and Behavioral Sciences Service to direct its attention even more to the aged veteran who is becoming such a major consumer of our health care services.

4. SOCIAL WORK SERVICE

Social Work Service provides a full range of services to older veterans and their families at all points of contact from preadmission screening through treatment and discharge planning and followup community services. Social workers provide consultation concerning problems of the elderly to hospital and regional office staffs, liaison services to community agencies on behalf of veterans, and direct services to beneficiaries and families to assist in the resolution of social problems affecting the use of health care resources.

A major thrust of social work programing has been the development of community support systems to allow and encourage the older veteran to maintain himself in surroundings that are conducive to his social and health care needs. In many cases an outreach community services program can obviate the need for hospitalization by providing vital support services to veterans and families living in their own homes. The impact of social intervention as social problems germinate is particularly important in helping veterans to maintain an optimal degree of independent functioning. Veterans who are not able to return to their own homes immediately after a period of VA hospitalization may be placed in nursing homes, personal care homes, or other special placement facilities inspected and approved by VA inspection teams. Through the Community Care program which encompasses services to veterans in the above facilities, a full range of social and other supportive health care services may be provided by hospital or community based staff. Personal care home programing for medical and surgical patients was given added impetus at a workshop held in Salt Lake City in May 1976, attended by over 40 representatives of Social Work, Nursing, Dietetics, Rehabilitation Medicine Service, and Engineering Service. Over 35,000 veterans were provided followup social services in the program during fiscal year 1976 and it is anticipated that this number will increase significantly during fiscal year 1977 and beyond as the number of elderly veterans in need of services continue to increase. Every VA facility is expected to develop capability in this vital program area. In fiscal year 1976, a total of 73,405 veterans enrolled in the Community Care program were provided services by social workers and other health care personnel. Most of these veterans are elderly or appoaching the later years.

There is increased interest in developing methods for measuring and upgrading the quality of care provided terminal patients and their families as differentiated from treating terminal disease. This is a contributing factor in the general public's concern for the right of these patients to participate in decisions involving use of life-extending equipment and procedures, obtain social and psychological supports from staff, receive assistance in control of pain, and be assured of privacy for self and family when desired.

Phase 1 of the program to be completed in fiscal year 1978 from VACO resources will be to conduct a VA-wide survey of existing policies, practices, and attitudes in terminal care. Information obtained will serve as a baseline for clinical, educational, and research efforts from which appropriate standards can be developed.

With volunteer assistance, Social Work Service continues to operate Telecare programs in many VA hospitals through which contact is maintained with elderly veterans returning to their homes in isolated areas. In this way, a network of VA and community services remain available to assist those who might not otherwise be able to make their needs known, particularly in an emergency.

Social Work Service is vitally interested in the needs of the chronically ill and the elderly and has actively encouraged hospitals affiliated with graduate schools of social work to include content on the health needs of the elderly in course offerings. VA social social workers provide consultation to schools of social work in the development of appropriate course content.

5. REHABILITATION MEDICINE SERVICE

With the emphasis on the aging veteran within the VA, Rehabilitation Medicine Service (RMS) has identified the elderly as one of its major concerns. RMS has a strong involvement in rehabilitation, health maintenance, and socialization programs for the aging patient. Current programs encompass dysfunction problems, socialization, physical maintenance, and community followup. The various therapies are involved with patient care in nursing home care units, intermediate care wards, halfway houses, personal care homes, compensated work therapy, incentive therapy, and others.

The various rehabilitation medicine therapy programs provide a means to a better and more meaningful life for many aging veterans through the understanding by therapists of what the involvement of the total person means. As an example, therapeutic recreation focuses not on the activity itself but on awareness of leisure time, life-styles, interelationships, needs, and the meaning of activity for the elderly. Assessment of social and a vocational skills by the occupational therapist enables patients to learn how to expand the horizons of their existence for improved functioning in whatever environment they may find themselves—home or institution.

A variety of services are provided to the veteran and/or family by RMS personnel. Included among these are life-style counseling, reality orientation, ambulatory and bedside activities such as talking books, music programs, exercises, life skills activities, games, and hobby programs. Adult educational experences which encompass current event discussion groups, movie or film strips are available as well as outdoor recreation activities such as fishing, boating, hiking, bird watching, and limited camping. The availability of these latter activities have been made possible by the formation of a cooperative agreement between the VA and the Forest Service, U.S. Department of Agriculture.

RMS has involvement in various work therapy programs enabling the older veteran to feel that he/she is a contributing member of the community with numerous skills to offer. RMS at two hospitals, VAH Sepulveda, Calif., and VAH St. Cloud, Minn., have been particularly successful in involving elementary and high school students in remotivation programs with elderly patients. A number of RMS programs focus on having older veterans contribute their special skills in fabricating articles for needy children's activities in the community. RMS continues to provide and support activities of senior citizen groups, special geriatric calisthenics/exercise programs, and social and picnic outings in cooperation with community Golden Age groups. In addition, the USO show committee has added college or university shows as a touring group to VA health care facilities.

Care of the elderly is being stressed at many RMS workshops, conferences, and hospital visitations. The concept of rehabilitation that encompasses a meaningful life—not custodial and apathetic—is the major focus in providing care.

6. NURSING

Nursing Service feels a commitment to improve both the amount and kind of services it makes available to the aged ill veteran. Knowledge is expanded in the field of gerontology and geriatrics and Nursing Service strives to keep abreast of new developments in improved means of meeting the needs of this significant group. Nursing Service has as objectives the improvement of the knowledge base for gerontological nursing practice by all levels of nursing personnel in the field. We seek innovative models of care delivery.

Standards of gerontologic care have been completed by Nursing Service in fiscal year 1976 and will be published by the VA early in 1977 along with educational guidelines for gerontologic nursing. Both the standards and the educational guidelines have applicability to health professionals other than to nurses. The format allows each team member, irrespective of disciplinary orientation, to assess his or her performance in meeting the needs of the aged individual. Full implementation of the gerontological standards will require interdisciplinary

collaboration. Nursing Service believes that it will have provided an organizing focus for such collaboration in the writing and publishing of the standards.

Nurses throughout the VA system are serving in expanding roles, particularly in the care of the aged individual. Nursing Service sees a distinct need to offer preventative and maintenance services to the elderly veteran. Through an extention of the hospital based home care program we believe that it will be feasible to maintain the aged person in the home, improve the quality of life, and reduce costs of care.

7. AUDIOLOGY AND SPEECH PATHOLOGY

It has been clearly demonstrated that the incidence of speech, hearing, and language disorders rises sharply in the upper age levels. More than 28 percent of all persons 65 and older have impaired hearing compared with fewer than 1 percent of those under age 25 who have hearing loss. Speech and language disorders occur in approximately 2 percent of young adults as compared with an incidence of 45 percent among nursing home patients ranging in age from 52 to 94.

The restoration of communicative functioning to the maximum extent possible is required if the elderly are to be able to participate in normal family and social relationships, in recreational activities, and if they are to maintain a feeling of self-worth. To meet this challenge, VA has established audiology and speech pathology services at 88 health care facilities. Eligible veterans are furnished hearing aids and are provided training in their effective use. Vocal rehabilitation assists those with voice problems while the patient whose larynx has been removed is taught alternative means of speaking. Finally, the large number of elderly brain-damaged patients, usually a consequence of stroke, are offered asphasia therapy by competent speech pathologists.

8. DIETETIC SERVICE

Nutritional care is considered part of the total treatment program for aged veteran beneficiaries. Nutrition education, as a component of this process, is a continuing endeavor. Veterans are instructed both individually and in groups. The aged veteran's wife or other family member is also instructed whenever possible. This instruction may take place at bedside, in a nutrition clinic, or in the home. Teaching these veterans to plan nutritional meals within their budgets, and too, oftentimes, to cook for themselves is a sizable task.

Assessment of the aged veteran's nutritional status looks into the underlying causes of inadequate food intake. Psychological, sociological, and physiological aspects of aging all play a part. Poor dentures, loneliness, and limited incomes are prevalent factors. In the hospital setting, a dining room atmosphere rather than eating all meals from a bedside tray fosters resocialization and is used as a teaching technique.

With the rise in cost of medical care and maintenance of the disabled, society is beginning to realize the need to research the relationship of nutrients with diseases of the aged. A nutritional component will be included in the eight geriatric research, education, and clinical centers instituted thorughout the country.

A large segment of alcohol-dependent veterans is now elderly. The ravages of alcoholism often result in severe malnutrition. In the process of overcoming their alcohol dependency, it is important that the dietitian teach the elderly improved eating habits and when physically possible, restore them to normal nutritional status.

9. VOLUNTARY SERVICE

The Veterans Administration Voluntary Service program provides two avenues for enrichment of the lives of older Americans. For patients and domiciliary members, the program supplies companionship and personal services; for the older volunteer, it provides the satisfactions of social involvement and of being welcome contributors to the well-being of others less fortunate.

It is estimated that the major age group now active among the monthly average of 108,000 volunteers at VA health care facilities consists of men and women over 50. Some of these volunteers have been active for up to 30 years. Others are being brought into the program consistently through VA staff involvement with such local and State level agencies as senior citizen centers, councils, and conferences on aging, and national agencies including the Federal

ACTION agency's retired senior volunteers program (RSVP) and the American Association of Retired Persons.

Every effort is made to assign these older volunteers to the most satisfying activity consistent with their individual capability and physical status. Assignments range from packaging medications in the hospital pharmacy to job counseling, from teaching candidates for high school equivalency examinations to accompanying wheelchair and litter patients between wards and clinics. Among the older volunteers now active are a number with special qualifications. One example is a retired executive who has organized and oversees the operation of a community resource center for social work service at a large metropolitan area hospital. Another is a woman recovered from glaucoma and cataracts who works weekly with a blind patient, helping him to communicate effectively and keeping him up to date on current events.

Geriatric patients and domiciliary members are an ongoing concern of the voluntary service program and involve the services of volunteers from teens to nineties. Companionship, recreation, reality orientation and socialization are major innovative activities requiring volunteer participation is the year-round series of monthly gourmet dinners devised by the dietetic service, psychology service, and voluntary service staffs at the Buffalo VA Hospital for patients on gerontological wards. Designed to help restore impaired social awareness and skills, the dinners are planned for patients selected by the medical staff.

The patients are dressed for dining out and are accompanied by volunteer dinner companions, also dressed for the occasion, to an area of the hospital set-aside and decorated by volunteers. At tables set with accoutrements and flowers donated by voluntary organizations, the volunteers guide the conversation and encourage good manners while helping to make the specially prepared dinner an eagerly anticipated pleasure. The program is a good demonstration of the therapeutic role volunteers often play in helping to bridge the distance between home and institution for the older patient.

10. DENTISTRY

Virtually every aged veteran is affected by the consequences of dental decay or periodontal disease. The result of neglected dental caries and advanced periodontal disease to the aged patient is infection, pain, and ultimately loss of teeth.

For the aged, in particular, loss of teeth means a decrease in masticatory function at a time when efficient dental function is increasingly desirable due to changes in nutritional requirements.

It is a firm contention of the VA that restoration and maintenance of oral health is a major health goal of the agency, vitally necessary to improve the health and quality of life of our older veteran patients.

The Veterans Administration system provides access to dental care for aged veterans through several diverse acute, and long-term care programs in their hospital and domiciliary facilities.

To insure that the need for dental care is emphasized and upgraded in health care facilities, the office of dentistry has embarked on multidisciplinary educational programs by means of regional conferences with chiefs of dental service.

The first of these geriatric symposia was held in September 1976 at the Regional Medical Educational Center in Birmingham, Ala. Open to the general medical community, as well as VA health care providers, this conference provided the attendees with information from several medical disciplines including dietetics, nursing, social work and research pertaining to the unique health problems of the aged and the importance and interrelationships of a healthy oral cavity to systemic and psychological well-being.

The dental delivery system established by the VA under current legislation for the long term, hospitalized, aged veteran is carried out in a three-phased, integrated, fashion. The first phase is an evaluation of the oral health status and treatment requirements of a major portion of the geriatric patients eligible for dental care. This includes oral pathology screening. periodontal examination, restorative examination, prosthetic examination, as well as correlation of these findings with the overall psychological and socioeconomic status of the individual as determined through a medical team approach.

The second phase is the delivery of optimal treatment combined with an integrated system of preventive care. The latter comprises a program of home care instructions, including mechanical plaque prevention procedures, and oral hygiene maintenance of remaining oral structures and prosthetic appliances.

The third phase is a 6-month recall system, when possible, to permit reinforcement of the preventive dental health program as well as recognition and interception of specific problems which may arise.

This delivery system offers the elderly patient a continuum of dental care specifically related to other coexistent geriatric problems, with special emphasis on the recognition and interceptive treatment of dental disease. We believe this program affords excellent treatment to those veteran beneficiaries eligible under current legislation.

Special attention should be called to the research activities of dental investigators at the Philadelphia hospital in cooperation with the Monell Chemical Senses Center also located in Philadelphia. With advancing age the senses of vision and hearing commonly function less effectively. Research is being conducted to determine the effect of age on taste sensitivities and preferences. Although in the elderly the number of taste buds decreases, evidence indicates that on the average taste preferences do not change significantly.

Research in this important area of the aging process can provide vital information as to the underlying causes of inadequate food intake among the elderly.

11. RESEARCH

The VA has recognized the importance of research on the varied aspects of aging by establishing geriatric research, education and clinical centers. These new centers embrace research in basic and clinical areas. Investigations on the problems of aging are conducted also at other VA health care facilities; some dealing with medical and psychiatric conditions in aged persons which more clearly fall under other appropriate disciplinary headings and will not be included in this report.

In a longitudinal interdisciplinary study of normal aging conducted at the VA outpatient clinic (OPC), Boston, Mass., a composite index of functional aging was developed. It was based on a dozen biological and behavioral measures which together accounted for about 65 percent of the variability of chronological age of more than 900 men aged 26–83 years. Recent information from the same study indicates that the value of such functional measures, designed to predict both rates and stages of aging, probably will be limited to narrow age ranges.

Different systems age at different rates and most do not change uniformly across the adult age range. For example, the preferred age of retirement stays relatively constant until age 50 after which it shows a substantial increase. In contrast, pulmonary function declines at an increasingly slower rate with old age. In some older groups, pulmonary function even increases slightly over 10 years, due to changes in smoking and exercise habits.

At the VA hospital, Topeka, Kans., patients with diffuse brain damage and normal controls in two age groups were administered a large battery of mental tests. In the older group the performance differed as much between the normal and brain-damage subjects as it did in the younger group, contradicting the hypothesis that the effects of aging on cognitive functioning resemble those of brain damage.

Nervous system functioning may decrease with age because the delivery of oxygen to the cells is deficient or because they cannot use oxygen efficiently. This hypothesis is the basis for the experimental use of hyperbaric oxygen therapy at the VA hospital, Buffalo, N.Y.

Investigators at the VA Center (Brentwood), Los Angeles, Calif., have confirmed the existence of age differences in chromosome abnormalities in cultured leukocytes. More were found in cells from elderly women than in those from young and middle aged adults.

In studies of senile dementia associated with atherosclerosis, patients at the VA hospital, Oklahoma City, Okla., were given sufficient zinc sulphate to raise the average plasma zinc concentration by about 80 percent over a 24-week period. Compared to untreated controls, the patients showed no significant differences in physiological functioning, blood chemistry, electroencephalograms or behavioral measures. Zinc sulphate administration did not improve cerebral functioning.

VA scientists continue to give attention to normal age differences in memory and cognitive process. At the VA hospital, Syracuse, N.Y., retention for short lists of digits was superior when they were presented auditorily rather than visually; the opposite was true for prose. The modality effects were the same for young and old subjects.

At the VA hospital, Seattle, Wash., age differences in the metabolism of the circulatory system were studied using tissue cultures of smooth muscle from the arterial wall. The uptake of lipoproteins in cultured cells did not change with the age of the donor. However, attempts to stimulate the growth failed when cells were relatively old in cultured life. The research suggests that the gradual accretion of lipids in the smooth muscle cells is a normal phenomenon. In other research, investigators are comparing the lipid uptake of normal and diabetic patients to evaluate the hypothesis that the effect of diabetes is functionally equivalent to that of normal aging.

In animal studies at the VA hospital, San Francisco, Calif., the morphological structure of the livers of virgin male rats was compared to that of retired breeder rats and hyperlipidemia, arteriosclerosis and a shotrened lifespan. The livers of older rats had a greater relative volume of lysosomes and the parenchymal cells were larger. These differences were largely obliterated by administrating a synthetic anabolic steroid. The investigators concluded that the age differences are not the result of irreversible alterations on the genome (hereditary factors) or in the translation transcription apparatus.

Investigators at the VA hospital, Cincinnati, Ohio, found that the incidence of lymphocytotoxins in men and women increased with age, the increase being greater in the sixties and seventies than in the twenties through the fifties. The results reflect minor histocompatibility reactions consistent with the autoimmune theory of aging.

Studies of age differences in the composition of blood serum indicate that serum cooper concentration increases very slightly between the ages of 20 and 80 years in males but not in females. Serum ceruloplasmin on the other hand did not increase.

At the VA hospital, Martinsburg, W. Va., bone and connective tissue continues to receive attention. Two collagen cross-link ages have been identified in the rat uterus and their relationship to age determined.

Investigators at the VA hospital, Sepulveda, Calif., studied the properties of mitochondrial DNA in sea urchin eggs and in embryos containing 4 to 200 cells. The mitochondrial population of dividing and nondividing mature cells is believed to be continuously renewed; disturbances in this replication could cause dysfunctions or death in aging cells.

12. EDUCATION

The Office of Academic Affairs continues active involvement with the Office of Extended Care in the development and implementation of comprehensive educational endeavors specific to the care of geriatric veterans. The thrust of these efforts are generally directed toward health care providers and emanate from various VA resource points, that is, VA Central Office; Regional Medical Education Centers (RMEC's); Geriatric Research, Education and Clinical Centers (GRECC's); and individual VA health care facilities. Academic Affairs and Extended Care have sponsored and coordinated two national seminars on aging during the past several months. The first was in April of 1976 and was conducted with the cooperation of the St. Louis RMEC and addressed the biomedical aspects of aging. The second seminar was conducted with the cooperation of the Salt Lake City RMEC and Sepulveda GRECC and addressed the phychosocial aspects of aging. Planning for similar national seminars is currently underway. In addition, the RMEC's and the GRECCs' have independently conducted training programs of a continued education nature dealing with varied concerns relative to caring for the elderly. Several hundred VA health care providers have benefited from these kinds of educational experiences during the past year.

The Office of Academic Affairs is actively involved with the Office of Extended Care and the GRECC's in an effort to develop efficacious training programs at each of the geriatric centers. This effort is being made to generate health care providers within established disciplines who have not only the fundamental skills unique to their disciplines but special skills unique to an aging population as well.

Additionally, the Office of Academic Affairs strives to identify health care needs of the elderly which are not being, or cannot be, met by the current health care provider force. Then, if deemed appropriate, additional or new kinds of health care providers will be developed to meet these needs.

DEPARTMENT OF VETERANS BENEFITS

1. 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 1,631,679 persons age 65 or older. This total includes 789,884 veterans, 699,464 widows, 11,631 mothers, and 30,700 fathers.

Effective January 1, 1977, all veterans, age 78 or older, receiving current law pension will receive a 25 percent added differential. It is estimated that 216,400 veterans will qualify for this additional payment.

2. VETERANS ASSISTANCE SERVICE

During 1976, the Veterans Assistance Service placed added emphasis on service to the ever increasing number of older Americans. The necessity for the elderly to travel to Veterans Assistance locations is greatly reduced with the availability of toll-free telephone service. Through FX (foreign exchange) and WATS (wide area telephone service), 90 percent of the Nation's population is able to speak directly to a veterans benefits counselor without incurring long distance telephone charges.

VA mobile vans continue to bring personal service to elderly beneficiaries in areas remote from VA. Veterans benefits counselors conduct thousands of face-to-face interviews with older Americans. Veterans representatives on campus and veterans benefits counselors are on call to nursing homes as needed. Veterans services Divisions in every State are participating in the Administration on Aging's regional programs of information and referral to the elderly. These specific veterans assistance programs are illustrative of the overall effort to inform and assist older Americans in applying for and receiving VA benefits they so richly deserve.

3. EDUCATIONAL ASSISTANCE

There are roughly 520 people age 65 or over receiving VA educational benefits, of whom nearly 400 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 120 of the enrollees in the survivors' and dependents' educational assistance program. No close estimate of the number of recipients of vocational rehabilitation is available.

Appendix 4

STATE LEGISLATION AFFECTING THE ELDERLY

ITEM 1. LETTER AND ACCOMPANYING ENROLLED BILL FROM GOV. DANIEL EVANS, OLYMPIA, WASH.

STATE OF WASHINGTON,
OFFICE OF THE GOVERNOR,
Olympia, Wash., April 19, 1976.

To the Honorable, the House of Representatives of the State of Washington (Through the Secretary of State).

LADIES AND GENTLEMEN: I am returning herewith without my approval as to one section second substitute house bill No. 1316 entitled, "An act relating to senior citizens."

Section 8 of the bill requires the department of social and health services to submit any demonstration project proposals involving use of Federal funds to the standing committees on social and health services and ways and means for prior review and approval.

It is essential in our system of government that the legislature be fully informed on the activities of State agencies carrying our legislative delegations of authority. It is equally important that the executive branch of government, once given legislative guidelines by statute, not be hampered in its administration of the laws by having to seek legislative approval of program decisions at every turn. Section 8 violates this elementary principle of good government by requiring the department of social and health services, in carrying out the provisions of the bill, to seek prior approval of one phase in its decisionmaking process from four separate legislative committees. Moreover, there is no question that the process of seeking such approval would involve unnecessary delay in the programs for senior citizens provided by the bill.

I am confident that should Federal funds be available, the department can rapidly channel those funds into programs authorized by the bill and do so in a manner consistent with legislative intent.

With the exception of section 8 which I have vetoed for the reasons stated, the remainder of second substitute house bill No. 1316 is approved.

Respectfully submitted.

DANIEL J. EVANS,
Governor.

[Enclosure.]

IN THE LEGISLATURE OF THE STATE OF WASHINGTON

CERTIFICATION OF ENROLLED ENACTMENT

Second Substitute House Bill No. 1316

Chapter 131, Laws of 1975–76, 2nd Ex. Session (44th Legislative Session)

Effective Date: June 25, 1976

Passed the House February 12, 1976: Yeas 88, Nays 0.
Passed the Senate March 15, 1976: Yeas 36, Nays 6.

The House refused to concur in the Senate amendments and asked the Senate for a conference thereon, March 16, 1976. The Senate grants conference and appoints conferees. March 16, 1976. Senate adopts report of conference committee, and grants committee powers of free conference. March 23, 1976. House adopts report of conference committee, and granted powers of free conference. March 24, 1976. Senate adopts report of free conference committee, and passed

bill as amended by free conference committee. March 24, 1976. House adopts report of free conference committee, and passed bill as amended by free conference committee. March 24, 1976.

Certificate: I, Dean R. Foster, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is enrolled Substitute House Bill No. 1316 as passed by the House of Representatives and the Senate on the dates hereon set forth.

SECOND SUBSTITUTE HOUSE BILL No. 1316

(By Committee on Ways and Means—Appropriations (originally sponsored by Representatives Fortson, Bauer, Adams, Bagnariol, Boldt, Charnley, Charette, Cochrane, Ehlers, Eng, Erickson, Fischer, Gaines, Gallagher, Greengo, Hansen, Hansey, Hurley M., Kalich, Knowles, Laughlin, Leckenby, Lee, Lux, Martinis, Maxie, May, McCormick, Moon, Moreau, Nelson, North, O'Brien, Parker, Peterson, Sherman, Shinpoch, Smith R., Tilly, Warnke, Williams, and Wojahn). Read first time February 10, 1976, and passed to second reading.

STATE OF WASHINGTON,
44th Legislature,
Second Extraordinary Session.

AN ACT relating to senior citizens: adding a new chapter to title 74 RCW; and making an appropriation.

Be it enacted by the Legislature of the State of Washington:

New Section. Section 1. The legislature recognizes the need for the further development and expansion of alternative forms of care for senior citizens. These alternative forms should be developed to assure that senior citizens receive the level of care needed and that appropriate resources are available to match client needs. Furthermore, services received should be designed to restore individuals to, or maintain them at, the level of independent living they are capable of attaining. Such a system of alternative care should be designed to allow senior citizens to move within this system, thus allowing the appropriate services to be rendered according to the care needs. The provision of service should continue until the client is able to function independently, moves to an institution, moves from the State, dies, or withdraws from the program.

Therefore, the legislature deems it to be the public policy of this State that programs shall be developed in order to more appropriately meet the care needs of senior citizens through the creation and/or expansion of alternative care services and a resulting reduction in institutional care.

New Section. Sec. 2. As used in this chapter, the following words and phrases shall have the following meaning unless the content clearly requires otherwise:

(1) "Area agency" means an agency, other than a State agency, designated by the department to carry out programs or services approved by the department in a designated geographical area of the State.

(2) "Area plan" means the document submitted annually by an area agency to the department for approval which sets forth (a) goals and measurable objectives, (b) review of past expenditures and accounting of revenue for the previous year, (c) estimated revenue and expenditures for the ensuing year, and (d) the planning, coordination, administration, social services, and evaluation activities to be undertaken to carry out the purposes of the Older Americans Act of 1965 (42 U.S.C. Sec. 3024 et seq.), as now or hereafter amended.

(3) "Department" means the department of social and health services.

(4) "Office" shall mean the office on aging which is the organizational unit within the department responsible for coordinating and administering aging problems.

(5) "Eligible persons" means senior citizens who are:

(a) Sixty years of age or more and are either (i) nonemployed, or (ii) employed for twenty hours per week or less; or

(b) Are sixty-five years or more of age;

(c) In need of services to enable them to remain in their customary homes because of physical, mental, or other debilitating impairments.

(6) "Low income" means initial resources or subsequent income at or below forty percent of the State median income as promulgated by the Secretary of

the United States Department of Health, Education, and Welfare for title XX of the Social Security Act, or, in the alternative, a level determined by the department and approved by the legislature.

(7) "Income" shall have the same meaning as RCW 74.04.005(12), as now or hereafter amended; except, that money received from section 6 of this act shall be excluded from this definition.

(8) "Resource" shall have the same meaning as RCW 74.04.005(11), as now or hereafter amended.

(9) "Need" shall have the same meaning as RCW 74.04.005(13), as now or hereafter amended.

New Section. Sec. 3. (1) The program of community based services authorized under this chapter shall be administered by the department. Such services may be provided by the department or through purchase of service contracts, vendor payments, or direct client grants.

The department shall, under stipend or grant programs provided under section 6 of this Act, utilize, to the maximum staffing level possible, eligible persons in its administration, supervision, and operation.

(2) The department shall be responsible for planning, coordination, monitoring, and evaluation of services provided under this chapter but shall avoid duplication of services.

(3) The department may designate area agencies in cities of not less than twenty thousand population or in regional areas within the State. These agencies shall submit area plans, as required by the department. They shall also submit, in the manner prescribed by the department, such other program or fiscal data as may be required.

(4) The department shall develop an annual State plan pursuant to the Older Americans Act of 1965, as now or hereafter amended. This plan shall include, but not be limited to:

(a) Area agencies' programs and services approved by the department;

(b) Other programs and services authorized by the department; and

(c) Coordination of all programs and services.

(5) The department shall establish rules and regulations for the determination of low income eligible persons. Such determination shall be related to need based on the initial resources and subsequent income of the person entering into a program or service. This determination shall not prevent the eligible person from utilizing a program or service provided by the department or area agency. However, if the determination is that such eligible person is non-low income, the provision of section 5 of this act shall be applied as of the date of such determination.

New Section. Sec. 4. The community based services for low income eligible persons provided by the department or the respective area agencies may include:

(1) Access services designed to provide identification of eligible persons, assessment of individual needs, reference to the appropriate service, and follow-up service where required. These services shall include information and referral, outreach, transportation, and counseling;

(2) Day care offered on a regular, recurrent basis. General nursing, rehabilitation, personal care, nutritional services, social casework, mental health as provided pursuant to chapter 71.24 RCW and/or limited transportation services may be made available within this program;

(3) Night services offered on a regular, recurrent basis which provide therapeutic programs at other than regular working hours;

(4) In-home care for persons, including basic health care; performance of various household tasks and other necessary chores, or, a combination of these services;

(5) Counseling on death for the terminally ill and care and attendance at the time of death; except, that this is not to include reimbursement for the use of life-sustaining mechanisms;

(6) Health services which will identify health needs and which are designed to avoid institutionalization; assist in securing admission to medical institutions or other health-related facilities when required; and, assist in obtaining health services from public or private agencies or providers of health services. These services shall include periodic health screening and evaluation, in-home services, health education, and such health appliances which will further the independence and well-being of the person;

(7) The provision of low cost, nutritionally sound meals in central locations or in the person's home in the instance of incapacity. Also, supportive services

may be provided in nutritional education, shopping assistance, diet counseling and other services to sustain the nutritional well-being of these persons;

(8) The provisions of services to maintain a person's home in a state of adequate repair, insofar as is possible, for their safety and comfort. These services shall be limited, but may include housing counseling, minor repair and maintenance, and moving assistance when such repair will not attain standards of health and safety, as determined by the department.

(9) Civil legal services, as limited by RCW 2.50.100, for counseling and representation in the areas of housing, consumer protection, public entitlements, property, and related fields of law.

Sections 1 through 8 and section 10 of this act shall constitute a new chapter in title 74 RCW and shall terminate January 1, 1978.

New Section. Sec. 5. The services provided in section 4 of this act may be provided to non-low-income eligible persons: *Provided*, That volunteer workers and public assistance recipients shall be utilized to the maximum extent possible to provide the services provided in section 4 of this act: *Provided Further*, That when volunteer workers and public assistance recipients are not available, the department shall utilize the bid procedure pursuant to chapter 43.19 RCW for providing such services to low-income and non-low-income persons whenever the services to be provided are available through private agencies at a cost savings to the department. The department shall establish a fee schedule based on the ability to pay and graduated to full recovery of the cost of the service provided; except, that nutritional services provided in section 4 of this act shall not be based on need.

New Section. Sec. 6. The department may expand the foster grandparent, senior companion and retired senior volunteer programs funded under the Federal Volunteer Agency (ACTION) (Public Law 93-113 title II), or its successor agency, which provide senior citizens with volunteer stipends, out-of-pocket expenses, or wages to perform services in the community.

New Section. Sec. 7. Sections 1 through 6 of this act shall be known and may be cited as the "Senior Citizens Services Act".

New Section. Sec. 8. In the event federal funds are applied for the purposes of obtaining a demonstration project relative to the implementation of this chapter, the department shall submit the demonstration proposal first to the social and health services standing committees of the legislature for review and approval and to the ways and means standing committees of the legislature for review and approval as to costs.

[The above section 8 was vetoed by Governor Evans.]

New Section. Sec. 9. There is hereby appropriated from the general fund seven million five hundred thousand dollars, of which five million six hundred thousand dollars shall be from federal sources, to carry out the provisions of this act: except, that funds shall be expended only upon approval and receipt of federal funds.

New Section. Sec. 10. If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected.

Passed the House March 24, 1976. John L. O'Brien, Speaker Pro Tempore of the House.

Passed the Senate March 24, 1976. John A. Cherberg, President of the Senate.

Approved April 19, 1976, with the exception of Section 8 which is vetoed. David Evans, Governor of the State of Washington.

Filed April 19, 1976, 1:32 p.m., Secretary of State.

ITEM 2. NEW JERSEY STATE SENATE INSTITUTIONS, HEALTH AND WELFARE COMMITTEE STATEMENT TO SENATE BILL NO. 944

STATE OF NEW JERSEY

Dated: June 4, 1976.

PURPOSE AND PROVISIONS.

Residents of nursing homes are all too often given inferior treatment because they are old, feeble or poor. They are in need of a bill of rights similar to the bill recently passed by the legislature and signed into law, enumerating certain rights of the mentally ill.

This bill not only declares that nursing home residents have certain rights; it also lists a number of responsibilities that nursing homes have with regard to the care of residents.

The Federal government has established clear standards of care for residents of skilled and intermediate care nursing facilities who are Medicaid or Medicare recipients. However, this bill makes similar standards of care applicable to *all* nursing homes and nursing home residents in the State and, moreover, makes such standards an expression of legislative policy and intent.

The responsibilities of nursing homes under the provisions of the bill include the following:

1. Maintaining a complete record of all funds and possessions deposited by residents for safekeeping;
2. Providing for the spiritual care of residents, if such care is desired;
3. Admitting only that number of residents which can be safely accommodated;
4. Ensuring that no physical restraints are used, except upon written order of a physician, and that drugs are not used for purposes of punishment;
5. Permitting members of certain groups which render assistance without charge to nursing home residents, full access to nursing homes at reasonable hours and under specific conditions; and
6. Ensuring compliance by the nursing home with all applicable State and Federal statutes and rules and regulations.

The rights of nursing home residents under the provisions of the bill include the following:

1. To manage their own financial affairs;
2. To wear their own clothing and retain their own possessions, unless unsafe or impractical;
3. To have mail delivered unopened, have access to a telephone and be allowed personal visitation by any person of their choice;
4. To present grievances to the nursing home administrator, without threat of discharge or reprisal; and
5. To discharge themselves upon presentation of a written release, under certain circumstances.

If the rights of any persons or residents as defined in the bill are violated, they would have a cause of action against any person violating such rights.

Committee Amendments

The committee made numerous minor amendments to the bill. However, some of its amendments are significant and deserve attention.

One amendment to the section defining "nursing home," ensures that homes maintained, supervised or controlled by agencies of the State or counties or municipalities would also be covered by the bill. Federally controlled nursing homes (such as veterans' facilities) would not, in any case, be subject to State supervision.

The committee extended another responsibility to nursing homes: that of giving each resident a written list of the services provided by the nursing home and of related charges.

The committee also added to the bill's list of residents' rights. Under the committee's amendments, residents would also have the right.

1. To participate in the planning of their total care, to refuse treatment, and to refuse to participate in experimental research;
2. To refuse to perform services for the nursing home;
3. To reasonable opportunity for interaction with members of the opposite sex; and
4. To notice of nonemergency transfer or discharge at least 30 days in advance.

In other amendments, the committee required nursing home administrators to give each resident a list of the rights and obligations set forth in this act; gave the Department Christian Science nursing facilities from any requirement to provide medical care or treatment.

83-524 O - 77 - 17

[Official Copy Reprint]

SENATE, No. 944, STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1976 SESSION

By Senator Fay

EXPLANATION—Matter enclosed in bold-face brackets [thus] in the bill is not enacted and is intended to be omitted in the law

An act concerning the responsibilities of nursing homes and the rights of nursing home residents

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The Legislature hereby finds and declares that the well-being of nursing home residents in the State of New Jersey requires a delineation of the responsibilities of nursing homes and a declaration of a bill of rights for such residents.

2. For the purposes of this act:

a. "Administrator" means any individual who is charged with the general administration or supervision of a nursing home whether or not such individual has an ownership interest in such home and whether or not his function and duties are shared with one or more other individuals.

b. "Guardian" means a person, appointed by a court of competent jurisdiction, who shall have the right to manage the financial affairs and protect the rights of any nursing home resident who has been declared a mental incompetent. In no case shall the guardian of a nursing home resident be affiliated with a nursing home, its operations, its staff personnel or a nursing home administrator in any manner whatsoever.

c. "Nursing home" means any institution, whether operated for profit or not, * [which is not maintained, supervised or controlled by the Federal Government or by an agency of the government of the State or of any county or municipality, and] * which maintains and operates facilities for extended medical and nursing treatment or care for two or more nonrelated individuals who are suffering from acute or chronic illness or injury, or are crippled, convalescent or infirm and are in need of such treatment or care on a continuing basis. Infirm is construed to mean that an individual is in need of assistance in bathing, dressing or some type of supervision.

d. "Reasonable hour" means any time between the hours of 8 a.m. and 8 p.m. daily.

e. "Resident" means any individual receiving extended medical or nursing treatment or care at a nursing home.

3. Every nursing home shall have the responsibility for:

a. Maintaining a complete record of all funds, personal property and possessions of a nursing home resident from any source whatsoever, which have been deposited for safekeeping with the nursing home for use by the resident. This record shall contain a listing of all deposits and withdrawals transacted, and these shall be substantiated by receipts given to the resident or his guardian. A nursing home shall provide to each resident or his guardian a *[monthly]* *quarterly* statement which shall account for all of such resident's property on deposit at the beginning of the accounting period, all deposits and withdrawals transacted during the period, and the property on deposit at the end of the period. The resident or his guardian shall be allowed *[unrestricted]* *daily* access to his property on deposit *during specific periods established by the nursing home for such transactions* at *a* reasonable *[hours]* *hour*. A nursing home may, at its own discretion, place a limitation as to dollar value and size of any personal *[possessions]* *property* accepted for safekeeping.

b. Providing for the spiritual needs and wants of residents by *[making available]* *notifying*, at a resident's request, *a clergyman of the resident's choice and allowing* unlimited visits by *[a clergyman of the resident's choice]* *such clergyman*. Arrangements shall be made, at the resident's expense for attendance at religious services of his choice when requested. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any resident.

c. Admitting only that number of residents for which it reasonably believes it can safely and adequately provide *[skilled]* nursing care. Any applicant for admission to a nursing home who is denied such admission shall be regarding reason for such denial in writing. *[The policy of a nursing home regarding resident fees and payments, deposits and refund policies shall be given to an applicant prior to admission and a copy of such policies shall be provided to each resident or his guardian.]*

d. Ensuring that discrimination based upon age, race, religion, sex or nationality with respect to participation in recreational activities, meals or other social functions is prohibited*[, unless so]* *. *However, the participation of a resident in recreational activities, meals or other social functions may be restricted or prohibited if** recommended by a resident's attending physician in writing **and consented to by the resident**.

e. Ensuring that no resident shall be subjected to physical *[restraint]* **restraints** except upon written orders of an attending *[physician]* **physician for a specific period of time** when necessary to protect such resident from injury to himself or others. Restraints shall not be employed for purposes of punishment or the convenience of any nursing home staff personnel. The confinement of a resident in a locked room shall be prohibited.

f. Ensuring that drugs and other medications shall not be employed for purposes of punishment, for convenience of any nursing home staff personnel or in such quantities so as to interfere with a resident's rehabilitation or his normal living activities.

g. Permitting *[members of community and religious organizations]* **citizens, with the consent of the resident being visited**, legal services programs *[and]* *,* employees of *[the Division of Nursing Home Ombudsman in]* the Department of Public Advocate, **and employees and volunteers of the Office of the Nursing Home Ombudsman Program in the Department of Community Affairs,** whose purposes include rendering assistance without charge to nursing home residents, full and free access to the nursing home in order to visit with and make personal, social and legal services available to all residents *[,]* **and** to assist and advise residents in the assertion of their rights with respect to the nursing home, involved governmental agencies and the judicial system *[, and to inspect all areas of the nursing home except the living areas of any residents protesting such an inspection]*.

(1) Such access shall be permitted by the nursing home at a reasonable hour.

(2) Such access shall not substantially disrupt the provision of nursing and other care to residents in the nursing home.

[(2)] **(3)** All persons entering a nursing home pursuant to this section shall promptly notify the person in charge of their presence. They shall, upon request, produce identification to substantiate their identity. No such person shall enter the immediate living area of any resident without first identifying himself and then receiving permission from the resident to enter. **The rights of other residents present in the room shall be respected.** A resident shall have the right to terminate a visit by a person having access to his living area pursuant to this section at any time. Any communication whatsoever between a resident and such person shall be confidential in nature, unless the resident authorizes the release of such communication in writing.

h. Ensuring compliance with all applicable State and Federal statutes and rules and regulations.

i. Ensuring that every resident, prior to or at the time of admission and during his stay, shall receive a written statement of the services provided by the nursing home, including those required to be offered by the nursing home on an as-needed basis, and of related charges, including any charges for services not covered under Title XVIII and Title XIX of the Social Security Act, as amended, or not covered by the nursing home's basic per diem rate. This statement shall further include the payment, fee, deposit and refund policy of the nursing home.

4. The responsibilties of nursing homes shall include, but shall not be limited to, those enumerated in this act.

[4.] **5.** Every resident of a nursing home shall:

a. Have the right to manage his own financial affairs unless he or his guardian authorizes the administrator of the nursing home to manage such resident's financial affairs. Such authorization shall be in writing and shall be attested by a witness that is unconnected with the nursing home**, its operations, its staff personnel** and the administrator thereof, in any manner whatsoever.

b. Have the right to wear his own clothing. If clothing is provided to the resident by the nursing home, it shall be of a proper fit.

c. Have the right to retain *and use* his personal *[possessions]* *property* in his immediate living quarters, unless the nursing home can demonstrate that it is unsafe or impractical to do so.

d. Have *[his mail delivered unopened]* *the right to receive and send unopened correspondence and, upon request, to obtain assistance in the reading and writing of such correspondence*.

e. Have the right to unaccompanied access to a telephone at a reasonable hour, including the right to a private phone at the resident's expense.

f. Have the right to privacy *[in his own room. Nursing home staff personnel shall not enter the room of any resident without knocking]*.

g. Have the right to retain the services of his own personal physician at his own expense or under a health care plan. Every resident shall have the right to obtain from his own physician or the physician attached to the nursing home complete and current information concerning his medical diagnosis, treatment and prognosis *in terms and language the resident can reasonably be expected to understand*, except when the physician deems it medically inadvisable to give such information to the resident *and records the reason for such decision in the resident's medical record*. In such a case, the physician shall inform the resident's next-of-kin or guardian. **The resident shall be afforded the opportunity to participate in the planning of his total care and medical treatment to the extent that his condition permits. A resident shall have the right to refuse treatment. A resident shall have the right to refuse to participate in experimental research, but if he chooses to participate, his informed written consent must be obtained.** Every resident shall have the right to confidentiality and privacy concerning his medical condition and treatment*, except that records concerning said medical condition and treatment may be disclosed to another nursing home or health care facility on transfer, or as required by law or third-party payment contracts*.

h. Have the right to unrestricted communication, including personal visitation with any persons of his choice, at any reasonable hour.

i. Have the right to present grievances on behalf of himself or others to the nursing home administrator, State governmental agencies or other persons without threat of discharge or reprisal in any form or manner whatsoever. The administrator shall provide all residents or their guardians with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged. Such telephone number shall be posted in a conspicuous place near every public telephone in the nursing home.

j. Have the right to a safe and decent living environment and considerate and respectful care *that recognizes the dignity and individuality of the resident*.

**k. Have the right to refuse to perform services for the nursing home that are not included for therapeutic purposes in his plan of care as recorded in his medical record by his physician.*

l. Have the right to reasonable opportunity for interaction with members of the opposite sex. If married, the resident shall enjoy reasonable privacy in visits by his spouse and, if both are residents of the nursing home, they shall be afforded the opportunity, where feasible, to share a room, unless medically inadvisable.

*m. Not be deprived of any constitutional, civil or legal right solely by reason of admission to a nursing home.**

[5.] **6.** Any nursing home resident may discharge himself from a nursing home upon presentation of a written release *and if the resident is an adjudicated mental incompetent, upon the written consent of his guardian*. In such case, the nursing home is free from any responsibility for the resident upon his release. *[A resident declared a mental incompetent may be discharged only upon the written consent of his guardian.]* When a nursing home wishes to transfer or discharge a competent *or an adjudicated mental incompetent* resident on a nonemergency basis, it may do so *[only]* *for medical reasons or for his welfare or that of other residents* upon receiving a written order from the attending physician*, *or for nonpayment of his stay, except as prohibited by Title XVIII or Title XIX of the Social Security Act. as amended, and such action shall be recorded in the resident's medical record*. *[Any transfer or discharge at the request of the nursing home of a mental incompetent resident on a nonemergency basis shall require a written order from the attending physician and timely notification of the resident's next-of-kin or guardian.]* **When a transfer or discharge on a nonemergency basis of a resident is requested by a*

*nursing home, the resident or, in the case of an adjudicated mental incompetent resident, the guardian, shall be given at least 30 days advance notice of such transfer or discharge.**

7. The administrator of a nursing home shall ensure that a written notice of the rights, obligations and prohibitions set forth in this act be given to every resident or his guardian upon admittance to the nursing home and to each individual already in residence or to his guardian. The administrator shall also post this notice in a conspicuous, public place in the nursing home.

[6.] **8.** Any person or resident whose rights as defined herein are violated shall have a cause of action against any person committing such violation. **The Department of Health may maintain an action in the name of the State to enforce the provisions of this act and any rules or regulations promulgated pursuant to this act.** The action may be brought in any court of competent jurisdiction to enforce such rights and to recover actual and punitive damages for their violation. Any plaintiff who prevails in any such action shall be entitled to recover reasonable attorney's fees and costs of the action.

9. Nothing in this act shall be construed to require the provision of any medical are or treatment by any nursing home operated by and for the members or adherents of any well recognized church or religious denomination which relies upon spiritual means through prayer alone for healing, where such care or treatment is contrary to the tenets of such church or religious denomination.

10. The Commissioner of Health is hereby authorized to adopt reasonable rules and regulations, in accordance with the provisions of the Administrative Procedure Act, Public Law 1968, c. 410 (C. 52:14B–1 et seq.) to carry out its functions and duties under this act and to effectuate its purposes.*

[7.] **11.** If any section, subsection, paragraph, sentence or other part of this act is adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remainder of this act, but shall be confined in its effect to the section, subsection, paragraph, sentence or other part of this act directly involved in the controversy in which said judgment shall have been rendered.

[8.] **12.** This act shall take effect immediately.

Appendix 5

MATERIAL RELATED TO PROBLEMS IN IMPLEMENTING SPECIALIZED TRANSPORTATION IN NEW YORK

JULY 12, 1976.

RAYMOND T. SCHULER,
Commissioner, New York State Department of Transportation,
Albany, N.Y.

DEAR COMMISSIONER SCHULER: Members of this committee's staff recently met with the directors of several community organizations serving elderly citizens of New York City. A primary focus of these discussions was the progress of vehicle acquisition and service delivery for transportation projects falling under the Urban Mass Transportation Administration's 16(b)2 grant program. I am concerned about several matters discussed at that time, including:

(1) Long delays, often exceeding a full year, between grant approval and placement of vehicle orders;

(2) Requests received from NYS–DOT to revise orders so as to eliminate equipment and features which the service providers felt was essential but which complicated the ordering process;

(3) A feeling that the final contract terms were not as advantageous to New York State as should have been possible considering the order size; and

(4) Communications problems between NYS–DOT and the service agencies—for example, one provider ordered a bus and was not informed until 10 months later that the delivery time for buses was 260–345 days as opposed to 90–120 days for vans; in addition, this agency was phoned by a DOT official and asked what color they wanted their bus, without being informed that any color but orange entailed additional costs.

As a result, programs have been delayed in commencing or are operating with expensive leased vehicles. Community members solicited for matching funds have gone from enthusiastic expectation to disappointed cynicism. The credibility of the sponsoring organizations has been diminished. And other groups contemplating UMTA applications have been deterred by the paperwork burdens and long delays they are observing.

I am, of course, most interested in receiving your views on your experience thus far with the UMTA grant program. I realize that this was the first year of funding and that the Department of Transportation here in Washington was not as prompt as possible in clarifying application procedures.

I would welcome any suggestions you might care to make in regards to revising either the governing legislation or the program regulations. My overriding concern is that Federal funds be translated with the greatest practicable speed into cost-efficient transit for our older citizens.

Sincerely,

FRANK CHURCH,
Chairman.

NEW YORK STATE
DEPARTMENT OF TRANSPORTATION,
Albany, N.Y., August 31, 1976.

Hon. FRANK CHURCH,
U.S. Senate, Special Committee on Aging,
Washington, D.C.

DEAR SENATOR CHURCH: This is to acknowledge receipt of your July 12, 1976, letter expressing concern over matters associated with the processing and implementation of applications for assistance under the section 16(b)(2) grant program. I welcome the opportunity to share my experiences with you and your colleagues on the U.S. Senate Special Committee on Aging so that a more effi-

cient application process and a much more accelerated delivery procedure can be established. This can be done, I believe, within the context of government's responsibility to assure that the program objectives are met effectively and efficiently, with prudent and responsive use of public funds.

Many factors contributed to the problems encountered in the administration of the section 16(b)(2) grant program since it was enacted in August 1973. Let me point out that the Urban Mass Transportation Administration (UMTA) placed administrative responsibility for the program with the States in June 1974 without advance notice that would have permitted them time to organize a systematic approach for handling the program. Lack of advance notice of UMTA's intentions to assign responsibility to the States also prevented budgetary planning actions and new staffing patterns. Nonetheless, New York developed a multiagency effort in progressing the program and took the lead in preparing application forms and establishing evaluation criteria. A direct mail campaign provided more than 2,500 agencies with program information and, in record time, more than 100 applications were filed with the department. These actions represented an indication of the State's commitment to the objectives of the program and the needs to be met.

The most important reason for the delay between grant approval and placement of vehicle orders was UMTA's requirement of central purchasing at the State level. Individual States were not informed of this requirement until March 1975, 9 months after the program was announced. It was a unilateral decision on the part of UMTA and no consideration was given to the complex administrative procedures that would have to be worked out by State administrators. As a matter of fact, New York State had to get around a State constitution provision which reads: ". . . the money of the State shall not be given or loaned to or in aid of any private corporation or association, or private undertaking." I am informed that other States experienced similar difficulties in this matter.

There is no reason to believe that the laws governing State procurement are any more cumbersome in New York State than in other States, or for that matter, those of the Federal Government. Procurement laws or procedures were not written, nor were they intended, to allow government agencies to purchase items of equipment for private corporations or individuals. Usually they are written to defeat such a purpose.

Another factor which caused difficulty in progressing the program was the inexperience of applicant organizations in dealing with Federal agencies and their requirements in developing applications for grants-in-aid. It required the State to work over a period of months with the individual applicants to complete all the mandated Federal grant requirements. Our department recognized from the beginning that these private nonprofit organizations would find the application process too complicated and our worst fears were realized. Nonetheless we were eventually able to work out the details involved in the application process.

One other area of serious complication for our State was the handling of grant funds for private nonprofit organizations. We were forced to set up an elaborate system of escrow accounts to keep these funds separate from State funds so that they could be expended for equipment delivered to the various private nonprofit agencies. Another major problem would have been removed if UMTA would have agreed to make checks payable directly to the private nonprofit agencies instead of the State. We have recently learned that UMTA did in fact permit this for seven States at a later date but rejected our request at the time we proposed this simplification at the beginning of the program.

It is my opinion that UMTA made a serious error in judgment by demanding that the vehicles be purchased centrally by the State, which we knew would make the program unduly complex, introducing numerous problems and delays. Their motives were to ease the administrative burden on themselves by dealing with a limited number of States and for the purpose of nationwide uniformity. Federal officials were concerned with the managerial and control aspect of the program with which they would be faced, as the number of potential applicants would undoubtedly be extremely large. Central purchasing would in effect contain the administrative and management burden by limiting it to dealing with only the 50 States and by shifting the responsibility to them. Other benefits of the central purchasing process were said to be in the economies of quantity purchases, the larger area within which bids would be solicited, the availability of State specialist review of equipment specifications, and availability of mech-

anisms for processing the necessary paperwork to procure vehicles and to obtain Federal reimbursement. We were well aware of these benefits in March of 1975 when we visited Washington for the express purpose of having the central purchasing concept waived for New York. We recognized then that the compromises and accommodations which would have to be made to permit State purchasing would seriously impair the program. We were also aware that our State Office of General Services, which by statute has responsibility for the procurement of all equipment for State agencies, would not be able to advance the purchasing process as quickly as we desired.

Our request for a waiver was denied by Federal officials but if they had knowledge of the difficulties we were to encounter and the frustrations our agencies were to experience, I'm sure a different conclusion would have been reached. Apparently they did grant such waivers later to some States but without notification to the rest of us.

As is indicated in your letter, there have been exceedingly long delays in advancing the program in New York. Estimates of when vehicle deliveries will be completed remain somewhat obscure as contractors are running into difficulty in delivery because of model year changeovers since bids were made and the resulting price escalations that have occurred. My staff has been negotiating alternative ways of overcoming this obstacle so as to assure timely delivery at bid prices. We have been in close contact with UMTA in Washington to have purchasing procedures relaxed to permit individual agency purchasing. It is a matter of record that we were unable to effectuate a purchasing system that could respond with any measure of flexibility despite earnest attempts to do so.

Your second concern was that vehicle orders of applicant agencies were revised by this department to facilitate central purchasing. In New York we were working with 72 agencies that are scheduled to receive 211 vehicles. To negotiate a separate contract for each of the 211 vehicles would have been completely impractical and would have forced the State to abandon the program. Therefore, there was a grouping of the vehicle orders into like vehicle categories, with options being specified to meet the various needs of the separate agencies.

It may be that the final bid prices were less advantageous to some applicant agencies than had been anticipated. However, this undoubtedly resulted from general inflationary price increases from date of applications to the date of bid receipt—over 18 months. Given the delay occasioned by central purchasing, whether it can achieve any dollar economies is questionable and far less urgent than obtaining timely delivery of the vehicles.

You commented on a communications problem between the department and local applicant agencies. This was a result of a lack of accurate information. The cost of optional equipment, including vehicle color, was not known until after the bids were awarded to contractors. This was necessarily subsequent to the deposit of the local agencies' matching shares, since the State could not advertise for bids until after the matching shares was on deposit. Agencies apparently misinterpreted followup letters and telephone calls by department staff which were necessary to inform them of actual bid prices, etc., as a breach in the communications system. Yet, it was not that at all, but only that, at that time, was informaion as to actual prices known.

The section 16(b)(2) grant program is now in its second year. The Urban Mass Transportation Administration has issued new guidelines with respect to project administration that are even more demanding than those provided in the first year. Detailed transportation planning requirements are now specified, release statements are now required from local transit and paratransit operators and coordination of service efforts must be documented in the application form.

And, again, it is required that the central purchasing process be followed by administering State agencies. There are other requirements which generally reflect a tightening in program controls across the board. I am certain that UMTA can justify requiring the additional data now required in application forms but I am not sure that it is essential to the program. As I see it, the time has come for a serious reevaluation of the administration of this program.

You have requested my suggestions to improve upon the program. It is now a matter of experience that a strict central purchasing processs precludes timely delivery, at least in New York State. The purchasing of equipment by the individual appplicant agencies under State review and guidelines is a viable alter-

native, though I admit that in every instance the lowest possible price for a given vehicle may not be obtained because of the smaller volume being bid on.

However, there are even more important issues which Congress and UMTA must address:

—Do we really want to create a multitude of separate and uncoordinated subtransit service operations by human service agencies?

—Can these agencies absorb their new transit responsibilities and administer them efficiently and effectively or will it detract from their primary functions?

—Are there other ways of reaching the same goal, i.e., providing needed transportation services to the elderly and handicapped, at less cost?

—Is this program impairing present transit systems by foreclosing their ability to expand into such services?

—Will the cost of administering this program in its present form, together with the cost of ongoing monitoring and followup to assure compliance with grant agreement terms for the life of the vehicles, be so excessive that it cannot be justified and potentially exceed the program's value in services to the elderly and handicapped?

—What tyes of controls are necessary to assure that the intent of the legislation is followed?

I thank you for the opportunity of presenting my views on the subject and gladly offer my services to your committee if you think I may be of assistance.

Sincerely,

RAYMOND T. SCHULER,
Commissioner.

Appendix 6

LETTER FROM SENATOR FRANK CHURCH, CHAIRMAN, COMMITTEE ON AGING, TO MICHAEL J. CODD, POLICE COMMISSIONER, NEW YORK CITY, DATED NOVEMBER 12, 1976, AND REPLY FROM MR. CODD, DATED DECEMBER 13, 1976

DEAR COMMISSIONER CODD: I am very concerned about reports of the upsurge in homicides and other crimes of violence committed against elderly residents of New York City, but I am heartened by the response and actions already expressed by Mayor Beame and other city officials. I would greatly appreciate your thoughts and whatever information you could provide on the following matters:

Please describe the history and operations of the Department's Senior Citizen Robbery Unit, as well as any other activities you have directed against this problem.

What further steps would you recommend to improve crime prevention for the elderly; and what actions can be taken to assure that those older persons who do fall prey to criminal activities receive adequate victim assistance, are not overwhelmed or overlooked by the courts, and make effective witnesses?

Have you as yet formulated plans to take advantage of the provisions of the Crime Control Act of 1976 which provide for funding, through the Law Enforcement Assistance Administration, for elderly crime prevention; and which also allocate moneys to community and citizens' groups through the new Office of Community Anti-Crime Programs?

Finally, are there further Federal legislative steps which could be taken to assist you in combatting this trend?

Your remarks will be useful to us as we prepare a chapter on "Crime and the Elderly" in our annual report, *Developments in Aging*. We are planning to submit our final drafts to the printer by December 15, and it would therefore be most helpful if we could receive your reply as soon as possible.

Thank you very much for your assistance in this matter.

Sincerely,

FRANK CHURCH.

THE CITY OF NEN YORK
POLICE DEPARTMENT,
New York, N.Y., December 13, 1976.

SENATOR FRANK CHURCH,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR CHURCH: In response to your letter of November 12, 1976, concerning the crimes of violence committed against the elderly in the city of New York, enclosed is an attachment containing the information you requested.

I am hopeful this material will be of assistance to you and wish you every success in this worthwhile endeavor.

Sincerely,

MICHAEL J. CODD,
Police Commissioner.

[Enclosure.]

HISTORY AND OPERATIONS OF THE NEW YORK CITY POLICE DEPARTMENT'S SENIOR CITIZENS ROBBERY UNIT AND OTHER ACTIVITIES DIRECTED AGAINST THIS PROBLEM

Traditionally, senior citizens in America have been a neglected segment of our society. This is especially true when the elderly are confronted with our system of criminal justice. They are robbed and severely assaulted and then suffer further hardships inflicted by the overall criminal justice system and other well-intentioned agencies. Elderly victims of crime seldom report the offenses committed against them, principally because of their fragile physical condition, lack of mobility, fear of reprisal, and the negative attitude that little or nothing can be done. In addition, the perpetrators of these crimes are comforted with the realization that not only will they meet little or no physical resistance when they attack the elderly, but also that their crimes will probably not be reporetd to the police. The police are severely handicapped attempting to control and eliminate these particularly heinous crimes. Crime patterns are not detected when incidents are not reported. When offenders are arrested, prosecution is difficult because the elderly are reluctant to cooperate with the police.

In October, 1974, the Senior Citizens Robbery Unit was established in the county of the Bronx, utilizing one sergeant, six detectives, and two police officers. The purpose was to address residential and dwelling robberies being committed against elderly citizens in specific areas of the Bronx. Analysis indicated that many perpetrators' areas of operation overlapped precinct boundaries, making it difficult for the local precinct investigating units to address. The mission of the unit was to bring the police to the elderly, concentrate on groups that robbed senior citizens, and to coordinate intelligence information on a countywide level. The following innovations were implemented:

(a) *Crime alert bulletin:* The patrol force is apprised of the current crime patterns against senior citizens by means of a countywide crime alert bulletin. This bulletin describes the method of operation, the locations where these crimes are committed, and the descriptions of persons wanted or arrested for these crimes.

(b) *Portable suspect photo file:* The Senior Citizens Robbery Unit investigates and follows up robberies against senior citizens in a manner that will cause little hardship and a minimum of inconvenience to the victims. Photographs of crime suspects are brought to the residence of the senior citizen to spare them the inconvenience of traveling to police stations or other locations.

(c) *Court standby:* A telephone alert system has been established with the cooperation of the district attorney's office whereby the complainant remains at home on telephone alert and is brought to court only when an appearance is absolutely essential. Members of the unit pick up the complainants at their residences, drive them to and from court, and assist them with their physical needs throughout the process.

(d) *Crime prevention lectures:* The senior citizens are educated at senior citizen centers by the unit members so that when crime patterns or "modus operandi" of the criminals are identified, they can take necessary precautions.

A "buddy system" for traveling has been encouraged so that elderly persons will not be isolated and become an easy target for the criminal. The Bronx Chamber of Commerce has purchased whistles which the unit distributes at crime prevention meetings for the senior citizen to utilize to secure assistance in an emergency. Additionally, an informative brochure is distributed to each attendee containing tips on how to avoid becoming a victim of a crime. A listing of emergency telephone numbers is also included.

During 1975, the Bronx Senior Citizens Robbery Unit identified 51 perpetrators from the photo book, investigated 636 robbery cases, resulting in the arrest of 93 perpetrators who were responsible for at least 198 of these crimes. Their conviction rate was over 90 percent. In addition, the unit has assisted the Bronx Homicide Units in the investigation and solution of 17 robbery-homicides. The court standby and crime prevention lectures have renewed the confidence of the senior citizens and assured them that the police are concerned. Many of the perpetrators arrested have been members of groups that have been preying exclusively on the elderly. As a result of these arrests and the attendant notoriety, the criminal element can no longer believe that their crimes against the elderly will go unreported to the ploice.

The elderly residents of the Bronx have enjoyed some unexpected benefits due to the efforts of the Senior Citizens Robbery Unit. When an officer assigned to

a specific case discovers a particular hardship, other agencies are contacted to assist. As the situation warrants, victims are brought directly to the Mayor's Office of the Aging and arrangements made for emergency assistance. The unit has also assisted the Social Security Administration in coordinating the investigation of various social security "con games" perpetrated against the elderly.

In January 1976, an analysis of 1975 robbery complaints in each of the other boroughs was conducted to determine the extent of senior citizen victimization throughout New York City. Four categories of robbery were analyzed which encompass the majority of noncommercial incidents with which we are concerned:

Pocketbook—includes on- and off-street incidents.

Residential premises—includes hallways, elevators, and basements.

Dwelling—includes inside apartment, hotel room, and private home.

Open area unclassified—includes all outside robberies with the exception of bicycle, pocketbook, payroll, taxicab, truck driver, and bus which are individually categorized.

With emphasis on the most serious robbery categories of residential premises and dwellings, analyses disclosed that:

(a) There were 83,190 robberies of all types recorded in New York City in 1975; 16,532, or 20 percent occurred inside a residential premise or dwelling.

(b) Approximately one out of four victims were elderly persons, age 60 or over.

(c) The following charts can best illustrate the relationship of this type of crime to our elderly citizen:

POPULATION

Borough	Number of persons 60 and over	Total	Percent of persons 60 and over
Manhattan	288,400	1,440,200	20.0
Bronx	227,900	1,393,200	16.3
Brooklyn	401,600	2,448,100	16.4
Queens	375,100	1,962,900	19.1
Staten Island	41,000	322,700	12.7
New York City	1,334,000	7,567,100	17.6

Source: Estimates by the Bureau of the Census as of July 1, 1974, based on a demographic study of each borough.

RESIDENTIAL PREMISES/DWELLING ROBBERY

Borough	Total number of events where age of victim is known	Number of victims age 60 and over	Percentage
Manhattan	6,815	1,576	23.1
Bronx	3,496	990	28.3
Brooklyn	3,724	1,146	30.8
Queens	979	311	31.8
Staten Island	103	25	24.3
New York City	15,117	4,048	26.8

It is quite apparent that the elderly citizens in each of the five boroughs are being disproportionately victimized in this particular category.

To further identify the location and frequency of incidence, statistical charts were prepared for each of the seven field services area commands within the five boroughs, including the precincts therein. A review of these statistics indicated that continuation of the Senior Citizens Robbery Unit in the Bronx, and establishment of similar units in the other six field services areas, was well justified. Accordingly, on November 1 the department expanded the program to each of the other boroughs of New York City.

There are presently 1 lieutenant, 7 sergeants, and 76 police officers/investigators assigned specifically to address this problem.

Personnel assigned to senior citizens units are augmented by other resources of this department; i.e., precinct anticrime officers will target the locations

where crimes against the elderly are prevalent. Uninformed patrol officers alerted to the modus operandi of perpetrators observe our elderly citizens at all times in public places and conduct "sweeps" of residential buildings to discourage potential offenders.

A close working liaison has been established between this department and the Mayor's Office of the Aging. Further, a system is being developed whereby any and all social resources needed by an elderly crime victim can be obtained by one telephone call from the police to the social services coordinator.

The department's continuance and expansion of the current program will be the subject of an application for funding under the provisions of the Crime Control Act of 1976. This request, which is now being prepared, will specifically focus on the crimes against the elderly problem and will include among other approaches, crime prevention, legislative development, and victim assistance.

An overall evaluation of our current efforts in this area is scheduled to be completed by February 5, 1977.

Appendix 7

PUBLICATIONS LIST

COMMITTEE HEARINGS AND REPORTS

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Action for the Aged and Aging, Report No. 128, March 1961.**
Action for the Aged and Aging, summary and recommendations of Report No. 128, 1961.**
Developments in Aging, 1959–63, Report No. 8, February 1963.**
Developments in Aging, 1963–64, Report No. 124, March 1965.**
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Developments in Aging: 1973 and January–March 1974, Report No. 93–846, May 1974 (Cat. No. 93/2:S. Rept. 846)—$3.10.*
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Developments in Aging: 1975 and January–May 1976—Part 2, Report No. 94–998, June 1976 (Cat. No. 94/2:S. Rept. 998/Pt. 2)—$2.55.
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Comparison of Health Insurance Proposals for Older Persons, 1961, committee print, April 3, 1961.**
The 1961 White House Conference on Aging, basic policy statements and recommendations, committee print, May 15, 1961.**
New Population Facts on Older Americans, 1960, staff report, committee print, May 24, 1961.**
Basic Facts on the Health and Economic Status of Older Americans, staff report, committee print, June 2, 1961.**
Health and Economic Conditions of the American Aged, chart book, committee print, June 1961.**
State Action To Implement Medical Programs for the Aged, staff report, committee print, June 8, 1961.**
A Constant Purchasing Power Bond: A Proposal for Protecting Retirement Income, committee print, August 1961.**
Mental Illness Among Older Americans, committee print, September 8, 1961.**
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Background Facts on the Financing of the Health Care of the Aged, committee print, excerpts from the report of the Division of Program Research, Social Security Administration, Department of Health, Education, and Welfare, May 24, 1962.**
Statistics on Older People: Some Current Facts About the Nation's Older People, June 14, 1962.**
Performance of the States: 18 Months of Experience With the Medical Assistance for the Aged (Kerr-Mills) Program, committee print report, June 15, 1962.**
Housing for the Elderly, committee print report, August 31, 1962.**
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A Compilation of Materials Relevant to the Message of the President of the United States on Our Nation's Senior Citizens, committee print, June 1963.**
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Economics of Aging: Toward a Full Share in Abundance, working paper, committee print, March 1969.** [1]

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Income Tax Overpayments by the Elderly, Report No. 91–1464, December 1970.**

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Mental Health Care and the Elderly: Shortcomings in Public Policy, Report No. 92–433, November 1971.**

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The Administration on Aging—Or a Successor? committee print report, October 1971 (Cat. No. Y4.Ag4:Ag4/3)—75¢.*

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[1] Working paper incorporated as an appendix to the hearing.

Alternatives to Nursing Home Care: A Proposal, committee print, October 1971.**

Advisory Council on the Elderly American Indian, working paper, committee print, November 1971.***

Elderly Cubans in Exile, working paper, committee print, November 1971 (Cat. No. Y4.Ag4:C89)—35¢.*

A Pre-White House Conference on Aging: Summary of Developments and Data, Report No. 92–505, November 1971 (Cat. No. 92–1:S. Rept. 505)—$1.85.*

Research and Training in Gerontology, working paper, committee print, November 1971 (Cat. No. Y4.Ag4:G31)—90¢.*

Making Services for the Elderly Work: Some Lessons From the British Experience, committee print report, November 1971 (Cat. No. Y4.Ag4:SE6/7)—30¢.*

1971 White House Conference on Aging, a report to the delegates from the conference sections and special concerns sessions, December 1971 (Cat. No. 92–1:S. Doc. 53)—$1.70.*

Home Health Services in the United States, committee print report, April 1972 (Cat. No. Y4.Ag4:H34/11)—$1.30.*

Proposals to Eliminate Legal Barriers Affecting Elderly Mexican-Americans, working paper, committee print, May 1972 (Cat. No. Y4.Ag4:M57/2)—25¢.*

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Housing for the Elderly: A Status Report, working paper, committee print, April 1973 (Cat. No. Y4.Ag4:H81/4)—30¢.*

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83-524 O - 77 - 18

The Proposed Fiscal 1975 Budget: What It Means for Older Americans, committee print, February 1974 (Cat. No. Y4.Ag4:B85)—25¢.*

Protecting Older Americans Against Overpayment of Income Taxes: A Checklist of Itemized Deductions, committee print, February 1974.**

Developments and Trends in State Programs and Services for the Elderly, committee print report, November 1974 (Cat. No. Y4.Ag4:ST1)—$1.30.*

Private Health Insurance Supplementary to Medicare, working paper, committee print, December 1974 (Cat. No. Y4.Ag4:M34/15)—50¢.*

Nursing Home Care in the United States: Failure in Public Policy (Introductory Report), Report No. 93–1420, report by the Subcommittee on Long-Term Care, November 1974 (Cat. No. 93/2, S. Rept. 1420)—$1.75.*

Nursing Home Care in the United States: Failure in Public Policy (Supporting Paper No. 1, "The Litany of Nursing Home Abuses and an Examination of the Roots of Controversy"), committee print report, December 1974 (Cat. No. Y4.Ag4:N93/5)—$1.70.*

Nursing Home Care in the United States: Failure in Public Policy (Supporting Paper No. 2, "Drugs in Nursing Homes: Misuse, High Costs, and Kickbacks"), committee print report, January 1975 (Cat. No. Y4.Ag4:N93/5/No. 2)—$1.20.*

Nursing Home Care in the United States: Failure in Public Policy (Supporting Paper No. 3, "Doctors in Nursing Homes: The Shunned Responsibility"), committee print report, February 1975 (Cat. No. Y4.Ag4:N93/5/No. 3)—80¢.*

Nursing Home Care in the United States: Failure in Public Policy (Supporting Paper No. 4, "Nurses in Nursing Homes: The Heavy Burden—the Reliance on Untrained and Unlicensed Personnel"), committee print report, March 1975 (Cat. No. Y4.Ag4:N93/5/No. 4)—$1.50.*

Nursing Home Care in the United States: Failure in Public Policy (Supporting Paper No. 5, "The Continuing Chronicle of Nursing Home Fires"), committee print report, August 1975 (Cat. No. Y4.Ag4:N93/5/No. 5)—$1.65.*

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Nursing Home Care in the United States: Failure in Public Policy (Supporting Paper No. 7, "The Role of Nursing Homes in Caring for Discharged Mental Patients (and the Birth of a For-Profit Boarding Home Industry)"), committee print report, March 1976 (Cat. No. Y4.Ag4:N93/5/No. 7)—$1.60.

Protecting Older Americans Against Overpayment of Income Taxes, committee print, January 1975 (Cat. No. Y4.Ag4:In2/4)—30¢.

Future Directions in Social Security: An Interim Report, committee print, February 1975 (Cat. No. Y4.Ag4:SO1/2)—55¢.

Senior Opportunities and Services (Directory of Programs), committee print, February 1975 (Cat. No. Y4.Ag4:OP5)—$4.65.*

Action on Aging Legislation in 93d Congress, committee print, February 1975 (Cat. No. Y4.Ag4:L52/3)—30¢.

The Proposed Fiscal 1976 Budget: What It Means for Older Americans, committee print, February 1975 (Cat. No. Y4.Ag4:B85)—30¢.*

Women and Social Security: Adapting to a New Era, working paper, committee print, October 1975 (Cat. No. Y4.Ag4:W84)—$1.10.

Congregate Housing for Older Adults, Report No. 94–478, November 1975 (Cat. No. 94/1, S. Rept. 478)—80¢.

Protecting Older Americans Against Overpayment of Income Taxes, committee print, January 1976.**

The Proposed Fiscal 1977 Budget: What It Means for Older Americans, committee print (Cat. No. Y4.Ag4/2:B85)—35¢.

Fraud and Abuse Among Clinical Laboratories, Report No. 94–944, June 15, 1976 (Cat. No. 94/2, S. Rept. 944)—$1.35.

Recession's Continuing Victim: The Older Worker, committee print, July 1976 (Cat. No. Y4.Ag4:R24/2)—45¢.

Adult Day Care Facilities for Treatment, Health Care, and Related Services, committee print, September 1976 (Cat. No. Y4.Ag4:T71)—$1.40.*

Termination of Social Security Coverage: The Impact on State and Local Government Employees, committee print, September 1976 (Cat. No. Y4.Ag4:SO1/4)—75¢.

Fraud and Abuse Among Practitioners Participating in the Medicaid Program, committee print, August 1976 (Cat. No Y4.Ag4:M46/6)—$2.65.*

Witness Index and Research Reference, committee print, November 1976 (Cat. No. Y4.Ag4:W78/959-75)—$2.40.

Action on Aging Legislation in 94th Congress, committee print, November 1976 (Cat. No. Y4.Ag4:Ag4/6)—40¢.

Protecting Older Americans Against Overpayment of Income Taxes, committee print, December 1976 (Cat. No. Y4.Ag4:In2/4/976-2)—35¢.

The Proposed Fiscal 1978 Budget: What It Means for Older Americans, committee print, March 1977 (Cat. No. Y4.Ag4:)—35¢.

With a request for printed copies of documents, please enclose self-addressed label

HEARINGS

Retirement Income of the Aging:**
- Part 1. Washington, D.C., July 12–13, 1961.
- Part 2. St. Petersburg, Fla., November 6, 1961.
- Part 3. Port Charlotte, Fla., November 7, 1961.
- Part 4. Sarasota, Fla., November 8, 1961.
- Part 5. Springfield, Mass., November 29, 1961.
- Part 6. St. Joseph, Mo., December 11, 1961.
- Part 7. Hannibal, Mo., December 13, 1961.
- Part 8. Cape Girardeau, Mo., December 15, 1961.
- Part 9. Daytona Beach, Fla., February 14, 1962.
- Part 10. Fort Lauderdale, Fla., February 15, 1962.

Problems of the Aging (Federal-State activities):**
- Part 1. Washington, D.C., August 23–24, 1961.
- Part 2. Trenton, N.J., October 23, 1961.
- Part 3. Los Angeles, Calif., October 24, 1961.
- Part 4. Las Vegas, Nev., October 25, 1961.
- Part 5. Eugene, Oreg., November 8, 1961.
- Part 6. Pocatello, Idaho, November 13, 1961.
- Part 7. Boise, Idaho, November 15, 1961.
- Part 8. Spokane, Wash., November 17, 1961.
- Part 9. Honolulu, Hawaii, November 27, 1961.
- Part 10. Lihue, Hawaii, November 29, 1961.
- Part 11. Wailuku, Hawaii, November 30, 1961.
- Part 12. Hilo, Hawaii, December 1, 1961.
- Part 13. Kansas City, Mo., December 6, 1961.

Housing Problems of the Elderly:**
- Part 1. Washington, D.C., August 22–23, 1961.
- Part 2. Newark, N.J., October 16, 1961.
- Part 3. Philadelphia, Pa., October 18, 1961.
- Part 4. Scranton, Pa., November 14, 1961.
- Part 5. St. Louis, Mo., December 8, 1961.

Nursing Homes:**
- Part 1. Portland, Oreg., November 6, 1961.
- Part 2. Walla Walla, Wash., November 10, 1961.
- Part 3. Hartford, Conn., November 20, 1961.
- Part 4. Boston, Mass., December 1, 1961.
- Part 5. Minneapolis, Minn., December 4, 1961.
- Part 6. Springfield, Mo., December 12, 1961.

Relocation of Elderly People:**
- Part 1. Washington, D.C., October 22–23, 1962.
- Part 2. Newark, N.J., October 26, 1962.
- Part 3. Camden, N.J., October 29, 1962.
- Part 4. Portland, Oreg., December 3, 1962.
- Part 5. Los Angeles, Calif., December 5, 1962.
- Part 6. San Francisco, Calif., December 7, 1962.

Frauds and Quackery Affecting the Older Citizen:**
Part 1. Washington, D.C., January 15, 1963.
Part 2. Washington, D.C., January 16, 1963.
Part 3. Washington, D.C., January 17, 1963.
Long-Term Institutional Care for the Aged (Federal programs), Washington, D.C., December 17–18, 1963.**
Housing Problems of the Elderly:**
Part 1. Washington, D.C., December 11, 1963.
Part 2. Los Angeles, Calif., January 9, 1964.
Part 3. San Francisco, Calif., January 11, 1964.
Increasing Employment Opportunities for the Elderly:**
Part 1. Washington, D.C., December 19, 1963.
Part 2. Los Angeles, Calif., January 10, 1964.
Part 3. San Francisco, Calif., January 13, 1964.
Services for Senior Citizens:**
Part 1. Washington, D.C., January 16, 1964.
Part 2. Boston, Mass., January 20, 1964.
Part 3. Providence, R.I., January 21, 1964.
Part 4. Saginaw, Mich., March 2, 1964.
Health Frauds and Quackery:**
Part 1. San Francisco, Calif., January 13, 1964.
Part 2. Washington, D.C., March 9, 1964.
Part 3. Washington, D.C., March 10, 1964.
Part 4A. Washington, D.C., April 6, 1964 (eye care).
Part 4B. Washington, D.C., April 6, 1964 (eye care).
Blue Cross and Other Private Health Insurance for the Elderly:**
Part 1. Washington, D.C., April 27, 1964.
Part 2. Washington, D.C., April 28, 1964.
Part 3. Washington, D.C., April 29, 1964.
Part 4A. Appendix.
Part 4B. Appendix.
Deceptive or Misleading Methods in Health Insurance Sales, Washington, D.C., May 4, 1964.**
Nursing Homes and Related Long-Term Care Services:**
Part 1. Washington, D.C., May 5, 1964.
Part 2. Washington, D.C., May 6, 1964.
Part 3. Washington, D.C., May 7, 1964.
Interstate Mail Order Land Sales:**
Part 1. Washington, D.C., May 18, 1964.
Part 2. Washington, D.C., May 19, 1964.
Part 3. Washington, D.C., May 20, 1964.
Preneed Burial Service, Washington, D.C., May 19, 1964.**
Conditions and Problems in the Nation's Nursing Homes:**
Part 1. Indianapolis, Ind., February 11, 1965.
Part 2. Cleveland, Ohio, February 15, 1965.
Part 3. Los Angeles, Calif., February 17, 1965.
Part 4. Denver, Colo., February 23, 1965.
Part 5. New York, N.Y., August 2–3, 1965.
Part 6. Boston, Mass., August 9, 1965.
Part 7. Portland, Maine, August 13, 1965.
Extending Private Pension Coverage:**
Part 1. Washington, D.C., March 4, 1965.
Part 2. Washington, D.C., March 5 and 10, 1965.

Services to the Elderly on Public Assistance:**
Part 1. Washington, D.C., August 18–19, 1965.
Part 2. Appendix.
The War on Poverty As It Affects Older Americans:**
Part 1. Washington, D.C., June 16–17, 1965.
Part 2. Newark, N.J., July 10, 1965.
Part 3. Washington, D.C, January 19–20, 1966.
Detection and Prevention of Chronic Disease Utilizing Multiphasic Health Screening Techniques, Washington, D.C., September 20, 21, and 22, 1966.**
Consumer Interests of the Elderly:**
Part 1. Washington, D.C., January 17–18, 1967.
Part 2. Tampa, Fla., February 2–3, 1967.
Tax Consequences of Contributions to Needy Older Relatives, Washington, D.C., June 15, 1966.**
Needs for Services Revealed by Operation Medicare Alert, Washington, D.C., June 2, 1966.**
Costs and Delivery of Health Services to Older Americans:**
Part 1. Washington, D.C., June 22–23, 1967.
Part 2. New York, N.Y., October 19, 1967.
Part 3. Los Angeles, Calif., October 16, 1968.
Retirement and the Individual:**
Part 1. Washington, D.C., June 7–8, 1967.
Part 2. Ann Arbor, Mich., July 26, 1967.
Reduction of Retirement Benefits Due to Social Security Increases, Washington, D.C., April 24–25, 1967.**
Rent Supplement Assistance to the Elderly, Washington, D.C., July 11, 1967.**
Long-Range Program and Research Needs in Aging and Related Fields, Washington, D.C., December 5–6, 1967.**
Hearing Loss, Hearing Aids, and the Elderly, Washington, D.C., July 18 and 19, 1968.**
Adequacy of Services for Older Workers, Washington, D.C., July 24, 25, and 29, 1968.**
Usefulness of the Model Cities Program to the Elderly:**
Part 1. Washington, D.C., July 23, 1968.
Part 2. Seattle, Wash., October 14, 1968.
Part 3. Ogden, Utah, October 24, 1968.
Part 4. Syracuse, N.Y., December 9, 1968.
Part 5. Atlanta, Ga., December 11, 1968.
Part 6. Boston, Mass., July 11, 1969.
Part 7. Washington, D.C., October 14–15, 1969.
Availability and Usefulness of Federal Programs and Services to Elderly Mexican-Americans:**
Part 1. Los Angeles, Calif., December 17, 1968.
Part 2. El Paso, Tex., December 18, 1968.
Part 3. San Antonio, Tex., December 19, 1968.
Part 4. Washington, D.C., January 14–15, 1969.
Part 5. Washington, D.C., November 20–21, 1969.

Economics of Aging: Toward a Full Share in Abundance (Cat. No. Y4.Ag4:Ec7/Pts.):
- Part 1. Washington, D.C., April 29 and 30, 1969.**
- Part 2. Ann Arbor, Mich., consumer aspects, June 9, 1969.**
- Part 3. Washington, D.C., health aspects, July 17 and 18, 1969.**
- Part 4. Washington, D.C., homeownership aspects, July 31 and August 1, 1969.**
- Part 5. Paramus, N.J., central suburban area, August 14, 1969—$1.10.*
- Part 6. Cape May, N.J., retirement community, August 15, 1969.***
- Part 7. Washington, D.C., international aspects, August 25, 1969—75¢.
- Part 8. Washington, D.C., national organizations, October 29, 1969—90¢.
- Part 9. Washington, D.C., employment aspects, December 18 and 19, 1969.***
- Part 10A. Washington, D.C., pension aspects, February 17, 1970—$1.30.
- Part 10B. Washington, D.C., pension aspects, February 18, 1970—$1.55.
- Part 11. Washington, D.C., concluding hearing, May 4, 5, and 6, 1970—$2.30.

The Federal Role in Encouraging Preretirement Counseling and New Work Lifetime Patterns, Washington, D.C., July 25, 1969.**

Trends in Long-Term Care (Cat. No. Y4.Ag4:C18/Pts.):
- Part 1. Washington, D.C., July 30, 1969.**
- Part 2. St. Petersburg, Fla., January 9, 1970.**
- Part 3. Hartford, Conn., January 15, 1970—$1.10.
- Part 4. Washington, D.C. (Marietta, Ohio, fire), February 9, 1970—$1.10.*
- Part 5. Washington, D.C. (Marietta, Ohio, fire), February 10, 1970—70¢.
- Part 6. San Francisco, Calif., February 12, 1970.***
- Part 7. Salt Lake City, Utah, February 13, 1970—90¢.
- Part 8. Washington, D.C., May 7, 1970—$1.30.
- Part 9. Washington, D.C. (Salmonella), August 19, 1970—85¢.
- Part. 10. Washington, D.C. (Salmonella), December 14, 1970—85¢.*
- Part 11. Washington, D.C., December 17, 1970—$1.30.
- Part 12. Chicago, Ill., April 2, 1971—$2.10.*
- Part 13. Chicago, Ill., April 3, 1971—$1.80.*
- Part 14. Washington, D.C., June 15, 1971—25¢.
- Part 15. Chicago, Ill., September 14, 1971—$2.*
- Part 16. Washington, D.C., September 29, 1971—$1.50.
- Part 17. Washington, D.C., October 14, 1971—$2.10.*
- Part 18. Washington, D.C., October 28, 1971—$1.30.
- Part 19A. Minneapolis-St. Paul, Minn., November 29, 1971—$1.65.
- Part 19B. Minneapolis-St. Paul, Minn., November 29, 1971—$2.05.
- Part 20. Washington, D.C., August 10, 1972—$1.25.
- Part 21. Washington, D.C., October 10, 1973—$1.85.

Part 22. Washington, D.C., October 11, 1973—$1.65.
Part 23. New York, N.Y., January 21, 1975—$2.05.
Part 24. New York, N.Y., February 4, 1975—$2.40.
Part 25. Washington, D.C., February 19, 1975—$1.70.
Part 26. Washington, D.C., December 9, 1975—$2.10.
Part 27. New York, N.Y., March 19, 1976—$1.20.

Older Americans in Rural Areas (Cat. No. Y4.Ag4:R88/Pts.):
Part 1. Des Moines, Iowa, September 8, 1969—$1.50.
Part 2. Majestic-Freeburn, Ky., September 12, 1969—30¢.
Part 3. Fleming, Ky., September 12, 1969—90¢.
Part 4. New Albany, Ind., September 16, 1969—$1.20.
Part 5. Greenwood, Miss., October 9, 1969—90¢.
Part 6. Little Rock, Ark., October 10, 1969—90¢.
Part 7. Emmett, Idaho, February 24, 1970—45¢.
Part 8. Boise, Idaho, February 24, 1970—75¢.
Part 9. Washington, D.C., May 26, 1970—80¢.
Part 10. Washington, D.C., June 2, 1970—70¢.
Part 11. Dogbone-Charleston, W. Va., October 27, 1970—$1.10.
Part 12. Wallace-Clarksburg, W. Va., October 28, 1970—70¢.

Sources of Community Support for Federal Programs Serving Older Americans (Cat. No. Y4.Ag4:C73):
Part 1. Ocean Grove, N.J., April 18, 1970—$1.35.
Part 2. Washington, D.C., June 8–9, 1970—$1.85.

Income Tax Overpayments by the Elderly, Washington, D.C., April 15, 1970.**

Legal Problems Affecting Older Americans (Cat. No. Y4.Ag4:L52/2 Pts.):
St. Louis, Mo., August 11, 1970—$1.35.
Boston, Mass., April 30, 1971—70¢.

Evaluation of Administration on Aging and Conduct of White House Conference on Aging (Cat. No. Y4.Ag4:Ag4/2/Pts.):
Part 1. Washington, D.C., March 25, 1971—$1.40.
Part 2. Washington, D.C., March 29, 1971—40¢.
Part 3. Washington, D.C., March 30, 1971—75¢.
Part 4. Washington, D.C., March 31, 1971—75¢.
Part 5. Washington, D.C., April 27, 1971—85¢.
Part 6. Orlando, Fla., May 10, 1971—75¢.
Part 7. Des Moines, Iowa, May 13, 1971—90¢.
Part 8. Boise, Idaho, May 28, 1971—75¢.
Part 9. Casper, Wyo., August 13, 1971—70¢.
Part 10. Washington, D.C., February 3, 1972—70¢.

Cutbacks in Medicare and Medicaid Coverage (Cat. No. Y4.Ag4:M46/4/Pts.):
Part 1. Los Angeles, Calif., May 10, 1971—$1.65.
Part 2. Woonsocket, R.I., June 14, 1971—90¢.
Part 3. Providence, R.I., September 20, 1971.**

Unemployment Among Older Workers (Cat. No. Y4.Ag4:UN 2/Pts.):
Part 1. South Bend, Ind., June 4, 1971—70¢.
Part 2. Roanoke, Ala., August 10, 1971—65¢.
Part 3. Miami, Fla., August 11, 1971—65¢.
Part 4. Pocatello, Idaho, August 27, 1971—$1.

Adequacy of Federal Response to Housing Needs of Older Americans (Cat. No. Y4.Ag4:H81/3 Pts.):
- Part 1. Washington, D.C., August 2, 1971—70¢.
- Part 2. Washington, D.C., August 3, 1971—55¢.
- Part 3. Washington, D.C., August 4, 1971—$1.45.
- Part 4. Washington, D.C., October 28, 1971—70¢.
- Part 5. Washington, D.C., October 29, 1971—75¢.
- Part 6. Washington, D.C., July 31, 1972—75¢.
- Part 7. Washington, D.C., August 1, 1972—90¢.
- Part 8. Washington, D.C., August 2, 1972—75¢.
- Part 9. Boston, Mass. October 2, 1972—70¢.
- Part 10. Trenton, N.J., January 17, 1974—$1.40.
- Part 11. Atlantic City, N.J., January 18, 1974—70¢.
- Part 12. East Orange, N.J., January 19, 1974—65¢.
- Part 13. Washington, D.C., October 7, 1975—$1.10.
- Part 14. Washington, D.C., October 8, 1975—$1.50.

A Barrier-Free Environment for the Elderly and the Handicapped (Cat. No. Y4.Ag4:EN8/Pts.):
- Part 1. Washington, D.C., October 18, 1971—70¢.
- Part 2. Washington, D.C., October 19, 1971—70¢.
- Part 3. Washington, D.C., October 20, 1971—70¢.

Flammable Fabrics and Other Fire Hazards to Older Americans, Washington, D.C., October 12, 1971 (Cat. No. Y4.Ag4:F61/Pts.)—$1.05.

Death With Dignity: An Inquiry Into Related Public Issues (Cat. No. Y4.Ag4:D34/Pts.):
- Part 1. Washington, D.C., August 7, 1972—65¢.
- Part 2. Washington, D.C., August 8, 1972—60¢.
- Part 3. Washington, D.C., August 9, 1972—60¢.

Future Directions in Social Security (Cat. No. Y4.Ag4:So1/2/Pts.):
- Part 1. Washington, D.C., January 15, 1973—$1.
- Part 2. Washington, D.C., January 22, 1973—70¢.
- Part 3. Washington, D.C., January 23, 1973—70¢.
- Part 4. Washington, D.C., July 25, 1973—70¢.
- Part 5. Washington, D.C., July 26, 1973—$1.60.
- Part 6. Twin Falls, Idaho, May 16, 1974—80¢.
- Part 7. Washington, D.C., July 15, 1974—$1.55.
- Part 8. Washington, D.C., July 16, 1974—$1.55.
- Part 9. Washington, D.C., March 18, 1975—85¢.
- Part 10. Washington, D.C., March 19, 1975—70¢.
- Part 11. Washington, D.C., March 20, 1975—70¢.
- Part 12. Washington, D.C., May 1, 1975—$1.60.
- Part 13. San Francisco, Calif., May 15, 1975—$1.25.
- Part 14. Los Angeles, Calif., May 16, 1975—$1.60.
- Part 15. Des Moines, Iowa, May 19, 1975—$1.10.
- Part 16. Newark, N.J., June 30, 1975—$1.80.
- Part 17. Toms River, N.J., September 8, 1975—$1.80.
- Part 18. Washington, D.C., October 22, 1975—85¢.
- Part 19. Washington, D.C., October 23, 1975—75¢.
- Part 20. Portland, Oreg., November 24, 1975—70¢.
- Part 21. Portland, Oreg., November 25, 1975—85¢.
- Part 22. Nashville, Tenn., December 6, 1975—90¢.
- Part 23. Boston, Mass., December 19, 1975—90¢

Part 24. Providence, R.I., January 26, 1976—95¢.
Part 25. Memphis, Tenn., February 16, 1976—75¢.

Fire Safety in Highrise Buildings for the Elderly (Cat. No. Y4.Ag4: F51/Pts.):
Part 1. Washington, D.C., February 27, 1973—60¢.
Part 2. Washington, D.C., February 28, 1973—60¢.

Barriers to Health Care for Older Americans (Cat. No. Y4.Ag4: H34/14/Pts.):
Part 1. Washington, D.C., March 5, 1973—$1.20.
Part 2. Washington, D.C., March 6, 1973—70¢.
Part 3. Livermore Falls, Maine, April 23, 1973—75¢.
Part 4. Springfield, Ill., May 16, 1973—80¢.
Part 5. Washington, D.C., July 11, 1973—$1.30.
Part 6. Washington, D.C., July 12, 1973—70¢.
Part 7. Coeur d'Alene, Idaho, August 4, 1973—70¢.
Part 8. Washington, D.C., March 12, 1974—$2.
Part 9. Washington, D.C., March 13, 1974—$1.30.
Part 10. Price, Utah, April 20, 1974—80¢.
Part 11. Albuquerque, N. Mex., May 25, 1974—$1.30.
Part 12. Santa Fe, N. Mex., May 25, 1974—95¢.
Part 13. Washington, D.C., June 25, 1974—90¢.
Part 14. Washington, D.C., June 26, 1974—80¢.
Part 15. Washington, D.C., July 9, 1974—$1.55.
Part 16. Washington, D.C., July 17, 1974—75¢.

Training Needs in Gerontology (Cat. No. Y4.Ag4:G31/2/Pts.):
Part 1. Washington, D.C., June 19, 1973—$1.50.
Part 2. Washington, D.C., June 21, 1973—75¢.
Part 3. Washington, D.C., March 7, 1975—50¢.

Hearing Aids and the Older American (Cat. No. Y4.Ag4:H35/Pts.):
Part 1. Washington, D.C., September 10, 1973—$1.50.
Part 2. Washington, D.C., September 11, 1973—$1.65.

Transportation and the Elderly: Problems and Progress (Cat. No. Y4.Ag4:T68/Pts.):
Part 1. Washington, D.C., February 25, 1974—$1.70.
Part 2. Washington, D.C., February 27, 1974—90¢.
Part 3. Washington, D.C., February 28, 1974—70¢.
Part 4. Washington, D.C., April 9, 1974—85¢.
Part 5. Washington, D.C., July 29, 1975—75¢.

Improving Legal Representation for Older Americans (Cat. No. Y4.Ag4:L52/4/Pts.):
Part 1. Los Angeles, Calif., June 14, 1974—$1.55.
Part 2. Boston, Mass., August 30, 1976—85¢.
Part 3. Washington, D.C., September 28, 1976.[2]
Part 4. Washington, D.C., September 29, 1976.[2]

Establishing a National Institute on Aging, Washington, D.C., August 1, 1974 (Cat. No. Y4.Ag4:N21)—75¢.

The Impact of Rising Energy Costs on Older Americans (Cat. No. Y4.Ag4:En/Pts.):
Part 1. Washington, D.C., September 24, 1974—90¢.
Part 2. Washington, D.C., September 25, 1974—75¢.
Part 3. Washington, D.C., November 7, 1975—$1.25.

[2] Not available at time of this printing.

The Older Americans Act and the Rural Elderly, Washington, D.C., April 28, 1975 (Cat. No. Y4.Ag4:R88/2)—$1.35.
Examination of Proposed Section 202 Housing Regulations (Cat. No. Y4.Ag4:H81/6/Pts.):
Part 1. Washington, D.C., June 6, 1975—$1.45.
Part 2. Washington, D.C., June 26, 1975—65¢
The Recession and the Older Worker, Chicago, Ill., August 14, 1975 (Cat. No. Y4.Ag4:R24)—$1.35.
Medicare and Medicaid Frauds (Cat. No. Y4.Ag4:M46/5/Pts.):
Part 1. Washington, D.C., September 26, 1975—$2.10.
Part 2. Washington, D.C., November 13, 1975—85¢
Part 3. Washington, D.C., December 5, 1975—$1.40.
Part 4. Washington, D.C., February 16, 1976—$1.30.
Part 5. Washington, D.C., August 30, 1976.[2]
Part 6. Washington, D.C., August 31, 1976.[2]
Part 7. Washington, D.C., November 17, 1976.[2]
Part 8. Washington, D.C., February 9, 1977.[2]
Part 9. Washington, D.C., February 10, 1977.[2]
Mental Health and the Elderly, Washington, D.C., September 29, 1975 (Cat. No. Y4.Ag4:M52/3)—$2.10.
Proprietary Home Health Care (joint hearing with the House Select Committee on Aging), Washington, D.C., October 28, 1975 (Cat. No. Y4.Ag4:2/H34/9)—$2.70.
Proposed USDA Food Stamp Cutbacks for the Elderly, Washington, D.C., November 3, 1975 (Cat. No. Y4.Ag4:F73/2)—95¢
The Tragedy of Nursing Home Fires: The Need for National Commitment for Safety (joint hearing with House Select Committee on Aging), Washington, D.C., June 3, 1976.***
The Nation's Rural Elderly:
Part 1. Winterset, Iowa, August 16, 1976.[2]
Part 2. Ottumwa, Iowa, August 16, 1976.[2]
Part 3. Gretna, Nebr., August 17, 1976.[2]
Part 4. Ida Grove, Iowa, August 17, 1976.[2]
Part 5. Sioux Falls, S. Dak., August 18, 1976.[2]
Part 6. Rockford, Iowa, August 18, 1976.[2]
Medicine and Aging: An Assessment of Opportunities and Neglect, New York, N.Y., October 13, 1976.[2]

[2] Not available at time of this printing.

OTHER DOCUMENTS AVAILABLE

Hearings before the Subcommittee on Aging of the U.S. Senate Committee on Labor and Public Welfare, available from the Special Committee on Aging are.

"Amend the Older Americans Act of 1965—S. 2877 and S. 3326," May 24, 25, and June 15, 1966.**

"Older Americans Act Amendments of 1967—S. 951," June 12, 1967.**

"Older Americans Community Service Program—S. 276," September 18 and 19, 1967.**

"White House Conference on Aging in 1970—S.J. Res. 117," March 5–6, 1968.**

"Amending the Older Americans Act of 1965—S. 3677," July 1, 1968.**

"Amending the Older Americans Act of 1965—S. 268, S. 2120, and H.R. 11235," Public Law 91–69, June 19, 1969.***

"Older American Community Service Employment Act—S. 3604"—Fall River, Mass., April 4, 1970; Washington, D.C., June 15–16, 1970.**

"Extended Care Services and Facilities for the Aging," Des Moines, Iowa, May 18, 1970.**

Hearing held by Select Committee on Nutrition and Human Needs, in cooperation with the Senate Special Committee on Aging, Part 14: "Nutrition and the Aged," Washington, D.C., September 9–11, 1969.**

Hearings held by the Subcommittee on Education of the Committee on Labor and Public Welfare, "Education Legislation, 1973—S. 1539," July 11 and 12, 1973. Community School Center Development Act—S. 335.***

With a request for printed copies of documents, please enclose self-addressed label

Appendix 8

HEARINGS HELD BY THE SPECIAL COMMITTEE ON AGING DURING 1976

Future Directions in Social Security:
- Part 24, Providence, R.I., January 26, 1976.
- Part 25, Memphis, Tenn., February 13, 1976.

Medicare and Medicaid Frauds:
- Part 4, Washington, D.C., February 16, 1976.
- Part 5, Washington, D.C., August 30, 1976.
- Part 6, Washington, D.C., August 31, 1976.
- Part 7, Washington, D.C., November 17, 1976.

Trends in Long-Term Care:
- Part 27, New York, N.Y., March 19, 1976.

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