

89th Congress }
2d Session }

COMMITTEE PRINT

NEEDS FOR SERVICES REVEALED BY
OPERATION MEDICARE ALERT

A REPORT

BY THE

SUBCOMMITTEE ON FEDERAL, STATE, AND
COMMUNITY SERVICES

TO THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE



OCTOBER 1966

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 1966

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[Pursuant to S. Res. 189, 89th Cong.]

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LETTER OF TRANSMITTAL

U.S. SENATE,
October 27, 1966.

SENATOR GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
U.S. Senate.

DEAR MR. CHAIRMAN: I have the honor of transmitting a report resulting from a study and hearings by the Subcommittee on Federal, State, and Community Services on the subject of "Needs for Services Revealed by Operation Medicare Alert."

The subcommittee feels fortunate in having received testimony and other information from many elderly individuals who worked in Operation Medicare Alert, concerning service needs they found among the elderly whom they visited. This has made it possible for us to report those needs in this report and to make two recommendations of action needed to meet those and other needs of older Americans.

In submitting this report, we hope that it will make a significant contribution to our committee and to Congress as a whole in efforts to improve the later years of our older compatriots.

Sincerely,

EDWARD M. KENNEDY,
Chairman, Subcommittee on Federal,
State, and Community Services.

NEEDS FOR SERVICES REVEALED BY OPERATION MEDICARE ALERT

(A Report by the Subcommittee on Federal, State, and Community Services of the Special Committee on Aging, U.S. Senate)

I. INTRODUCTION

On December 28, 1965, Director R. Sargent Shriver of the Office of Economic Opportunity announced that war on poverty funds had been set aside for Operation Medicare Alert, and invited applications from community action agencies who were interested in carrying out such projects. From then until May 31, 1966, the deadline for signing up for part B voluntary insurance under Medicare, 466 community action grants totaling \$7,200,000 were made for Medicare Alert projects in all States except Alaska, Idaho, and Wyoming.

Each of these projects employed elderly individuals to inform the elderly in their respective areas of their rights and opportunities under recently enacted Medicare legislation and to assist them in signing up for Medicare benefits within the time limit set by law. While this was the primary purpose of Medicare Alert, a valuable byproduct was the opportunity given the elderly individuals on Medicare Alert teams to visit with others of their age group in their own homes and to discuss their needs with them.

Our Subcommittee on Federal, State, and Community Services called a hearing for June 2, 1966, in Washington, D.C., to receive testimony from Medicare Alert team members and others as to needs for services which were found during the active phase of Operation Medicare Alert.¹ This report summarizes the major findings of the subcommittee based upon that hearing, and offers some recommendations for meeting the service needs which were presented to the subcommittee.

The value of this hearing was not only in the questions it answered but was also in the questions it raised. It indicates to the subcommittee a number of areas in which it should be working on a long-range basis.

¹ Hearing entitled "Needs for Services Revealed by Operation Medicare Alert." Subcommittee on Federal, State, and Community Services, Senate Special Committee on Aging, 89th Cong., 2d sess. Hereafter referred to as "hearing."

Briefly summarized, the findings and recommendations in this report are as follows:

Finding No.	Finding	Page
1	Operation Medicare Alert was a success, both from the standpoint of the numbers of the older Americans who were informed of their rights under Medicare and assisted in signing up for benefits, and also from the standpoint of the insights gained into the needs of our Nation's elderly.	3
2	Loneliness is one of the most serious problems of many older Americans visited by Medicare Alert workers.	3
3	Many older Americans visited by Medicare Alert workers need homemaker services.	4
4	Among many older Americans, there is a need to be useful and active, and Operation Medicare Alert satisfied this need with respect to the relatively few elderly individuals who had the privilege of serving in it.	5
5	One of the services needed by older Americans visited by Medicare Alert workers in home repair and home maintenance service.	6
6	One of the services needed by older Americans visited by Medicare Alert workers in senior centers.	6
7	One of the needs found by Medicare Alert workers is the need for home health services and other health assistance.	6
8	One of the needs found by Medicare Alert workers is the need for better housing arrangements.	7
9	One of the service needs found by Medicare Alert workers is the need for adult education programs.	8
10	Operation Medicare Alert demonstrated the need for services to find elderly individuals who need services which are already available in their communities and to advise them of the availability of those services and of the steps which must be taken in availing themselves of them.	9
Recommendation No.	Recommendation	Page
1	The subcommittee renews and reemphasizes its recommendation and the recommendation of its parent Committee on Aging, that legislation be enacted authorizing the establishment of a National Senior Service Corps or Talented American Senior Corps.	10
2	The subcommittee renews and reemphasizes the recommendation of the Committee on Aging that the Office of Economic Opportunity approve Project FIND or some similar program for funding under the war on poverty.	11

II. FINDINGS

Finding No. 1. Operation Medicare Alert was a success, both from the standpoint of the numbers of the elderly who were informed of their rights under medicare and who were assisted in signing up for benefits, and also from the standpoint of the insights gained into the needs of our Nation's elderly.

During the active phase of Medicare Alert, a total of 3,841,027 older persons were contacted on an individual basis, and were advised of their rights under Medicare. Of these, 18,048 were escorted to social security offices, and 55,597 were referred to antipoverty programs for assistance.

While this is a remarkable record in itself, it is not the full measure of the success of Medicare Alert. The program was also successful from the standpoint of the insights which were gained into the needs of our Nation's elderly population. This will be helpful in planning to meet those needs at all three levels of government, Federal, State, and local. The needs which were uncovered are discussed in findings 2 through 10.

Operation Medicare Alert was also successful from another standpoint. As discussed in our Finding No. 4, it met the need of the elderly to be active and useful.

Finding No. 2. Loneliness is one of the most serious problems of many older Americans visited by Medicare Alert workers.

Over and over the witnesses at our hearing reported having found loneliness while visiting for Operation Medicare Alert. In their own words:

Mrs. Lillian Allan, chairman of the Hudson City Senior Citizens Recreation Club, Jersey City, N.J.:² "Loneliness, loneliness, loneliness—this is the word which best describes what our club members came up against when they sought to locate the old people to urge them to sign up for Medicare.

"We found people hidden away in cold, lonely rooms, deserted by their children, often ignored by their neighbors. They were frightened old people—and they yearned for companionship.

"I want to tell you * * * about the sad experience of one of our club members. She found an old gentleman who was just so happy to have a visitor that he was very distressed when she had to leave to visit others. He urged her to come back to visit him. She intended to do so as soon as she could—and she explained to him that when her Medicare Alert project was over she would call again and chat with him. She said he seemed intensely lonely.

"Imagine her distress when she read a newspaper shortly after Medicare Alert ended. She was actually getting herself ready to go and visit the old man when she read in the newspaper that he had hanged himself. This is a terrible example of the effect of loneliness on the aged."

² Hearing, p. 46.

Mr. Walter Newburgher, president of the Congress of Senior Citizens of Greater New York:³ "In community after community reports came back from people who were told, 'No one has knocked on my door for 6 months.' This program helped us reach many of the loneliest of our elderly, the most needy and isolated."

Mrs. Frances Maletz:⁴ "In my experience as a team captain in the far Northwest of Washington, D.C., we found that loneliness and withdrawal among older people knew no social or economic standards. The community aids went from home to home, apartment to apartment, and reported each more beautiful than the previous one, and the loneliness of the elderly people more pathetic in each case. In the area in which I live, there is little economic poverty. But there are great pockets of poverty of the spirit, and the result is loneliness and withdrawal."

Mr. James Carbray, Whittier, Calif., quoting a Medicare Alert worker in the Hollywood area:⁵ "The worst needs I found were loneliness, medical and surgical needs, and poor living conditions."

Mr. Carbray, quoting a Medicare Alert worker in the Culver City area:⁶ "Most of the aged are lonely and want to talk to someone. I found one lady alone in her apartment crying. She said that she had no close friends in California."

Mr. Arthur Capone, Medicare Alert project director, Revere, Mass.:⁷ "The results of our house-to-house canvasses revealed loneliness, poverty, and dejection among the elderly who lived alone * * * while we are not unfamiliar with the problems of the elderly, we didn't really understand the depths of loneliness—and the widespread need for companionship which exists among older people—until our work on "Operation Medicare Alert" * * * they showed themselves as being literally starving for companionship."

Finding No. 3. Many older Americans visited by Medicare Alert workers need homemaker services.

Testimony on this need received at our June 2 hearing:

Mr. Carbray, quoting the same Medicare Alert worker in the Hollywood area:⁸ "There was a woman, age 87, living with her sick and helpless sister. They were not getting proper food due to the fact they could not go out to the store. They depended wholly on their neighbors which is a hit-and-miss arrangement."

Mr. Carbray, quoting a Medicare Alert worker in the Glendale area:⁹ "I visited a real old lady * * * When she told me her story, she was in tears. She begged me to find out if there was any way of getting someone to help her with her needs; such as helping her to take a bath or going to the store and helping her to do her cooking."

Mr. Carbray, quoting a Medicare Alert worker in the Watts area:¹⁰ "Mr. and Mrs. ——— are old. Their house is in bad condition and needs cleaning. Neither is able to manage the home."

Mr. Carbray, quoting a Medicare Alert worker in the Exposition Park area: "In my recent contacts I have come across the husband past 65 but still working. The wife will be 65 later this year. She is totally blind and needs help in cleaning the apartment."

³ Hearing, p. 50.

⁴ Hearing, p. 54.

⁵ Hearing, p. 67.

⁶ Hearing, p. 67.

⁷ Hearing, pp. 77-78.

⁸ Hearing, p. 67.

⁹ Hearing, p. 68.

¹⁰ Hearing, p. 68.

Mr. Carbray, quoting a Medicare Alert worker in the Culver City area: ¹¹ “* * * a call made in Lawndale discovered a woman living in a home with her son * * * She was obviously being neglected in personal care. Her body was covered with sores. She needed someone to clean up the dirty dishes, feed her and help her to keep clean.”

Mr. Carbray, quoting a Medicare Alert worker in the Central area: ¹² “A woman 80 years old lives with her grandchildren who work every day, leaving her alone to care for herself. She attempts to care for herself but in so doing she caught a dish towel on fire and sustained a bad burn and she ruined the carpet after turning the faucet on, letting the water overflow. The grandchildren can find no one to care for her for the small sum they can afford to pay.

“An elderly couple both are partially disabled. The wife is very heavy and can hardly get around due to trouble with her feet. The husband is very weak from several operations. They need someone to shop for them and help with the housework. One man living alone in the most unsanitary conditions, spends most of his time in bed. He doesn't have adequate personal or bed clothings. He is not physically able to clean the place and once in a while a neighbor fixes him something to eat. The most urgent needs seem to be help in the home, personal counseling, companionship and reassurance to feel it's worthwhile living.”

Mr. Carbray, quoting a Medicare Alert worker in the Watts area: ¹³ “A 95-year-old man living alone needs clothes, food, and dentures. He seems healthy. The neighbors feed him. A lady in her seventies had a stroke. She needs someone to help with her housework and shopping.”

Finding No. 4. Among many older Americans, there is a need to be useful and active, and Operation Medicare Alert satisfied this need with respect to the relatively few elderly individuals who had the privilege of serving in it.

One of our witnesses, Mrs. Fulton Hines, of Plainfield, N.J., said: ¹⁴ “* * * I feel just to give them (the elderly) more money and to tell them to stay in a backroom or just be isolated and lonely is not the solution because they have talents and they should be allowed to use them. Let them earn. Let them get out and act. They want to do that * * *. We found that for the older people working for medicare * * * hope was renewed.”

Another witness who worked in Medicare Alert, Mrs. Frances Maletz, of Washington, D.C., testified: ¹⁵

“I had always been active; I raised a family. But with my family grown, I began to recognize that some mornings I didn't want to get up. This work gave me a new lease on life. I renewed my interest in people and the community. Our people do not want this program to end. They have regained their spark and they feel the need to be a part of the community in the fullest meaning * * *. We want to feel independent and we want to feel useful.”

That service in Medicare Alert benefited the physical and psychological health of the elderly who served therein was testified by Dr. John A. Algee, who, as a physician with the District of Columbia Adult

¹¹ Hearing, p. 69.

¹² Hearing, p. 69.

¹³ Hearing, p. 70.

¹⁴ Hearing, pp. 48-49.

¹⁵ Hearing, p. 54.

Health and Geriatrics Clinic, had an opportunity to observe at close range those who served. He testified:¹⁶

"I think that as a result of some of the persons working on Medicare Alert, we were able to note that the incidence of their coming to the doctor was decreased. They were much better. They had less physical and psychological problems, so on the whole I felt that Medicare Alert to the people who I was affiliated with was a good venture, but I do feel that more moneys are needed by the community to support and bring our elderly citizens back into the mainstream of community life."

Finding No. 5. One of the services needed by older Americans visited by Medicare Alert workers is home repair and home maintenance service.

Examples of this need were cited by Mr. Carbray, as follows:

From the report of a Medicare Alert worker in the Culver City area: ¹⁷

The most crying need that I found was for help in cleaning up the dark, dirty, unaired homes of people who live alone. Yards are uncut, trash piled high, screens torn or broken. The whole place is in a state of dilapidation. These people are not well enough to do for themselves and either have no one to help or their families are neglecting them * * *. I found one lady, crippled with arthritis * * * who was cutting her own lawn when she could hardly walk on her stiff limbs * * *. She was mentally alert and took pride in her place, but she could surely use a little help.

From the report of a Medicare Alert worker in the Watts area: ¹⁸

I found this place in a terrible condition. From the outside one would think no one lived there. The windows were broken and fixed with boards. The weeds were knee high. This man needs surgical appliances * * *.

Another Medicare Alert worker in the Watts area reported: ¹⁹

A 95-year-old man living alone * * *. His house needs painting and plumbing work.

Finding No. 6. One of the services needed by older Americans visited by Medicare Alert workers is senior centers.

One of the witnesses at our hearings, Mr. Lawrence Cook, of Washington, D.C., recommended: ²⁰

Provide more recreation centers conveniently located, Senior Citizens' clubs, social centers in the churches for these people who need to be returned to the land of the living.

Director R. Sargent Shriver of the Office of Economic Opportunity, testified: ²¹

Out of the 218 reports examined to date * * * The most pressing needs appear to be in the area of health programs, neighborhood centers with friendly visitors, housing, and employment programs.

Finding No. 7. One of the needs found by Medicare Alert workers is the need for home health services and other health assistance.

An example of the need for home health services was given by one of our witnesses, Dr. Harold L. Sheppard, chairman of the OEO Advisory Committee on Programs for Older Persons and a member of the

¹⁶ Hearing, p. 56.

¹⁷ Hearing, p. 70.

¹⁸ Hearing, p. 71.

¹⁹ Hearing, p. 70.

²⁰ Hearing, p. 55.

²¹ Hearing, p. 10.

Advisory Committee on Older Americans. He quoted from the daily diary of a Medicare Alert worker as follows: ²²

Could not sign, R—— B——, was very ill * * * the county nurse came after him. Today they called the neighbors to come after him but neighbors refuse to take him back because they are unable to take care of him. His age, 87 years old.

Mr. Carbray, quoting a Medicare Alert worker in the Exposition Park area: ²³

Some of the people I contacted need medical aid, teeth, glasses * * * and help * * * One lady was sixty-nine years of age. She is a registered nurse who works nights. She takes care of her paralyzed sister * * * Eventually she intends to retire from work, but would like some help to care for her sister.

Mr. Carbray, quoting a Medicare Alert worker in the Culver City area: ²⁴ "In Redondo Beach I found an elderly woman * * *. She appeared very unhappy and was suffering from arthritis in her hands and legs * * *. There was no one to take her to see a physician."

Mr. Carbray, quoting a Medicare Alert worker in the Glendale area: ²⁵ "I met a lady who was so sick that she couldn't talk. She didn't have anybody to take care of her."

Presumably, some or most of these needs will be met more adequately now that Medicare has gone into effect. To the extent that there is still room for improvement, the Subcommittee on Health of the Special Committee on Aging has primary responsibility and jurisdiction to make findings and recommendations on health needs of the elderly. We commend to that subcommittee these findings resulting from Operation Medicare Alert.

Finding No. 8. One of the needs found by Medicare Alert workers is the need for better housing arrangements.

Mr. T. H. Lynch, Duquesne, Pa., Medicare Alert worker, testified at our hearing: ²⁶ "In the heart of one of the towns I visited a building in which two old people, a man and a woman, lived in separate apartments. There was a store on the ground floor. There was an office above it, and down the hall, which was dimly lit, these people lived. There were no fire escapes * * *.

"This building is just a firetrap and the old people would just be cremated. When that door leading to the office above the store is locked at night, that's it. The old man who lives alone uses crutches and I watched him and it took him 5 minutes to get outside to the street. This is how some elderly poor live. I visited a two-story shack which was heated by a gas space heater on the first floor. There were no vents and the fumes were so overpowering that I had to leave because I felt that I would be overcome."

Mr. Edward L. Robinson of Wyandotte, Mich., vice president of the Detroit Metropolitan Council of Senior Citizens, testified at our hearing: ²⁷ "I would like * * * to tell of the need for decent housing for thousands of low-income senior citizens living in the Detroit area. Vast areas in Detroit have been cleared under the urban renewal program. However, no low-cost housing projects have been erected on the cleared land. Instead, a number of high rise apartment build-

²² Hearing, p. 44.

²³ Hearing, p. 71.

²⁴ Hearing, p. 67.

²⁵ Hearing, p. 68.

²⁶ Hearing, p. 76.

²⁷ Hearing, p. 72.

ings occupy this land. Rents in these buildings start at \$125 and go to \$250 a month or higher, far too high for people who once lived in the cleared areas * * *. After building four freeways through Detroit, they have now started condemning property for a fifth, the Jefferson freeway, which will run right through an area largely populated by senior citizens."

Mr. Carbray quoted Medicare Alert workers in the Los Angeles area, as follows:

A Medicare Alert worker in the Glendale area:²⁸ "I visited a man 72 who lives in a house made of boards and stones."

A Medicare Alert worker in the Watts area:²⁹ "Extreme poverty is most prevalent in one area. The meager income is from either social security or the State. The housing is dilapidated. The filthy tenement dwellings are in need of many repairs. Many should be condemned as a residence. People residing there, in many cases, are disillusioned and bitter about their existence * * *. Some residential hotels for these people are in very bad condition, and are in need of inspection."

A Medicare Alert worker in the Exposition Park area:³⁰ "One gentleman, 71 years old, appeared very nervous and was living in a small house which had few conveniences. On other calls, I have noticed few utilities * * *."

Another Watts area Medicare Alert worker:³¹ "A feeble old lady lives alone in a very old house that was condemned. She received eviction notice and had no place to go. She was so nervous she was unable to fill out her Medicare card or look for another place to live."

Another Subcommittee of the Special Committee on Aging, the Subcommittee on Housing, is working on problems and opportunities of the elderly in the field of housing. We commend to the members of that subcommittee and to the members of the Housing Subcommittees of the Senate and House Banking and Currency Committees these examples of the need for prompt, effective action to make available more adequate housing for the impoverished elderly.

Finding No. 9. One of the service needs found by Medicare Alert workers is the need for adult education programs.

Mr. Carbray quoted two Medicare Alert workers who found a need for English language classes for foreign-born elderly Americans. A worker in the Culver City area commented:³² "Language barrier is the number one cause of loneliness, since it impedes communication with others."

Another worker in the Culver City area said:³³ "The most common and interesting need of the elderly of the foreign-speaking families was their need for outside of the home activities. One in particular was Japanese and had no recreational outlets because she could not speak English. She wanted to know if there was a senior citizens center where some of the persons spoke her language."

Adult education programs for the elderly could make a significant contribution toward solving the problem of loneliness in old age, which was discussed in our Finding No. 1. Not only would the group learning

²⁸ Hearing, p. 69.

²⁹ Hearing, pp. 69-70;

³⁰ Hearing, p. 70.

³¹ Hearing, p. 68.

³² Hearing, p. 67;

³³ Hearing, p. 69.

situation bring many lonely seniors together to form new friendships, it would also serve to open new windows for them on the world in which they live, and give them new interests to share with others.

Finding No. 10. Operation Medicare Alert demonstrated the need for services to find elderly individuals who need services which are already available in their communities and to advise them of the availability of those services and of the steps which must be taken in obtaining them.

Undoubtedly, many of the elderly whose needs were described in Findings 1 through 8 above live in communities which provide services to meet those needs. However, being isolated and unaware of those services, they are no better off than if the services were completely unavailable. Accordingly, even if communities do everything possible to meet the service needs outlined in these findings, there will still be a need for one additional service, that of finding the elderly who need these services and advising them how to avail themselves of them.

III. RECOMMENDATIONS

Recommendation No. 1. The subcommittee renews and re-emphasizes its recommendation and the recommendation of its parent Committee on Aging, that legislation be enacted authorizing the establishment of a National Senior Service Corps or Talented American Service Corps.

This recommendation was made by our subcommittee and the Special Committee on Aging as recommendation No. 8 of the special committee's report entitled "Services for Senior Citizens" (S. Rept. 1542), which was issued on September 11, 1964.³⁴ Since then, two types of bills have been introduced in the Senate and House of Representatives to implement that recommendation. One type is that represented by bills like S. 2877, introduced by Senator Harrison A. Williams, Jr., with the cosponsorship of Senators Kennedy of Massachusetts, Kennedy of New York, Clark, Douglas, Hart, Hartke, Neuberger, Pell, Randolph, Ribicoff, and Yarborough, to authorize a National Community Senior Service Corps.³⁵ The other type are bills like S. 3326, introduced by Senator George Smathers, with the cosponsorship of Senators Long of Missouri and Randolph to authorize a Talented American Senior Corps. A number of House bills of these types have been introduced.

The implementation of this recommendation could help meet the following needs discussed in our findings:

Finding No. 2—Loneliness.—Service corps members could serve as some of the personnel needed to conduct local programs combating loneliness among seniors, such as friendly visitors and telephone reassurance services. As described in earlier hearings of this subcommittee,³⁶ local friendly visitor services receive information concerning elderly individuals, shut-ins, and others who are lonely and need visiting, and these local voluntary organizations recruit and enlist volunteers who are willing to serve as friendly visitors, and arrange for the visits to be made. Telephone reassurance services arrange for isolated older individuals to be telephoned at set times each day to make certain they are all right. As an incidental function, they provide a human contact each day for those who are called, which can be helpful in relieving loneliness.

Service corps members can also help attack the problem of loneliness in old age by doing as those who served in Medicare Alert did: going throughout their own communities interviewing their fellow older residents to determine their needs. As was the case with Medicare Alert, they would doubtless find many isolated, lonely older persons. The names of these individuals could be referred to friendly visitor organizations and others who are in a position to help.

³⁴ P. 8, S. Rept. 1542, 88th Cong., 2d sess.

³⁵ A favorable report on S. 2877, amended, was issued by the Senate Labor and Public Welfare Committee on Oct. 13, 1966 (S. Rept. 178, 89th Cong.) The bill was passed by the Senate on Oct. 21, 1966.

³⁶ Pt. 1, hearings entitled, "Services for Senior Citizens," 88th Cong., 2d sess., Washington, D. C., Jan. 19, 1964, pp. 55-59.

Service corps members could also help meet personnel needs of senior centers and city recreation departments in their programs providing enjoyable activities to entice lonely seniors out of their isolation and back into the mainstream of society.

Finally, the service corps could solve the problem of loneliness for the older individuals who volunteer to serve, just as Medicare Alert did temporarily for many who served in it.

Finding No. 3—Homemaker services.—Service corps members could serve as homemakers in communities which do not have existing homemaker services, or could supplement the efforts of existing homemaker services.

Finding No. 4—Need to be useful and active.—Establishment of a service corps for seniors would be one of the most effective means of meeting this need, for obvious reasons.

Finding No. 5—Home repair and home maintenance.—Some of those recruited for service in the service corps would doubtless be men who have had lifelong experience in home repairs and home maintenance. There is at present a deplorable failure to utilize their talents, experience, and energies. A service corps for the elderly would put these valuable qualities to good use in meeting the home repair and maintenance needs revealed by Operation Medicare Alert.

Finding No. 6—Senior centers.—As discussed above, service corps members could help meet the personnel needs of senior centers. In addition, they could be helpful in apprising a community's seniors of the existence of centers which had been established for their benefit and of the programs carried out in them.

Finding No. 7—Health services.—Service corps members could help solve problems like those discussed in our commentary on this finding. Instead of saddling the neighbors of the 87-year-old man in the example cited by Dr. Sheppard³⁷ with his care, service corps members would be available to assist in such cases. In addition, they would presumably receive training to enable them to care more satisfactorily for such an individual than untrained neighbors, praiseworthy as the neighbors are in their willingness to help.

Finding No. 10—Finding and referral services.—Service corps workers could undertake to find isolated seniors, to determine their needs for services, and to refer them to existing community services to meet those needs. An incidental benefit of carrying out this function would be the information provided a community's leaders as to the needs of its elders, which would encourage and stimulate them to establish mechanisms for meeting needs which had not previously been met.

Recommendation No. 2—The subcommittee renews and reemphasizes the recommendation of the Committee on Aging that the Office of Economic Opportunity approve Project FIND or some similar program for funding under the war on poverty.

The primary purpose of Medicare Alert was to carry the message of Medicare to older individuals who might not otherwise hear of it and take the necessary steps to avail themselves of its benefits. Its secondary purpose was to ascertain the needs of the Nation's elderly population. There is now a need for a project having as its principal objectives: (1) searching out seniors who, being isolated and hidden

³⁷ See p. 7.

from public view, are likely to be ignored and neglected by society; (2) ascertaining their needs to guide community planners and public and private charities in efforts to plan and launch programs to meet the needs of the elderly; (3) advising such individuals of existing services and facilities to meet their needs.

In organizing for Project FIND, the Office of Economic Opportunity can make good use of the personnel and organization which served so well in Medicare Alert. As stated in the report recently issued by our parent committee entitled, "The War on Poverty As It Affects Older Americans":³⁸

"Experience gained at all levels should be helpful in avoiding mistakes and difficulties resulting from inexperience. Reports reaching the committee indicate that Medicare Alert workers have already located many seniors with problems like those they would be seeking to uncover in Project FIND. Perhaps the most significant advantage, however, would be the existence of a going concern in Medicare Alert which could be easily shifted over to Project FIND, without again going through the work, problems, and delays of building an organization from the ground up."

Of the needs discussed in our findings, above, the needs which would be most directly met by Project FIND are Finding No. 3—need to be active and useful—and Finding No. 9—need for finding the elderly who need existing services, and for advising them of the availability of those services.

Indirectly, Project FIND would make a contribution toward meeting all the needs we have discussed. It would make communities and their leaders aware of the needs of their older residents, and would stimulate them to meet those needs.

³⁸ S. Rept. 1287, 89th Cong., 2d sess., p. 21.

IV. WORK CUT OUT FOR SUBCOMMITTEE

One of the valuable results of our hearing was that it indicated service areas in which the subcommittee should be working and suggested topics for us more intensively to study and investigate. These include:

1. *Friendly visitor services.* While the subcommittee has received testimony from time to time on the value of such services in relieving the loneliness of the elderly and others, we have received no suggestions as to what, if any, action by the Federal Government, in general, or Congress, in particular, should be taken to aid the spread of organizations rendering this service, or to assist organizations which are already established to render it.

2. *Telephone reassurance services.* Again, it is not clear to the subcommittee whether there is appropriate action the Federal Government can take or should take with reference to this means of solving the problem of loneliness in old age.

3. *Homemaker services.* There is already limited Federal assistance for homemaker services. However, the subcommittee is interested in knowing whether all is being done that can be done at the Federal level to make homemaker services available to seniors and others who need such services, and, if not, what action is indicated.

4. *Senior centers.* The subcommittee has received much testimony indicating that a well-run senior center is an indispensable element in a community's efforts adequately to meet the needs of its older residents. The subcommittee needs information as to what Federal action would be most appropriate and effective to encourage the establishment of senior centers in communities where they do not exist and to enhance the effectiveness of those which are presently in operation.

There are at least three existing Federal authorizations which are meeting the need for senior centers or which are potential means of meeting that need. Some of the authorizations in the Economic Opportunity Act of 1964 are sufficiently broad to encompass the funding of senior centers, and a few projects of this type throughout the Nation have been approved for funds.

Section 703 of the Housing and Urban Development Act of 1965 authorized a program of grants to local public bodies and agencies to finance projects for neighborhood facilities. Projects may be undertaken directly by local public agencies or through nonprofit organizations approved by such local public agencies.

The other authorization which has potential value in meeting this need is the Older Americans Act of 1965. Some of the funds payable to State commissions on aging under its title III could go for senior centers if provision is made therefor in the State plan. Title IV funds could be used for research and demonstration grants to advance the frontiers of knowledge regarding senior centers. Title V grants can be used to provide the trained personnel needed to make senior centers successful.

The subcommittee hopes to have an opportunity at a later date to find out the extent to which these existing authorizations have been effective in meeting this need and what, if any, legislation at the Federal level should be enacted to support and assist senior centers.

5. *Adult education.* The subcommittee would like to find out whether present Federal authorizations for adult education are adequately meeting the needs of the elderly, whether there has been any tendency to concentrate upon young adults to the exclusion of the elderly, and whether additional legislation is needed to make available to seniors education needed by some of them to open new windows upon life and to increase their effectiveness and independence.

V. CONCLUSION

While needs revealed by Operation Medicare Alert are formidable, there are at least two effective steps which could be taken to meet those needs: Enactment by Congress of legislation authorizing establishment of a service corps for older Americans and administrative action within the Office of Economic Opportunity to approve Project FIND or some similar program for funding under the war on poverty. The information made available to the subcommittee in its hearing indicates the need for more intensive study of other interesting and promising possibilities for brightening the lives of our Nation's elderly.

As this report is being considered and issued, the Senate and House have just passed a bill³⁹ to extend and amend the Economic Opportunity Act of 1964. The bill contains amendments which would help make the war on poverty program more meaningful and helpful to the elderly. An amendment sponsored by the chairman of our subcommittee requires the President to appoint an Assistant Director of OEO to supervise all programs for and activities relating to the elderly poor under the Economic Opportunity Act, and directs the Director to study and develop programs for the elderly poor and to recommend such programs for necessary legislative and executive action. Another amendment provides procedures for assuring adequate representation for the elderly and other underrepresented groups on community action agencies.

While those amendments will help to meet the needs for services summarized in this report, additional action will also be needed to meet those needs. The subcommittee hopes this report and the hearings upon which it is based will help to stimulate the necessary action.

³⁹ H. R. 15111, 89th Cong.

