94TH CONGRESS
2d Session

SENATE

REPORT
No. 94-998

PART 2—APPENDIXES DEVELOPMENTS IN AGING: 1975 AND JANUARY–MAY 1976

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING UNITED STATES SENATE

PURSUANT TO

S. RES. 62, JULY 23, 1975

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

JULY 2 (legislative day, JULY 1), 1976.—Ordered to be printed

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[1] In the 1st session, 94th Congress, two vacancies in the Committee membership occurred with the departure from the Senate of (1) Senator Alan Bible (D–Nevada), who resigned from the Senate on December 17, 1974; and (2) Senator Edward J. Gurney (R–Florida), who resigned from the Senate on December 31, 1974. Senator Dick Clark (D–Iowa) was appointed to the Committee on January 17, 1975, and Senator Dewey F. Bartlett (R–Oklahoma) was appointed to the Committee on January 27, 1975. With the election to the Senate of Senator John A. Durkin (D–New Hampshire), the Senate party ratio changed. S. Res. 258 increased the Committee on Aging membership from 22 to 23, changing the party ratio from 13 to 9 to 14 to 9. Senator Durkin was appointed to membership on the Special Committee on Aging September 19, 1975.

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LETTER OF TRANSMITTAL

JUNE 23, 1976.

Hon. NELSON A. ROCKEFELLER,
President of the Senate,
Washington, D.C.

DEAR MR. PRESIDENT: Under authority of Senate Resolution 62, agreed to on July 26, 1975, I am submitting to you the annual report of the Senate Special Committee on Aging, "Developmens in Aging: 1975 and January–May 1976."

Publication has been delayed this year to allow some discussion of major new developments in the field of aging and to allow adequate time for review by members of the committee.

Senate Resolution 373, approved by the Senate Committee on Rules and Administration, 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 affect their lives in one way or another.

On behalf of the members of the committee and its 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.*

CONTENTS

94TH CONGRESS
2d Session
SENATE
REPORT
No. 94-998 Part 2

PART 2—APPENDIXES

DEVELOPMENTS IN AGING: 1975 AND JANUARY-MAY 1976

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Mr. CLARK (for 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., March 5, 1976.

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 second annual report of the Federal Council on the Aging. Our report also includes some of the plans which we have for 1976.

I know I express the appreciation of the Council for the good wishes and assistance which have been extended to the Council in its beginning years by you, the members and the staff of the Special Committee on Aging. We look forward to working with you all towards a better life for older Americans in the bicentennial year.

Sincerely,

BERTHA S. ADKINS, *Chairman.*

[Enclosure.]

1975 ANNUAL REPORT

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 Wel-

fare, 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 continuing basis, Federal policies regarding the aging and programs and other activities affecting the aging conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans;

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 relating 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 fifteen 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.

Nine members of the 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.

ROSTER OF MEMBERS

Federal Council on the Aging, Room 4022, Donohoe Building,
400 6th Street, S.W., Washington, D.C. 20201

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

MEMBERS OF THE COUNCIL

Bertha S. Adkins, of Oxford, Maryland, 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.

Carl Eisdorfer, M.D., Ph. D., of Seattle, Washington, Professor and Chairman, Department of Psychiatry and Behavioral Sciences, University of Washington and Past President of the Gerontological Society; Member, Institute of Medicine, National Academy of Sciences.

Charles J. Fahey, The Reverend Monsignor, of Syracuse, New York, Director of the Catholic Charities for the Roman Catholic Diocese of Syracuse and President of the American Association of Homes for the Aging.

Sharon M. Fujii, Ph. D., of Santa Monica, California, Vice President of Gerontological Planning Associates.

Frank B. Henderson, of Worthington, Pennsylvania, Director, Nutrition Services, Armstrong County Community Action Agency; Chairman, Building Committee, Board of Directors of Armstrong County Health Center.

Selden G. Hill, of Orlando, Florida. Member of the Regional Area-Wide Planning Council on Aging; Past President and Board Member, Retired Citizens' Association; has TV series for senior citizens in Orlando.

Hobart C. Jackson, of Philadelphia, Pennsylvania, 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, Maryland, former Commissioner on Aging, Legislative Consultant to the National Retired Teachers Association and the American Association of Retired Persons.

Garson Meyer, of Rochester, New York, retired executive of Eastman Kodak; President Emeritus of the National Council on the Aging; Chairman, Advisory Committee, New York State Office for the Aging; Chairman of the Board, Genesee Savings and Loan Association.

Bernard E. Nash, of Camp Springs, Maryland, 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, North Carolina, retired from the Bureau of Indian Affairs; member of the Indian Advisory Council of the United States Senate Special Committee on Aging.

Lennie-Marie P. Tolliver, of Oklahoma City, Oklahoma, Professor and Associate Director, School of Social Work, the University of Oklahoma; member, Salvation Army Senior Centers Board of Directors, Oklahoma City.

Charles J. Turrisi, of Norfolk, Virginia, retired as General Superintendent of Mails of Norfolk; legislative chairman for the Norfolk Chapters of the National Association of Retired Federal Employees and the American Association of Retired Persons.

EX-OFFICIO MEMBERS

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

1975 Overview

ANNUAL REPORTS

This second 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."

The first report of the Council was issued in March 1975, some ten months after confirmation by the Senate of nominees for this newly established body. It is our intent to issue our reports on a calendar year basis from now on thus there will be some overlap between these first two reports.

A major concern expressed by the Council in its initial report was about the level of funding for programs to assist the elderly. We stated that ". . . their urgent humanitarian needs require special attention in strategies by both the executive and legislative branches of government to offset the effects of recession and inflation."

On July 24, 1975, the President transmitted this report to the Congress indicating sympathy with this concern but with a determination ". . . to reduce the burden of inflation on our older citizens, and that effort demands that government spending be limited."

The Presidential response concluded, "The perspective and recommendations of this report are limited to a particular area of interest and advocacy. The report does not reflect the Administration's policies, which must reflect a broader range of responsibilities and priorities."

The Council respectfully submit that it has a legal responsibility to speak out in a particular area of interest and advocacy, namely the national concerns for the elderly of this nation. At the same time, the Council is cognizant that the needs of the elderly must be seen in the perspective of other groups within the population who have urgent humanitarian needs.

STUDIES OF BENEFITS AND TAXES

We believe that the intent of the Council to serve as advocate for the elderly in both a thoughtful and sensitive manner is reflected in the two Congressionally-mandated studies which were recently completed and submitted to the President. (Summaries of these studies are included in this second annual report.)

Among the recommendations that are being suggested are several which call for government aid to be directed to the poorest among the elderly and, indeed, to the poor of all ages and that this aid—be more efficiently and effectively directed to its intended beneficiaries. We hope that we have also provided sufficient data of such quality that our conclusions and recommendations will be given full and careful consideration.

FRAIL ELDERLY

This report also highlights a group among the elderly whose needs are not necessarily financial. The Council is still developing recommendations for national policies for a system of care for those whom we call the "frail elderly." These are the elderly—usually the oldest of the old—who require support from society because of an accumulation of the debilities of increasing age. We do suggest some needed national actions which will move us towards the goal of a rational system of care for the frail elderly.

Also included in the report are a number of other recommendations for action in 1976 with special sections on a Bicentennial Charter for Older Amreicans and on the needs of older women.

STATE FORMULAE STUDY

It is in order at this point to review the reception of the first Congressionally-mandated study of the Federal Council. This study on State formulae for funding programs under the Older Americans Act was duly completed and submitted on December 30, 1974 to the Commissioner on Aging, the Secretary of Health, Education and Welfare and the Committee on Labor and Public Welfare of the Senate, and the Committee on Education and Labor of the House of Representatives. In addition, the Chairman of the Council reported on the study in testimony before the respective House and Senate committees.

The Council is pleased that one of the major recommendations of the study does appear in the Older Americans Act Amendments of 1975 as finally enacted. The Council advocated an increase from $160,000 to $200,000 for the minimum allotment to each State for State administrative costs. The Council also highlighted direct funding for Older Americans Act programs to federally recognized Indian tribes and a provision to this effect has now been enacted. We would hope that the Council had some role in bringing about this needed change. However, there is no reflection in either the law or the reports on the legislative deliberations which indicate that the executive or legislative branches gave attention to the other major findings and recommendations of this Federal Council report. We would suggest that they are still significant and we would hope that further attention will be given to the Council study on State formulae for funding programs under the Older Americans Act.

Policy positions have also been taken on the following matters during 1975:

APPOINTMENT OF ADVOCATES FOR ELDERLY TO HEALTH ADVISORY BODIES

On April 30, Chairman Bertha Adkins wrote to Secretary of Health, Education, and Welfare Caspar Weinberger concerning appointments of advocates for the elderly to advisory bodies; specifically the appointment of a physician with expertise in the field of geriatrics to the National Professional Standards Review Council and the appointment of one or more persons with expert knowledge of the special health needs of the elderly to the new National Council on Health Planning and Development.

COORDINATED SOCIAL SERVICE PLANNING FOR THE ELDERLY

Following the Council meeting of May 15–16, the Chairman communicated to Secretary Weinberger the Council's interest in having regulations for Title XX of the Social Security Act specify that the State plans for social services must show close coordination with the State plan required for Title III of the Older Americans Act. Senator Frank Church was also informed of Council interest in his amendment to this effect and letters were sent to Senators Williams, Javits and Eagleton containing the Council recommendation that the provision of S. 1426 calling for these strong linkages be adopted.

Also recommended was that, whenever any human services legislation affecting the elderly is proposed which calls for planning at the State level, a requirement should be included whereby coordination with the Older Americans Act Title III State plan be mandated.

CONSTRUCTION LOANS FOR THE ELDERLY AND HANDICAPPED

On July 29, the FCA Chairman wrote members of the Senate and House Appropriations Committees for Housing and Urban Development notifying them of the Council's concern that the proposed Sec. 202 regulations for the Housing Act of 1959 on construction loans for the elderly and the handicapped did not provide to non-profit organizations adequate access to permanent financing and therefore would not meet the needs of poor and minority elderly. The Council recommended that the Conference Committee approve the Senate version of the HUD appropriation bill as it related to the implementation of Section 202. Favorable response to this recommendation was received from 18 members of the Conference Committee.

A similar letter was sent to Secretary Carla Hills of HUD. Her reply indicated her concern with the housing needs of the elderly and the prospect of a modification of the final regulations which would assist sponsors in obtaining financing under HUD's mortgage insurance programs.

FOSTER GRANDPARENTS PROGRAM

The Council's recommendation that there be no change in the basic concept of the Foster Grandparents program as a service solely for children was communicated to the Director of ACTION. This recommendation was occasioned by proposals to expand the role of Foster Grandparents to the care of the adult retarded. The Council indicated their support for expanded services to the adult retarded through other senior programs under ACTION such as Senior Companions and R.S.V.P.

The Director of ACTION replied expressing his appreciation of the support of the Council in their recommendation which coincided with the position taken by ACTION on the Foster Grandparents program.

COMMITTEE ON MENTAL HEALTH AND ILLNESS OF THE ELDERLY

As a result of Council action at its September 26–27 meeting, Chairman Adkins extended to the Secretary of Health, Education, and Welfare an offer of assistance and cooperation in the work of the Committee on Mental Health and Illness of the Elderly established under the Health Revenue Sharing and Health Services Act of 1975. In a similar vein, a letter was sent to the Senate and House Appropriations Committees recommending an appropriation for the Committee on Mental Health and Illness of the Elderly of sufficient proportion to accomplish its legislated goals.

Secretary Mathews, in his reply to the Council on October 3 indicated that HEW was moving in a positive manner to implement the legislation but that their actions were limited due to funding uncertainties ". . . at the present time." He concluded, "I am sure at the appropirate time, the Committee and its staff will take advantage of this offer."

WOMEN AND SOCIAL SECURITY

At the request of the Special Committee on Aging of the United States Senate, the Council reacted at its December meeting to the working paper on "Women and Social Security" which had been prepared by the Committee's Task Force on Women and Social Seecurity. The Council endorsed all the recommendations of the Task Force and suggested that the highest priority for change be given to those recommendations that eliminate sex discrimination.

The Council urged particular attention to the following matters:

—An age-62 computation point be made applicable for men born before 1913.
—The substantial recent current work test to qualify for disability insurance should be eliminated.
—The duration of marriage requirement should be reduced from 20 to 15 years for a divorced wife (or husband) to qualify for benefits on the basis of the spouse's earnings record, and the consecutive years requirement should be removed.
—The computation of primary benefits and wife's or husband's benefits should be adjusted to increase primary benefits for workers by approximately one-eighth and to reduce the proportion for spouses from one-half to one-third, thus, maintaining the present total benefit of one hundred and fifty percent

for a couple, and at the same time improving the protection for single workers, working couples and widows.

—The Council did not agree with adding a dependency test for women the same as the present one for men, since this action would represent a program deliberalization and is therefore regressive.

—The Council concurred with the goals of the Task Force Report and recommended further study for indexing earnings before retirement to changes in average earnings and indexing benefits after retirement to changes in prices.

—The Council recommended additional study of the Social Security problems relating to the homemaker. "We recognize the problems but question the appropriateness of using an earnings replacement system to provide benefits when no actual earnings have been lost."

—The Council also recommended further study on the special problems of older minority women and Social Security in regard to low lifetime earnings, years of uncovered employment and a lifetime expectancy that is less for women who are not from minorities.

SOCIAL SECURITY AND THE "DECOUPLING ISSUE"

At the Council's December 3–5 meeting, it was agreed that the Administration should be asked to develop an amendment to the Social Security Act to correct the "decoupling" problem. Under the present automatic benefit 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 the benefit—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.

In a letter to the President on December 23, 1975, Chairman Bertha Adkins further stated,

"While this desirable correction runs to the longer range problems of the Social Security system it has an immediate urgency. In the absence of a positive position by your Administration, the Trustees in their Annual Report will have no alternative to basing their central set of estimates to the soundness of the system on provisions of the Act as it now stands. With an Administration position calling for correction of this technical error, the Trustees would have a basis for reassuring the public of the essential strength of the program. This is especially important in view of the wave of unfounded and irrational attacks on Social Security which have emerged in recent months in the press and television. These attacks have caused unnecessary worry especially among the elderly which you, Mr. President, by taking action now, can do much to allay.

"The Federal Council's action contained one further point which the members were most anxious for me to emphasize in my communication to you. That was that this decoupling issue, an easily correctable feature of the program, should be kept separate from other changes in the program which would not enjoy the unanimity of support that it does. Any attempt, for example, to combine the decoupling issue with a proposal to reduce the long term basic wage replacement ratios would not only confuse the issue but most likely make impossible early action on the technical correction."

STUDY OF THE IMPACT OF THE TAX STRUCTURE ON THE ELDERLY

On December 29, 1975, the Council submitted to the President their study of the combined impact of all taxes on the elderly thereby fulfilling a mandate given by the Congress in the 1973 amendments to the Older Americans Act. The law further directs the President to ". . . submit to Congress, and to the Governor and legislatures of the States, the results thereof and such recommendations as he deems necessary."

The report[1] consists of a description and analysis of various taxes which impact on the elderly as well as recommendations from the Council for the

[1] Copies of the full report will be for sale from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

consideration of the President. Elizabeth T. Duskin served as consultant to the Council for this study. She carried out the research; the conclusions and recommendations which are included in the following excerpt from the report reflect formal Council action. It should be noted that approval was unanimous on the recommendations except for D–2 on property tax on which there was one dissenting vote.

The Secretary of the Department of Health, Education, and Welfare and the Commissioner on Aging are ex-officio members of the Council but they do not participate in the development of recommendations by the Council because of the fact that such recommendations are made, under the law, to them, to the President, and to the Congress.

I. OBJECTIVES OF THE STUDY

This Congressionally mandated study assesses the impact of the tax structure at the Federal and State-local levels on the income position of the population aged 65 years and older relative to the non-aged population. Philosophically, the study is not directed towards the question of adequacy of income or well-being of the elderly. Instead, with implicit recognition of the unmet needs of the elderly, two related questions are asked:

First, given that many elderly are in the unfortunate circumstances of poverty or near-poverty, is it the fault of the tax structure? The simplified answer derived from the study is, on balance, the tax system is not a significant contributor to the relatively low-income position of the elderly as a group.

Second, are specific taxes, tax preferences, and tax relief programs equitable and adequate for the job which they are intended to do? Do they shield lower income households, among which the elderly are disproportionately represented, from undue hardship and provide for a fair sharing of tax burdens? Evidence is presented that this is not always the case.

The recommendations advanced by the Federal Council on the Aging are presented in the spirit that where a goal is to be achieved, the path to be taken should be the most equitable, efficient and adequate for the intended purposes.

II. SUMMARY OF FINDINGS AND RECOMMENDATIONS

Primary emphasis of this study is directed towards the burden placed upon lower income elderly households. Since an overall view based on average measures may not clearly picture either the contribution of specific taxes to the total impact, or the burden placed on families in the lower end of the income distribution, several taxes have been selected for individual study:

—The individual income tax;
—The Social Security payroll tax;
—The sales tax;
—The property tax.

In general, the initial findings of the study are that:

—The overall effect of the tax structure appears to have no greater impact on the aged than the non-aged, subject to one qualification. If the corporate income tax and the property tax are assumed to be "progressive,"[2] then the burden on the aged population is slightly greater than that of the non-aged.

—The elderly are treated preferentially across all income levels by the Federal individual income tax and State and local individual income taxes, separately and combined. This is primarily due to the double exemption allowed and the preferential treatment of retirement income.

—The elderly as a group pay lower payroll taxes than the non-elderly, largely due to their lower rate of labor force participation.

—The elderly, on an average, spend slightly less than the non-elderly on sales taxes. This is in part due to the constraint imposed by low current incomes, and in part due to lower consumption of highly taxed items. Nevertheless, the sales tax is judged to be unduly burdensome to all lower income groups.

—Property tax liabilities disproportionately impact the current incomes of the

[2] With a *progressive* tax, the ratio of taxes to income rises as income rises; with a *regressive* tax, the fraction of income extracted is the same at all income levels.

aged relative to the non-aged; property tax burdens are also more heavily directed towards the elderly, regardless of shifting assumptions.[3]

To place these findings in an operational policy context, several distinct aspects of the tax structure and tax-related relief programs were examined to determine the effect of these elements on the distribution of income between the aged and the non-aged and among the aged. The elements examined include:

—the design of the structural provisions provided to raise revenues;
—the system of preferences, or "tax expenditures" grafted on to the basic structure, which are designed to provide financial assistance through a reduction in tax liabilities:
—related tax relief programs, outside of the tax structure itself.

Therefore, both the level of tax impact and the redistributional aspects of the tax system and its appendages are considered. A summary of the major points of the study follows:

Income Characteristics of the Elderly

More so than any other age class, the elderly are disproportionately represented at the lower end of the money income distribution. Almost 50 percent of elderly units are represented among households receiving less than $5,000 census-defined money income; aged blacks are significantly less well-off than aged whites.

It is important to note that money income is but one dimension of judging economic circumstances. Net worth is also a significant determinant, and average net worth among the elderly is greater than the average for the population as a whole. However, evidence suggests that although asset ownership is important among the elderly as a group, significant asset holdings are concentrated among a small proportion of the elderly.

The Aggregate Picture of Tax Impact: The General Population

Two major general conclusions emerge from consideration of the tax system as a whole:[4]

—The tax structure has very little effect on the relative distribution of income for almost 90 percent of all families. For this majority, the total system is proportional to income.
—Both the rich (upper three percent of the income distribution) and the poor (lower ten percent of the income distribution) pay higher effective tax rates than the large middle range—regardless of shifting of incidence assumptions. However, the conclusions regarding whether the rich pay higher rates than the poor or vice versa, is sensitive to the assumptions made about the incidence of certain taxes—particularly the corporate income and property tax.[5]

The Aggregate Picture of Tax Impact: The Elderly

Using a comprehensive definition of income, which includes both current money income plus the potential claims on income represented by asset holdings, the aged fare no worse, on average, than the non-aged. This conclusion is reached under the assumption that the corporate income tax and the property tax are "regressive," that is, they impact lower income groups more heavily than upper income groups. On the other hand, if the reverse is assumed, the elderly pay a slightly larger proportion of income in taxes than the nonelderly.

The explanation for this perhaps unexpected result is that the asset position of some elderly shows up significantly when a comprehensive measure of economic circumstances is used. This is particularly obvious when the corporate income tax—which is an indirect "wealth" tax, and the property tax—which is direct "wealth" tax, is under consideration. The elderly, on average, pay more of both these taxes; the above average amount is sufficient to outweigh the lower average payments of income, payroll, and sales taxes. This is merely a restatement of the previously noted observation: average net worth among the elderly is greater than the average for the general population.

[3] A tax *liability* is a legal obligation to pay, but the *burden*, in the first round of effects, may be shifted forward to consumers through higher prices, or backward to producers through lower profits. A tax *burden* refers to the actual reduction in real income of an individual or family; *whose* real income is reduced as determined by the shifting process.

[4] Joseph A. Pechman and Benjamin A. Okner, *Who Bears the Tax Burden?* The Brookings Institution, 1974.

[5] There is general agreement on the direction of shifting in the case of most other taxes.

Clearly, this is not the same as saying that the tax structure does not harshly impact the income position of *all* the aged. Instead, it points out that an overview of the *average* effect of the tax structure on the elderly is insufficient to determine its impact on lower income elderly. Several taxes are therefore examined individually.

The Individual Income Tax: Federal and State-Local Levels

The aged as a group are treated more favorably than the non-aged by the individual income tax, particularly at the Federal level. This is due in large part to the double exemption, the retirement income credit and the exclusion of certain forms of retirement income, such as Social Security benefits, from taxable income. These preferences, in conjunction with the low-income allowance, effectively shield low-income elderly from undue burdens from the income tax system.

However, under existing preferential provisions in the income tax structure, middle and upper-income elderly receive greater per capita benefits than lower income elderly. A substantial number of elderly, those whose income is too low to require filing a tax return, receive no benefits at all.

Recommendation A.—No further preference for the elderly should be sought via the existing individual income tax system. Cash or in-kind benefits or a negative income tax system are better suited to attaining redistributional goals.

The Payroll Tax

The elderly as a group pay lower payroll taxes than the non-elderly, largely due to their lower rate of labor force participation. For those who are subject to payroll taxes—particularly the Social Security payroll tax, suggestions to excuse post-retirement earnings from further contributions must be evaluated in the light of many complicated issues.

—How many elderly depend upon post-retirement earnings and contributions to obtain eligibility? (This may be particularly important to women who either enter the labor force later than men or have interrupted work histories.)

—How would benefit levels of workers currently past retirement age be affected in the future?

—Would benefit levels of future retirees be affected?

—How would this affect the long-term actuarial balance of the system?

—Will the method of financing Social Security be altered?

—How will payroll tax relief affect labor force participation by the elderly? By the non-elderly?

—Would selective taxation on the basis of age be constitutional?

Consideration of each of the above issues in light of the functioning of the Social Security system leads to the following observations:

—Relief from payroll taxes on post-retirement earnings on a voluntary basis would introduce an element of uncertainty to Social Security financing; hence, compulsory termination of payments at and above a specified age is preferable from the point of view of program administration.

Under compulsory termination of payroll tax obligations—

—Some small number of workers in covered employment might not obtain sufficient quarters for eligibility. This assumes that the system would continue the current practice of not counting untaxed earnings towards eligibility.

—Payroll tax relief on current (higher) wages may act to reduce benefit levels from what they might otherwise have been. Therefore, such relief may not be in the best interest of all those who voluntarily postpone benefits to remain in the labor force. This assumes that untaxed earnings are not included in benefit calculations.

—The short-run problem of a shortfall in revenues relative to benefit payout will be aggravated.

—Relief would act to raise taxes, taxable income ceilings, and possibly reduce benefits of future retirees.

—In a slack labor market, providing an incentive for the elderly to participate in the labor force may displace younger workers, so that no net gain to the economy would result.

Therefore, it is not clear that relief from payroll tax obligations on post-retirement age earnings would be beneficial to all elderly, to the Social Security program or to the nation.

Further study should be directed towards comparisons of the costs to the system and the fairness to participants under various options—

1. The payroll tax is *terminated* on post-retirement age earnings
   —credit is given on such untaxed earnings towards eligibility and benefit payments;
   —no credit is given for untaxed earnings;
   —no credit is given on untaxed earnings but an actuarial increase in benefit levels is included to compensate for the shorter period of benefit collection.
2. The payroll tax on post-retirement age earnings is *continued*
   —both post-retirement earnings and an actuarial increase in benefit levels to compensate for the shorter period of benefit collection are included in benefit calculations.

Within each of these options, it is important to know who among the employed elderly will benefit most. Additionally, options should be studied within the larger context of the impact of the payroll tax on lower income workers of all ages.

Recommendation B.—Action to relieve the elderly worker of the payroll tax should be deferred: further study should be directed towards alternative means of relieving the burden of the payroll tax on all lower income earners, taking into account the impact on the elderly worker and the costs to the system.

The Sales Tax

The elderly as a group are more lightly burdened by the sales tax than the non-elderly. This is in part due to the constraint of low incomes and in part to lower consumption of highly taxed commodities such as liquor, tobacco, gasoline and automobiles. Nevertheless, *the sales tax does adversely affect the ability of all lower income groups, among which the elderly are disproportionately represented, to purchase the basic essentials of living.*

The alternatives to the inherently regressive sales tax at the State-local level are (1) increasing reliance on State income taxes, and (2) reducing the regressivity of State and local sales taxes. These options, however, present their own difficulties to the fiscal structure of States.

In the case of income tax—

—Higher marginal tax rates are required by income taxes to collect the same amount of revenue as broad based sales tax, thus providing an incentive for out-migration of higher income residents.

—Revenues from a graduated income tax are less stable than sales tax revenue. They automatically increase during prosperous times, but automatically decrease during economic declines when demands for public assistance and unemployment compensation rise.

The widespread adoption of the individual income tax at the State level (as of 1972 six States did not have an income tax) operates against the possibility of significant out-migration of high-income residents, but the problem of the instability of this source of revenue remains.

The difficulties present in reducing the regressivity of the sales tax by exempting basic essentials such as food and drugs include loss of substantial revenues and poor targeting of benefits since both needy and non-needy households consume exempted items.

Since the sales tax is a relatively stable source of revenue, among other features which may be attractive to burdened State and local governments, elimination of this fertile revenue source is probably not feasible under present circumstances.

Recommendation C–1.—The Federal Council on the Aging recommends that encouragement should be given to States to place greater reliance on the income tax rather than the sales tax.

Steps which might be taken by the Federal government to encourage States to move in this direction include the following:

—Disallow deductibility of State and local sales taxes in calculating Federal liabilities. This would deny States a subsidy and provide an incentive to decrease reliance on sales taxes.

—Accompany the above action by using the revenue gains to the Federal government to provide a *credit* based on State income tax liabilities with a maximum ceiling per household which declines as income rises. This would provide an incentive to States to increase reliance on the personal income tax.

—The Federal government could institute a program of countercyclical[6] revenue sharing. This could take the form of a revision of current general revenue sharing.

—Because of its very important relationship to the matter of the stability of States' fiscal structure, careful consideration should be given to the federalization of responsibility for such home maintenance and related programs as Aid for Dependent Children, Medicaid and Unemployment Compensation. Further inquiry is required to determine the most desirable form of Federalized provision and the consequent net costs, considering the potential offsets of current outlays.

Independent of Federal action, States could reduce the regressivity of the sales tax in the following manner:

Recommendation C–2.—A credit or rebate against State and local taxes targeted at lower income households, including both sales and property taxes, should be considered as a replacement for existing "circuit-breaker" and homestead exemption programs. Such a credit or rebate should gradually diminish as income rises. Consideration should be given to provision of rebates to family units whose State income tax liability is less than the amount of credit entitlement. Equity requires that both the aged and non-aged be included.

The Property Tax

The unpopularity of the property tax rests on the belief that the tax is regressive, administered unevenly and particularly burdensome to older people with low incomes. Property tax relief at the State and local levels, particularly for the elderly, has increased significantly in recent years. Federal intervention in property tax relief is a current issue.

Alternative propositions are examined in this study with the conclusion that property tax liabilities are a burden to lower income aged—as well as to all lower income persons but property tax relief in existing forms is inequitable and an inefficient means of attacking the underlying problem of current income inadequacy.

Neither the claim that the property tax is regressive nor that it is progressive can be resolved due to lack of data availability and hence, empirical support. If the proper concept of "income" (average income over five years or more) is employed in measuring property tax burdens, however, the tax appears to be roughly proportional to income.

Evidence further supports the view that property tax *liabilities* do impact the elderly disproportionately in terms of *current income;* property tax *burdens* have a disproportionate impact on the elderly regardless of whether the tax is viewed as regressive or progressive.

However, current forms of property tax relief are not consistent with any existing theory of property tax burdens, but are analogous to "backdoor" income maintenance or housing allowance programs. As such, they are seriously flawed.

As long as property tax liabilities enter into the calculations, greater benefits from such programs go to those with greater net worth within any income class; this is not consistent with equity considerations. Other inequities exist which violate the principle of ability-to-pay, the equal treatment of households in similar circumstances (horizontal equity), and the notion that households in greater need should receive greater benefits (vertical equity). Attempts to correct the "unfair" program elements result in unfortunate trade-offs—either other inequities result or the programs may become administratively complex and unwieldy or excessively costly.

In any case, average annual benefits ($143 for circuit-breakers; $173 for homestead exemptions) are not sufficient to merit a program with this degree of complexity.

When property tax relief programs are considered as housing allowances or income maintenance programs, it is less clear why one particular cost of housing

[6] "Cyclical" refers to recurring periods of economic prosperity and recession; countercyclical programs are intended to act as offsets to recession and inflation, in turn.

has been singled out for relief. In fact, property tax relief does not require that benefits, i.e., funds that are freed for other uses, be spent in any particular manner. Hence, income maintenance, which provides assistance to those deemed needy and deserving, to purchasing adequate housing or other basic essentials may be a more direct, efficient and equitable form of relief from undue burdens for the elderly poor as well as other lower income groups.

If the popular acceptance of State and local property tax relief programs rests on the basis that it helps in reforming the regressive tax structures at the State and local level, then why exclude other more obviously regressive taxes such as the sales tax? Presently, New Mexico does include all State and local taxes in its Low Income Tax Credit (LITC). Although the political acceptability of property tax relief is a reasonable rationale for the continuing existence of present programs in the short-run, the unique effort of New Mexico should be considered as a more equitable alternative to States in the future.

Recommendation D–1.—A credit or rebate against State and local taxes targeted at lower income households, including both property and sales taxes, should be considered as a replacement for existing "circuit-breaker" and homestead exemption programs. Such a credit or rebate should gradually diminish as income rises. Consideration should be given to provision of rebates to family units whose State income tax liability is less than the amount of credit entitlement. Equity requires that both the aged and non-aged be included. (This was also presented in the context of the sales tax as Recommendation C–2.)

Recommendation D–2.—At the national level, adequate income maintenance or housing allowances to all lower income households is a preferred vehicle for Federal aid. Therefore, Federal intervention is *not* recommended in the form of property tax relief assistance, since—in addition to the poorly focused benefits of existing programs—Federal action in this area would encourage States to change their tax structure to gain maximum Federal dollars and, therefore, to *increase* reliance on the property tax.

Study of the Interrelationships of Benefit Programs

On December 29, 1975, the Council submitted to the President their 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 Council contracted with the Urban Institute on June 25, 1975 to carry out the study under contract #HEW–100–75–0120. The conclusions and recommendations (a summary of which follows), while based upon the findings of the Urban Institute study, reflect the formal unanimous action of the Federal Council on the Aging.[7] The Staff of the Human Resources and Income Security Project of the Institute compiled the supporting data for this activity which is contained in the three appendices described briefly as follows:

Appendix I.—Handbook of Federal Programs Benefiting Older Americans presents each of 34 programs in a consistent framework based primarily upon common program elements, such as mode of financing, eligibility criteria, benefit formulae, magnitude of program cost and number of beneficiaries.

Appendix II.—Programs for Older Americans in Four States: A Case Study of Federal, State, and Local Benefit Programs reports on visits to four States for the purpose of identifying and describing benefit programs for the elderly which would be illustrative, although not necessarily statistically representative of State-level activities nationwide.

Appendix III.—The Combined Impact of Selected Benefit Programs on Older Americans: A TRIM Analysis focuses on the interrelationships among selected benefit programs for the elderly and attempts to measure the level and extent of these interrelationships. It contains the results of the computer simulation model utilized for the analysis.

I. PHILOSOPHY AND SCOPE OF WORK

Over the past 15 years government expenditures on social welfare programs have increased dramatically. Much of this growth has been due to increased par-

[7] The main report and its appendices may be purchased individually or together from the Superintendent of Documents, Government Printing Office, Washington, D.C.

ticipation in and the expansion of coverage of the public assistance programs enacted in the 1930s. Equally important, however, has been growth resulting from the creation of new programs. While new programs have most often been established in response to a real need, very little concern has been shown for the relationships among programs. Not only is each individual program complex, but each programs specific provisions are often unique, even though its goals might be similar to those of another program. This has led to administrative complexity and expense, and confusion among the potential recipients. Indeed, in some cases there has been great divergence between planned and actual impact. The situation has been made even more complicated and confusing by the tangled mix of benefits, which now include cash, food, housing, and medical care, as well as a long list of services. Different kinds of benefits flow from different programs.

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 is 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. Having surveyed Federal programs nationwide and State programs in four States, and after analyzing the interaction of the major Federal programs affecting the elderly (via the Transfer Income Model [8] and other analysis), we have now developed a set of recommendations which would mitigate or eliminate the most serious problems arising from the complex of overlapping programs for older Americans.

Our recommendations flow largely from the nationwide study since the State studies were limited to four States. TRIM analysis has demonstrated that in 1975 approximately 22 percent of older Americans will receive assistance from at least one of the three income-conditioned programs—SSI, Food Stamps and Medicaid. Of these beneficiaries, 49 percent are estimated to participate in only one program, 34 percent in two programs and 17 percent in all three programs. The most significant overlap is between SSI and Medicaid with 41 percent of the recipient units receiving assistance from both. The Food Stamp/Medicaid overlap affects 26 percent of the recipient units while the Food Stamp/SSI overlap involves only 18 percent. Thus, considerable overlap exists between programs. Over 50 percent of the participants, nearly 3.5 million units, receive benefits from 2 or more programs, and all of these units are likely at some time to be affected by program interactions.

We have, therefore, limited the scope of our work to the existing framework of programs. In particular, we have not attempted to design a new set of programs to provide income and services for the elderly. The set of recommendations given here is far more modest.

We have made no effort to address the issue of what constitutes a fair share of the national income for the elderly. Wherever possible, the recommendations made in this report are intended to be neutral with respect to this issue. In no case have we made a recommendation whose sole purpose was to increase or decrease the fraction of national income going to the aged population. Whenever accurate data were available either from outside sources or from analysis performed by the Urban Institute, we have made estimates of costs associated with our recommendations.

Our underlying philosophy has been to make recommendations which would move our society towards 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.

The issue of racial and other discrimination in administration of benefit programs was beyond the scope of this study. This is not to say that there is no racial discrimination in the provision of benefits to the elderly. Indeed, the Federal Council is continually concerned with examining Federal programs to assure equity for all older Americans.

Our recommendations fall into five broad areas.

First, we consider the implications of the ways in which some programs count income received from other programs. Some programs reduce their benefit as

[8] See "The Combined Impact of Selected Benefit Programs of Older Americans," Appendix III for a description of the Transfer Income Model.

benefits from other programs increase. While the principle underlying this benefit reduction is sound, it can lead to (1) the failure to pass through cost-of-living adjustments, and (2) high cumulative benefit reduction rates on earnings and other non-transfer income. In some cases (the State supplements to the Supplemental Security Income (SSI) program), this may have been intentional. However, where the benefit reduction rules have led to inequity, we have recommended changes in the rules.

Second, we consider the income tests used in the program for older Americans with low incomes. Currently some of the tests (1) do not always take into account changes in the cost of living, (2) vary substantially (even in their definition of income) from program to program and (3) do not always phase out benefits smoothly as income increases. In some programs, the standard income test is waived entirely if a person is already receiving benefits from another program. We recommend changes which would at least partially remove inequities caused by the income tests currently used.

Third, we consider the asset tests in most programs for older Americans with low incomes. Currently the tests (1) do not phase out benefits smoothly as assets increase, (2) treat homeowners and renters differently, (3) may discriminate against the elderly versus the nonelderly and (4) vary substantially (both in the treatment and definition of assets) from program to program. We recommend study of changes which would at least partially remove the inequities caused by the asset tests currently used.

Fourth, we note that several programs have low rates of participation. This leads to a situation where some persons are getting benefits, while other similarly situated persons are not. We recommend study of changes which should bring about increased participation and, thus, diminish the degree of inequality.

Fifth, we consider administration and program evaluation. Currently, the application process for the needs-tested programs is spread across several agencies. We recommend consideration of consolidating this process. In addition, we recommend that a study be undertaken to consider the larger issue of what an ideal set of programs for the elderly should be.

II. RECOMMENDATIONS

A. Reduction in Benefits in One Program Resulting from Increasing Benefits in Another

Introduction

Many of the programs which provide income for older Americans reduce their level of support as the individual's income from other sources increases. Usually benefits are reduced by less than a dollar for every dollar of income from other sources. There are even cases where benefits are reduced by more than one dollar when income from other sources rises by one dollar. Benefits must be reduced as income rises if the program is to be restricted to the low-income group. However, high rates of benefit reduction discourage a person from helping himself.

Cancelling Out Cost of Living Increases

During periods of price stability, the level of benefits received by participants from all programs would remain the same—barring a change in the laws or a change in individual circumstances. During periods of price inflation, however, the total benefits of some recipients rise at the same rate as the Consumer Price Index (CPI), while the total benefits of other recipients do not increase at all. The latter happens to all persons who receive benefits from two or more programs, one of which does not automatically increase its benefit levels and, in addition, reduces its benefits by one dollar for every dollar of benefits received from other programs which *are* indexed to the CPI.

One important example of this situation is the relationship between SSI State supplements, on the one hand, and the Federal SSI payments and Social Security retirement benefits on the other. The SSI State supplements are not as a rule increased at the same rate as the CPI. Furthermore, SSI Federal payments and Social Security payments are considered to be part of countable income. The result is that as long as the individual is entitled to a supplement, that supplement will be reduced by the amount of his SSI Federal payment and Social Security income is increased (except for the few states where the supplements themselves are indexed). In other words, every additional dollar the Federal government gives to the recipient to compensate him for the increase in the cost of living is taken away by the State government.

Recommendation 1.—We recommend that mandatory SSI State supplements remain unchanged when benefits from Federal social insurance and needs-tested programs (including SSI and Social Security) are increased due to increases in the cost of living.

If mandatory SSI payments had not been reduced due to cost-of-living adjustments in the Federal SSI program, the total cost of mandatory SSI payments would be at most $150 million per year greater in 1975 than it is without them. Over time, annual costs of this change will rise as the amount of inflation experienced since the program's inception rises. However, by the year 2000 the annual cost of this change will have fallen to near zero since the mandatory supplemental payments are made only to persons receiving payments from the State-administered Old Age Assistance programs before SSI began.

High Cumulative Rates of Benefit Reduction

High cumulative rates of benefit reduction can occur when two programs simultaneously reduce their benefits as a third source of income increases. A further complication occurs if one of the two programs reduces its benefits as benefits from the other program increases. This study has found that this occurs when a person is receiving Social Security and a Veteran's Pension for a Non-service-connected Disability.

High benefit reduction rates discourage the elderly from working to support themselves. Benefit reduction rates which exceed 100 percent actually punish persons who work to help themselves.

Recommendation 2.—We recommend that the President direct the Veterans Administration to study the problem of the high benefit reduction rates caused by simultaneous receipt of benefits from Pensions for Veterans with Non-service-connected Disabilities and other Federal programs (particularly Social Security payments) because in our findings there appears to be an inequity.

Whatever changes are made, the benefit schedule should be modified in such a way as to keep total costs of the program the same as they are now.

B. Income Tests

Adjusting for Changes in the Cost of Living

Many of the transfer programs for the elderly do not adjust their allowable levels of income or their benefit levels for changes in the cost of living. Since benefit levels usually depend upon the level of countable income (with benefits eventually reaching zero when countable income reaches a certain point), these two problems can be considered together.

If benefits and allowable levels of income are fully adjusted for changes in the cost of living, the real level of income being paid to recipients remains constant regardless of what is happening in the rest of the economy. However, if benefits and allowable levels of income are not adjusted for changes in the cost of living, all recipients will experience a decline in their real level of income during periods of inflation, and some recipients will lose eligibility altogether.

Recommendation 3.—We recommend that the income standards, benefit schedules, income disregards, allowable asset levels, and exclusions from assets of the SSI, Food Stamps, Medicaid, Pensions for Veterans with Non-service-connected Disabilities, and Pensions for Widows and Children of Veterans programs be increased at the same rate as the cost of living.

Programs providing particular types of goods or services rather than money should use the increase in the price of goods or services they provide rather than the overall Consumer Price Index. According to the Transfer Income Model, SSI would cost about 2 percent more (an increase of about $72 million) in 1976 of the amount of earned and unearned income which is not counted by SSI for purposes of the income test had been increased at the same rate as the cost of living since the program's inception. The cost of Pensions for Veterans with Non-service-connected Disabilities and Pensions for Widows and Children of Veterans programs would probably be *less* in 1975 if automatic adjustments for the cost of living were made. This is because legislated changes in the benefit schedules have exceeded changes in the cost of living.

The increased cost of Food Stamps resulting from the proposed change was not calculated, but we estimate the percentage increase to be about the same as for SSI—namely about 2 percent in 1976.

Because of the diversity of Medicaid rules, we have been unable to estimate the increased cost resulting from the recommendation. Since Medicaid income standards are not generally increased at the same rate as the cost of living currently, the percentage increase in costs would probably exceed 2 percent.

To adjust allowable levels of assets, ideally one would use a price deflator particular to the type of asset being deflated. For example, the $25,000 limit on owner-occupied housing in SSI would be increased by the same percentage as a housing price index (preferably an index specific to the area where the person lived although currently separate indexes do not exist for all areas). However, in the interests of simplicity the Consumer Price Index (CPI) would probably suffice. According to our analysis, if the SSI homeowner exemption had been increased at the same rate as the overall cost of living, total benefits paid out by the Federal SSI program would have increased in 1975 by about 1.6 percent (approximately a $58 million increase). Although we have not calculated the increase in costs resulting from similar changes in the other benefit programs, the percentage increase in costs should be roughly the same.

Uniformity in Definition of Income

Uniformity Across Programs.—An additional problem with income tests of the low-income programs is the lack of uniformity of the definition of countable income for purposes of the income test. This lack of uniformity complicates the application process and, in addition, results in persons in similar economic circumstances but receiving benefits from different programs being treated differently.

The philosophical justification for exclusions is that certain expenditures of income (e.g., food, medical expenses, educational expenses) are essential or highly desirable and should, therefore, not be included as part of countable income. Since the programs were designed by different Congressional committees at different times under different Administrations, it is not surprising that the lists of exclusions are not identical nor defined in the same way.

However, the widely varying rules have created a very confusing and complex situation from the standpoint of administration. While we recognize that some heterogeneity among the programs may be necessary, we feel that all of the programs should be viewed together and that adjustments in definitions of countable income be made to achieve greater uniformity wherever possible. One promising way to deal with this problem is to allow a "standard deduction" from income in lieu of a set of particular exclusions. This approach is being recommended in currently pending legislation to alter the Food Stamp program.

Recommendation 4.—In order to reduce complexity as well as improve equity, we recommend that what is included in countable income and allowable exclusions be made more uniform across the income-conditioned programs.

Links in Eligibility Between Programs

Another problem with the income tests occurs because in certain cases with Medicaid and Food Stamps the program's income standards are entirely ignored in establishing eligibility. In most States, receipt of SSI payments result in automatic eligibility for Medicaid. In all States, receipt of SSI payments result in eligibility for Food Stamps if all members of the household are eligible for SSI. This means that a person whose income is comprised of earned income and Social Security benefits might fail to qualify for Medicaid or Food Stamps. While a person with equal total income comprised of SSI and earned income would qualify for both programs.

If the link between Medicaid and SSI were broken, one consequence would be a dramatic increase in lack of uniformity among the States of eligibility criteria for Medicaid. This is because the States have a great deal of leeway in establishing eligibility for Medicaid for persons who are not receiving benefits from SSI or the Aid to Families with Dependent Children (AFDC) program. The result would be a large decline in persons eligible for Medicaid. In order to prevent this from happening while, at the same time, treating persons similarly who are in similar economic circumstances, uniform national income standards could be established to determine eligibility for Medicaid. However, the costs, changes in caseloads, and distribution of benefits of taking this step are not known.

Recommendation 5.—We, therefore, recommend that the Department of Health, Education, and Welfare study the advisability of breaking the eligibility link between SSI, on the one hand, and Food Stamps and Medicaid on the other; the administrative complications of breaking these links; and—in relation

to such removal of links—the advisability of establishing uniform national standards for determining eligibility for Medicaid.

Smoothing the Phascout of Benefits

In all means-tested programs there are income tests which result in all benefits being cut off if income rises above some level. In some cases, notably the Federal SSI program, benefits decline smoothly as income rises. In other programs, including Medicaid, Food Stamps, Pensions for Veterans with Non-service-connected Disabilities, Pensions for Widows and Children of Veterans, Low Rent Public Housing and the Rent Supplement programs, a benefit ranging from a few dollars up to hundreds of dollars per year can be cut off if income increases by a small amount (in some cases even by one dollar). Changing benefit schedules slightly can smooth the phaseout of benefits.

C. Asset Tests

How Programs Treat Assets and the Resulting Inequities

Several programs which help older Americans, including SSI. Medicaid, Food Stamps, Pensions for Veterans with Non-service-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 and 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 (in theory even one dollar) can result in loss of eligibility for a program yielding sizable benefits. For example, an individual with $1,500 worth of stocks and bonds and no other assets would be eligible for SSI provided he met all the other tests, while an individual with $1,501 worth of stocks and bonds and no other assets would be ineligible even though his income might be the same or lower than the first individual's income. Second, because there is usually an exception 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 non-aging 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. Finally, definitions of countable assets vary among the programs, leading to inconsistencies and complexities among the programs.

As long as there is a limit to total assets there will be an abrupt cessation of benefits as assets rise in value, and, as long as certain types of assets are excluded, persons in similar economic circumstances will be treated differently.

Reducing the Inequities of Asset Tests

In all of the above cases applying a cost-of-living adjustment to the asset limitation would keep constant over time the relationship between real asset levels and benefit levels. This was recommended as part of Recommendation 3 (above).

While this recommendation would prevent persons from creeping across asset limits with no change in real asset holdings, it would not address the more fundamental problems caused by the absolute limit to assets and the exclusions, as well as the unfair treatment of the elderly *vis a vis* the remainder of the population.

FCA Action 1.—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.

In carrying out this study, the Federal Council on the Aging will draw upon existing analyses and data and work closely with concerned Federal departments and agencies.

D. Participation of Eligibles

Programs for the elderly can be grouped under three broad categories: retirement programs (including Social Security), other entitlement programs which are categorical in nature (e.g. one must have low income, or be disabled, or be a veteran to qualify), and programs which have closed-ended funding and thus must ration their benefits to less than the number eligible. In the latter two groups of

programs, the issue of participation arises.[9] Consider first the entitlement programs which have categorical eligibility requirements. These include SSI, Food Stamps, Pensions for Veterans with Non-service-connected Disabilities, Pensions for Widows and Children of Veterans, Medicare and Medicaid. All have open-ended funding, and those who qualify are legally entitled to benefits. Yet a large number of eligible older Americans do not receive benefits from some of these programs. The two most outstanding cases are the SSI and Food Stamp programs.

When SSI was implemented in January 1974, DHEW estimated that about 3.8 million non-institutionalized units (families or single individuals) age 65 or over would be eligible for Federal benefits. However, about half this number actually received SSI benefits in the first six months of operation (January-June, 1974). Our analysis using the TRIM model suggests that there will be about a 65 percent participation rate (ratio of recipients to eligibles) in 1975.[10] A large number of older low-income people who are eligible for SSI are not receiving benefits.

Estimates of participation in the Food Stamp program by eligible households have ranged from 30 to 60 percent, though there is evidence that some of the non-participants are eligible for only short periods of time during any given year.

With the exception of Medicare, there is little information on the participation rates in the other entitlement programs.

For entitlement programs, we hold the view that all families or individuals eligible for benefits from programs with open-ended funding should have the *opportunity* to receive those benefits.

Information

There is a need to know not only how many eligibles do not participate in these entitlement programs, but who they are and why they don't participate. One would like to know how participation rates are related to: (1) knowledge of programs; (2) attitudes towards programs; and (3) availability of the program.

All of these types of Federal programs are State or locally administered, and in many cases there are insufficient data at the national level to know who among the eligibles apply for the services and, among those that apply, who receive benefits. In other words, we do not have sufficient data to construct profiles of those receiving services, those on waiting lists, and those who for one reason or another do not apply at all. Lack of such information also limits the ability to determine how many of these recipients participate in other programs, and therefore does not allow an assessment of the magnitude of the problems, if any, of deleterious program interactions.

Recommendation 6.—We recommend that the Administration on Aging conduct a study to determine the magnitude and the distribution (by age, sex, education, income, race, health status, size of community, urban versus rural, region) of (a) eligibles, (b) participants, and (c) eligible nonparticipants for all of the Federal income-conditioned benefit and service programs for the elderly; and to determine the reasons for nonparticipation of those who are eligible.

This study should build upon the work which has already been done in this area. However, it should pay particular attention to programs which have not already been studied.

Outreach

There is a need for a careful evaluation of a wide variety of outreach methods. Relative effectiveness can best be measured in a controlled experiment, and such an experiment could explore the effectiveness of utilizing existing institutions as well as alternative methods of outreach (e.g. radio, TV, mail, personal contact by peers, personal contact by agency personnel).

[9] There is a set of issues which might be broadly regarded as participation issues involving retirement programs for older Americans, such as vested rights, the relationships of contributions to benefits, and whether everyone who is entitled to benefits actually receives them. However, the scope of this section will be limited to the more common concept of participation, that being in the other types of programs available to the elderly.

[10] This figure is not directly comparable to the former because it is for 1975. Also, the CPS does not provide the value of owner-occupied homes, a critical factor in the number eligible for SSI (persons with homes valued in excess of $25,000 are ineligible for SSI payments). We therefore used the 1970 Census Public Use Sample, which has information on the value of owner-occupied homes, to make adjustments to the number of eligibles calculated from the CPS.

Recommendation 7.—We recommend that the Administration on Aging conduct a series of controlled experiments to test the relative effectiveness of various methods of outreach, by social-economic-demographic subgroups of the population.

As with the receding recommendation, this study should build on existing information wherever possible.

It is essential that the study address the issue of the effectiveness of alternative methods of outreach for minority groups and for various age cohorts of the elderly (e.g., different methods for persons who are 85 than for persons who are 65).

Finally, the study should focus on attitudinal issues. No outreach effort will work effectively unless the climate of the agency is perceived by the elderly to be encouraging and sympathetic.

E. Administration and Program Assessment

Central Determination of Eligibility and Benefits

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 Non-service-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,[11] 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-conditional 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.

Recommendation 8.—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.

[11] Social Security and SSI are administered by the same office, and, in most States. Medicaid and Food Stamps are administered by one agency.

Reassessment of Programs for the Elderly

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 or 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 (i.e., 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 (e.g. 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 (e.g. 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, etc., 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 eleven Federal and federally-subsidized State benefit programs,[12] 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 monies 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.

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.

Bicentennial Charter for Older Americans

Upon the request of the Commissioner on Aging, the Federal Council has prepared a revision of the Senior Citizens Charter developed by the 1961 White House Conference on Aging. In developing this new Charter, the Council has drawn on many resources including the objectives of the 1965 Older Americans Act. Dr. Flemming has further asked the Federal Council to transmit this statement to the President so that it might be incorporated in a Presidential proclamation during the Bicentennial Year of 1976.

It is the Commissioner's hope that this new statement, which we are calling the "Bicentennial Charter for Older Americans," will be considered at forums of older persons organized by Advisory Committees to the Area Agencies on Aging in order (1) to determine progress or lack of progress at the Federal, State and local levels in implementing the Charter's goals, and (2) to recommend specific action programs at Federal, State and local levels in both the public and private sectors, designed to accelerate the implementation of both the rights and responsibilities contained in the Charter.

These action recommendations are to flow from local to State and then to the Federal Council on the Aging. The Council hopes that at the time of our next annual report, we shall be able to close the bicentennial year with a set of recommendations which will focus on needed national actions to enhance the lives of all older Americans.

[12] These include Medicaid, SSI, Food Stamps, four different housing programs and four separate programs for veterans.

The Federal Council on the Aging, therefore, requests that the President promulgate the following Bicentennial Charter for Older Americans in 1976:

Bicentennial Charter for Older Americans

Two hundred years ago, a new nation was founded based on the self-evident truths that all men—and women are created equal and that they are endowed by their Creator with certain inalienable rights. A Constitution was set forth for governance of these new United States of America with the goal of forming a more perfect union, establishing justice, insuring domestic tranquility, providing for the common defense, promoting the general welfare, and securing the blessings of liberty to ourselves and our posterity.

In the two hundredth year of this nation's existence, it is good and well that we call special attention to a group of citizens which literally did not exist at the time of our Revolution. The approximate life span in 1776 was 32 years. In 1976, it is projected to be 71 years and we now have a virtual "generation" of older Americans whose roles, contributions, rights and responsibilities need to be given particular attention at this time in our history.

Americans of all ages have the ultimate responsibility to be or become self-reliant, to care for their families, to aid their neighbors and to plan prudently for their old age. Older persons have the responsibility to make available to the community the benefits of their experience and knowledge. Society—be it through the institutions of the public or the private sector—has the responsibility to assist citizens to be prepared for their later years as well as to assist directly so many of the very old who for one reason or another cannot cope with the burden of increasing physical, mental, social and environmental debilities.

There follow certain basic human rights for older Americans based on the "laws of nature and of nature's God" as set forth in the founding documents of this nation some two hundred years ago.

I. THE RIGHT TO FREEDOM, INDEPENDENCE AND THE FREE EXERCISE OF INDIVIDUAL INITIATIVE

This should encompass not only opportunities and resources for personnel planning and managing one's life style but support systems for maximum growth and contributions by older persons to their community.

II. THE RIGHT TO AN INCOME IN RETIREMENT WHICH WOULD PROVIDE AN ADEQUATE STANDARD OF LIVING

Such income must be sufficiently adequate to assure maintenance of mental and physical activities which delay deterioration and maximize individual potential for self-help and support. This right should be assured regardless of employment capability.

III. THE RIGHT TO AN OPPORTUNITY FOR EMPLOYMENT FREE FROM DISCRIMINATORY PRACTICES BECAUSE OF AGE

Such employment when desired should not exploit individuals because of age and should permit utilization of talents, skills and experience of older persons for the good of self and community. Compensation should be based on the prevailing wage scales of the community for comparable work.

IV. THE RIGHT TO AN OPPORTUNITY TO PARTICIPATE IN THE WIDEST RANGE OF MEANINGFUL CIVIC, EDUCATIONAL, RECREATIONAL AND CULTURAL ACTIVITIES

The varying interests and needs of older Americans require programs and activities sensitive to their rich and diverse heritage. There should be opportunities for involvement with persons of all ages in programs which are affordable and accessible.

V. THE RIGHT TO SUITABLE HOUSING

The widest choices of living arrangements should be available, designed and located with reference to special needs at costs which older persons can afford.

VI. THE RIGHT TO THE BEST LEVEL OF PHYSICAL AND MENTAL HEALTH SERVICES NEEDED

Such services should include the latest knowledge and techniques science can make available without regard to economic status.

VII. THE RIGHT TO READY ACCESS TO EFFECTIVE SOCIAL SERVICES

These services should enhance independence and well-being, yet provide protection and care as needed.

VIII. THE RIGHT TO APPROPRIATE INSTITUTIONAL CARE WHEN REQUIRED

Care should provide full restorative services in a safe environment. This care should also promote and protect the dignity and rights of the individual along with family and community ties.

IX. THE RIGHT TO A LIFE AND DEATH WITH DIGNITY

Regardless of age, society must assure individual citizens of the protection of their constitutional rights and opportunities for self respect, respect and acceptance from others, a sense of enrichment and contribution, and freedom from dependency. Dignity in dying includes the right of the individual to permit or deny the use of extraordinary life support systems.

* * * * * * *

We pledge the resources of this nation to the ensuring of these rights for all older Americans regardless of race, color, creed, age, sex or national origin, with the caution that the complexities of our society be monitored to assure that the fulfillment of one right does not nullify the benefits received as the result of another entitlement. We further dedicate the technology and human skill of this nation so that later life will be marked in liberty with the realization of the pursuit of happiness.

National Policy for the Frail Elderly

In its first annual report, the Federal Council on the Aging identified as a priority concern, that group among the elderly who with advancing age are beset with increasing physical, emotional, social, economic and environmental debilities. Many need almost daily—but not 24-hour-aid, to enable them to cope with the world around them. While no one age group among the elderly is necessarily frail, we note that the dependency creating elements are more likely to occur among the older of the old.

While some elderly do enjoy the support of families or neighbors, many are isolated in contemporary circumstances. As past generations revered and cared for their elders, so too does the array of new national, State and local government and voluntary programs show increasing concern for the aged. In the aggregate, the programs do not match the total need. But then, there has not been an examination of the various caring and supporting programs to determine which are most effective at reaching the subgroups among the elderly most in need of services.

In essence, the Federal Council on the Aging is saying that the "frail elderly" should receive a first priority on services and that a thoughtful process should be undertaken to determine the "floor" or "basic core" of such social services. This process should include a review of these premises, the definition of the target group, and an assessment of the effectiveness and cost of services of varying packaging and levels.

During this past year, the Council has consulted with leading scholars, government officials—both past and present—as well as leaders from practice and consumer groups in the field of aging to identify the national policy issues in developing a system to meet the unique combination of needs of this growing segment of the aging population.

These deliberations, including an invitational seminar with some of these leaders and a roundtable at the annual meeting of the Gerontological Society, have been useful in building a base of knowledge. But there is still much more thinking and testing that must be done at a national level before we can be assured that every frail older American will have available the kind of loving and long-term care that many families could provide in less complex and urbanized society.

The "frail elderly" is a working "term of art." It does not imply that all elderly are frail. As a matter of fact, the modifier "frail" was to indicate that this was a subgroup within the elderly. (There is indeed a group of "frail" persons under sixty-five who are beyond our purview).

ENTITLEMENT AT A CERTAIN AGE

There are problems with using age, particularly when subgroups such as minorities are considered, but the age seventy-five is being studied by the Council to determine if correlations with other indicators are sufficient to utilize it as a threshold for entitlement to a set of specifically defined services and as the population for public policy purposes.

SEVERAL CARE SYSTEMS IMPACT FRAIL ELDERLY

Many of the frail elderly need and are receiving aid for their acute and episodic medical conditions from this nation's health care system. There is need for increased home health services as part of recuperation from such medical incidents. But the Federal Council feels that the American health care system cannot deal with the *chronic* conditions of an increasing number of the elderly population. They need ongoing and less structured social care arrangements and the Council is reluctant to add these essentially social services to the health care system. Effective application of sophisticated medical technology requires precisely defined and costly treatment methods and highly skilled and compensated practitioners. The health care system is not designed—nor should it be the Federal Council believes—to deliver the long-term social supports needed by the frail elderly to enable them to cope with everyday living, to say nothing of negotiating the various programs available in the community for them.

We appreciate the flexibility of the nation's emerging community mental health system and the new interest in the elderly on the part of National Institute of Mental Health. But many of the mental frailties of our target group of elderly are going to require ongoing support primarily of a social, environmental nature which do not gibe with the major treatment goals of psychiatry. Then, too, there is the stigma of being labeled mentally ill when it is the world around you that cannot adjust to your being a "normal" eighty year old person.

Existing public social services are not amenable to a focus on the frail elderly. These services are characterized by eligibility linked to income and assets while a system of social intervention and support is needed by many older persons who are not impoverished. The availability and level of public social services is highly discretionary on the part of State and local government. Channeling aid to the frail elderly on a universal basis would require radical restructuring.

The Council lauds the valuable "laundry lists" of services which have been developed in a number of recent research and demonstration efforts by the gerontological community under projects designed with such goals as "alternatives to institutionalization." They range from day care to mobile medical vans to telephone reassurance. Hopefully, the day will come when many of these admirable services will be more widely available—perhaps with some Federal funding, perhaps with the involvement of State and local government and certainly within this country's long history of private philanthropy.

BASIC CORE OF SOCIAL SERVICES NEEDED

However, at this time, the Council postulates that there is a *basic core* of supportive social services which are needed by many persons within the "frail elderly" categorization. The following services should be available to all frail elderly as an entitlement, regardless of their ability to pay:

1. A professional psycho-social-environmental assessment.
2. A skilled person to assist in securing the services and benefits to which an older person is entitled and who would arrange for and supervise appropriate personal care from a "significant other." This person could be considered a broker, case manager or an individual advocate.
3. The provision of the physical presence of a "significant other" to assist in simply daily coping. This would be a non-professional and perhaps even a relative or friend of the older person.

This entitlement to the assessment, case management and "significant other" would serve as a floor of services which, while not sufficient in and of itself to solve all the problems of the elderly, could spell the difference in the instance of many elderly between a life that is basically satisfying and one that is not; between living in a community-based housing arrangement and institutionalization.

PLANNED FEDERAL COUNCIL ACTIONS

The Federal Council will continue its Task Force on the Frail Elderly in 1976. During this year, the Council will move forward in its exploration of national policy issues concerning the frail elderly, particularly in these areas:

1. The notion of "frailty" and the relationship of "frailty" with age.
2. Models of social intervention including the scope of services; the sponsorship and the systemic implications; and the cost factors of creating such services as an entitlement and the various schemes of co-insurance, deductibles, as well as the overall philosophy of payment.
3. The relationship of these services to such other programs as subsidized housing, multi-generational social services, aged-only social services, health care, transportation and income maintenance.

It is the intention of the Federal Council to present these concepts to a variety of academicians, practitioners, policy makers and consumer groups so that the concepts might either be verified, modified, or perhaps discarded as being impractical or too costly. The products of these efforts will be continually communicated to the executive and legislative branches for appropriate implementation such as new experimentation or new laws.

Preliminary discussions with these experts and concerned citizens support the Council's priority on the "frail elderly" and on this method of developing national policy for them. Such an approach is felt to be timely because human services resources are becoming ever more precious. Hopefully, a number of persons served by such a system would be maintained in dignity in their own homes without the need of premature and costly institutionalization. Philosophically, the desired goal of normalcy would be furthered.

These efforts of the Federal Council will, at the very minimum, introduce fresh and potentially very important concepts into the public policy debate in such a way as to be amenable to rational treatment both in legislation and administration.

RECOMMENDATIONS TO THE ADMINISTRATION AND CONGRESS

Finally, the Council calls upon the executive and legislative branches of government to give priority to the frail elderly in the following ways:

1. The Federal Council on the Aging urges the President to assign to the Domestic Council and its Committee on Aging responsibility for coordinating efforts of at least the Departments of Health, Education, and Welfare, Housing and Urban Development and Transportation towards the goal of a social support system for the frail elderly. This effort should begin by identifying the interrelationships between the social and health care services available under HEW auspices with such non-HEW activities as the housing programs of HUD and the ever-growing transportation services of DOT.
2. The Federal Council recognizes the value of considering the elderly within policy studies of the long term care needs of the disabled and chronically ill of all ages. We urge the continuation and extension of such activities within HEW.
3. The Council urges priority emphasis and appropriate funding, over a three-year period, for such research, demonstration and evaluation efforts as required to develop viable legislative and administrative proposals for the care of this population based on the feasibility of working models. There should be full funding of existing research and demonstration authorities in such laws as the Older Americans Act, the Social Security Act, and the Health Planning and Health Revenue Sharing Act. However, additional funding would be needed during this period of time and should be made available. We would want to see an essential difference in future efforts, namely, that there be coordination of plans for these research efforts, full evaluation methods and elimination of projects of such limited scope that usable data for this national policy effort would not be produced.

The Federal Council will serve in an advisory capacity to these efforts in addition to the monitoring role already set forth in the Council's very establishment by the Congress.

FOCUS ON OLDER WOMEN—INTERNATIONAL WOMEN'S YEAR

The Federal Council on the Aging is charged with advising the executive and legislative branches of government on matters relating to older American women and men. But in observance of International Women's Year, the Council has tried

to draw national attention to the particular concern and problems of older women.

The Council's main effort was a hearing on September 28, 1975 in Washington, D.C. on "National Policy Concerns for Older Women" held in conjunction with the annual meeting of the National Council on the Aging. Over three hundred persons heard some twenty leaders from national aging organizations and the women's movement testify to the special problems of older women. Highlights of their testimony will be contained in a publication which will be issued by the Council in early 1976 and given wide distribution. The testimony will be further analyzed for future Council action.

1975 was marked as International Women's Year in declarations issued by the United Nations, the President of the United States and many governors and mayors. This year of women has been spent in efforts to promote equality between men and women, integrate women into the total social and economic development efforts of nations and recognize women's increasing contribution to strengthening world peace.

A World Plan of Action was adopted by the United Nations sponsored World Conference of the International Women's Year which was held in Mexico City from June 19 to July 2. The World Plan of Action provides a set of guidelines and timetables for action to improve the status of women throughout the world. Its purpose is to stimulate national and international action to help solve the problems of underdevelopment and existing socioeconomic conditions that place women in an inferior position.

Many of these recommendations were developed in the context of the needs of and opportunities for the young and middle-aged woman. Even though we are the Federal Council on the *Aging*, we urge the United States government to work vigorously to achieve the goals set forth in the World Plan in such areas of education, employment, and parity in the exercise of civil rights. These efforts can prevent the problems faced by so many of today's older women who are the victims of past discrimination.

It is incumbent upon the United States of America to assume leadership among the developed nations to address the phenomenon of a sizable elderly population. The IWY World Plan of Action gives but fleeting specific reference to older women in its 206 sections. Number 157 states:

> Special attention should also be given to the needs of elderly women who frequently receive less protection and assistance than men. They predominate numerically in the age group of 50 years and over, and many are indigent and in need of special care.

This hardly describes the dimensions of the situation. The elderly are becoming an increasing proportion of the American population because of major changes in fertility, mortality and immigration. The age and sex composition on the elderly has changed dramatically since 1900 with females benefiting more than males in greater life expectancy during the 20th century. For females, the average length of life increased from 48 years in 1900 to 75 years in 1973, an increase of 56 percent; for males, the increase was from 46 to 68 years, only 46 percent. Between 1900 and 1974, the percentage of the U.S. population aged 65+ more than doubled (4.1% in 1900 to 10.3% in 1974) while the number increased sevenfold (from 3 million to 22 million).

In looking towards the future, highly significant projections have been developed regarding women over the age of 75. They constituted only one-tenth of the elderly population in 1900 and one-sixth in 1974 but they will be one-fifth of the elderly in the year 2000. There are presently 169 women per 100 men in the 75+ group.[13]

The Federal Council on the Aging has a particular interest in this predominantly female segment of the aging population. Many persons over the age of 75 are apt to be frail and require continuing intervention by society in their daily lives. The Federal Council on the Aging has been developing policy recommendations for the frail elderly as a priority concern and during 1976 hopes to bring to national debate and attention some of the key policy issues which must be resolved in order to meet the physical, social, economical, psychological and environmental needs of so many in this population.

During 1975, the Federal Council gave strong support of the work of the United States Commission for International Women's Year and encouraged their special interests in older women. In a statement on December 29th to a meeting of

[13] Statistics cited were developed by the Administration on Aging: *Facts About Older Americans, 1975, Statistical Memo No. 31.* DHEW Publication No. (OHD) 75-20013, May 1975 and by Herman B. Brotman, Consulting Gerontologist.

the Committee on the Special Problems of Women of the U.S. Commission, FCA Chairman Bertha Adkins indicated her pleasure with the continuation of IWY concerns into 1976. She said that the Council looked forward to participating in these activities to assure a focus on older women.

Miss Adkins explained the interest of the Council in the problems of the elderly, especially the frail elderly. But she also stressed the positive aspects of aging.

> Growing old presents certain problems, it is true. But there are compensations as well. There is a freedom to speak and act without the inhibitions of youth that brings a pleasure in becoming a "character." There are tax benefits, reduced fares for transportation, opportunities for continuing in education. There are opportunities for making new friends in community centers with a variety of activities to stimulate one's interest in life.

Miss Adkins explained how older people with training could well provide services to the frail elderly to enable them to remain in their homes instead of going into institutions. *"This activity will enable them to earn some additional income as well as benefit from the psychological awareness of being needed. All of us need to remember—We make a living by what we get. We make a life by what we give."*

Personnel Needs in the Field of Aging

The Older Americans Act directs the Federal Council to assist the Commissioner on Aging in appraising the nation's existing and future personnel needs in the field of aging and the adequacy of efforts to meet these needs. The Council has established a standing Committee on Research and Manpower in the Field of Aging to give leadership to such Council efforts. Among the pertinent activities undertaken under Council auspices during 1975 are the following:

1. Reviewed and made suggestions to the Commissioner on Aging on a report on "Manpower Needs in the Field of Aging: The Nursing Home Industry" which had been prepared by the Department of Labor for the Administration on Aging.
2. Approved plans for a hearing on manpower needs for services to the "frail elderly" to be held in early 1976 in Washington. Policymakers will be asked to testify on personnel needed to serve this target group. Statements will be requested from relevant organizations. The testimony and statements will be analyzed to present recommendations on national policy for manpower needs of the frail elderly to the Council.
3. Will assist the Commissioner with projected hearings on social services manpower needs in the field of aging.
4. Offered assistance to the new HEW Committee on Mental Health and Illness of the Elderly in studying manpower needs in mental health services for the elderly.

1976 Agenda

Other sections of this report deal with a number of national policy and program matters affecting the elderly to which the Federal Council on the Aging will be giving continuing attention during the coming year. We shall want to give attention to the implementation of the recommendations that were included in our recently completed studies on benefits and taxes. We look forward to reviewing the response of the President to these studies and our annual report.

We shall begin in the immediate future our study on the treatment of personal assets of the elderly in the determination of eligibility for various government benefits and services. The Council will continue its priority concern for the frail elderly.

But there are a number of other matters which the Council has identified as being of serious impact on the elderly and deserving of the attention of a body which is to advise the executive and legislative branches of government. This list will increase as the year progresses but, at this time the following are issues that will receive major attention of the Council. Included are certain recommendations which we hereby commend to the attention of the President and the Congress.

Funding of Programs Affecting the Elderly

In its concern that the elderly have an adequate income capable of withstanding the effects of inflation, we urge the President and the Congress to consider the special needs of the elderly—so many of whom are poor—as funding levels are set for programs of substantial benefit to older Americans.

SUBSIDIZED HOUSING FOR THE ELDERLY

Far too many older people today are living in housing that is substandard, difficult to maintain, too expensive, or not designed for their age and condition. The Federal Council urges a continuing and expanded Federal role in improving the living arrangements of the elderly. Of particular importance, at this time, is the most effective use of the $375 million appropriation for the program of Construction Loans for Housing for the Elderly and Handicapped pursuant to Section 202 of the Housing Act of 1959 as amended by the Housing and Community Development Act of 1974. Coupled with the Section 8 program providing housing assistance payments, there is the opportunity for beginning to meet the severe housing needs of older Americans.

The Council will monitor the implementation of these programs to evaluate their impact and benefit to the elderly. In addition, the Council will work towards the assurance of access to this housing for poor and minority older persons.

ADMINISTRATION OF SUPPLEMENTAL SECURITY INCOME PROGRAM

The Council supports those efforts of the Social Security Administration and the Congress for improvement of the administration of the Supplemental Security Income program. In addition, we hope that these activities might be aided by the findings and recommendations contained in the benefits and tax studies recently completed by the Council.

AGING RESEARCH PLAN

The Federal Council on the Aging has had early involvement on the part of members and staff in the development of the aging research plan which is mandated by the Research in Aging Act. The Council's committee on Research and Manpower in Aging will review the plan and draft a position for the Council's consideration. The Council has a continuing interest in the implementation of the plan.

MENTAL HEALTH NEEDS OF THE ELDERLY

The Council has communicated to the Secretary of Health, Education, and Welfare, its offer of support for the Committee on Mental Health and Illness of the Elderly which was established under provisions of the Health Revenue Sharing and Health Services Act. The Council also supports the provisions of such monies as are required for this advisory body to carry out its functions. We trust that the Committee will be granted at least a period of one year after it takes office in which to complete its assignments.

REIMBURSEMENTS FOR NURSING HOME CARE

The Federal Council strongly supports high standards of safety and care in nursing homes and recognizes that such standards can only be implemented and maintained if there is full reimbursement to providers on a reasonable cost related basis.

On July 1, 1976, amendments to the Social Security Act passed by Congress in 1972 (P.L. 92–603) become effective requiring States participating in Medicaid to reimburse skilled nursing and intermediate care facility services on a reasonable cost-related basis.

State plans to carry out the new requirements of the law are to be sent to the Department of Health, Education, and Welfare in early 1976. The Council will monitor the State plan review process in HEW to assure that the intent of Congress is carried out which would link costs reasonably incurred for providing quality care to reimbursement rates. The Council will also evaluate the impact this legislation has on generally improving nursing home care.

NATIONAL HEALTH INSURANCE AND LONG-TERM CARE

The Federal Council on the Aging is watching with great interest the National Health Insurance debate. The recommendations of the 1971 White House Conference on Aging continue to have validity and can serve as criteria against which the various proposals should be judged.

We have particular concern about the area of long term care. While disclosures during 1975 continue to raise questions as to the adequacy and quality

of long term care in the United States, there is little indication from current legislative proposals that a coherent national policy of long term care will evolve under the framework of a national health insurance scheme. Yet, there is no group in our country more at risk and more in need of a rationalized, accessible system, than those with chronic health problems.

Federal Council deliberations regarding the frail elderly give rise to the conviction that for many of the "old-old" a complementary but separate system of social intervention is a necessary and more appropriate and economical strategy than providing essentially social services through a health care system.

Activities under the auspices of the Federal Council on the Aging are underway to test the validity of this approach and are described in greater detail in another section of the annual report.

VIABILITY OF AREA AGENCY ON AGING CONCEPT

The 1973 amendments to the Older Americans Act established the area agency on aging as a new concept for providing a focal point at the community level for planning and coordinating services to the elderly. During this coming year, the results of various evaluation efforts as well as a solid body of experience will be available with which to make some determination of the validity of the basic philosophical concepts behind the area agency on aging. The Council will review these findings and determine if recommendations are in order to the executive and/or legislative branches.

RELATIONSHIP BETWEEN TITLE XX OF THE SOCIAL SECURITY ACT AND TITLES III AND VII OF THE OLDER AMERICANS ACT

The resolution of the controversy over the use of the group means test in social service programs for the elderly funded under Title XX of the Social Security Act is of great concern to the Council. We would hope that such a determination of eligibility could be continued. However, the Council recognizes that there are broader issues regarding the very use of the means test for social services for the elderly which must also be addressed. Obviously, the use of the means test in the Social Security Act and not in the Older Americans Act for some of the same kinds of programs reaching the same kinds of older persons must also be examined and will be by the Council. This effort will also be related to the broader endeavors of the Council contained in its study of benefit programs whereby all benefit and service programs for the elderly will be examined with a goal of elimination of overlapping and confusing programs.

REVIEW OF PRIVATE PENSION PLANS

In this coming year, the Council will examine the effectiveness of private pension plans in contributing towards the economic security of the elderly. A part of this review will involve an assessment of the first years of experience with the provisions of the Employees Retired Income Security Act (ERISA) with respect to its effect on improving the retirement income of present and future retirees.

COUNCIL STEWARDSHIP

The Council strives to carry out the spirit and the letter of the various Federal laws which affect its operation, particularly 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.

Accordingly, the Council held the four quarterly meetings called for by the Older Americans Act on March 13–15, May 15–16, September 26–27 and December 3–5. 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 aging 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 docu-

ments relevant to Council official action are maintained in the office of the FCA Secretariat and are available for public inspection and copying.

The Council was received by President Gerald R. Ford at the White House on May 16 as part of the observance of Older Americans month. Miss Adkins summarized the current major activities of the Council for the President. He expressed particular interest in the Council's study of the interrelationships of benefit programs. He noted that his Cabinet-level Domestic Council was continually surveying existing programs to assess their merit and that the Council's efforts could lead to recommendations for improving programs for older Americans. The President reiterated that he did not consider the Council as "window dressing" and that its recommendations would get high-level attention.

Council members received briefings during the year on legislation and issues affecting the elderly from a number of Federal officials including the Commissioner on Aging and the Commissioner of the Social Security Administration, the Director of Income Security Policy—DHEW, and representatives of the National Institute on Aging and the Department of Labor.

COUNCIL SUB-UNITS

In order to expedite the work of the Council and the most effective use of the quarterly meetings, members participate in a range of other activities both individually and in groups. There are three standing committees. Each met twice during 1975.

The Committee on Senior Services headed by John Martin had as its major responsibility during 1975 the liaison and supervision of the study on the interrelationships of benefit programs. Nelson Cruikshank is the chairman of the Committee on the Economics of Aging to which was assigned the conduct of the study on the impact of taxes on the elderly.

Dr. Carl Eisdorfer serves as chairman of the Committee on Research and Manpower in the Field of Aging. He thereby is an ex-officio member of the advisory body to the National Institute on Aging. This provides liaison for the Council not only to this new Federal agency but also to the national aging research plan which the NIA has been asked to prepare for the Secretary of HEW.

To launch the Council's identification of the frail elderly as a priority concern, a seminar was held on March 14, 1975. Nationally known experts were invited to share their thinking with Council members. Out of this process it was decided to establish a task force to provide a focus for the Council's work in this area. Monsignor Charles Fahey was named chairman of the Task Force on the Frail Elderly by Miss Adkins.

This task force met in April in Washington and in October at Louisville, Kentucky during the annual meeting of the Gerontological Society. Taking advantage of the gathering of leading gerontologists, the task force members conducted a roundtable discussion on "Developing National Policy for the Frail Elderly." Over forty persons participated.

The Chairman appointed an ad hoc committee on the Bicentennial Charter on Older Americans, chaired by Garson Meyer, to review the statement of rights and obligations of older persons which was adopted by the delegates to the White House Conference on Aging in 1961. This committee met on November 11 to draft the Bicentennial Charter for Older Americans which is conveyed in this annual report to the President.

On September 28, the Council held a hearing on "National Policy Concerns for Older Women" to mark the observance of International Women's Year. Chairman Bertha Adkins chaired the panel which heard the views of some twenty invited leaders from national aging organizations and the women's movement testify to the special problems of older women. In addition to Council members Garson Meyer, Dorothy Devereux, Lennie-Marie Tolliver and Sharon Fujii, the hearing panel included Margaret Long Arnold representing the U.S. Commission for International Women's Year and Patricia S. Lindh, Special Assistant to the President. The Council plans to issue a publication with the highlights of the hearing early in 1976.

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 Chair-

man participated in a number of activities. Miss Adkins' major appearances included:

—Testimony before the Select Subcommittee on Education of the House and Labor Committee, January 31, 1975, on extension of the Older Americans Act.
—Testimony before the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare, April 23, 1975 on extension of the Older Americans Act.
—Address before the Sixth International Congress in Social Gerontology, Paris, France June 2, 1975 on "The Relationship of the Federal Government to the Older American."
—Received National Retired Teachers Association/American Association of Retired Persons award for outstanding contributions in service to her community by helping the elderly, the disabled or poor; and by raising public consciousness about such issues. October 1, 1975.
—Keynote Speaker—"Quality of Life for the Aging Seminar" University of Tulsa—Tulsa County Medical Association, Tulsa, Oklahoma December 11, 1975.
—Keynote Speaker—"Federal Perspectives on the Aged" Governor's Committee on Aging, Austin, Texas December 12, 1975.

STAFF SUPPORT

According to provisions of the Older Americans Act, the Secretary of the Department of Health, Education, and Welfare and the Commissioner 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 four professional persons—one of whom is a re-employed Federal annuitant, an administrative aide and a secretary. FCA staff attend 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 Congressionally mandated studies, the preparation of the Bicentennial Charter for Older Americans and the publication of the hearing on older women. The FCA budget for FY 1976 of $500,000 is provided as part of the AoA appropriation. The President's FY 1977 budget proposes the same level of funding as the previous year.

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

FEBRUARY 9, 1976.

DEAR MR. CHAIRMAN: In response to your letter of December 30, 1975, to Secretary Earl Butz, enclosed is a summary of major activities on aging by the Department during 1975. Plans for activities in 1976 are stated in the summary.

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

Sincerely,

JOSEPH R. WRIGHT, Jr.
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 36 percent of our Nation's 20.6 million older citizens lived outside standard metropolitan statistical areas in 1974. About two-thirds who reside in nonmetro areas live in counties with a town or city of 2,500 to 25,000 people. In addition, many mid-American farm belt States have a relatively high concentration of people 65-plus years old. The following studies were completed or underway during the calendar year 1975.

THE AGED BENEFIT FROM NUTRITION PROGRAM

This study examined the possible benefits associated with participation by older people in a nutrition program funded under title VII of the Older Americans Act of 1965. The selected nutrition program was at a rural site in Scott County, Ark., and had been in operation 1.5 years as of July 1, 1975. While the results are based on a small sample, the researchers feel that, due to direct corroborating evidence in their experiences, the findings are relevant elsewhere in the State.

Fifty participants in the nutrition program and an equal number of nonparticipants were interviewed. The major finding was that hospitalized participants averaged 10 nights of hospitalization during the year ending July 1, 1975, compared with an average of 28 nights for hospitalized nonparticipants. At $130 per night (average cost for medicare patients), the difference in hospitalization costs for the two groups amounted to $40,300. The estimated annual cost of the title VII nutrition program in Scott County was $39,000. Thus, participation in the nutrition program was associated with reductions in hospital expenses sufficient to offset the cost of the program. This result suggests that the nutrition program may substitute, in the long run, for higher cost hospital care thereby improving well-being and reducing the demand for hospitalization.

THE EFFECTS OF WIDOWHOOD

Loss of a spouse has a substantial social and economic impact upon the survivor according to 100 Arkansans that had been widowed between 9 and 36

months. All were 60 years of age or over, and half were males. Although the inferences from this study reflect the views of the sample population, these feelings are experienced generally.

"Loneliness" at meal time was a major problem for most (67 percent) of the widowed respondents. Only 41 of the 100 felt they had made the necessary adjustment regarding meal planning and preparation. Others were having difficulty cooking for "just one person." Females tended to adjust by sharing the cooking with relatives, while men tended to eat in restaurants. Over half of the respondents were experiencing chronic health problems; 85 percent had consulted a physician during the past year, and 21 percent had been hospitalized, partly because of inadequate diets.

Nearly one-third of the respondents had an annual income under $2,400. Over half (24 men and 29 women) had experienced income decreases with loss of spouse. In addition, loss of spouse placed a heavy financial burden on the survivor. Twenty-seven percent of the respondents indicated that the deceased spouse required between 1 and 4 months of hospitalization prior to death. Among those requiring hospitalization, 10 percent required over 2 years care.

In adjusting to loss of spouse, the men felt (69 percent) that community-sponsored services, such as meals-on-wheels, were most useful. Whereas, women (69 percent) considered emotional support as being quite useful in making necessary adjustments. Among other community services, financial aid was listed as being useful by 44 percent of the women and 27 percent of the men.

A major implication from this study is that elderly persons who lose a spouse need economic and social assistance in making necessary adjustments. This also suggests the kinds of services that are needed in meeting emotional, nutritional, social, and economic needs for adjustment.

PILOT STUDY OF NONMETRO ELDERLY

A pilot survey of elderly persons in Powell County, Ky., was completed during August 1975. Powell is a nonmetropolitan county located in the Appalachian Area of eastern Kentucky. Data were collected from 398 households containing one or more persons 60 years of age and over. Inferences that result from this study will reflect the situation of the sample population and will not necessarily represent situations elsewhere in the State or Nation.

Information collected includes basic demographic data on household—person characteristics and data regarding housing, health conditions, activities, work experience, transportation problems, community service needs, income, and assets. Researchers will explore how problems differ among older people, analyze factors contributing to problems, and examine how well available services alleviate identified basic needs. In addition, researchers will evaluate how effective the survey technique was for analyzing problems associated with aging and whether this procedure provides sufficient basic information necessary for policy formation and program management.

NORTHERN NEW ENGLAND NONMETRO ELDERLY

Data from a regional project, "Community Services for Nonmetropolitan People in the Northeast," will be used to develop a report on elderly households in northern New England. This study will focus on that segment of the northern New England nonmetro population 60 years of age and over with independent living arrangements including persons living alone, couple living alone, and elderly individuals and couples who have someone else living with them. In all cases, an elderly person was reported as head of household. Excluded are the institutionalized elderly and elderly persons living in a household in which the head was under 60 years of age. The initial phase of the analysis will examine household composition, economic and labor force status, housing characteristics, and use of and satisfaction with selected community facilities and services.

IMPROVED HOUSING FOR THE RURAL AGED

The quality of housing occupied by the aged has not improved as rapidly as that occupied by the younger households. For example, 32 percent of the substandard housing in the United States was occupied by households whose heads were over 65 years of age in 1970 as compared with 24 percent in 1960. About half of the poorly housed aged are located in rural areas. Lack of progress in

improving housing for the aged may be due to a variety of factors such as location, tenure, household composition, and income distribution. An ERS study is underway to determine what factors are affecting the quality of housing occupied by the aged in rural areas and the types of programs which may be most effective in helping the aged improve their housing conditions.

RESEARCH PLANS, 1976

In addition to completing the above reports, new studies will be undertaken to determine alternative structures for providing services to meet the needs of the nonmetro aged.

EXTENSION SERVICE

Extension State specialists, State program leaders, county home economists, and 4–H agents are continuing to provide educational programs for older Americans. They are continuing to interpret the needs of this segment of the population to the volunteer community. As a result volunteers are providing services that are helping the elderly remain in their own homes. Educational programs in 1975 emphasized consumer information, energy conservation, nutrition and community services available. A random sample of programs and results are given below.

A. HOME ECONOMICS

Texas reports the following accomplishments:

—18 counties, in cooperation with area agencies on aging have set up information and referral centers for the elderly;
—3 senior centers opened with local volunteer support;
—12 counties provide volunteer telephone reassurance and/or visiting to 340 seniors;
—28 counties sponsored fairs or bazaars at which 2,500 seniors exhibited and received awards, ribbons, and $11,275 from sales;
—1,150 seniors received arts and craft instructions for pleasure, hobby development and source of income;
—158 seniors gained skills, consumer information and saved money through clothing construction workshops and fashion shows;
—5,380 seniors benefited from foods and nutrition information including use of food stamps, buying, energy-saving preparation and food preservation;
—3,162 seniors received free blood pressure checks at a saving of an estimated $15,810;
—500 seniors received educational information on arthritis;
—731 seniors received diabetes planning assistance and/or tests;
—350 seniors tested for glaucoma at savings of $4,024 with 35 referrals made in one county;
—600 seniors received health information on exercise, respiratory diseases, heart and vascular diseases, cancer, eye diseases, food quackery;
—1,500 seniors assisted with resource management information, i.e., wills, consumer information, insurance, estate planning;
—235 seniors provided mini-garden and lawn care information;
—350 seniors provided vegetable gardening information;
—16 committees have assisted in developing bus transportation routes to best serve the elderly population;
—10 counties sponsored local and long distance tours for seniors;
—258 seniors honored for civic contributions in 57 counties with an attendance of 13,279;
—these accomplishments were supported by 51 television programs, 921 news releases, 461 radio programs plus numerous recreational activities at many retirement centers and nursing homes.

South Carolina Extension Service, State Commission on Aging and the Department of Recreation and Park Administration, Clemson University sponsored the fifth annual "college week for senior citizens" at Clemson. A preregistered attendance of 600 people made it necessary to offer the program for 2 weeks. Numerous educational and cultural experiences were included in curriculum.

North Carolina Extension Service and several other agencies sponsored the sixth annual "senior citizens week" at Lake Junaluska. During the week, 1,497 older Americans participated in the education and crafts classes. Home econo-

mists in 100 counties and on the Cherokee Indian Reservation are focusing on older Americans as a target audience in 1976. State staff members have conducted inservice training and have developed appropriate publications for this emphasis.

Virginia's Bland County Extension homemaker clubs studied "Methods To Cheer Shut-ins," with primary emphasis devoted to the elderly shut-ins. Leaders in groups conducted the programs in respective areas. As a result of the program four groups have initiated service projects such as a cheer basket for a shut-in and biweekly services to a Wytheville nursing home where patient visiting, letter writing, or reading to patients takes place. Another group is getting books from the bookmobile for community shut-ins.

Extension agents in Bedford provided organizational assistance to a group of older people to form a senior citizen group. This group has grown to 40 persons, meets monthly, and is involved in special interest and other activities.

Thirty-nine leaders in Amherst County representing all geographic areas and socio-economic levels—young adults and older citizens—were trained in problems of the aging and programs that might offer possible solutions. A skit on "choices to make" conducted by Family Service of Central Virginia presented misconceptions of the aging. Programs such as telephone contact, RSVP, Green Thumb, meals-on-wheels, and others were discussed.

Cards which had been developed by Extension agent for community groups to develop a file of aging persons in the community who might participate in a telephone contact program were distributed along with information about social security and other related materials. Leaders were encouraged to identify senior citizens in their community and in so far as possible plan an event for their enjoyment and inclusion in group activity.

Seventeen Extension homemaker clubs conducted some type of community recognition of the elderly, inviting them to a special event or program planned just for them. They were invited to participate in ongoing educational programs. Perhaps the most outstanding program in the community involved 42 senior citizens who gathered to recognize one of their members who had been singled out as an artist of some importance. The artist herself is in her 80's and is becoming famous for paintings of real life activities in her rural community in the recent past, such as baptizing in streams, hog killings, molasses making, etc.

Missouri Extension staff members have met with staff members of the area agencies on aging in an effort to improve communications and plan for coordinated activities of the two staffs. In several counties programs have included conducting training sessions for volunteers manning telephones in the information and referral on aging programs. Five thousand East-West Gateway area senior citizens receive a monthly "interest and concern" newsletter which includes foods/nutrition and clothing/textiles information.

Indiana's educational programs were designed to add "life" to the years of senior citizens. Some examples are by improving the home environment. organizing Extension clubs in nursing homes, providing nutrition education in congregate feeding centers and meals-on-wheels program. Forty home economists have assisted with the organization of county councils on aging.

The *Minnesota* Extension Service cosponsored a conference on aging for 172 professionals and volunteers who work with the senior citizen programs.

Forty-two States and Puerto Rico have Extension homemaker clubs that are affiliated with the National Extension Homemakers Council. Extension works with these 600,000 volunteer leaders many of whom are providing programs and services for the elderly.

New Mexico initiated a program called "telephone friends" at four district meetings. Through this program they are trying to reach isolated and elderly people. They are also finding a way through individual clubs to help with transportation problems such as for shipping and keeping doctor's appointments.

In *Oklahoma*, 2,194 EHC's spent 22,883 hours helping in nursing homes. Programs included sing-a-longs, birthday parties, crafts and bingo, writing letters, etc.

In Morris County, *Kansas*, EHC conducted a survey of all citizens 60 years of age or older. The survey revealed the need for some social organizations in the communities. The club family life chairman conducted an information and organizational meeting for the elderly in three communities that wanted a senior citizens club. The chairman explained the purpose of the group, led some discussion and helped with the election of officers. The three senior citizen groups are enjoying pot luck suppers, special entertainment and game afternoons.

Missouri had 50 counties who reported having been sponsors or assistants in the meals-on-wheels program. In three counties, NEHC members have helped at the congregate feeding centers. 68 counties reported that 1,360 days of volunteer time had been devoted to residents in nursing homes. Some senior centers were established and furnished. Three counties conducted safety programs for senior citizens.

In *Kentucky*, many homemakers are giving their services as volunteers to work in the local feeding centers. They help service the tables, work with crafts and assist in taking the meals to the home-bound senior citizens.

B. 4–H PROGRAMS

Pilot program involving several States.—Over the past year, 4–H has been involved in a pilot effort with the American Association of Retired Persons in the "generation alliance program" (GAP). The pilot area is Illinois, Wisconsin, Indiana, Michigan, and Ohio. The basis of GAP is dialog—communications and sharing between senior citizens and 4–H youth. As a result, friendships are developed, stereotypes destroyed and the lives of all who participate enriched. Moreover, many have chosen to further develop their relationships by working together on community service projects, Bicentennial programs, and other social and/or cultural events. The program is being expanded to other regions of the United States.

Special project in Texas.—The Extension Service is piloting a special project in Texas to identify some of the needs of senior citizens. After needs are identified, a team of consultants will see which of these needs might be met by working with 4–H youth. Some may be with senior citizens teaching youth, some by youth helping senior citizens, and some just by sharing with each other. Models will be suggested for testing in the Extension program.

4–H cooperation with labor union.—Contact has been made with the International Brotherhood of Painters and Allied Trades, AFL–CIO Golden Years Senior Citizens' Club to have their membership serve as volunteers to teach teenage youth the basic skills for entering into the world of work. Their membership has completed successful careers in such areas as painting, decorating, hardwood finishing, paperhanging, glasswork, paintmaking, decorative covering and operational care of tools of these trades. They are interested in sharing these experiences with teens.

North Carolina.—A "youth looks at aging" program which had its beginnings in 1974 is showing some significant results for 4–H. Purpose of the program is to develop a closer relationship between youth and senior citizens in the community, help youth increase their understanding and respect for older adults, and in return, help senior citizens develop a better understanding of today's youth. As a part of this program, senior citizens are attending 4–H Club meetings, often giving the program and assisting with projects. In return, 4–H'ers offer free plowing of gardens, provide hospital sitters, provide transportation for shopping trips and provide educational programs on nutrition, safety and health to the elderly. Since its beginning in 1974, 44 North Carolina counties have conducted "youth looks at aging programs," involving 1,575 youth and leaders and 2,673 senior citizens. In 1975, 17 of the 44 counties conducted these programs and involved 865 youth and leaders and 998 senior citizens.

Also in North Carolina, some 300 elderly residents participated in a 4–H day camp for senior citizens in Caldwell County. The day camp featured social, recreational and educational activities. The North Catawba 4–H Club coordinated the event, involving numerous agencies including health and social services departments and social security officials.

Utah.—4–H and other youth in five southwestern Utah counties this past summer were involved in a community garden project with and for senior citizens. A total of 37 gardens were planted in 17 different communities. They were cared for by 247 4–Hers and other young people with assistance from 101 volunteer leaders and other service and civic minded adults. From these gardens, fresh vegetables were provided to the senior citizens residing in nearly 400 homes in these rural communities. The aim of the project was to help increase the nutritional level of these older rural folks and in addition, the project instilled into the youth community pride and a genuine concern for others. In 12 4–H foods clubs, youth each adopted an older person as a "grandmother" or "grandfather" and visited them regularly. They also invited the older folks to have dinner with their 4–H foods clubs.

In one county, a leader reported a vacant lot was donated to 4–H'ers for the garden, a senior citizen gave his water rights, another senior citizen plowed the ground. Several times during the summer, the young people met to weed the garden. Fresh vegetables were delivered to over 40 people. In another county, one of the gardens became a real demonstration garden, with 17 different kinds of produce—several of them new vegetable varieties. This "community garden" generated enthusiasm for a number of other gardeners and became a standard for comparing gardening skills and vegetable varieties.

This multi-benefit, youth involving community garden project was the outcome of two ACTION-funded programs being tied in with the 4–H community pride effort. The two ACTION programs were a senior nutrition aide program designed to improve the senior citizens' nutritional level, and a mini-grant gardening program to involve youth in growing vegetables as a part of nutrition improving efforts. All participating in this project agree it has been a successful, satisfying program for all concerned.

Georgia.—As a result of interest shown by 4–H members in Oconee County, Ga., county leaders formed a "council on aging." 4–H'ers cooperated with the council by providing financial assistance and distributing literature.

Kansas.—Kansas 4–H'ers have discovered that the community's senior citizens make excellent project leaders. A few clubs even hold their meetings in nursing homes. One 4–H group regularly holds classes in dog obedience on the front yard of the town's nursing home.

An "adopt a grandparent" program is being conducted in several communities where 4–H'ers are matched with "grandparents" in the community. They visit their "grandparents," do crafts together, play games, and share in other activities to help the elderly.

4–H members in Thomas County, Kans., are involved in projects to help residents in a senior citizens center. Latest projects included making a sign and a bookcase for the center. An earlier project was making 42 planter boxes for each apartment's porch and painting them.

South Carolina.—In a recent State 4-H teen leader retreat in South Carolina, special emphasis and training was given on "working with senior citizens." As an outgrowth of this retreat, several programs for the elderly were begun. In Kershaw County, all members of the 4-H Junior Leadership Club have committed themselves to "adopt a senior citizen." Service activities include telephoning, reading to, personal visiting, yard work, running errands and providing transportation for the elderly. The junior leaders are also cooperating with the Greater Camden Area Senior Citizens Service-Auxiliary including assisting at the Camden Senior Citizens Center. The teen leader's "adopt a grandparent" project in Berkeley County has also been very successful.

At the teen leader retreat, senior citizens were involved as guests and instructors in rap sessions, recreation, discussing "working with the elderly," teaching crafts and "survival during hard times."

Arkansas.—Two 4-H members in White County, Ark., as a result of their club's visit to a nursing home became interested in starting an "adopt a grandparent" program. The girls took the idea to their 4-H Club as a new community service project and soon the program became a county-wide effort. In starting the program, members of the club worked with three nursing homes in the county to get names of patients who had no family or regular visitors. They also received a list of patients that had regular visitors but wanted to participate in the program. Rap sessions were set up at the three nursing homes so that 4-H'ers and patients could learn to know and understand each other. The patients were also asked to share their knowledge and skills in helping the 4-H'ers with their projects. The 4-H "adopt a grandparent" has now been organized as a Statewide program and was conducted last year by over 300 4-H Clubs in the State. Commercial TV ran special features and the Governor of Arkansas signed an Arkansas proclamation declaring "adopt a grandparent month."

Many States.—As a part of community service projects, 4-H'ers in many States are involved in helping individual senior citizens and elderly families in such activities as lawn, garden and livestock chores; household tasks; visiting nursing homes. In one county in Arkansas, a 4-H Club recently winterized two homes of elderly people.

National scholarship winners work with elderly.—Many teenage 4-H'ers have built relationships by working with the elderly in their communities. Several of these were recognized for their work by receiving national scholarships at the 4-H Congress in Chicago in December. The Alabama home management winner

did extensive work with the local Golden Age Clubs. She found that some of the members were neglecting their diets because it was "just too much trouble" to prepare a balanced meal. The 4-H'er came up with easy recipes that could be prepared in a short time and demonstrated them to the group. They all asked her to come back on her school break.

The North Carolina food preservation winner worked as a volunteer last summer at a local housing project for the elderly. She helped them preserve food that they grew in a garden project.

Several of the national 4-H citizenship winners have worked with the elderly. One Alabama winner served as a volunteer at the county nursing home. Another took 18 of his best plants to the local nursing home where they were distributed to the patients that could care for them. He took Polaroid photos of each of the ladies with their new plants. He also brought a card to each patient on Valentine's Day and a rose corsage he'd made from his garden on Mother's Day. The Colorado winner has planned and directed monthly entertainment programs at the county nursing home and put together a statewide program in which 4-H'ers in every county presented programs in nursing homes on special holidays.

Similar kinds of programs will be continued in 1976 with adjustments to meet the changing needs of the clientele.

Farmers Home Administration

The Farmers Home Administration is the rural credit agency of the Department of Agriculture. This agency administers a varied number of loan and grant programs. Eligible persons, including the aging, participate equally in FmHA assistance.

Authority for the Government to make housing loans to rural residents is contained in title V of the Housing Act of 1949, as amended. This act authorizes the Secretary of Agriculture to make and insure loans to owners of farms, to owners of other real estate in rural areas, and to elderly persons who are, or will be, owners of land in rural areas for the purchase, construction, improvement, alteration, and repair of dwellings, related facilities, and farm buildings.

The FmHA has the major responsibility to administer Federal housing programs directed toward improving housing conditions in rural areas. One program of special interest to the elderly is the 504 loan program which provides low interest rates for repair of homes they own. Increased emphasis on servicing the elderly with this loan is receiving special effort.

Through the community facilities loan program of FmHA, loans are made to public bodies and nonprofit corporations in rural communities and places of not more than 10,000 population to provide health care, fire rescue and safety, cultural and education, transportation, recreation and other essential community facilities. These afford beneficial services and assistance to all rural citizens, including the elderly. These include hospitals, clinics, nursing homes, fire stations, ambulance, and community buildings for public service and recreational activities.

Water and waste disposal loan programs include older people in the clientele they serve.

This agency will continue to provide its services to eligible persons. Eligible persons, including the aging, participate equally in FmHA assistance.

Food and Nutrition Service

Food stamp program

Legislation enacted in 1975 concerning the food stamp program included changes that benefited the elderly and other participants. Public Law 94–4 froze purchase requirements for calendar year 1976 at the level in effect on January 1, 1975. Public Law 94–44 permits persons receiving payments under the supplemental security income (SSI) program to continue participating in the food stamp program until June 30, 1976, unless they live in one of the States that is providing the bonus value of food coupons in cash. The States providing the bonus value in cash are New York, California, Massachusetts, and Nevada (aged and blind only).

Beginning September 1, 1975, SSI recipients in Wisconsin were determined to be eligible for food stamps because Wisconsin no longer elects to cash-out food stamps. Further, in accordance with a court order in the case of *Elliott et al.* v. *Weinberger, et al.*, SSI recipients in Wisconsin who choose to participate in the food stamp program after September 1, 1975, will receive credits against

food stamps purchase requirements if they received SSI benefits in July or August 1975. These credits shall be in the amount of $10 per person for each of those 2 months during which SSI benefits were received.

Two of the amendments to the food stamp program regulations during 1975 have a special effect on the elderly. First, the amendment to the food stamp outreach provision, made in compliance with the court order in the case of *Bennett* v. *Butz*, specially requires that the special needs of the elderly and several other groups be considered as a part of a State's outreach activities. Second, the food stamp regulations were amended to incorporate the extension of SSI eligibility for food stamps through June 30, 1976; the change in Wisconsin's status as a cash-out State; and the court order entitling SSI recipients in Wisconsin to credits for lost benefits in July and August 1975.

As has been mentioned in previous reports, under current program provisions certain elderly recipients may use food coupons to pay for home delivered meals or meals served at a communal dining facility. At the end of calendar year 1975 there were 1,819 nonprofit meal delivery services and 3,656 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 provision 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.

Lastly, in regard to plans for 1976, the administration's proposed National Food Stamp Reform Act of 1975 (S. 2537) contains several provisions which will affect the elderly. Careful consideration was given to the situation of senior citizens when the administration's legislative proposal was developed. The proposal provides for a $100 standard deduction per month for all households and another $25 when the household includes a member age 60 or over. This would result in about four out of five elderly participants paying the same amount or less for their food stamps than they do currently, and these are the poorest participants. In addition, many elderly—about 200,000—who cannot currently qualify for food stamps or who do not participate because their purchase price is too high may, for the first time, receive the benefits of the program. S. 2537 also includes a provision to lower the age limit for work registration to 60 years rather than 65 as required by the current Food Stamp Act.

FOOD DISTRIBUTION PROGRAM

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

The Department of Agriculture and the Commission on Aging, Department of Health, Education, and Welfare, finalized arrangements for serving title VIII elderly feeding projects in January 1975.

Because of the limited time available during the balance of fiscal year 1975, it was determined to supply these projects with canned beef in natural juices and process cheese only, at the rate of 10 cents per meal served.

During fiscal year 1975, some 685 title VII feeding projects covering approximately 4,490 feeding sites, served more than 52.2 million meals. It is estimated that approximately 1.5 million persons benefited from Federal food donations. 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 9,000 institutions served approximately 1 million needy persons who benefited from Federal food donations in fiscal year 1975. Of these, approximately 25 percent were institutions that have been identified as serving predominantly elderly persons over age 65.

All but two States were actively participating in fiscal year 1975. 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 no USDA-donated foods. Georgia accepted offered foods; however, distribution was not made to title VII feeding projects pending the resolution of internal administrative problems.

Legislation enacted November 27, 1975, Public Law 94–135, amending the Older Americans Act of 1965, further broadened the food donation authority to require the Secretary of Agriculture to maintain an annually programed level of assistance to title VII projects of not less than 15 cents per meal during the fiscal year ending September 30, 1976. Applying the annual adjustment for increased food service costs, this results in 16½ cents per meal for fiscal year 1976. 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 program 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.

In fiscal year 1976 (excluding Kansas), Georgia is the only State which has not accepted any offered USDA foods, as a result of the aforementioned internal administrative problems. However, it is estimated that approximately 800 title VII projects, comprised of some 5,400 sites, will provide approximately 270,000 meals per day for elderly citizens.

ITEM 2. DEPARTMENT OF COMMERCE

FEBRUARY 17, 1976.

DEAR MR. CHAIRMAN: I am pleased to submit a report summarizing Department of Commerce activities during 1975 which affect the aging. Included in the narrative are statements regarding the continuation of certain projects in 1976.

Sincerely,

ELLIOT L. RICHARDSON.

[Enclosure]

PROGRAMS FOR THE AGING—1975

STATISTICAL RESEARCH, DATA, AND PUBLICATIONS

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 new ones will be issued during 1976.

CURRENT POPULATION REPORTS

Series P–20

No.	*Title*
275	Voter Participation in November 1974 (Advance).
276	Household and Family Characteristics: March 1974.
279	Population Profile of the United States: 1974.
280	Persons of Spanish Origin in the United States: March 1974.
282	Households and Families by Type: March 1975 (Advance).
283	Persons of Spanish Origin in the United States: March 1975. (Advance).
285	Mobility of the Population of the United States, March 1970 to March 1975.
287	Marital Status and Living Arrangements: March 1975.

Series P–23

52	Some Recent Changes in American Families.
54	The Social and Economic Status of the Black Population in the United States: 1974.
56	Social and Economic Characteristics of the Metropolitan and Nonmetropolitan Population: 1974 and 1970.
57	Social and Economic Characteristics of the Older Population: 1974.

Series P–25

539	Estimates of the Population of States, by Age, July 1, 1973 and 1974.
541	Projections of the Population of the United States, by Age and Sex, 1975 to 2000 with Extensions of the Total Population to 2025 (Advance).
601	Projections of the Population of the United States: 1975 to 2050 (annually by race, age, and sex 1975 to 2000).
614	Estimates of the Population of the United States, by Age, Sex, and Race: 1970 to 1975.

Series P–28

1513____Special Census of Waukegan, Ill.: January 9, 1975.
1514____Special Census of Little Rock, Ark.: August 16, 1974.
1515____Special Census of Madison, Wis.: October 22, 1974.
1516____Special Census of Fargo, N. Dak.: January 9, 1975.
1517____Special Census of Eau Claire County and that part of Eau Claire City in Chippewa County, Wis.: March 31, 1975.
1518____Special Census of Wayne County, N.Y.; April 22, 1975.
1519____Special Census of Longview, Tex.: May 19, 1975.
1520____Special Census of Putnam County, N.Y.: April 14, 1975.
1521____Special Census of Davenport, Iowa: February 14, 1975.

Series P–60

97_____Money Income in 1973 of Families and Persons in the United States.
98_____Characteristics of the Low-Income Population: 1973.
99_____Money Income and Poverty Status of Families and Persons in the United States: 1974 (Advance).
100____Household Money Income in 1974 and Selected Social and Economic Characteristics of Households.

Mr. Jacob S. Siegel, demographic statistician, Population Division, Bureau of the Census, attended the 10th International Congress of Gerontology held in Jerusalem, Israel, in June. Mr. Siegel was a principal speaker in a "Symposium on the Demography of Aging."

During 1976, the Bureau of the Census will publish two significant special reports:

1. *Demographic Aspects of Aging and the Older Population in the United States.* This report will present and analyze data on selected topics pertinent to an understanding of the demographic aspects of aging. The topics relate to age, sex, and race composition; geographic distribution and internal migration; mortality and survival; and certain other social and economic indicators.

2. The Bureau's Population Division is compiling a report which will describe the socio-economic characteristics of women. The report will also contain data on older women.

The Department's National Technical Information Service (NTIS) continues to sell the technical report *Community Planning for the Elderly* and to provide two bibliographies with abstracts. One bibliography, *The Elderly (Com–74–11393)*, contains 139 selected abstracts of research reports submitted to NTIS by both Federal agencies and private organizations or individuals with Federal grants and contracts. The reports primarily treat topics on transportation, health care, social services, housing, and welfare.

The second bibliography, *Transportation for the Elderly or Physically Handicapped (Comm–74–10887)*, contains 25 abstracts of reports on transportation difficulties and design as they relate to the aged and handicapped populations. The source documents were submitted to NTIS from both Federal and non-Federal organizations.

Health-Related Research

The National Bureau of Standards (NBS) has conducted a number of health-related studies with application to people of all ages but which have special impact on older persons.

One is a joint project with the Bureau of Radiological Health (BRH) of the Food and Drug Administration, Department of Health, Education, and Welfare. The project involves a nationwide voluntary study of the dose calibration of Cobalt-60 teletherapy units and has two purposes. One is to assist an NBS study of the adequacy of methods for making national dosimetry standards available to the public. The other will assist BRH in its program to improve medical care and reduce unnecessary radiation exposure.

The NBS Dental and Medical Section, working with the George Washington University Medical Center, investigated poly(methyl methacrylate) cement in laboratory tests. The findings are now available to surgeons who replace diseased or damaged hip joints with artificial parts. The NBS study of the characteristics of the cement used to stabilize these parts will help surgeons better control the surgery and assure permanent replacement of bones and joints that have failed. The information obtained through the study has been used to develop American Society for Testing and Materials voluntary consensus standards for both orthopedic and neurosurgical applications.

To address the technical questions involved with assuring cardiac pacemaker reliability, NBS brought together for the first time experts from the pacemaker, electronics and related communities in a workshop jointly sponsored by the Food and Drug Administration. The workshop was attended by representatives of the ten known domestic manufacturers of pacemakers and two of the five known distributors of foreign-made pacemakers.

Although this workship was intended to be a single event, the attendees recommended that it become an annual 3-day meeting devoted to specific problems in their field. The attendees also concurred that NBS should be the focal point and several industry representatives agreed to assist NBS in the development of such a meeting. The Electronic Technology Division is involved in making preparations for the next workshop which is expected to be held during the summer of 1976.

Another NBS program relates to the development and use of ultrasound as a diagnostic technique. Applications of ultrasound to the diseases of old age include screening for circulatory diseases such as arteriosclerosis, one of the most prevalent diseases; the measurement of blood flow rate using doppler techniques; cancer detection; and diagnosis of diseases of the eye. Basic standards for the measurement of radiated ultrasonic power, intensity, and beam pattern have been developed and are in use. NBS is now developing a computerized scanning system for intensity and beam pattern. There are also plans for the development of a prototype, low-cost, reliable transfer standard instrument for power measurement which can be used by nontechnical personnel. Manufacture of the device by private industry will be strongly encouraged.

Another NBS program with special implications for elderly people is the Non-Ionizing Radiation Safety Program. The intent of this program is to protect the populace from the effects of exposure to ever increasing levels of electromagnetic (EM) radiation. Elderly people may be more susceptible to high-intensity fields for the following reasons: (a) their overall physical condition is probably inferior to that of the general population; (b) more elderly people wear pacemakers, which can be adversely affected by (EM) radiation; and (c) more elderly people may be treated by diathermy machines, etc., which have strong EM fields associated with them. Consequently, this NBS program, which will result in more reliable measurements and control of hazardous EM fields, will have a direct impact on the health of older people.

There is a great prevalence of hearing loss among elderly individuals. NBS is working to improve the techniques of measuring hearing loss. At the present time the uncertainties in hearing measurement are such that some degree of hearing impairment can be concealed in the uncertainties. With more precise knowledge of the degree of hearing loss, it should be possible to diagnose the onset of hearing loss before significant hearing impairment is suffered. For the elderly person suffering hearing loss, NBS is working on techniques for evaluating the degree of impairment suffered in terms of a loss of "channel capacity," from which it is hoped to derive a better method of ascertaining the fit of hearing aids by measuring the enhancement of "channel capacity" that is produced in the wearer.

NBS furnishes technical data and test results on hearing aids to the Veterans Administration for use in selecting hearing aids for their clientele, of which a substantial fraction may be assumed to be elderly. The VA makes the test results available through the Government Printing Office so other Federal and State agencies may make use of the data in selecting hearing aids.

Among the National Bureau of Standards publications on hearing is a 32-page Consumer's Guide, *Facts About Hearing and Hearing Aids*, which should be of use to the elderly and their families in answering questions on this subject.

Safety

The National Fire Prevention and Control Administration (NFPCA), working with the Center for Fire Research of the National Bureau of Standards, is conducting technical research in fire prevention methods and life safety systems for hospitals, nursing homes, and other institutional facilities. The research 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 began in 1975 and will continue in 1976.

NFPCA has planned a major public education project for 1976, using written materials, and radio and TV spots/programs. The project is directed toward fire

prevention among the elderly, who suffer the highest rate of death and injuries from fires.

The elderly suffer a disproportionate number of home accidents, and two NBS research projects are intended to reduce the number of such accidents. In one, a behavioral model was developed for accidents due to stairs and doors. Techniques were then developed for investigating these accidents through analysis of accident data, surveys of stair and door usage, and analysis of video tapes of such usage. Draft performance standards for selected door assemblies and door components were developed and safety performance criteria of stairs were set.

The other project relates to floor slipperiness. A portable tester to measure slipperiness has been developed and continuing research includes the development of a test to measure the fundamental problem that denotes slipperiness. The test will be used to establish standards for floor material to control slipperiness.

Business Assistance

District offices of the Domestic and International Business Administration work actively with the Service Corps of Retired Executives (SCORE). The SCORE group has assisted in such activities as presenting seminars on international export promotion. The district offices provide detailed business information to SCORE personnel, and SCORE in turn has provided the in-depth technical assistance to private companies which the district offices could not undertake because of limited resources.

Patents

The Patent and Trademark Office ordinarily takes up new patent applications for examination in the order of their effective United States filing dates. Certain exceptions are made by way of petitions to "make special." One exception can be made if the applicant is 65 years of age or older. A birth certificate, affidavit, or declaration of age is required.

The following patents are examples of those granted during 1975 which directly affect the aging:

Patent No. 3,909,853 Patent No. 3,848,272	Artificial joints. These are usually replacement joints for the fingers, knees, and hips to relieve problems caused by arthritis.
Patent No. 3,673,616	Intraocular lens.
Patent No. 3,577,981	Contains diagnostic devices, some of which are used to predict the probability of a stroke or to indicate accumulated deposits such as cholesterol or blood clots in blood vessels.
Patent No. 3,736,925 Patent No. 3,776,244	Wrinkle eradicators.
Patent No. 3,815,611 Patent No. 3,918,459	Electrical systems. This area deals with pacemakers and stimulators, usually to treat problems of the elderly.
Patent No. 3,928,602	Lowering lipid levels. The lowering of serum lipid concentration is important during the treatment of such diseases as diabetes mellitus and certain vascular diseases which affect the aged.
Patent No. 3,920,817	Composition for treatment of arthritis.
Patent No. 3,917,829	Inhibits the activity of testosterone. One of the undesirable manifestations is the excessive enlargement of the prostate gland, which is quite common in males aged 60 or over.
Patent No. 3,917,840	Method for treating Parkinsonism.
Patent No. 3,928,598	Antianxiety drug.

ITEM 3. DEPARTMENT OF DEFENSE

FEBRUARY 6, 1976.

DEAR MR. CHAIRMAN: This is in reply to your letter of December 30, 1975, requesting information summarizing the Defense Department's major activities on aging during 1975 and plans for continuing efforts in 1976.

The Department of Defense continues to operate one of the most comprehensive retirement planning programs for civilian employees in the Federal Government. The program has been integrated into the overall personnel management process and 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 includes both trial retirement and gradual retirement options for employees where feasible. This program serves to alleviate some of the problems that employees have encountered in the past when approaching retirement age. This program is expected to continue through 1976.

We have continued to make effective use of the early optional retirement provisions of Public Law 93–39 [5 U.S.C. 8336(d)(2)] to help reduce the adverse impact of major reductions in force on our career employees. Under this legislation Federal agencies or parts of agencies undergoing a major reduction in force as determined by the U.S. Civil Service Commission can be authorized to permit the immediate voluntary retirement of employees who have completed 25 years of service or who are at least 50 years of age and have completed 20 years of service. During 1975 the Defense Department has been authorized to apply these major reduction-in-force retirement provisions for specific areas on 20 separate occasions. The effect of these authorizations enabled many employees to voluntarily retire and permitted other employees who would 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 adverse impact of necessary reductions on our career employees.

The Defense components provided a variety of multiphasic occupational health programs and services to employees during 1975, many of which are designed to address problems generally associated with increasing age. Included were health guidance and counseling, periodic examinations, testing and screening for diseases and disorders, immunizations and treatments. These programs and services will be continued during 1976 to the maximum extent possible.

Internal programs to assure nondiscrimination on the basis of age were expanded during 1975. Some of the affirmative steps taken in this regard include dissemination of policy statements to managers and employees, actions to eliminate specific age restrictions applicable to employees, supervisory training and employee orientation on the prohibitions against age discrimination, and actions to eliminate age guidelines and implications in selection criteria. These are continuing programs which will extend into 1976.

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

MARCH 29, 1976.

DEAR MR. CHAIRMAN: As you requested for the Special Committee on Aging annual report, "Developments in Aging," enclosed are reports of calendar year 1975 activities to benefit older Americans which have been carried out by various agencies and components of this Department.

Please let me know if I can provide you with any additional information.

Sincerely,

MARJORIE LYNCH, *Acting Secretary.*

[Enclosures]

OFFICE OF HUMAN DEVELOPMENT

ADMINISTRATION ON AGING

CALENDAR YEAR REPORT FOR 1975

A. INTRODUCTION

The year 1975 marked the second full operational calendar year after enactment, on May 3, 1973, of the Older Americans Comprehensive Services Amendments of 1973 (Public Law 93–29). In fulfillment of this new mandate, the Administration on Aging (AoA) identified two major goals toward which its immediate and long-range efforts are being directed, and its work during the year emphasized these goals.

The first goal is to increase State and area agency on aging capacity to:

—Develop and implement annual operation plans to enable older persons to remain in their own homes or other places of residence;
—Identify available resources;
—Set priorities for action programs;
—Coordinate existing services for older persons and pool available but untapped public and private resources for the support of services;
—Promote the development of supporting services, such as information and referral and transportation; and
—Promote the development of other social services for older persons as defined in the Older Americans Act.

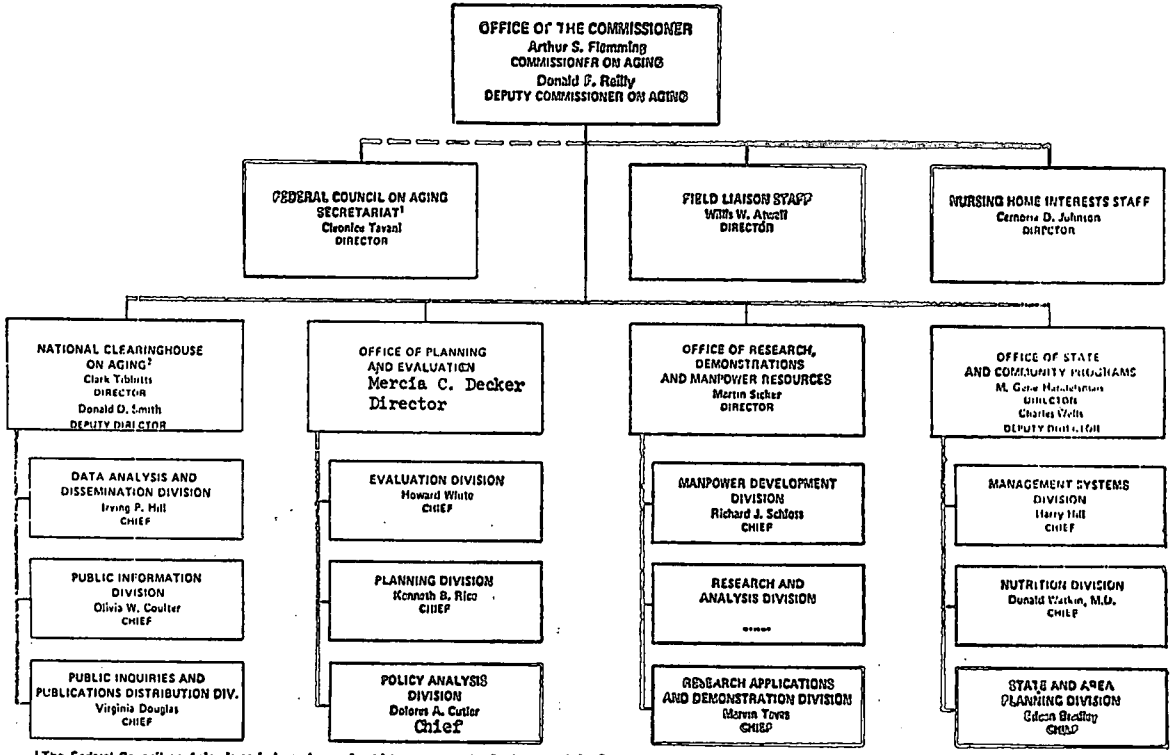
The second major goal is to increase the capacity of the Federal sector to promote comprehensive coordinated services for older persons through coordination of plans and programs which affect older persons. AoA's interagency efforts are being directed at influencing these Federal resources so that they can be brought to bear in developing and strengthening at the sub-State level a comprehensive system of coordinated services for older people.

Under its current organizational structure, which became effective in 1974, the Administration on Aging is composed of the following constituent units: (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; and (7) The Nursing Home Interests Staff. An organizational chart for the Administration on Aging as of May, 1975 is presented on the next page.

The Office of Planning and Evaluation (OPE) carries out 5-year forward planning activities, various evaluation activities, and legislative and policy analysis functions. OPE's legislative analyses make it possible for AoA to keep advised of bills, hearings, and other phases of the work of Congress, and their effect or potential effect on older persons. In this connection, AoA's legislative staff keeps an up-to-date compilation and analysis of all proposals pertinent to older persons which are introduced in the Congress.

Examples of OPE's policy analysis activities in fiscal year 1975 included an ongoing, in-house analysis of major issues related to the conduct of programs under titles II, III, IV, and VII of the Older Americans Act, as amended; an ongoing analysis of the effects of the energy shortage on older persons; an analysis of food stamp policies; continued attention to the transportation needs of older persons; continuing analysis of issues relative to the Supplemental Security Income program (title XVI of the Social Security Act); analysis of health care services provided under the Public Health Service and such services provided under Medicare and Medicaid; and thorough analysis and review of the recently-enacted title XX social services program of the Social Security Act. Analyses in these and other areas have facilitated the development by AoA of formal working agreements with appropriate Federal agencies.

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.

MAY 1975

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) and the Nutrition Program for the Elderly (title VII). It maintains information on programs of other Federal agencies and national voluntary agencies which have potential for relating to State and area agency on aging planning and implementation of services for older people. In addition, OSCP develops regulations, policies, and guidelines for use by State and area agencies on aging; develops optional models and disseminates "best practice" suggestions for use by the regional offices, State agencies on aging and area agencies on aging; develops and monitors, in cooperation with other AoA units, management information and reporting systems which provide updated information to facilitate 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, under the Interdepartmental Working Group of the Cabinet-level Domestic Council Committee on Aging; develops policy, supports projects and monitors progress related to research, demonstration, and manpower resources programs under title IV of the Older Americans Act; and carries out other functions supportive to AoA's mandate to provide national leadership and expertise in encouraaging 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 to 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 numerous 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.

The nursing home interests staff serves as project officer for the nationwide Nursing Home Ombudsman program, which was initiated in July of 1975; provides technical assistance to community and advocacy groups which are working for the improvement of long-term care and for alternatives to institutionalization; and collaborates with other agencies on activities related to improvement of long-term care and relocation of patients from nursing homes which are closed due to failure to meet Federal certification standards.

In addition to completing its second operational year under new legislative initiatives and internal organizational arrangements, AoA also completed its second operational year as a component of the Office of Human Development (OHD) within the Office of the Secretary of Health, Education, and Welfare. As a part of this office, AoA has the advantage of working in close association with other OHD components which have responsibilities for the planning and delivery of services for special populations which overlap with AoA target groups, such as rural Americans, the handicapped, and Native Americans, including those of low income and racial minority status.

The remainder of this report provides detailed information relating to activities carried out during calendar year 1975 by the Administration on Aging under the Older Americans Act Amendments of 1973, including major program initiatives and grants and contracts awards.

B. STATE AND COMMUNITY PROGRAMS ON AGING

By the end of calendar year 1975, the title III program created by the Older Americans Comprehensive Services Amendments of 1973 had been in operation

for just more than 2 years. The overall objective of the title III program is to strengthen or to develop at the sub-State or area level a system of coordinated and comprehensive services which will enable older persons to live in their own homes or communities as long as possible.

During 1975, the Administration on Aging's activities were focused primarily toward providing developmental assistance to State Agencies on Aging through a program of assessing and strengthening the management capabilities of the State agencies on Aging and through them, those of the area agencies on aging and nutrition projects established under title VII. Emphasis was also placed on expanding the quantity and quality of nutrition services to older persons. In addition, activities were focused upon increasing the capacity building efforts in particular areas, to assist State and area agencies and nutrition projects.

In November 1975, the President signed into law the Older Americans Amendments to continue and expand programs under the Older Americans Act, the Older American Community Service Employment Act, the Domestic Volunteer Service Act, and other legislation affecting older persons. Among some of the major provisions of the Older Americans Act amendments are:

—Three years extension of the Older Americans Act;
—Requirements for the establishment or maintenance of programs for the provision of: transportation services; home services; legal and other counseling services; and residential repair and renovation programs;
—Direct funding of Indian tribes under title III, under certain circumstances;
—Expansion of the title V training program to include lawyers and paraprofessionals to provide legal counseling for older persons; and
—Increases in State administrative costs.

A detailed discussion of State and community program activities and accomplishments is presented below:

I. State Planning, Coordination, Administration, and Evaluation

The title III program has as one purpose the strengthening of State agencies on Aging to discharge, among others, the following responsibilities:

—To become a focal point in the State on behalf of older persons;
—To carry out those activities necessary for effective planning on behalf of older persons, including the establishment of measurable objectives for aging programs;
—To establish 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;
—To provide ongoing monitoring and assessment and to conduct periodic evaluations of activities and projects in the field of aging, with special emphasis on the work of area agencies on aging; and
—To assure, in cooperation with area agencies on aging, the availability of information and referral sources in sufficient numbers so that all older persons will have reasonably convenient access to such sources.

To be eligible for grants under title III, States are required to submit annual State plans on aging to the Commissioner on Aging for approval. These plans are developed by the designated State agency on aging and submitted to the Commissioner by the Governor of each State. Each State plan must identify the objectives which the State proposes to achieve during the year, and the plans of action which the State will implement for such activities as provision of technical assistance, monitoring of programs, conduct of coordination and pooling activities, provision of manpower development and training, and establishment of information and referral resources. The State plan must also identify the manner in which the State has been divided into planning and service areas, the determination of which of these areas will have designated area agencies, and the manner in which resources will be allocated under the program.

By the end of 1975, State agencies on aging designated 596 planning and service areas (PSA's); and 462 area agencies on aging had been established within PSA's of highest priority to administer area plans for comprehensive and coordinated services for older persons.

The State agencies' resources in 1975 were directed toward the implementation of the approved State plans on aging for fiscal year 1975 and the development and implementation of State plans for fiscal year 1976. The fiscal year 1975 State plans included objectives related to the development of State level capabilities for providing policy direction and technical assistance to area agencies on aging

and title VII nutrition projects in the areas of information and referral, data analysis, operational planning and assesment and self-assessment; the negotiation of formal interagency agreements with the social services agency in each State; the establishment of additional area agencies on aging; the development of other resources to increase the number of meals served in congregate settings; and the development of information and referral sources which were to meet minimum standards established by the Administration on Aging. The State planning activities also included action programs for the involvement of minority agencies and organizations in the delivery of services under title III and title VII; actions to assure equal employment opportunities for minorities, older persons, and women at the State and area levels; and actions designed to assist older persons who face problems during the energy crisis.

The State plans on aging for fiscal year 1976 were approved in December 1975. Although no operational objectives were prescribed for fiscal year 1976, the States were expected to develop their State plans in keeping with the national directions and strategies established by the Administration on Aging, emphasized the development and provision of policy guidance and technical assistance in selected subject areas, intended to contribute toward building the capacity of State agencies, area agencies, and nutrition projects to carry out their responsibilities more effectively. The subject areas were as follows:

—*Capacity to Advocate.*—Emphasis on expanding the opportunity for consumers to be involved in the State and area planning and decisionmaking processes;

—*Capacity to Serve Priority Groups of Older Persons.*—Emphasis on expanding the participation of low income and minority older persons in Older Americans Act programs;

—*Capacity for Assessment.*—Emphasis on capacity at the regional and State levels to assess program operations of State agencies and area agencies, respectively;

—*Capacity to Develop Participation of Minority Organizations.*—Emphasis on developing and assisting minority organizations to become involved in the title III and title VII programs;

—*Capacity for Equal Employment Opportunity.*—Emphasis on assuring equal employment opportunities for minorities, women and older persons;

—*Financial and Grants Management Capacity.*—Emphasis on developing simplified fiscal and grants management policies and procedures governing administration of title III and title VII; and

—*Capacity for Policy Guidance.*—Emphasis on developing or revising policy manuals to conform with current Federal policies and procedures governing the title III and title VII programs.

Accordingly, States reflected this focus on capacity building in these areas in their State plans by incorporating into their objectives and action plans those activities which result in building the capacity of area agencies and nutrition projects.

Fiscal year 1976 marked the first year of implementation of title XX of the Social Security Act, a major piece of legislation which has great significance for older persons. The fiscal year 1976 State plans, therefore, included as an objective the execution of written joint agreements between the State Agency on Aging and the State Agency designated to administer the title XX program.

There were also continuing priority program efforts carried out by the Administration on Aging relative to information and referral services, and the development of interagency agreements in the following areas with agencies whose programs impact on older persons. State and area agencies have been successful in developing agreements with State and local counterpart agencies.

—*Information and Referral.*—(a) With the Social Security Administration and the Social Rehabilitation Services; and (b) with 14 other departments and agencies;

—*Medicaid.*—With the Medical Services Administration, Social and Rehabilitation Service;

—*Rehabilitation Services.*—With the Rehabilitation Service Administration, Office of Human Development;

—*Public Health Services.*—With the Public Health Service;

—*Social Services.*—With the Public Services Administration, Social and Rehabilitation Service, regarding the provisions of title XX of the Social Security Act, to insure that the needs of older persons are addressed;

—*Transportation.*—With the Department of Transportation;

—*Use of School Buses for Older Persons.*—With the Department of Transportation and the Office of Education;
—*School Lunch Program and Facilities.*—With the Office of Education;
—*Volunteer Programs.*—With ACTION;
—*Food Stamp Program.*—With the Department of Agriculture;
—*Community Development Program* (Housing).—With the Department of Housing and Urban Development;
—*Head Start Program.*—Joint collaboration between the Office of Human Development (Office of Child Development and Administration on Aging) and ACTION;
—*Nutrition Project Sites.*—With the Department of Housing and Urban Development;
—*Energy Crisis.*—With the Federal Energy Administration and other departments;
—*Affirmative Action.*—With the Civil Service Commission;
—*Health and Social Services.*—With the Community Services Administration (formerly Office of Economic Opportunity).

Of the fiscal year 1975 funds appropriated for the title III program, $15 million was allotted to the States to pay not more than 75 percent of the cost of administration of the State plans including planning, coordination, administration, and evaluation at the State level.

II. Area Planning and Social Services

As previously stated, the overall objective of the title III program is to strengthen or to develop at the sub-State or area level a system of coordinated and comprehensive services which will enable older persons to live in their own homes or communities as long as possible. A comprehensive and coordinated service delivery system, as defined in regulations, is one which provides necessary social services in a manner designed to:

—Facilitate accessibility to and utilization of all social services within the geographic area served by a public or private agency or organization,
—Initiate, develop, and make the most effective use of social services in meeting the needs of older persons, and
—Use available resources efficiently and with a minimum of unnecessary duplication.

The vehicle for realizing this objective is the establishment by State agencies on aging of a network of area agencies on aging in State defined planning and service areas. The designated area agencies on aging are charged with the following major responsibilities:

—To become a focal point for leadership in the field of aging for its planning and service area;
—To engage in a continuous process of planning in order to define or redefine objectives and to establish priorities and to develop a system designed to improve the delivery of services;
—To make provision for an action program designed to coordinate the delivery of existing services for older persons;
—To make provision for an action program designed to pool available but untapped resources from both the public and private sectors in order to strengthen existing or to inaugurate new services;
—To take steps, in cooperation with State agencies on aging, designed to achieve the establishment or maintenance of information and referral sources in sufficent numbers to assure that all older persons within the area will have reasonably convenient access to such sources;
—To enter into contracts or to make grants for inaugurating or strengthening supporting and gap-filling services for older persons;
—To monitor and assess and conduct periodic evaluation of activities carried out under its auspices; and
—To develop comprehensive and coordinated programs for older persons throughout the planning and service area.

In order to qualify for title III funds, the area agency must develop and submit to the State agency for approval an area plan for activities on behalf of the older persons in the planning and service area encompassed by the area agency. After the State agency approves an area plan, it awards funds to the area agency to support area agency activities and to enable the area agency to enter into grants with local service providers to carry out services programs set forth in the approved area plan.

Title III funds may be used by area agencies to support a broad range of social services. The types of services provided under area plans will be largely determined by the priorities established by the area agency based upon assessment of the status and needs of older persons within the planning and service area. Commonly supported services include transportation, outreach, escort, home-health and homemaker services, and legal services.

Generally, an area agency is prohibited from providing social services directly. Exceptions occur in the case of information and referral service and coordination activities. Other social services may be provided directly only if specific State agency approval is granted. No such approval may be given unless it can be clearly shown in the area plan that the direct delivery of a service is necessary to assure an adequate supply of such service, and that no other agency in the planning and service area can and will effectively deliver such service.

During fiscal year 1976 area agencies on aging will submit their required annual area plans on aging to the State agencies for approval. Included in the plans will be action programs for the following activities:

—Coordinating the delivery of existing services for older persons and pooling untapped resources to strengthen existing services or inaugurate new services;

—Giving priority to those services and activities to assist and benefit low-income and minority older persons throughout the planning and service area;

—Bringing about maximum possible coordination between the resources available under title III and those available under the adult services and medical care titles of the Social Security Act;

—Strengthening information and referral sources;

—Endeavoring to work out arrangements under which recipients of grants or contracts for nutrition projects under title VII mutually agree with the area agency that such nutrition projects shall be made a part of the areas coordinated and comprehensive service system for older persons.

Of the fiscal year 1975 appropriation for the title III program, $82 million was allotted to State agencies for area planning and social services programs. Not more than 15 percent of these funds could be used for planning and administration at the area level. The balance of the allotment was available for social services, including the coordination of existing services and the pooling of untapped resources.

III. Nutrition Program for the Elderly (Title VII)

The nutrition program authorized by title VII of the Older Americans Act, as amended, began operations early in fiscal year 1974. 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, 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 each participant at least one hot meal per day, 5 or more days a week, 52 weeks a year. The project must also provide to the extent that they are needed and not already readily available and accessible to participants those 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 assure as needed the provision of other supportive services, including education and counseling in health and welfare, information and referral services, shopping assistance and recreational services.

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

The nutrition program operates within the same conceptual framework as title III, since the delivery of low-cost meals and related services is one component of a comprehensive coordinated services system. State and area agencies on aging are urged to work out mutually satisfactory agreements with grantees under title VII designed to integrate the nutrition projects into area service systems, and to bring about meaningful coordination between them and the providers of services under title III.

With funding authority for the title VII nutrition program expiring in fiscal year 1974, the Congress enacted extension legislation which the President signed into law (Public Law 93–351) on July 12, 1974, providing for a 3-year extension of the program through fiscal year 1977. The authorization of appropriations are as follows: $150 million, fiscal year 1975; $200 million, fiscal year 1976; and $250 million, fiscal year 1977. This legislation also mandated support for the title VII program by the USDA donated food program. A description of how this was implemented during fiscal year 1975 is found in section C of this report. The Older Americans Amendments of 1975 (Public Law 94–135) further added authorization for title VII in the amounts of $62.5 million for the period beginning July 1, 1976, and ending September 30, 1976, and $275 million for the fiscal year ending September 30, 1978.

On February 13, 1975, $98.6 million was allotted to the States for the nutrition program. A supplemental appropriation bill enacted by the Congress for fiscal year 1975 expanded appropriations for the nutrition program to $125 million. On March 17, 1975, an additional $25.4 million was allotted to the States for the program.

Consistent with the intent of Congress, the Secretary of Health, Education, and Welfare on May 2, 1975, authorized the States to utilize the $25 million released on March 17 to build the operating level for the program to $150 million by the end of fiscal year 1975.

During fiscal year 1975, AoA concentrated on assisting State agencies in their efforts to expand and strengthen the nutrition program.

In order to facilitate greater utilization of public resources other than title VII by nutrition projects, AoA successfully negotiated interagency agreements at the Federal level as follows:

—*Use of school lunch program and facilities.*—With the Office of Education.

—*Development of nutrition program project sites in federally-sponsored or subsidized housing.*—With the Department of Housing and Urban Development.

—*Use of school buses in transportation of participants to and from nutrition program project sites.*—With the Department of Transportation and the Office of Education.

—*Development of transportation systems for carrying the elderly to and from nutrition program project sites.*—With the Department of Transportation.

—*Federal subsidy for volunteers serving at nutrition program project sites.*—With ACTION.

In addition, although no formal agreements have been signed, the nutrition program initiated during fiscal year 1975 the following actions with other department and agencies:

—A joint program to evaluate the feasibility of veteran participation at nutrition program project sites as a means of reducing the rate of institutionalization and the duration of necessary institutionalization in Veterans' Administration facilities: With the Veterans' Administration.

—Authorization of nutrition program project sites to receive food stamps from eligible and certified elderly as their contribution toward meal costs: With the Department of Agriculture.

—Development of a system for utilization at nutrition program project sites of the high protein foods, meat and meat alternates provided by the Department of Agriculture's donated food program: With the Department of Agriculture at the Federal and regional levels and the distribution agencies at the State level.

One AoA agreement has been so very successful that it merits further discussion.

This agreement was signed in January 1975 between the Commissioner on Aging and the Commissioner of Education, which encourages the expanded use of public school facilities for serving meals to older people. Included in this agreement is provision for a variety of educational, recreational, cultural, and other community services and volunteer opportunities for older people. The AoA network is making every possible effort to utilize school meal facilities to serve older persons. There are 12 States that have signed a formal agreement to serve older Americans in their public schools. Also, there are 11 States negotiating an agreement which will be signed at a later date. There are approximately 175 public schools that have opened their school lunch facilities to serve meals to older persons since the signing of the agreement.

In addition, AoA began planning for the development of technical assistance to nutrition projects, through the State agencies, designed to assist them in progressing toward the following objectives:

—Introduction of the nutrient standard method of menu planning and monitoring;
—Use of the 1974 recommended dietary allowances as standards in place of those promulgated in 1968;
—Use of greater quantities and varieties of USDA-donated foods;
—Reduction in the salt content of USDA-procured meat products;
—Emphasis on more project-controlled meal service;
—More intensive education efforts in nutrition, health and aging with emphasis on educational spin-off effects to younger age cohorts;
—Greater numbers of effectively trained personnel to increase the outreach, escort, transportation, and health services;
—Enhancement of mutual understandings between area agencies on aging and nutrition program projects;
—Emphasis on giving top rank order priority to serving those in greatest need, particularly those elderly with low incomes and who belong to minority groups.

By the end of fiscal year 1975 approximately 240,000 meals were being served daily at 685 projects with over 4,400 sites. According to periodic reports from the States, 64 percent of the meals were being served to older persons below the poverty threshold, and 25 percent were served to older persons in minority groups.

The title VII nutrition program staff has earned a commendation for the rapid implementation of the meal service and the substantial increase of services to older Americans as the year has progressed.

C. FEDERAL COORDINATION ACTIVITIES

The Older Americans Act, as amended, assigns responsibilities to the Administration on Aging to serve as a focal point within the Federal Government in matters pertaining to problems of the aged and aging. In pursuing its broad legislated responsibilities as the Federal focal point for aging matters, AoA seeks:

(1) To improve interagency coordination of plans and programs which affect older persons.

(2) To serve as a clearinghouse for information pertinent to the problems of the aged and aging and to generate and analyze such information.

(3) To assess the progress and problems of programs which affect older persons with a view toward designing new strategies for improved program effect.

(4) To direct initiatives in aging programming and supporting research to meet demonstrated needs of the elderly.

The current long-range strategy of the Administration on Aging is to direct its limited resources primarily in support of its program management roles under titles III and VII. Consequently, in regard to its research, information, evaluation, training, and technical assistance functions, as well as in its implementation of the title III and VII programs, AoA attaches high priority to identifying and pursuing those interagency activities which will contribute toward coordinating existing resources of other programs in order to develop and expand comprehensive services for older people at the local level.

Principal emphasis is being placed upon a national knowledge base on aging and coordination of those resources which currently or potentially impact on AoA target group populations. Priority attention has been directed at improving the delivery and utilization of specific services for the elderly, in particular, the low-income impaired and minority elderly, through joint agreements and programming with SRS, SSA, PHS, and DOT, in such areas as I. & R., adult social services including transportation, medicaid, rehabilitation services, community health and mental health services, and comprehensive health planning. With additional program experiences and continuing analysis, AoA will be in a position to identify other specific services needed by the elderly which cannot be developed through the State and area agency structure alone and which require new Federal initiatives. Barriers to increased cooperative programming will be identified, as well as infrastructural changes and interagency mechanisms and authorities which are necessary to facilitate AoA's full assumption of its broader Federal focal point role.

In carrying out its focal point activities during 1975, AoA has sought to utilize the potential for coordinated planning and programing inherent within the Committee on Aging of the cabinet-level domestic council, the Federal regional councils, and the Federal executive boards. In addition, AoA has built upon previously existing interagency agreements and authorities, negotiated and developed new agreements, and has moved to implement its responsibility within the Department for improving Departmental coordination and effectiveness on behalf of the aged.

AoA believes that significant contributions toward insuring appropriate attention to the interests of the aged have also been secured through review of major issues and proposed legislation and regulations related to Federal activities in such areas as the supplemental security income program, food stamps, skilled nursing homes and intermediate care facilities, transportation, Federal energy policies, adult education, medicare, medicaid adult social services, rehabilitation services, adult education, social security, retirement and employment policies for older workers, including the senior community service employment program authorized under title IX of the Older Americans Act, as amended and the Comprehensive Employment and Training Act programs, both of which are administered by the Department of Labor.

I. Interdepartmental Committees

(a) *Domestic Council Committee on Aging.*—The cabinet-level Domestic Council Committee on Aging, established in 1971, is chaired by the Secretary of Health, Education, and Welfare. The committee is charged with, among other duties, the responsibility for developing governmentwide aging policy. An interdepartmental working group, chaired by the Commissioner on Aging, has been established in order to assist the cabinet committee with its work.

During 1974 and 1975, the working group of the domestic council committee established interdepartmental task forces to develop and implement plans for coordinated action programs in the four needs areas of nutrition, research, I. & R., and statistics. To develop and implement these plans, the task forces were convened with representatives from AoA, the Departments of Agriculture, Labor, Housing and Urban Development, Transportation, and Commerce, the Veterans' Administration, and ACTION, as well as the Office of Education, Social and Rehabilitation Service, Social Security Administration, and the Public Health Service and the Office of Consumer Affairs within the Department of Health, Education, and Welfare. Other agencies which have been involved in coordination activities with AoA are the General Services Administration, the Community Services Administration (formerly the Office of Economic Opportunity) and the Federal Energy Administration.

It is expected that additional task forces will be convened in response to areas of need for interagency collaborative efforts as identified in on-going program analysis and State and area agency experiences.

Task Force on Nutrition.—The Task Force on Nutrition during the first half of fiscal year 1975 identified and planned for ways in which existing Federal resources can be pooled to (1) increase the number of meals provided to older persons through Federal sources other than title VII of the Older Americans Act, and (2) provide necessary supportive services to the older persons participating in nutrition programs.

Collaborative agreements in support of these objectives have been completed with HUD, DOT, OE, ACTION, the Department of Agriculture, and the Veterans' Administration.

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. As a first step in that direction, member agencies of the task force were requested to consider a number of proposed research question areas in terms of their relevance to the research program, interests, and resources of the respective agencies. These research questions share a common focus in that they bear closely on the development of community service networks.

Once member agencies identified those questions which were consistent with their own research program directions, these interests were shared with the educational community and other interested groups and individuals and identified as an initial step in the development of a coordinated, Federal research program in aging.

In a concerted attempt to avoid duplication of research activities members of the task force have agreed to support a comprehensive inventory and analysis of past and current federally supported research in the field of aging. A joint request for proposals was issued for a contractor to assume this task. Bilaterally, AoA has been working closely with the newly organized National Institute on Aging (NIA) to minimize problems of duplication and overlap in NIA and AoA aging research areas. These joint activities will be discussed further in this section under the subheading of intradepartmental coordination.

Task Force on Information and Referral.—AoA has entered into an arrangement with 14 Federal agencies to work in concert toward the objective of making I. & R. activities at the State and local levels more responsive to the needs of older persons. These Federal agencies have also agreed to monitor and evaluate their progress toward this objective.

As an outgrowth of task force activities, an interdepartmental working group on information and referral was organized. In May 1975 this group effected an interagency working agreement among AoA, the Social Security Administration, and the Social and Rehabilitation Service for mutual support in the development of information and referral services for the elderly.

Other interagency activities in the area of I. & R. are included in section G of this report.

Task Force on Statistics.—Preparatory work to the establishment of a Federal Task Force on Statistics within the interdepartmental working group on aging has begun. An initial task force meeting is scheduled early in fiscal year 1976 and is expected to consider plans for conducting an inventory of all Federal statistical data relating to the older population.

(b) *Federal Regional Councils.*—Federal regional councils (FRC) have committees on aging in order to accelerate the development of coordinated programs for the delivery of services to older persons. The committees have sought to respond to State and local program development within each region.

The committees on aging generally involve representatives of the various departments and agencies with programs serving older persons directly or indirectly. Some of the committees also include national voluntary agencies with regional offices such as the American National Red Cross. One or two also include the directors of the State agencies on aging in either the full committee or in special subcommittees.

Examples of objectives which the regions are focusing on include the following: (a) Providing a retirement planning program for all Federal employees; (b) reduction of the incidence of crime against the elderly with support from the Law Enforcement Assistance Administration, the Federal Bureau of Investigation and local police; (c) implementation of CETA program; (d) printing resource directories of Federal resources available to older people; (e) concentration of Federal assistance in selected sites within the region where services to the elderly are deficient; (f) developing with the States alternatives to institutional care; (g) assisting in the implementation of interagency agreements; and (h) working with "natural communities" otherwise divided by political boundaries like State and county lines to plan more effectively and coordinate emergency efforts. Several regional committees are also using the FRC mechanism to increase Federal agency cooperation to State and area agency programs.

(c) *Federal Executive Boards.*—In order to foster Federal-wide involvement in the development of information and referral services available to all older persons the Federal executive boards (FRC) have identified the development and improvement of such sources as a priority assignment. Accordingly, in 25 of the major metropolitan areas of the country, there is a Federal executive board, comprised of the highest ranking officials of each Federal agency in the area, assisting State and area agencies on aging to carry out their I. & R. responsibilities. FEB involvement has grown out of earlier cooperative activities undertaken among AoA, the Office of Consumer Affairs, and the Office of Management and Budget.

Most FEB task forces during 1975 produced or up-dated community directories of services to older persons. Others began an effort to coordinate information and referral services. Several have instituted training programs for employees in the FEB member agencies to improve the handling of problems of older persons who asked the agencies for assistance. Some FEB task forces also instituted communitywide publicity campaigns to inform older persons about the information and referral services.

The Federal executive boards develop programs which assess past accomplishments; improve the responsiveness of Federal offices to older persons; and help older persons and institutions serving older persons to conserve energy with the assistance of the Federal Energy Administration. Also, during 1975, the Federal executive boards were furnished materials by AoA as background for any participation they might have in celebration of the International Women's Year. The AoA materials were aimed specifically at pointing up the special problems of older women. Statistical material on older women, developed by the National Clearinghouse for the Federal executive boards, was widely used in other programs celebrating International Women's Year.

The Federal executive boards are also now developing workplans for fiscal year 1976, which will assess fiscal year 1975 accomplishments, improve the responsiveness of Federal offices to older persons with questions, and assist the Federal Energy Administration with programs that will help older persons, and institutions serving older persons, conserve energy.

II. Other Interdepartmental Coordination

In addition to the multilateral cooperative activities pursued through the interdepartmental working group, during 1975 AoA built upon existing bilateral agreements and cooperative arrangements with other departments and agencies.

Department of Transportation.—DOT and AoA effected a joint working agreement in June 1974 which pledged mutual cooperation and coordination in actions designed to achieve increased mobility of older persons by improving their access to public and specialized transportation systems in urban areas. The agreement took note of the fact that DOT set aside $20 million in fiscal year 1975 funds from the capital assistance program to implement section 16(b)(2) of the Urban Mass Transportation Act of 1964, which provided for capital grants and loans to private, nonprofit corporations, and associations for transportation of the elderly and handicapped. Twenty-two million dollars for such grants and loans will be allotted during fiscal year 1976.

A revised agreement was developed and signed in September 1975. The current agreement is broader in scope than the 1974 agreement, and covers the range of Department of Transportation programs that could impact on the improvement of transportation for older persons, as well as those DHEW programs that have resources which could be pooled with title III and title VII of the Older Americans Act and the programs of the Department of Transportation to develop and maintain comprehensive, coordinated transportation systems for the elderly.

Department of Transportation/Office of Education.—In May of 1975, the Administration on Aging, the Department of Transportation, and the Office of Education, DHEW, signed a statement of understanding related to the use of school buses for older persons. The three agencies pledged to explore methods for increasing the mobility of older persons through the use of school buses, with special attention devoted to those older persons residing in rural areas.

Department of Housing and Urban Development.—HUD and AoA have jointly supported a program within the National Center for Housing Management to develop a short-term training program and appropriate materials for managers of housing for the elderly. Also involved in this program are trainers from a variety of organizations specializing in housing management. These individuals will then be expected to develop additional training under the sponsorship of their respective organizations and thereby establish a national delivery capability for the program.

Efforts were also continued by AoA, HUD, and the Law Enforcement Assistance Administration, in regard to security for the elderly in housing projects. This topic was also chosen as one of the priorities of the region III, Mid-Atlantic Federal Regional Council Human Resources Committee's Task Force on Problems of the Elderly.

In June 1975, AoA and HUD transmitted a joint issuance to their respective counterparts at the State and local levels, on the community development program, under title I of the Housing and Community Development Act of 1974. The joint issuance includes a description of the community development program and accompanying guidance to State and area agencies on aging on ways in which community development can be most effective for older persons, with special emphasis on how these funds can be used for the development of senior centers.

Additionally, in early 1975 a statement of understanding was signed by the Commissioner of AoA and the Assistant Secretary for Housing Management, HUD, for the purpose of encouraging States and communities to explore the possibilities of locating new nutrition sites in public housing facilities thereby enabling these projects to make maximum use of resources available through HUD local housing authorities.

Department of Commerce.—An interagency agreement was made with the Bureau of the Census for their Census Use Study group to develop a social statistics system for use by State and area agencies on aging.

Current plans call for the completion of a prototype State system in 1974. A manual and instructions for duplication in other States will be completed sometime in 1976.

ACTION.—AoA and ACTION developed joint program objectives during fiscal year 1974, under which maximum coordination and mutual support between the two programs was pledged. The ACTION objective included the designation of at least one ACTION program designed to provide volunteer opportunities for older persons in each planning and service area in which an area agency is designated and an area plan is approved. In addition, AoA and ACTION agreed to cooperate in the placement of volunteers in nutrition projects supported under title VII. Under the terms of the joint objective, State agencies on aging were also to provide for maximum utilization of senior volunteers and to support and enhance the objectives of the senior volunteer programs.

States reported a total of 66,372 older volunteers participating in title III and title VII programs throughout the country.

Federal Energy Administration.—AoA has attempted to insure that the special problems of older people are granted appropriate attention in all activities of the Federal Energy Administration (FEA) and its predecessor agency, the Federal Energy Office.

The Administration on Aging and several Federal departments and agencies entered into an interagency agreement in January 1975 designed to: (1) Promote coordination of existing resources and programs to assist in winterization of older person's homes; (2) adopt strong advocacy roles at the State and local levels related to energy-related needs of older persons; and (3) provide older persons with clear and accurate information about fuel allocations and energy conservation.

The interdepartmental working agreement on energy was signed by the following departments and agencies: Administration on Aging; Department of Agriculture Extension Service and Farmer's Home Administration; Department of Housing and Urban Development; ACTION; Federal Energy Administration; and the Community Services Administration (formerly OEO).

Since the signing of this agreement, the Administration on Aging has on an ongoing basis, alerted the national aging network about legislative and fiscal developments that could assist in the implementation of the goals of the agreement. To obtain further feedback on the subject of energy issue, the Commissioner conducted two filed hearings on the subject of energy conservation and winterization during the month of September 1975, in Lewiston, Maine, and Milwaukee, Wis. Subsequent to the hearings, several technical assistance papers were transmitted to the aging network to apprise them of additional actions that could be taken to tap the various Federal resources available for energy-conservation-winterization activities.

Department of Agriculture.—AoA and the Department of Agriculture developed an agreement whereby the Department of Agriculture will promptly certify nutrition projects as eligible to accept food stamps toward the purchase of congregate meals in title VII nutrition for the elderly meal sites.

In addition, AoA worked with USDA Federal and regional staff and State distributing agencies in the development of a system for utilization at nutrition program project sites of the high protein foods, meat and meat alternates provided by the U.S. Department of Agriculture's donated food program. (With the U.S. Department of Agriculture at the Federal and regional levels and the distributing agencies at the State level.)

The 1974 Amendments to the Older Americans Act of 1965 (Public Law 93–351) (section 707(d)) require the Secretary of Agriculture to maintain an annually programed level of assistance for the title VII nutrition program of not less than 10 cents per meal adjusted on an annual basis each fiscal year after June 30, 1975, to reflect changes in the series for food away from home

of the Consumer Price Index published by the Bureau of Labor Statistics of the Department of Labor.

The Department of Agriculture, working closely with the Administration on Aging, issued regulations implementing this section of the 1974 Amendments. Subsequently, both the Department of Agriculture and the Administration on Aging issued instructions and technical assistance memoranda advising the regional offices, State distributing agencies, and State aging agencies on the details of the donated food program. In addition, regional meetings were held at which representatives of State distributing agencies and State agencies on aging were briefed by Washington-based Department of Agriculture and Administration on Aging staff in regard to the management of the program.

In fiscal year 1975, because the program started late in the year, the donated food distributed consisted only of beef packed in its own juice and processed cheese. The actual value of these two foods distributed during fiscal year 1975 (based on $0.10 per meal served from mid-October to the end of the fiscal year) approximated $3,263,000.

Together, the U.S. Department of Agriculture and the Administration on Aging plan to expand the variety of foods available to nutrition program projects. Details of this expansion and the management changes it entails were topics of instructions and technical assistance memoranda transmitted to State agencies on aging.

Department of Labor.—The Administration on Aging has worked closely with the Department of Labor in its development of regulations for implementation and operation of the Comprehensive Employment and Training Act of 1973 (CETA) and for the senior community service employment program authorized by title IX of the Older Americans Comprehensive Services Amendments of 1973. The State and area agencies on aging have also been encouraged to take an active role in the implementation of these programs. Technical assistance material has been developed and transmitted to the State and area agencies on aging on the possible actions that can be taken to insure that the employment-related activities of the Department of Labor and the State and area agencies on aging are coordinated, and the older persons needs are considered in the development by manpower prime sponsors of comprehensive manpower plans.

Also, information has been provided on the availability of funds under the emergency job program under the Comprehensive Employment and Training Act program, and State and area agencies on aging have been urged to work with manpower prime sponsors to ensure that older persons are included among the persons hired under the program.

In addition, the Department of Labor under an agreement with AoA is currently working on a study to enable the Administration on Aging to carry out its responsibility for appraising existing and future personnel needs in the field of aging. Details of this study are presented in section E.

Civil Service Commission.—In 1975, AoA and CSC signed an agreement designed to help insure that State agencies on aging are engaged in meaningful affirmative action activities. AoA and CSC made joint visits to State agencies on aging for the purpose of assessing State agency progress in this regard during the year. Based on these assessments, findings and recommendation were developed and transmitted to State agencies on aging, who are currently assessing the affirmative action activities of area agencies on aging and title VII nutrition projects.

III. Intradepartmental Coordination

The Administration on Aging has been intensively involved in the development of a series of formal agreements with various agencies within the Department of Health, Education, and Welfare, especially, SRS, PHS, and SSA. These efforts are designed to improve coordination of State and community activities in the areas of information and referral, adult social services, rehabilitation services, community health and mental health services, and comprehensive health planning. Building upon cooperative arrangements pursued during 1974 these formal agreements reflect AoA's commitment to identify and plan for ways in which departmental resources can be brought to effectively focus upon the needs and interests of older persons. In addition, AoA has been engaged in collaborative activities with the National Institute on Aging (NIA), to insure coordination of NIA's research objectives with those of AoA.

73-375 O - 76 - 5

Social Security Administration.—AoA has continued to work with SSA on the establishment of information and referral services for older people and on the dissemination of information concerning the supplemental security income program. A comprehensive discussion of I. & R. activities is presented in section G. AoA has reviewed and commented on virtually all regulations pertaining to the SSI program.

Public Health Service.—AoA has been working to update a joint agreement with the PHS under which joint efforts have been focused on cooperative funding of research and demonstration grants, health technical assistance to areawide model projects formerly funded by AoA, planning for long-term care and alternatives to institutionalization, and development of objectives for joint action in health planning. AoA has also consulted with PHS components, namely the Health Services Adminstration, Health Resources Administration, and the Alcoholism, Drug Abuse, and Mental Health Administration, relative to the cosponsorship of selected evaluation projects.

A joint working agreement was signed and distributed by the Administration on Aging and the Public Health Service in 1974, which had as its objective the improved delivery of coordinated health and social services to older persons.

Liaison between AoA and PHS will continue to provide a mechanism for joint efforts at the Federal level. Joint technical assistance memoranda will be issued on home health and options in long-term care.

AoA has also worked with PHS components and the HEW Office for the Handicapped, formerly the Office of Mental Retardation Coordination, to identify problems of mentally retarded patients in nursing homes. AoA and PHS staff also worked with the Division on Aging of the National Association of State Mental Health directors to try to effect cooperation with State agencies on aging.

AoA serves on the Interagency Advisory Group on Long-Term Care and Health of the Aging, the Interagency Task Force on Home Health Services and the Interagency Home Health Work Group.

Office of Nursing Home Affairs.—Staff of the Office of Nursing Home Affairs and staff of the regional offices of Long-Term Care Standards Enforcement participated in training sessions for personnel of the nursing home ombudsman program and continue to work with AoA personnel at both the Federal and regional levels to promote the nursing home ombudsman program.

The AoA Nursing Home Interests staff continues to serve on the interagency advisory group, which was established to coordinate policy and programs related to nursing home care.

Office of Education.—AoA has cooperated with the OE Bureau of Libraries and Learning Resources on a demonstration project utilizing libraries as information and referral centers. In cooperation with the Bureau of Adult, Vocational, and Technical Education, AoA has also fostered the cooperation of State supervisors of home economics education as a resource in the nutrition education program mandated under title VII of the Older Americans Act.

An agreement signed in January 1975 between the Commissioner on Aging and the Commissioner of Education encourages the expanded use of public school facilities for serving meals to older people. Included in this agreement is provision for a variety of educational, recreational, cultural, and other community services and volunteer opportunities for older people.

AoA has also worked with the Bureau of Adult Education to insure that the educational needs of older adults are more adequately considered in special projects funded under the Adult Education Act.

Social and Rehabilitation Service.—AoA and SRS have agreed to cosponsor selected program evaluation studies directed at assessing long-term care alternatives and the development of nonvocational rehabilitation goals for older people.

Agreements have been developed with the Community Services Administration (CSA)—now called the Public Services Administration—Medical Services Administration (MSA), and the Rehabilitation Services Administration (RSA)—before it was transferred from the Social and Rehabilitation Service to the Office of Human Development.

The agreement with CSA signed in July 1975 is designed to promote efforts at the Federal, State, and local levels to coordinate planning, service development and delivery, and manpower development activities of the aging and nutrition programs under title III and title VII of the Older Americans Act and the social service program under title XX of the Social Security Act.

The agreement, delineates the steps that will be taken at the Federal level to achieve coordination, including:

—Establishment at the central office and regional office levels of mechanisms for joint identification and resolution of policy and administrative barriers to coordinated planning and integrated provision of services to older persons;
—Preparation of joint policy issuances and technical assistance material, and joint provision of technical assistance and consultation to the State staff of the title III and title VII and title XX programs;
—Sharing, and coordinating where feasible, annual forward plans and operational plans;
—Sharing the findings of research and demonstration projects on planning and services delivery;
—Sharing materials that have been developed for the States on planning and needs assessment activities;
—Joint funding of an evaluation of the title XX program, a portion of which will address how effectively title XX serves older persons; and
—Encouraging the respective State aging and social services agencies to take steps to maximize coordination between the two programs at that level, including the development of written joint agreements.

An agreement with MSA has been signed and transmitted to the field which has as its objective the improved delivery of coordinated health and social services for older persons. The agreement is designed to bring about greater coordination of resources available under the medical assistance program and title III and title VII of the Older Americans Act.

In May 1975 RSA and AoA signed a joint working agreement to improve delivery of coordinated health and social services for impaired older persons. The agreement is intended to provide a framework within which to structure joint efforts on consultation and sharing of expertise, planning and implementation of coordinated service delivery programs and recommendations for future program directions.

Several agreements have been signed by State vocational rehabilitation agencies and the State aging agencies. As an outgrowth of this agreement, in one region, RSA and AoA, in conjunction with one of the voluntary agencies serving the blind, are planning a regional conference on services to the elderly blind.

Joint AoA–NIA Research Activities

AoA is represented on the National Advisory Council on Aging of the National Institute on Aging NIA by the Director of the Office of Research, Demonstrations, and Manpower Resources (ORDMR). In that capacity, AoA has been directly involved over the past year in the formative stages of NIA's program decisions. This has helped to minimize problems of duplication and problems of overlap in NIA and AoA aging research areas, with NIA emphasizing support of biomedical and behavioral research and AoA focusing on the social aspects of aging. Other cooperative arrangements between NIA and AoA in the field of research include:

—*Joint AoA–NIA Evaluation Activities.*—AoA provided the chairmanship for the subcommittee on evaluation of the task force to establish NIA. Through its membership with NIA on the ad hoc Intra-HEW Committee on Evaluation in Aging, which evolved from this subcommittee, AoA continues its participation in the development and coordination of evaluation in aging activities within HEW.

D. RESEARCH AND DEMONSTRATIONS

I. Research and Demonstration

The Administration on Aging's research and demonstration program supports projects which add to existing knowledge in a variety of areas which may be useful in the development and improvement of aging programs. The primary source of funding for R. & D. projects in aging is title IV, part B of the Older Americans Act of 1965, as amended by the Older Americans Comprehensive Services Amendments of 1973. During fiscal year 1975, 113 new and continuing projects received financial assistance.

The new projects (a total of 72) continued to be developed in response to a research and development strategy which focuses on directing research toward knowledge useful to effective conduct of new programs mandated by title II, III, and VII of the Older Americans Comprehensive Services Amendment of 1973 and knowledge necessary to progress toward fulfilling the national objectives for older persons outlined in title I of the Older Americans Act of 1965.

A dissertation research program was initiated by the Administration on Aging in fiscal year 1975 under title IV, part B to provide support for doctoral research in the several research areas addressed by the new projects. Of the 72 new project awards made in fiscal year 1975, 45 were dissertation research grants.

Continuation projects (41) are those which were initiated prior to July 1974 and received additional title IV, part B support in fiscal year 1975. These complement the new emphasis on planning and coordination by continuing the search for new knowledge on approaches to developing and organizing services designed to enhance potential for independent living and reduce the need for institutionalization among the elderly.

(a) *New Awards*

The following summary of the new start research projects is organized under the four research issues of the 1975 research and development document: Aging Processes (Exclusive of Biological Processes); Descriptions of the Older American Population; Social and Environmental Conditions Affecting the Elderly; and Intervention Mechanisms.

Aging Processes (Exclusive of Biological Processes).—Research funded under this area is expected to permit identification and understanding of variables and processes that contribute to the aging phenomenon. Such knowledge will assist in the development and implementation of programs responsive to the capabilities and functionings of the elderly. More specifically the following will be investigated:

—Information and knowledge about the strengths and weaknesses of the elderly to compete for a fair share of goods and services;

—Knowledge to develop responsive service systems directed toward the problems of old age;

—Basis for assisting service providers to understand the special problems of the elderly.

Ten new grants bear directly on research in this area:

—Grants to study the changes of and problems associated with coping ability among older persons were awarded to: Community Research Application ($50,769), New York, N.Y.; University of Maryland ($66,899), College Park, Md.

—Grants to conduct research on the problems of decision-making of older persons and its associated processes were made to: University of Chicago ($76,144); University of Missouri-Columbia ($115,934); Catholic University ($118,013).

—The University of Southern California will examine the policy and program implications of investigating different nonchronological approaches to defining the aging process. ($45,565).

—The American Institute for Research will be investigating the identification of opportunities for improving the quality of life of older age groups ($85,967).

—Bowling Green State University will conduct research to assess the differential levels of communication competence in older people ($16,769).

—The University of Florida will investigate the nature of changes in cognitive factor structure concomitant with age in order to gain a clearer theoretical understanding of the kind of qualitative differences which may be occurring ($23,790).

—A grant was awarded to the University of Chicago to analyze the relevant informal and formal institutions that provide resources for coping, and to study the relationship between a person and such resources that lead to effective coping behavior ($131,211).

In addition, 17 dissertation research grants pertinent to this subject area were awarded ($5,000 per grant).

Descriptions of the Older American Population.—Research funded under this area is expected to provide knowledge about the characteristics, attitudes, behaviors, and distributions of older persons. Such knowledge will permit formulation of policies and programs which will facilitate the achievement of equal opportunity and access to the objectives specified in title I of the Older Americans Act (1965) as amended.

More specifically, the following will be investigated:

—The characteristics, attitudes, behaviors, or distributions of older persons (either current or future) which require consideration relative to existing and future policies and program designs;

—Unanticipated or undesired changes or trends which have been fostered by policies or programs affecting the elderly;
—Changes or trends which affect the application of intervention mechanisms;
—Subpopulations of olderly, how they differ, and the implications of these differences for policy, planning, and the application of intervention mechanisms.

Two grants bear directly on research in this area:
—The Research Foundation of the State University of New York will investigate distinctive patterns of influencing variables on the differential perception and objective definition of elderly subpopulation ($27,463).
—The University of Georgia received a grant to identify and analyze the characteristics of rural elderly populations and their differential life styles ($49,750).

In addition, 14 dissertation research grants pertinent to this area were awarded ($5,000 per grant).

Social and environmental conditions affecting the elderly.—Research funded under this area is expected to provide knowledge of social, economic, and environmental forces which impinge on the ability of the elderly to secure and maintain "freedom, independence and free exercise of individual initiative in planning and managing their own lives" (title I, section 101 of the Older Americans Act).

Specific research issues to be investigated include:
—National policies which create unique crisis situations for the elderly;
—Economic and social forces which enhance or diminish the social or economic capital of the elderly;
—Values, mores, stereotypes, and social conditions in the population at large which inhibit or facilitate the achievement of freedom and independence of the elderly;
—Responses of the elderly to social and environmental conditions which impact negatively on their freedom and independence;
—Types of intervention at the national, State, and local levels which can reduce negative impact of undesirable conditions which affect the elderly.

Six grants were awarded which bear directly on research in this area:
—The University of Missouri will analyze the factors related to residential segregation of the aged in American cities ($28,597).
—The National Opinion Research Center of Chicago will study the psychological determinants of public support for five social welfare groups ($49,799).
—The University of Florida will investigate ways of improving the older person's purchase decisions ($39,784).
—The University of Michigan will conduct research on the factors influencing the abandonment of private homes by the elderly ($137,473).
—The Philadelphia Geriatric Center will study the factors related to the changing housing needs of urban and rural elderly ($55,706).
—The University of California at Davis will analyze life styles of the elderly as they relate to consumer behavior ($20,955).

In addition, four dissertation research grants pertinent to this subject area were awarded ($5,000 per grant).

Intervention mechanisms.—Research funded under this area is expected to provide knowledge descriptive of intervention mechanisms and the responses of the elderly to those interventions. Such knowledge will provide the understanding necessary for the development, organization and delivery of service, as well as the coordination of delivery systems as supported under titles I, III, and VII of the Older Americans Act, 1965, as amended.

More specifically, the following will be investigated:
—What intervention mechanisms exist or are possible and how they differentially affect the well being of Older Americans;
—What tools and techniques are required for different intervention mechanisms; how these may differ by application to subpopulation groups of elderly;
—What resources are required for different intervention mechanisms; how resources can be uniquely identified as critical to certain subpopulations of the elderly.

Eight grants bear directly on research in this area:
—The Institute for Economics and Social Measurements received a grant to develop and analyze techniques for translating units of need into units of service ($91,642).

—The Urban Institute received a grant to increase the information about factors on which institutional placements are based, and to improve the quality of care which is provided ($161,760).
—The State Communities Aid Association of New York will study the first year's operation of title XX of the Social Security Act ($154,218).
—Columbia University received a grant to develop information on the uses and gratifications of the mass media for aged persons, and to determine whether a weekly newspaper produced by aged persons can help satisfy individual needs and raise morale ($67,063).
—A grant was awarded to the University of Massachusetts to examine the methodological problems of accurately measuring and forecasting the need for long-term health care services for the elderly ($168,566).
—The School of Medicine of the University of Pennsylvania received a grant to develop models for analysis depicting strategies of decision-making within the context of nursing home closings, focusing on inter-organizational relationships within long-term care/nursing home facilities ($80,786).
—The Governor's Citizens Council on Aging of Minnesota will conduct research on a comparison of in-home and nursing home care for older persons ($183,154).
—The Curative Workshop of Milwaukee received a grant to demonstrate the effectiveness of an avocational counseling program for older persons ($74,201).

In addition, 10 dissertation research grants pertinent to this subject area were awarded ($5,000 per grant).

(b) *Continuation Projects*

The continuation projects largely focus on better ways to develop and organize services to help the vulnerable elderly return to or remain in their own homes or other appropriate settings. A number of these projects are described below in order to illustrate the wide variety of areas within which investigations and new knowledge on behalf of older persons are being undertaken. A number of these projects receive support from other Federal agencies, in addition to the title IV funds provided by AoA.

—The University of Southern California Gerontology Center has organized, evaluated, and analyzed research data, concepts, theories and issues on the biological, psychological and social aspects of aging for publication in three *Handbooks in Gerontology.*
—The School of Social Service Administration, University of Chicago, has initiated research on a series of models that show the effects on older persons of a wide range of service delivery methods ($42,214).
—The Colorado Department of Institutions, Denver, is testing the feasibility of specialized boarding homes for elderly persons who have had or continue to have mental problems ($75,347).
—A grant to the International Center for Social Gerontology, Washington, D.C., will provide a comprehensive literature review on congregate housing for the elderly, placing special emphasis on European experience in this field. The grant also aims at a systematic analysis of the environmental, economic, cultural and other factors that favor success of such programs, with implications for legislative and administrative action concerning congregate housing programs in the United States ($87,990).
—Grant research by the Center of Demographic Studies, Duke University, Durham, N.C., will indicate what combinations of factors cause older persons to adopt independent, congregate, or institutional patterns of living arrangement ($94,391).
—A grant to the Wilmington Housing Authority, Del., will support a literature search of current knowledge about the causes and effects of social isolation among the elderly. An analysis of community programs focused on combating social isolation will also be undertaken ($92,427).
—Catholic University of America, Washington, D.C., has been awarded a grant to develop models depicting decisionmaking patterns of older persons in their use of available resources and show the effects of ecological, psychological, and biological factors on these patterns of decisionmaking ($232,848).
—The University of Illinois at Chicago Circle will conduct a national survey to provide detailed information on the needs of older people, particularly as these relate to social integration, community services and health and specialized housing ($112,246).

—The Institute for Research on Poverty, University of Wisconsin, will develop definitions of "adequate income level" for categoric groups of elderly, and descriptions of multiple factors, besides lack of income, which contribute to poverty in old age ($19,926).

—San Diego State University will identify special characteristics of different aged minority groups which call for special types and methods of service programs ($153,463).

—Case Western Reserve University, Cleveland, Ohio, will determine whether and to what extent certain economic and service incentives can induce and equip family units to provide home care for elderly members ($78,838).

Current and Anticipated Fiscal Year 1976 Funding.—The Administration on Aging awarded contracts during the first quarter of fiscal year 1976, as follows:

—Roy Littlejohn Associates, Inc., will develop and test conceptual models and various methodological approaches for identifying and projecting the future needs and problems of preelderly cohorts.

—Logical Technical Services, Inc., will develop a state of the art paper or technology transfer to the problems of the elderly.

—Human Resources Corporation will develop a state of the art paper on theoretical developments in social gerontology and implications for Government service programs.

—Roy Littlejohn Associates will develop a state of the art paper on problems of defining and classifying aged population groups.

—Yale University will study the effects of jurisdictional conflicts on areawide coordination of service planning and delivery to older persons.

—Documentation Associates will develop a comprehensive inventory and analysis of past and current federally supported research in aging.

—The Orkand Corporation will develop an inventory of Federal outlays for the elderly.

—Kappa Systems will study the utilization of general and specialized revenue sharing funds for the elderly.

—Sam Harris Associates will develop a state of the art paper on alternatives to institutionalization of the elderly.

—Homitz, Allen, and Associates will study educational institutions as resources for planning, coordinating and delivery of community based services to older persons.

—Boone, Young, and Associates will study consumer participation in the planning processes of State and area agencies on aging.

Fiscal year 1976 new starts will respond to a research strategy based on the four categories of research issues of the 1975 research and development plan. AoA will fund research and demonstrations projects which will:

—Assist in identifying and understanding those processes of aging uniquely associated with or inherent in the make up of the elderly. Such knowledge will permit the development and implementation of programs responsive to the capabilities and functionings of the elderly.

—Provide knowledge of characteristics, attitudes, behaviors, and distributions of older persons. Such knowledge will permit formulation of policies and programs which will facilitate the achievement of equal opportunity and access to the objectives in title I of the Older Americans Act of 1965 as amended.

—Provide knowledge and understandings of social, economic, and environmental forces which impinge on the ability of the elderly to secure and maintain "freedom, independence and free exercise of individual initiative in planning and managing their own lives."

—Provide knowledge descriptive of intervention mechanisms and the responses of the elderly to those interventions. Such knowledge will provide the understanding necessary for the development, organization and delivery of service, as well as the coordination of delivery systems as supported under titles III and VII of the Older Americans Act of 1965 as amended.

Dissertation Fellowship Programs.—AoA will continue a dissertation research fellowship program which will seek to encourage research in the field of social gerontology and related areas. The program's goal is to gain new insights into the needs, circumstances, resources, expectations and roles of the Nation's older population, including the following research activities:

—Identifying and assessing patterns, conditions, and new approaches which contribute to a wholesome and meaningful life for older people.

—Developing and evaluating new approaches, methods and techniques for improving coordination of community services for older persons.
—Collecting and disseminating information concerning research findings and other materials developed in connection with activities under the Older Americans Act.

II. Model Projects in Aging

The model projects in aging program, initiated in fiscal year 1974 under the authority of section 308 of the Older Americans Act of 1965, as amended, was continued as a result of Congressional appropriations which the administration earmarked for that purpose. The activity and level of funding rose from 40 projects supported by $3.7 million in fiscal year 1974 to 113 projects receiving grants totaling $7.3 million in fiscal year 1975.

Four categories of service to Older Americans continued to be given priority for funding. They are housing and residential arrangements, with 11 projects funded at $721,860; continuing education, with 11 projects funded at $971,026; retirement preparation, adjustment, and opportunities for new roles, five projects funded at $507,252; and services for the physically and mentally impaired, seven projects funded at $1,065,154. Nineteen additional projects, with goals addressed to several priorities, were funded in the amount of $1,803,489. The latter adds impetus to comprehensiveness of service which also characterizes the program development thrust of State and area agency planning and coordination underscored in section 303 of the same title of the Older Americans Act.

In addition, the model projects in aging program provided support for 11 legal services projects for older persons, totaling $1,193,259.

A nursing home ombudsman program was initiated nationwide with projects in 49 State agencies on aging, totaling $1,112,604.

Examples of model projects are as follows:

In the area of housing, the New England Nonprofit Housing Development Corp. is conducting a project to demonstrate improved ways of assisting public officials and community leaders in implementing a range of alternatives in the provision of improved housing for older persons. The project is based upon previous research and demonstration activities, and emphasizes the use of regional resources to accomplish objectives. In another housing project in Dade County, Fla., the United Home Care Services is conducting the project "Share-A-Home," to assess the benefits of a shared home arrangement in meeting both housing and social needs.

The National Association for Human Development will conduct a model project for physical fitness for older persons as one of the activities funded under the priority of continuing education.

In the area of retirement preparation and adjustment, the San Diego Ecology Center, Calif., is turning the resourcefulness of older persons into an interesting and profitable venture. Seniors will collect scrap materials from industry, et cetera, and sell them to art schools, artists, or businesses that produce craft products, thus recycling valuable materials that would have gone to waste. In the same priority category, Handicraft Marketing Sales, Washington, D.C., will supply both supplemental income and psychological reward by developing a model and vehicle to market handicrafts produced by the elderly handicapped.

In San Francisco, the Chinatown-North Beach Health Care Planning and Development Corp. has developed the ON-LOK Senior Health Services model project to assure medical and mental health services for older persons in need of such services. Another project to assist older persons is a model dental program operated by the University of Oregon model dental program in Portland, Oreg.

Many model projects address multiple priorities. One such project is the Minnesota Consortium, sponsored by the College of St. Thomas in St. Paul, which is developing new roles and improving on existing roles for educational institutions in the field of aging. The project involves a vocational school, an elementary and secondary public school system, the State university, a State college, a community college, and two private colleges. A broad range of activities is spanned, including curriculum development, training of paraprofessionals, community organization and technical assistance.

Grant support is also being provided to projects which address the need for improved approaches to the needs of minority group elderly. Projects

concerned with the needs of older Indians are to be conducted by the Montana United Indian Association, the Gila River Indians in Arizona, the Inter-Tribal Council of Nevada and the Papago Council in Arizona. The Association National Pro Personas Mayores is conducting a project nationwide to improve service to older persons of Hispanic heritage, and the National Urban League is providing technical assistance to State and area agencies to improve the service delivery systems for minorities.

The State agency on aging in Colorado is implementing a statewide nursing home ombudsman program by utilizing the State, regional, and local service and regulatory agency network that has been planned and developed over the last few years to deal with the complaints and problems of nursing home residents. Within this present network is the Senior Citizens Law Center, which, since October, 1974, has operated a nursing home advocacy project for more than 50 percent of the nursing home residents in the metropolitan Denver region. The statewide project builds on the existing project with the intent to expand its services to all of Colorado's 16,000 nursing home residents by further coordination and integration of its operations with the entire governmental agency network mentioned above.

In Tennessee, the State agency on aging is establishing the Tennessee Commission on Aging as the focal point for the promotion and development of statewide nursing home ombudsman activities. The program seeks to place a local representative in each nursing home within the program area for weekly visits to nursing home residents, to establish a local unit within each participating area agency on aging with the capability to maintain a visitation network and to effectively handle complaints, and to gather information relative to the general nursing home situation within the program area which will be utilized by those interested in nursing home care in Tennessee.

The National Senior Citizens Law Center is conducting a project to provide legal service technical assistance to State and area agencies on aging throughout the central and western portions of the Nation. The Center is playing a major role in assisting these agencies to establish, develop, and expand an evolving network of legal service activities to serve the needs of older persons. Emphasis is being placed on assisting these agency staff to understand substantive aspects of the law in helping legal service providers to provide quality legal services to the elderly.

The University of Michigan Law School is conducting a project to provide technical assistance to State and area agencies on aging for the provision of legal services to the elderly through identification of potential legal resources and the development of various training materials and methodologies. These materials will heighten these agencies' ability to expand the involvement of the private bar, legal services, law schools, and continuing legal education organizations in the provision of legal services to older persons. While these materials are primarily designed for application in Michigan, the potential exists for their national application.

Progress has been made in the past year in developing national policy related to the needs of older people in natural disasters. The impetus for such national planning is an outgrowth of the experience of the four projects supported during the previous year. Grant support was provided the State agency on aging in Nebraska in fiscal year 1975 following the tornadoes which affected many older persons in Omaha.

In fiscal year 1976 plans are underway to implement the recent amendments to section 308. These include developments in day care, ombudsman activities, and improved approaches to meeting the needs of older persons of low income, minority, Indian, limited English-speaking individuals and rural elderly.

E. TRAINING

Under title IV, part A of the Older Americans Act, as amended, AoA is authorized to help meet critical shortages of adequately trained personnel for programs in aging by: (1) Developing information on the actual needs for personnel to work in the field of aging, both present and long range; (2) providing a broad range of quality training and retraining opportunities, responsive to changing needs of programs in the field of aging; (3) attracting a greater number of qualified persons into the field of aging; and (4) helping make personnel training programs more responsive to the need for trained personnel in the field of aging.

The fiscal year 1975 appropriation for title IV, part A, was $8 million. The following manpower and training activities were in progress in 1975.

I. Career Education in Aging

The Administration on Aging supports training programs at institutions of higher education that will provide students with the necessary gerontological knowledge and skills to enable them to serve the Nation's elderly in their chosen career or profession. It is the intention of this program to stimulate the development of gerontological interest and expertise among the faculty and student body of these educational institutions, to assist in supporting the development of gerontological teaching capability, and to promote the development of an institutional commitment to gerontology and the field of aging. Through this career development program, at baccalaureate, masters, and doctorate levels, students are prepared for employment in State and Federal program planning and administration, community development and coordination, administration of retirement homes and homes for the aged, senior center direction, teaching and research, and for serving older people through adult education, architectural design, counseling, law, library service, recreation, and other relevant fields.

For the 1974–75 academic year $4 million supported 35 educational institutions under 1-year title IV, part A continuation grants. The funds were used primarily to support existing programs in gerontology, including student support based on need as determined by the university. Approximately 4,600 were enrolled in aging courses and programs at these AoA-supported training institutions; 625 of these students received financial assistance as part of the fiscal year 1974 career training grant awards to the universities.

At the close of fiscal year 1975, approximately $3.5 million was awarded on a national competitive basis to education institutions to support new or continuing career training programs. As a result of the national competition, 50 awards were made to 47 colleges and universities in 34 States for the conduct of career training activities during fiscal year 1976. These 50 institutions reported that approximately 16,000 students are enrolled in aging courses and programs; 523 of these students received financial assistance under the provisions of the AoA fiscal year 1975 awards.

II. In-Service Training

AoA has supported a number of short-term intensive training programs which have provided skills to several thousand persons recruited from all parts of the country. With the implementation of titles III and VII, a great many newcomers, requiring such training programs, have been attracted to the field of gerontology. Moreover, upgrading of competencies has been required for many persons who were already in the field of aging prior to the passage of the 1973 Amendments to the Older Americans Act. During fiscal year 1975 support for in-service training was expanded to meet these needs. Examples of these training activities include the following:

Syracuse University developed a series of State leadership conferences and trained approximately 125 State agency executives and key staff in leadership roles and responsibilities deriving from the broad mandate of the title III legislation.

The Assistance Group, Inc., of Silver Spring, Md., trained, during fiscal year 1975, approximately 75 State agency personnel in techniques of providing technical assistance to persons at State and local agencies who are responsible for meeting the Administration on Aging's requirements for information and referral programs.

Under title IV, part A grant support, nutrition training conducted by five training organizations was provided for approximately 2,620 persons. In addition, resource publications were developed specifically for use in the title VII program, as well as for all nutrition and consumer education activities for older persons.

Ten colleges and universities conducted symposia for faculty members and others offering courses related to the needs of older persons. The Symposia presented current information on training materials and methods as well as information related to programs under the Older Americans Act.

To supplement the short-term training activities undertaken to upgrade the competencies of State and area agency personnel and nutrition project staff, $4 million of fiscal year 1974 funds were awarded in June 1974 to State agencies on aging to be used by them in meeting fiscal year 1975 State and local training

and manpower development needs not addressed by the national training efforts, but necessary for effective implementation of the 1973 Amendments. Approximately 12,000 persons were trained as a result of these awards. Late in fiscal year 1975, $3.5 million was awarded to State agencies on aging to continue during fiscal year 1976 the support of training which meets the priority in-service needs identified for State and area agency personnel. State agencies were encouraged to work with post secondary educational institutions serving planning and service areas with established area agencies on aging in the development and delivery of training courses.

III. Manpower Development

As part of the plans for implementing its responsibilities under section 402 of the Act, the Administration on Aging in fiscal year 1974 entered into a joint agreement with the Bureau of Labor Statistics, Department of Labor to assist in developing information on manpower needs in the field of aging.

During fiscal year 1975 the Bureau of Labor Statistics completed a study entitled "Manpower Needs in the Field of Aging: The Nursing Home Industry." This study presents an analysis of the manpower needs of nursing homes as well as an analysis of future supply—demand conditions for several key occupations in the nursing home industry. This document has been printed and is available for distribution from the Administration on Aging.

Future studies are being planned that will be devoted to the occupational outlook of a specific industry or occupational field of high priority concern to older persons. As these studies are completed they will be disseminated as part of a series of technical papers that will be available to researchers, educators, practitioners and students in gerontology and related fields.

In further support of its responsibilities under section 402 of the Older Americans Act, AoA has begun planning for public hearings, to be held during the spring of 1976, which are designed to generate informtion on manpower needs in the field of aging.

The Older Americans Comprehensive Services Amendments of 1973 direct the Commissioner on Aging to support activities designed to attract a greater number of qualified persons into the field of aging. Young people enrolled in high schools, vocational and technical schools, colleges, and universities are more likely to plan and prepare for careers in the field of aging if they are aware of the career opportunities available. Recognizing the absence of vocational guidance materials that provide information on current and projected future job opportunities in the field of aging and related guidance information, the Administration on Aging has asked the Bureau of Labor Statistics to develop and disseminate vocational guidance materials that discuss careers in the field of aging. The information developed will be presented in format consistent with vocational guidance materials currently published by the BLS and will be published in the fall of 1976 with a special issue of the *Occupational Outlook Quarterly* that will be devoted exclusively to the field of aging.

Other AoA activities during 1975 conducted in response to the legislative mandate for manpower development included the following:

A project for identifying, classifying, and evaluating training materials in gerontology. This project provides a clearinghouse capability relative to resources developed for training personnel in the field of aging.

A project to prepare videotapes illustrating basic aging concepts for use in training at many different levels and in many settings—for example, paraprofessional courses in junior colleges, baccalaureate and masters level courses in universities, and in-service training sessions for human services staff at State and area agency levels. Supportive materials adapted to the learning audience are also being developed.

A project to introduce information on design for the elderly into architechtural design education and continuing education programs. Teaching aids and design guides are being developed and tested in architectural school settings.

Three project grants designed to identify the informational materials and training needs of area agencies on aging in their work with service providers.

Continuation support for a project to train American Indian paraprofessionals working with elderly American Indians.

IV. Conferences

Support for national conferences was provided by AoA to initiate new developments in the field of aging, and to share nationally the knowledge gained from research, demonstrations, and significant experience. The following awards were made in fiscal year 1975 for conferences:

U.S. Project on the Elderly, U.S. Conference of Mayors.

Gerontology as a New Frontier in Higher Education, Association for Gerontology in Higher Education.

Seminar on the Care and Needs of Elderly Mentally Ill in Nursing Homes and Board and Care Homes, American Psychiatric Association.

Central Conference of American Rabbis Conference on Aging and Planning for Retirement, Central Conference of American Rabbis.

Youth Conferences on New Charter for Older Americans, National Retired Teachers Association/American Association of Retired Persons.

F. EVALUATION

The fiscal year 1976 evaluation plan will continue to stress the evaluation of the major AoA program activities: the area planning and services program, nutrition program for the elderly, interagency agreements, and participation in title III programs. Contracts for the fiscal year 1975 evaluations of title III, title VII, and information and referral were let in the first quarter of fiscal year 1976. (Contract awards were delayed due to limitations on contracts included in the fiscal year 1975 DHEW/DoL Appropriations Act.)

The following new projects began in early fiscal year 1976:

I. Longitudinal Evaluation of the Nutrition Program

AoA published a request for proposals for this evaluation based on a methodology previously pilot-tested under contract by AoA. The contract was awarded to Opinion Research Corp. of Princeton, N.J., and Kirschner Associates, Inc. of Albuquerque, N. Mex. The evaluation study will attempt to measure the impact of the program in terms of its effect on the health status, nutritional status, isolation, life satisfaction, longevity, and institutionalization of the participants. It will also determine the relationship of these impacts to nutrition project characteristics and policies in order to recommend improvements.

II. Area Planning and Services Program Evaluation

Based upon in-house research and information collected by the National Bureau of Standards, AoA developed a methodology for the evaluation of the organizational effects of area agencies on aging. A request for proposals was published and Westat, Inc., of Rockville, Md., was selected to perform this evaluation. Ecosometrics, Inc., of Bethesda, Md., and Robert Walker and Associates of Minneapolis, Minn., will serve as subcontractors. This study will attempt to measure changes in organizations included in the services delivery systems for older persons resulting from the efforts of area agencies on aging.

III. I. & R. Evaluation

The Older Americans Act required that I. & R. services be available and accessible to every older person. AoA signed a contract with Mark Battle Associates of Washington, D.C., to measure the progress of State and area agencies on aging in developing the elements and components of I. & R. services consistent with AoA guidelines for such services.

IV. Title XX Evaluation

Title XX is a major potential source of funds for services to older persons. AoA is cofunding with SRS the first major evaluation of this new program. The evaluation will study both the effect of the program on older persons and the involvement of State and area agencies on aging in the title XX planning process.

The following projects were completed in 1975:

(1) *Older Americans Status and Needs Assessment Survey System.*—The Older Americans Status and Needs Assessment Survey for use by State and area agencies has been completed and distributed. The package included a pretested survey form, survey manual, interviewer training manual and a utilization man-

ual. The utilization manual discusses use of the data collected for public relations, legislative relations, planning, evaluation, and coordination.

(2) *Secondary Data Manual.*—A manual describing sources and uses of secondary data, such as census reports, for use in planning by State and area agencies was developed and will be distributed with the State and Needs Assessment Survey.

(3) *Evaluation and Monitoring Tools for Area Agencies on Aging.*—Three self-evaluation and monitoring tools were disseminated to State and area agencies on aging. The tools with the following areas:

a. Self-assessment of basic functions and preparation for the State assessments;

b. Evaluation of existing service providers capacity;

c. Evaluation and monitoring of service providers with whom the area agencies have agreements or contracts;

Each of these tools was pretested in five area agencies on aging in order to determine its applicability and ease of performance. State Agency and Regional Office staffs were trained in their use. These tools provide optional technical assistance.

The following studies were completed in 1975:

(1) *Nutrition Outreach Evaluation.*—This evaluation measured the effectiveness of the nutrition projects in reaching and serving those most in need of nutritional services. It found that the minority and low-income elderly were reached by most sites in as great or greater percentages than are available in their areas.

(2) *Strategy Evaluation for the National Clearinghouse on Aging.*—This project produced a strategy for establishing the Information Resources Center in Aging within the National Clearinghouse on Aging. It surveyed potential Clearinghouse users and sources of information as a basis for that strategy. (See National Clearinghouse on Aging section for more information.)

(3) *R. & D. Utilization Evaluation.*—This project collected information on highly utilized and poorly utilized R. & D. (mainly demonstrations) projects and determined that potential users, primarily practitioners, want copies of final reports rather than brief articles and also the opportunity to discuss the results with the project director on other users. Both project directors and potential users of project findings were surveyed.

(4) *State Agency Evaluation.*—This project used the structured case study approach to evaluate the effectiveness of State agencies on aging in terms of their planning, coordination, assessment, advocacy and technical assistance functions. The results showed that different States have developed at different rates. It is also studying SSI alert. Fifteen State agencies were studied and both qualitative and quantitative information collected.

(5) *Evaluation and Monitoring Tools for the 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.

(6) *AoA Data Base.*—Documentation Associates of Los Angeles, Calif., under AoA contract, collected documents containing data on the minority elderly and services to older persons for the AoA Data Base. This data will complement the existing collection of statistical data on two of AoA's priority target groups; the low-income elderly and the impaired, noninstitutionalized elderly. The documents will be indexed and a retrieval system developed to allow the user to locate relevant references. Also developed under this contract is a thesaurus of terms covering the field of gerontology. This thesaurus will be of use to all professionals in the field of gerontology. Further information on the Data Base is contained in section G of this report.

(7) *Social Statistics System for the Elderly.*—The Census Use Study Group of the Bureau of the Census is developing a social statistics system for use by State agencies on aging. The system will 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. A prototype system is being developed for Nebraska. A handbook including complete instructions will be provided to allow duplication of the prototype system by other State agencies who elect to do so. A report discussing the Nebraska experience will also be published.

A feasibility study for a similar system for use by Area Agencies on Aging was performed. The study report was reviewed and it was determined not to develop the system.

The following studies are in progress:

(8) *Evaluation of Aging Magazine.*—An in-house evaluation is being conducted to assess *Aging*, a magazine published by AoA's National Clearinghouse on Aging.

(9) *Evaluation of Alternatives to Institutional Care (Cosponsored with SRS).*—Work is underway to develop a study methodology through the use of sample surveys to determine costs and impact of various forms of long-term care in both community and institutional settings. The methodological approach is being developed as part of the Older Americans Resources and Services (OARS) study at Duke University in North Carolina.

G. NATIONAL CLEARINGHOUSE ON AGING

The National Clearinghouse on Aging was created by the Administration on Aging in response to the authorization contained in title II of the Older Americans Act Amendments of 1973. The Clearinghouse is charged with: (a) Collecting, analyzing, and disseminating information about older people and their needs; (b) providing information to people, agencies, and organizations with respect to programs for older persons; (c) encouraging the establishment of State and area information centers and referral services; (d) carrying out a program of consumer education for older people; and (e) stimulating other agencies to prepare and disseminate information for the field of aging.

The national network on aging—AoA, the State, and area agencies on aging, the nutrition projects, and cooperating public and private agencies and organizations—requiries a wide spectrum of information in order to serve effectively as advocate and program facilitator toward realization of the national goals for older persons, and to meet its own program objectives. The range of information needs includes: General information about the problems and conditions of the elderly necessary to raise the level of awareness, concern, and sensitivity of the public-at-large to the situation of the aged and aging; information intended for older persons to increase their awareness and familiarity with social and health services available for their use; information regarding the results of research in the field of aging for the use of professional practitioners; information on the planning, programing and administration of services for the use of public and private agencies; comparative statistics and related data on the aged and aging to assist decision-makers at all levels in policy formulation, goal specification and resource allocation.

The 1975 report describes Clearinghouse activities in five functional areas:

I. Information and Referral

The Older Americans Act Amendments of 1973 and related regulations require that State and area agencies on aging must insure that all older people have reasonably convenient access to information and referral services. These information and referral efforts will help link older persons with opportunities, resources, and services that enable them to meet their needs and enhance the meaning of their later years. Information and referral services also aid in collecting and reporting information about the needs of older people and the adequacy of resources available to them. Viewed in these terms, an information and referral service becomes a cornerstone for building comprehensive coordinated service systems for older people.

The primary responsibility for developing information and referral policy, procedures, guidelines, and information is lodged in the National Clearinghouse on Aging, which works closely with the Office of State and Community programs to implement the statutory requirements. Thus, NCA participated in the review of fiscal year 1976 State plans to determine how States are meeting the statutory information and referral requirement.

(a) *Technical Assistance and Guidelines to State and Area Agencies.*—The number of agencies providing information and referral services continued to grow throughout 1975. This is due to AoA's advocacy for the provision of these services and growing awareness among older people and others that the elderly require help in locating opportunities and services that will help improve their circumstances of living.

With increased financial support for I. & R. set forth in the new Social Security Act title XX comprehensive State plans beginning in October, 1975, the need to coordinate information and referral services at the State and area levels becomes more compelling. Coordination of information and referral activities is underway through agreements established among departments and agencies at the

Federal, State and local levels. See the following section on Interagency Cooperation.

During 1975, technical assistance was provided to State and area agencies in concern with regional office staff to encourage the establishment of State information and referral networks. The purpose of establishing such networks is to assure effective statewide services coverage for older persons through access to information and referral services. Other network activities include the development of statewide resource files and statewide uniform reporting and service classification systems.

Additional technical assistance to the field was provided through the development of State and area agency assessment guide tools, in cooperation with AoA's Office of State and Community programs. A section in each of these guides is devoted to assessing the adequacy of information and referral services. The results of these assessments will be forthcoming during calendar year 1976.

A product of research in information and referral services resulted in the publication and dissemination of the document, *I. & R. Program Configuration: A Guide for Statewide Planning.* This guide was prepared to assist States and other jurisdictions in determining the nature, location, staffing requirements, and other elements of information and referral services that will best meet the needs of their older populations.

(*b*) *Interagency Cooperation.*—During fiscal year 1975, the Administration on Aging, working with an Interdepartmental Task Force on Aging, negotiated a joint working agreement among 15 departments and agencies having responsibility in the I. & R. field and an intradepartmental agreement involving the Social Security Administration, the Social and Rehabilitation Service, and the Administration on Aging.

The task force worked under the aegis of the interdepartmental working group on aging created by the Committee on Aging of the Domestic Council. The working agreement objectives are: (1) To extend and coordinate efforts of participating departments and agencies in I. & R. and (2) to encourage their counterparts in State and communities to cooperate in making I. & R. services immediately available to older people.

In May of 1975, the agreements were transmitted to the regional offices of all participating agencies. AoA program directors in the regions were asked to set up interagency task forces to foster appropriate activities of regional, State and area levels, and to monitor and evaluate progress in achieving the stated objectives. In the 10 regional office cities, the AoA program directors are assisted by members of the Federal regional councils and the Federal executive boards. In 27 additional cities, Federal executive boards assist area agency on aging executives in extending and improving I. & R. services.

Task force members currently are assessing their agency for programs in carrying out the specific I. & R. objectives as identified in the interdepartmental agreement. The interdepartmental I. & R. task force also is identifying task force priorities which will further accelerate the delivery of coordinated I. & R. services at the local level.

The Clearinghouse is also coordinating its I. & R. activities with the work of the Human Services Information Systems program of the Office of Intergovernmental Systems, Office of the Secretary, HEW.

(*c*) *Grants and Contracts of National Scope.*—The Administration on Aging awarded a national contract to evaluate information and referral services designated by the State and area agencies on aging to meet AoA's minimum requirements. A total of 66 randomly selected I. & R. services will be visited. The results of this evaluation will be available during 1976.

Reaching older people residing in rural areas is the focus of an Administration on Aging model project grant, "A mobile I. & R. program in southwest Missouri." A travel van will wind its way through 20 rural counties in an effort to reach isolated older persons and connect them with services. Information concerning this demonstration will be available during 1976.

Findings and documentation from other national scope efforts to be made available during 1976 include a regional I. & R. Support System, United Way, Pinellas County, Fla. and Hampton Roads Information Center Documentation, Norfolk, Va.

II. The Information Resource Center

The National Clearinghouse on Aging Information Resource Center was opened to AoA staff and the network during 1975. The existing data base was extended and indexed and a strategy for further development was approved.

(*a*) *Extending and Assessing the Data Base.*—The data base was broadened by the addition of two new target subjects: Minority elderly and provision of services to the elderly. Information on low-income and the impaired noninstitutionalized elderly was updated. At the end of the calendar year, the data base had 2,600 documents.

Work is in progress to gather AoA research grants and to index the grants for inclusion in the information center. A contract which is being carried out under the interdepartmental task force on research in aging will provide indexing and abstracts for a total inventory of research in aging carried out during the past 10 years.

Indexing and retrieving data base materials is facilitated by the completion of a Thesaurus. The Thesaurus will also provide a standardized vocabulary for the field of aging. It will be updated with new terms on a continuing basis to provide for growth and change in the gerontological vocabulary.

(*b*) *Development of a Strategy.*—The year 1975 marked the completion of a survey of needs of potential users of a gerontological information system and a survey of existing information resources. Results of these surveys formed, in turn, the basis for completion of a strategy for future development of the Information Resource Center. The study, prepared under contract, recommended the establishment of a decentralized national network of gerontological information. The information network will be modeled after ERIC (Educational Resource Information Center) system. A summary of findings for the study is available from the Clearinghouse in the publication *Summary of Findings and Recommendations, Strategy for the Development of The National Clearinghouse on Aging.*

III. Statistical Analyses

The statistical staff of the Clearinghouse produced a number of documents and sets of statistical data during 1975 and initiated an interagency coordination project.

(*a*) *Provision of Statistical Data.*—A statistical brochure, *Facts About Older Americans: 1975*, presenting a quantitative profile of the older population was published early in the year. Multiple copies were distributed throughout the network on aging and elsewhere.

A trend analysis projecting the size and composition of the older population to the year 2,000 was published as a statistical memo and in the June–July issue of *Aging* magazine.

The November issue of *Aging* magazine, which was devoted to the elderly woman, included an article entitled "A Profile of the Elderly Woman."

A contract was executed with the Census Bureau to provide AoA with a count of persons 65 years of age and older by county. Besides these estimates the staff developed estimates of persons 60 years and over for counties, planning service areas and States. These estimates were sent to the State and area agencies on aging to assist them in formulating their plans and evaluating programs. A notice of the availability of these estimates in the November issue of *Aging* magazine has resulted in numerous requests for them from Federal agencies, universities, private organizations, and individuals.

Two tabulations on the presence of complete kitchen facilities one by State and the other by county groupings, were produced from the 1970 Census Public Use Sample. Each tabulation shows the number of households containing persons 60 years old and over with and without complete kitchen facilities. The number of persons 60 years old and over is also shown and all data are cross-classified by urban-rural residence. The purpose of the tabulations is to provide estimates of the number of elderly persons whose lifestyle, including their nutritional status, may be affected by lack of complete kitchen facilities.

Based on the State tabulation, an analysis on households and elderly persons without complete kitchen facilities was published in Statistical Memo. No. 32.

As a result of an interagency agreement with the Office of Native American programs within HEW's Office of Human Development, the staff is developing—with the assistance of the Bureau of the Census—a statistical study of the American Indian population 55 years of age and older.

(*b*) *Development of Additional Data.*—An interdepartmental task force on statistics has been formed from among 19 Federal agencies to determine what gaps in the statistics on the elderly exist. A first task of the members was to prepare an inventory of data collection programs within their respective agencies to help fill the gaps and improve the statistics on the elderly. The objective of the task force is to construct an interagency agreement which is to bring about better

cooperation between agencies and coordination of information. 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.

(*c*) *Response to Specific Requests.*—AoA responded to numerous requests for demographic, financial, and other data about the older population. Requests came from public agencies at Federal, State, and local levels and from nonprofit and profit organizations. Data were sought for purposes of research, planning, program administration, evaluation and education. Several requests came from the Senate Special Committee on Aging, the House Ways and Means Committee, and other legislative committees.

IV. Public Inquiries and Publications Distribution

The numbers of written and telephone inquiries and visitors to the Public Inquiries and Publications Distribution division continued to increase during 1975. Inquiries concerned the impact of current economic and energy problems on older people, transportation needs, housing, employment, medical care, legal services, nutrition, volunteer opportunities, senior centers, and consumer protection. Requests for information and publications came from older people, their families and friends, organizations, professional personnel, and congressional offices. Many of the inquiries were forwarded from the White House, members of the Congress, and other Federal agencies.

Responding to the inquiries and requests required the preparation of 2,671 letters and the handling of 11,400 telephone calls during 1975, representing significant increases over the preceding year.

During the year AoA distributed 559,000 copies of publications addressed to older people and to personnel of agencies serving the older population. Many of these go out with letters in response to inquiries; the majority are distributed in response to direct requests from individuals or from organizations for distribution at meetings and conferences. Bulk orders are filled by the Office of Human Development's Publication Distribution Center. Most of AoA's publications are sold by the Superintendent of Documents.

V. Public Information Activities

Public information activities of the clearinghouse continued to focus on providing support for the expanding network of public and private agencies working for and with older Americans and to assist in spreading general awareness of the circumstances, needs, and contributions of the older population.

(*a*) *Support for the Field.*—The newsmagazine, *Aging*, entered its 26th year of publication with a reaffirmed dedication to assisting agencies and organizations responsible for planning, initiating, conducting, and evaluating programs and services for older persons in all States and hundreds of communities throughout the country. The magazine publishes news of innovative developments here and abroad in the field of gerontology, as well as programs proposed by the President and the executive branch, legislation on the subject acted upon by the Congress, and reports by many public and private organizations.

The May 1975 Older Americans month issue of *Aging* contained a 15-page section, describing programs and activities of the AoA, for which there is a continuing demand.

The Public Information unit produced and distributed to State and area agencies and nutrition projects a manual entitled *Public Information Activities For State and Area Agencies on Aging.* The manual has been useful to these agencies in spreading information about programs and older people in cooperation with the newspapers, periodicals, radio, and television.

A series of four 15-minute sound/slide shows, produced through a university, was distributed to all States and territories and the 10 HEW regional offices. These shows deal with the four major categories of information and referral, telephone reassurance, volunteers, and the use of school lunch facilities for the elderly.

The Public Information staff, with the aid of regional office personnel in aging, launched a survey of newsletters produced by the State and area network. It is expected that study of these publications will enable the Clearinghouse to improve its communication services to network agencies.

(*b*) *Creating Public and Older Person Awareness.*—The several activities in this area included the construction and opening of a Bicentennial exhibit in the

display area of the new HEW South Portal Building in Washington. Opened in January 1976, the exhibit will probably be viewed by thousands of visitors during the Bicentennial Year. The subject of the exhibit is the State and community grants programs, funded under titles III and VII of the Older Americans Act, and administered by AoA. It explains how area agencies on aging throughout the United States and its territories are encouraging the establishment of comprehensive coordinated systems of services to help older Americans maintain their independence through their later years.

The exhibit includes a large wall plaque reproducing the "Declaration of Objectives for Older Americans" from the Older Americans Act, a slide-sound show explaining the exhibit and the purpose of the area agencies, a map showing all planning and service areas, and bins keyed to the map providing Area Agency address cards. A number of AoA publications are also provided as pickups for visitors.

In 1975, the film *Don't Stop the Music*, showing older people engaged in a wide range of activities, was shown 2,571 times to a total viewing audience of 88,712. The film also was shown 199 times over cable television to an estimated 367,400 persons.

A 10-part television series on Aging produced by AoA in association with WRC–TV, Washington, D.C., for showing on NBC-owned stations continues to be shown. It is aimed at examining attitudes toward aging and problems faced by older Americans and indicates services designed to help older people live independent and rewarding lives.

Television and radio spots directing older people to information and referral services were distributed to State and area agencies on aging for use with local stations.

Also to aid older people in discovering sources of assistance to them, the booklet, *To find the Way to Services in Your Community*, was rewritten with updated material and renamed *To Find the Way to Opportunities and Services for Older Americans*. A Spanish translation of it also has been published.

A section on publications for Older Americans was included in the 1975 Consumer Information Center *Index of Selected Federal Publications of Consumer Interest*. Copies of the index are distributed to the field for their use.

Other consumer activities included working with the Office of Consumer Affairs within the Office of the Secretary to assist in producing scripts for radio shows on consumer affairs involving the elderly, produced by that unit.

(*c*) *Publications.*—The Clearinghouse issued several publications produced by its own staff, by other AoA offices, and by outside organizations through grant or contract. Especially significant among these were:

Older Americans Act of 1965 as Amended, a compilation of provisions of the original Act and subsequent amendments, as of December, 1974. In January, 1976, a new compilation, incorporating the 1975 amendments (Public Law 94–135) was being printed.

Facts About Older Americans 1975—a statistical profile of older Americans and their geographic distribution.

The first of a series of AoA Occasional Papers in Gerontology covering *Manpower Needs in the Field of Aging: The Nursing Home Industry.*

Homes for the Aged: Supervision and Standards, A report on the legal situation in European Countries, by Ernest Noam and issued in English translation.

I. & R. Program Configuration: A Guide For Statewide Planning, the latest in a series of publications dealing with Information and Referral Services.

Transportation for the Elderly: The State of the Art, the report to Congress on transportation required by section 412(a) of the Older Americans Act of 1965, as amended in 1973.

In addition, several fact sheets describing Federal resources in such areas as transportation, nutrition, employment and voluntary services were prepared and distributed to program personnel and to older persons throughout the country.

Public Information staff dealt with requests for assistance from both general and special interest reporters covering the field. Increasing interest in the field of aging by the general public is reflected by increasing calls for background information and explanation of policy by the general press, radio, and TV especially.

(*d*) *Freedom of Information.*—The Freedom of Information function, added as an additional function for the Public Information Division in 1975, resulted in several major tasks.

Besides several requests for advice on handling FOI requests, maintenance of file material under FOI, and an average of four to six requests a week for assistance on interpretation of regulations, there were several major requests for information under FOI.

All FOI requests have been answered well within the required 10-day working period.

H. SPECIAL PROJECTS

I. AoA Role in Disaster Planning Program

During the year the Administration on Aging continued to be involved in disaster preparedness planning and disaster followup activities, utilizing the Regional Offices of Aging, State and area agencies on aging and title VII nutrition projects. Much of this effort was based on the experiences of AoA following Hurricane Agnes and the tornadoes which swept across the midwest and southeast in 1972 and 1974 respectively, and on the recommendations and framework established by the AoA disaster preparedness planning conference held in December, 1974.

Following up on the recommendations of the conference, AoA pursued the possibility of a mission assignment from the Federal Disaster Assistance Administration (FDAA) so that the national aging network could quickly respond with an assurance of financial reimbursement in disaster situations. FDAA for various reasons deemed this request inadvisable on a national basis and as an alternative AoA is currently pursuing joint agreements/working arrangements with FDAA, the American National Red Cross, the National Institute of Mental Health, American Bar Association, and other disaster relief agencies to insure that the special needs of old disaster victims are addressed.

The Administration on Aging has continued to respond to disasters affecting older persons, whether Presidentially declared emergencies or not. The AoA efforts in establishment of the disaster assistance network to assist older victims have resulted in "hot-line" communications between central and regional offices as soon as word has been received of a disaster. Prompt alerting of State and area agencies has become nearly automatic in order to determine the extent to which older persons are affected, the magnitude of their short and long range needs, and to see that linkages are immediately affected with available disaster assistance.

During the year, AoA has worked with nine regional offices of aging and through them 25 State agencies on aging on disaster relief activities caused by floods, fires, tornadoes, a hurricane, and a volcano. The most extensive damage and effect on older persons was experienced in Omaha, Nebr., which was struck by a tornado in May. The region VII office of aging, The Nebraska State Commission on Aging, and the Omaha area agency on aging, immediately responded with an extensive outreach program which identified several hundred older persons who were affected by the tornado.

AoA funded a model project to assist the Omaha area agency on aging in responding to needs and documenting the steps followed in providing disaster relief assistance. Chore services, nutrition services, transportation services and legal aid were made available within five days after the tornado struck. The services to the elderly were immediately incorporated into the official disaster assistance operation with long range followup built into the program.

Under the model project, the region VII office of aging has continued to work with the Nebraska State Commission, the University of Nebraska at Omaha, and the regional FDAA office. This has resulted in a working agreement between the regional aging and FDAA offices involving the States and area agencies in region VII; a draft "what-to-do" pamphlet based on the Omaha documentation; a draft preliminary report of research efforts on natural disasters and the elderly; and a proposal for a conference on preparedness planning for post-disaster services to older persons to be held early in 1976.

II. SSI-Alert Activities

Although the Administration on Aging did not fund any additional SSI-alert projects during 1975, the impetus and some funding during the latter part of 1974 carried into 1975. Consequently a number of area agencies on aging included in their outreach efforts the locating of potential SSI recipients and made referrals to the Social Security Administration.

Carry-over funds in three States served by region VII were used specifically for outreach on Indian Reservations. In North Dakota the SSI-alert efforts on reservations produced 89 applications with 34 found eligible and all applications pending at the end of the year. In addition, 10 claims for social security benefits were filed. In South Dakota 41 applications were taken for SSI, 10 were found eligible and 23 were pending in December. In addition, 29 claims for social security benefits had been filed. The SSI-alert in Wyoming, which was partially funded by the Tribal Council, produced 118 claims for SSI of which 26 were approved.

The Administration on Aging has also continued to work with the Social Security Administration in the latter's efforts to develop additional outreach activities to find potentially eligible SSI recipients.

III. Older Vietnamese Refugees

The Administration on Aging became involved in the Department of Health, Education, and Welfare effort to relocate Vietnamese refugees through the assignment of office of aging staff from some regions to relocation centers and through followup on the relocation of elderly refugees. The national network on aging was alerted to the possible needs of elderly Vietnamese for sponsors and assistance due to language barriers. Reports were received from directors of offices of aging in the four regions where the relocation centers were located. In addition, reports were provided by both State and area agencies on aging in which the relocation centers were operating.

Because the numbers of elderly refugees not connected with extended families proved to be few, it was not necessary for the Administration on Aging to launch a concerted program. Reports from the regions indicated that senior citizen groups in communities, where elderly Vietnamese were relocated, were attentive to their needs.

IV. Bicentennial Program in Aging

The Commissioner suggested during the spring that consideration be given by older Americans to an updating of the declaration of rights and obligations set forth in the senior citizens' charter written during the 1961 White House Conference on Aging. The suggested process was that advisory committees to State agencies on aging and advisory committees to area agencies on aging conduct Older American Bicentennial Forums beginning in May, Older Americans Month.

The President in proclaiming Older Americans Month supported the Bicentennial effort. He wrote—"I urge everyone to participate in the efforts to achieve the goal of proclaiming a new Declaration of Rights and Obligations for Older Persons, which can become a rallying point for our Nation during the Bicentennial year of 1976 and a guide to action during the Bicentennial year of 1976 and a guide to action during the years ahead."

The Commissioner and the Chairman of the Federal Council on the Aging also agreed that the Council would develop a revision of the 1961 Senior Citizens' Charter for consideration during the Bicentennial year. Some of the State agencies on Aging and area agencies on aging advisory committees chose to submit suggested revisions for consideration by the Council. The December report of the Council stated that the members endorsed a revision to be called the "Bicentennial Charter for Older Americans." The Council plan also called for transmittal of the Charter to the President so it could be incorporated in a Presidential proclamation during the Bicentennial year.

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 within five primary categories: (1) Consumer advocacy, (2) consumer education, (3) consumer redress, (4) planning

and analysis, and (5) the low income consumer. 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.

Mrs. 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 a 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.

Because of the public hearings co-sponsored by OCA and the Council on Wage and Price Stability on repricing of existing supermarket shelf inventory, consumers have realized tremendous savings. The hearings put significant pressure on the retail food industry and shortly afterwards numerous supermarkets announced that they were abolishing repricing and/or adopting other related marketing strategies or delays in posting increased prices. Based on data provided during the hearings, the abolition of supermarket shelf inventory repricing would carry with it about $325 million in annual savings to consumers in the form of lower prices. These savings have been particularly significant for the elderly consumer, especially those on low, fixed incomes.

LEGISLATIVE COMMENTS AND CONGRESSIONAL SUPPORT

OCA has continued to support legislation pending before Congress in behalf of the consumer as well as proposing and commenting on proposed changes in Federal regulations. Among the topics covered were such critical issues to the elderly as credit discrimination, energy, food advertising, unfair trade practices and consumer redress. For example, OCA submitted comments on the proposed regulations of the Social and Rehabilitation Service implementing the provision of the Social Security Act mandating upper limits of reimbursement for prescription drugs. OCA also submitted comments to the Federal Trade Commission urging the lifting of prohibitions on the posting of prescription drug prices. This would particularly assist elderly consumers to stretch their medical dollars by allowing them to comparison shop.

VOLUNTARY CONSUMER ORGANIZATIONS

The Office of Consumer Affairs has continued to maintain close liaison with national associations having special interests in problems of the elderly and has also continually worked to assure that spokesmen for the elderly be included in consultations seeking consumer leader advice on national policy issues. In this connection, OCA assured that representatives of the elderly participated in the administration's meetings and briefings on consumer issues and programs. These included the March 4, 1975 meeting of the Vice President with consumer leaders, the Whip Inflation Now (WIN) Task Force on Consumer education and the preconference planning sessions for the regional public hearings held on the Consumer Representation Plans.

FEDERAL CONSUMER REPRESENTATION

The Office of Consumer Affairs 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 17 agencies under the executive branch development 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 action.

OCA made special mailings of the Consumer Representation Plans to organizations representing the low income and elderly consumers in order to get their input and written comments on the plans. Representatives of low income and elderly consumer organizations were also invited to participate in the regional public meetings held in ten cities.

Noteworthy among individual agency proposed plans is the one from the Social Security Administration which would be especially significant for senior citizens living on social security. The Social Security Administration is developing a pilot project to test the desirability of establishing a social security ombudsman. The ombudsman would be available to persons experiencing problems in social security matters. They are also considering the establishment of a toll-free information service. *Consumer News* will continue to keep its readers abreast of the developments in this area.

STATE AND LOCAL CONSUMER PROGRAMS

The Office of Consumer Affairs in 1975 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. By December 31, 1975, these totaled 135 State consumer offices, 158 county offices, and 69 city consumer offices, and a growing number of these offices now have, or are considering, special information and education programs for the aging and/or concentrated enforcement efforts against frauds and deceptive practices which are directed toward the elderly.

For the past 4 years, the Office of Consumer Affairs has compiled and distributed *State Consumer Action*, which provides summaries of consumer laws and administrative programs adopted during the year by State, county, and city governments. The 1975 edition has a special section devoted to programs for the elderly consumer.

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 those offices. The 1976 directory which will be available soon also includes a listing of Federal information centers, Federal consumer information centers, and State public utilities commissions. These listings were included to insure that the directory be of special assistance to the homebound and/or handicapped consumer. Both *State Consumer Action* and the directory are 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 will be expanded in the next revision. The guide is free from the Consumer Information Center, Pueblo, Colo. 81009.

VOLUNTARY CONSUMER DIRECTORY

OCA is currently preparing a directory of established nongovernmental consumer groups. Those listed would be groups which derive funding support from voluntary memberships or are special interest agencies whose primary activities are one of consumer advocacy and/or providing service to individuals as consumers. We expect to include many organizations serving the elderly consumer. Like the directory of Federal, State, county and city government consumer offices, we expect this directory to be of special assistance to the homebound and/or handicapped consumer. This directory will also be available to the general public through the Government Printing Office.

TELEPHONE/HEARING AID COMPATIBILITY

For the past 3 years, OCA has sought to focus public attention on and seek resolution to the incompatibility problems associated with hearing aid devices and certain telephones. Following many meetings with the hearing aid and telephone industries, groups representing the hearing aid users, congressional leaders and regulatory agencies, OCA has obtained commitments from phone manufacturers and phone systems to introduce and reintroduce phone equipment that

is newly compatible with hearing aids of those with severe hearing loss. This represents upwards of 1 million users. The fruits of this effort are now being announced to groups representing the senior citizen and the hearing impaired. In addition, following the urging of OCA, several operating telephone companies have agreed to the disclosure in written advertising of noncompatibility between hearing aids and certain telephone models. This action should help to avoid future frustration and misunderstandings. OCA is currently working to stimulate other companies to adopt a similar policy in the future.

IMPROVED BANKING SERVICES FOR THE ELDERLY

Recognizing the potential benefits to older persons of free checking accounts and other services which banks are in a position to offer, OCA undertook a series of individual meetings with representatives of national senior citizen organizations, officials of Federal agencies, and the banking community to explore opportunities for the banking industry to provide expanded banking services for the elderly.

These initial activities culminated in a meeting of all concerned parties in August 1975. The purpose of the meeting was to identify the special needs of older persons and to examine a wide range of improved banking services which could be useful to them, such as estate planning, trust and will review, community financial seminars, and direct deposit of benefit checks.

OCA anticipates that on-going efforts with the banking community will result in the development of viable alternatives for the older American consumer in the financial market, and represents a continuing opportunity which, when combined with the activities of senior citizen organizations and other agencies, could result in significant financial benefit to these citizens.

2. Consumer Education and Information

PUEBLO INDIAN CONSUMER EDUCATION AND ADVOCACY PROGRAM

OCA developed, coordinates, promotes and continues to monitor an interagency demonstration project operated by an all Indian staff from the All Indian Pueblo Council. This program has trained Indian consumer officers from the 19 pueblos who, backed by a small central staff in Albuquerque, work out of individual offices on their pueblos. They conduct consumer education classes which many elderly Indians actively attend, and because the consumer officers all speak their native pueblo language, they are able to communicate with the elderly citizens. In fact, the link between the young consumer officers and the elderly Indians has generally been a very beneficial and mutually supportive one.

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. A recent broadcast featured information about the Federal Council on Aging.

CONSUMER INFORMATION CATALOG

OCA provides policy coordination to the Consumer Information Center which has the responsibility to identify areas of needed consumer information, encourage Federal agencies having the appropriate expertise to publish such information in a manner useful to the public, make the public aware that the in-

formation exists and finally, distribute millions of copies of such information to the requesting members of the public.

At the suggestion of OCA, the *Consumer Information Catalog* carries a special section for older Americans, listing selected publications of interest to senior citizens.

CONSUMERS AND INFLATION

OCA gave publicity to voluntary programs in communities throughout the country which were designed to help consumers cope with the problems of inflation and recession. Called the "People Helping People" campaign, the program publicized through press releases and other media presentations many projects benefiting the elderly consumer. OCA was assisted by members of Congress and other Federal officials in locating the programs. Through the "People Helping People" program, consumers and communities are made aware of what can be done at the grassroots level to resolve consumer problems.

NUTRITION

HEW—through OCA—the Grocery Manufacturers of America, and USDA sponsor the Advertising Council's Food, Nutrition, and Health Campaign to focus public attention on the importance of proper nutrition. Distribution of the publication *Food Is More Than Just Something To Eat*, prepared for the campaign, is near the 3 million mark. Published in a large type face and featuring basic information on nutrients and their sources as well as sections on changes in nutrient requirements as individuals grow older, the booklet has proven popular with older Americans. In the past year, in fact, the Administration on Aging purchased 85,000 copies for use in conjunction with its 800 nutrition program projects. The support of the advertising media for this campaign has been extremely gratifying. In calendar year 1974, the first year of the campaign, almost $19 million worth of free time on TV and radio and free space in newspapers and magazines was devoted to the campaign's advertising which was created voluntarily by the Young & Rubicam agency.

INFORMATION ON CONSUMER SERVICES

OCA, in conjunction with Consumers Union and the Washington Center for the Study of Services, is demonstrating the feasibility of developing and disseminating cost and quality comparison information on selected consumer services in the Washington area. A major result of this effort is the development of a manual for such evaluation and dissemination for use by consumer groups in any area of the country which will be available from the OCA. The dissemination vehicle for this demonstration is a quarterly magazine called, *Washington Consumers' Checkbook*. The first issue of *Checkbook*, just off press, is devoted to health services. Its coverage of cost and quality of services from significant Washington area providers of emergency health care, health insurance, prescription drugs, and nursing home and alternative services should be of exceptional value to older residents of the area. Through distribution of the "how-to" manual produced by the project, OCA hopes to stimulate consumer groups in other areas to develop and disseminate such information.

3. CONSUMER REDRESS

INDIVIDUAL COMPLAINT HANDLING

OCA handles more than 2,500 individual consumer complaints each month, many from senior citizens. About 20 percent of the complaints are referrals from the President, members of Congress, or other Federal agencies. Each complaint is carefully evaluated and brought to the attention of the appropriate Federal, State, or city government agency, trade association, or business firm for review and assistance to the consumer with response to our office and the consumer or congressional office. Senior citizens' complaints are even more critical because many of them live on limited incomes.

NURSING HOME CONSUMER ADVISORY PANEL

OCA has been working with the National Council of Health Care Services (NCHCS), an association of proprietary nursing home operators, to establish a consumer advisory panel (CAP). This CAP is patterned to a large extent

after complaint resolution and advisory groups OCA has helped to establish in several industries, including major appliances (MACAP) and furniture (FICAP), with positive results. Among the objectives of the new CAP are the following: (1) Provide a mechanism for prompt, fair and equitable resolution of consumer complaints concerning the services of the members of the NCHCS; (2) identify problems with the care and services of facilities that are annoying patients and families; and (3) review annually the state of the nursing home industry and identify generic problems from the perspective of the patient.

OCA is aware that NCHCS represents only a segment of the nursing home industry. If the NCHCS CAP is effective, however, it will serve as a model for other segments of the industry. It is worth noting that this CAP conforms to the complaint resolution regulations recently established by the Federal Trade Commission in implementation of the Magnuson-Moss Warranty Act, even though the act does not apply to nursing home services.

4. Planning and Analysis

The planning and analysis unit has provided and continues to provide analytic support in several areas. Among these are energy, inflation, productivity, credit, supply allocation, and food price problems—all of which greatly affect the elderly consumer.

In the year ahead, OCA will continue to promote the consumer's understanding of the lifetime or true costs of appliance ownership by pressing for Government and industry action; developing a publication that will provide consumers with evaluative information on local consumer services, such as nursing homes, health insurance, banking, credit, and auto service; encouraging the supermarket industry to eliminate sources of consumer irritation in the marketplace, such as upward repricing of shelf items, elimination of price markings on individual items when automated checkout systems (UPC) are installed by major food chains, and the improved quality and availability of unit pricing and open-dating programs; creating complaint-handling mechanisms within the household moving and hearing aid industries; and developing a standard system for gathering consumer complaint data, designed to improve the Federal Government's ability to respond to consumer complaints and conducting a nationwide, demographically stratified survey of consumer satisfaction and dissatisfaction with product and service purchases that will give for the first time a complete statistically reliable profile of the consumer problems most significant to the elderly.

5. The Low-Income Consumer

SPECIAL CONCERNS UNIT

During the past year OCA instituted a separate special concerns unit to work directly with civic, educational, social and community organizations providing services to low income, elderly and minority consumers. Besides providing information on an individual basis, OCA participates in workshops, conferences, and conventions providing information on possible funding sources and technical assistance for low income and elderly consumer projects.

THE NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY

OCA is working with the planning committee to set up a National Center for Appropriate Technology whose primary purpose would be to develop and implement innovative energy technology and energy systems that meet the needs of the elderly, the poor and near poor. The center, to be funded by the Community Services Administration, would work with community action agencies and other local community groups. OCA expects this 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) program (titles II, VII, XI, and XVIII of the Social Security Act as amended), and, for a specified period, the black-lung benefit provisions of the Federal Coal Mine Health and Safety Act of 1969. Since January 1974, SSA has also been administering the Federal

Supplemental Security Income (SSI) program for the aged, blind, and disabled (title XVI).

Social security coverage is the Nation's basic method of assuring income to a worker and his family when he retires, becomes disabled, or dies and of assuring hospital and medical benefits to persons aged 65 and over and to certain disabled persons. As of December 1975, 124.4 million workers were insured for retirement and/or survivor benefits, a figure which includes 14.9 million aged 65 and over and 1.7 million aged 62–64 receiving benefits. Nearly 60 percent of persons now filing for retired worker benefits are under 65.

1. Legislation

Two laws amending the social security program were passed in 1975. On December 31, 1975, Public Law 94–182 was signed, removing a technical defect in the social security law that would have prevented future increases in the monthly premium for medicare part B coverage. The law also (1) provides that the prevailing charge for any physician's service in fiscal year 1976 is not to be lower than the prevailing charge for that service in fiscal year 1975; (2) repeals a provision that medicare will not pay for covered services also covered under a Federal employees' health benefits plan unless certain conditions are met; (3) authorizes reimbursement for hospitalization utilization review activities performed by professional standards review organizations (PSRO's) and establishes the means for designating PSRO areas; (4) removes the requirement for total review or screening of hospital admissions under medicaid; (5) directs the Secretary of Health, Education, and Welfare to conduct a study of certain diagnostic services by optometrists; and (6) extends the Secretary's authority to waive medicare's requirement concerning 24-hour nursing service in participating rural hospitals.

Public Law 94–202, passed on December 19, 1975, was signed on January 2, 1976. It permits existing SSI hearing examiners to hear social security and medicare cases for a specified time and changes the time limit for requesting a hearing after a disallowed claim to 60 days (an increase from 30 days for SSI claims and a decrease from 6 months for social security claims). Other provisions of Public Law 94–202 include (1) a stipulation that certain State payments made on residency status are to be excluded in determining a person's SSI payment; (2) a requirement of advance notice to the States before a change in deposit procedures for social security contributions; and (3) a change in the system for annual reporting of wages.

2. Benefits and Beneficiaries

At the end of October 1975, 31.8 million people were receiving monthly social security cash benefits. Twenty million of them were retired workers and their dependents. The remaining beneficiaries were 4.3 million disabled workers and their dependents (a large increase over the 3.8 million recorded a year earlier), 7.3 million survivors of deceased workers, and 230,000 uninsured persons aged 72 and over.

The monthly rate of benefits for October 1975 was $5.7 billion. Retired workers received an average monthly benefit of $206; disabled workers, $225. For persons coming on the rolls for the first time in that month, the average awards were higher—$213 for retired workers and $246 for disabled workers. The higher increase in the amount of disability insurance benefit awards is also reflected in the fact that from September 1974 to September 1975, new disabled worker beneficiaries were responsible for 59 percent of the rise in the number of beneficiaries but 83 percent of the increase in the amount of monthly benefits paid under the disability insurance program.

Retirement, survivors, and disability insurance benefits paid during fiscal year 1975 amounted to $62.5 billion. Of that total, retired workers and their dependents received $39.7 billion in monthly benefits; disabled workers and their dependents, $7.6 billion; survivors of deceased workers, $14.6 billion; and special age-72 beneficiaries, $217 million. Lump-sum death payments accounted for $343 million of the total.

For beneficiaries under the black-lung program, the monthly rate of benefits in September 1975 was $72 million; per family, the average benefit was $235. Over 484,000 persons were receiving monthly benefits—166,000 miners and 318,000 dependents and survivors.

3. Medicare Operations

In January 1975 over 22.2 million aged and 2 million disabled persons were enrolled for hospital insurance benefits under medicare; 21.6 million and 1.9 million respectively were enrolled for supplementary medical insurance. Under hospital insurance, approved claims for all of fiscal year 1975 totaled 9.5 million, an increase of 7 percent over the 1974 figure. Reimbursements reached $9.0 billion, a 22-percent increase over the amount reimbursed under hospital insurance in fiscal year 1974. Short-stay hospital claims accounted for 85 percent of all bills approved and 95 percent of the total reimbursements in fiscal 1975. The average reimbursement per inpatient claim was $1,062; but each home health agency claim averaged only $123 and each skilled nursing facility claim, $470. The average number of covered days of care per inpatient short-stay claim was 10.7. The hospital insurance program is financed from part of the total social security contribution. Persons aged 65 and over who are not eligible for medicare hospital benefits may voluntarily enroll and pay a monthly premium which was raised from $36 to $40 on July 1, 1975; it will be increased to $45 in July 1976. During fiscal year 1975, intermediaries and carriers withdrew $10.4 billion from the hospital insurance trust fund for services under this program.

Under medicare's supplementary medical insurance program, 74.8 million bills were recorded for fiscal year 1975; 78 percent of them were for physicians' services. Reimbursements under supplementary medical insurance totaled $3.6 billion; the average reimbursement per bill was $48. The supplementary medical insurance program is financed by monthly premiums paid by those who elect to enroll for coverage and matched by the Federal Government. The medical insurance premium has been $6.70 since July 1974; it will be increased to $7.20 in July 1976. During fiscal year 1975, intermediaries and carriers withdrew $3.8 billion from the medical insurance fund for services under the program.

4. Supplemental Security Income

The SSI program is financed from Federal general revenues and replaces Federal grants to the State-administered programs of old-age assistance (OAA), aid to the blind (AB), and aid to the permanently and totally disabled (APTD). The new program became effective in January 1974 and establishes a Federal income floor as a base. States that paid amounts higher than this Federal base to recipients under OAA, AB, and APTD must supplement the Federal payments to maintain the higher income levels of these recipients. States can also provide optional State supplementation. As of July 1975, 39 States had established such optional programs. All States have the choice of administering their own supplemental programs or of having the Social Security Administration administer the programs for them. States choosing the latter are protected against increases over the 1972 costs for welfare payments to the aged, blind, and disabled because of increases in the numbers of eligible persons. By the end of fiscal year 1975, SSA was administering all State supplementary payments for 26 States and mandatory payments (with the State administering its own optional payments) for four States. In July 1975 an automatic 8-percent increase in Federal SSI payments became effective. Maximum monthly payment levels increased from $146 to $157.70 for an eligible individual and from $219 to $236.60 for an eligible couple. The monthly rate of benefits for federally administered SSI payments reached $500.7 million in October 1975 when 4.3 million persons were receiving monthly benefits—2.3 million aged persons were receiving $214.3 million; 1.9 million disabled persons were receiving $257.3 million; and 74,000 blind persons were receiving $11 million in benefits. During all of calendar year 1975, over $5.7 billion, most of it federally administered, was paid under the Supplemental Security Income program.

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 medical program has obtained data on the socio-demographic 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 non-medical 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 service delivery programs were initiated. The major thrust of this effort is to determine whether integrating services on a community-wide base 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, population-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 service 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 populations-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.

A research project primarily concerned with exploring the viability 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 Stanford 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 comparison of costs for participants of like functional capacity in nursing homes and the studied 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 intiating similar programs useful to innovators developing com-

munity 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 payments 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 Connecticut, 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.

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 permits 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 1976 include two evaluation projects which will study means to improve the mechanism for becoming eligible for medicaid. One project will examine the administrative link between the Supplemental Security Income program and medicaid eligibility, while the other project will determine means to facilitate the implementation of new medicaid policies.

Exploration of community-wide coordinated health and social service delivery programs will be augmented by an additional project which will attempt to demonstrate that more appropriate care may be delivered to recipients of long-term care services at equal or lesser cost through the organization of a centrally managed system of integrated health and social services operated through a client-oriented case management process. In addition, a fiscal 1976 contract with Abt Associates, entitled, "Methodology for Finding, Classifying, and Comparing Costs for Services in Long-Term Care Settings" has been undertaken. This is an effort to develop a structure useful for (1) comparing costs and services by patient characteristics and (2) comparing these costs and services across the spectrum of long-term care alternatives. The methodology, if refined, should be applicable for use by local communities or public interest groups, regional health planning centers, and State agencies in examining current services and planning services appropriate to community needs.

2. Social Services Program

During fiscal 1975 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. Under Federal legislation, funding of the social services for aging under title VI were included in the $2.5 billion ceiling on Federal financial participation for public assistance social services.

It has been estimated that for the fiscal year 1975 approximately 1.45 million of the aged received social services and it has been estimated that $248 million was expended for this group of eligibles.[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 family counseling, chore services, and protective services.

[1] Source: SRS annual report, fiscal year 1975 (CSA).

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 Aides, Inc. This latter includes a project funded by the Edna McCornell 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 older persons served by these two administrations of HEW.

Negotiations are under way between HUD and HEW to coordinate the provisions of Public Law 93–383, the Housing and Development Act of 1974, with Public Law 93–647, which added title XX to 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 1976

Public Law 93–647 established title XX—grants to States for social services under the Social Security Act. Title XX became effective on October 1, 1975 replacing the social services provisions of title 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.

Objectives of Public Services Administration for fiscal year 1976 include, through cooperative Federal and State efforts, the following:

1. Establish in each State a title XX social services program as of October 1, 1975.
2. Assure that the title XX statutory and regulatory provisions are met for the first program year, including the initiation of corrective action program where necessary.
3. Develop the designated State agencies' capacity for effective services delivery, either directly or through agreements with providers.
4. Initiate any regulatory changes for the second program year found necessary or desirable out of the first program year experience.
5. Strengthen each State's social service public planning process for the second title XX program year, which for most States, will begin on either July 1, 1976 or October 1, 1976.
6. Provide for continuing evaluation of States' service programs.

In fiscal year 1976, it is estimated[2] that 299 million Federal dollars will be spent by the States on social services programs for the aged.[3] Below are charts of some 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 services 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.

More precise data and information regarding social services to the aging under title XX will not be available until reports are received from States, at the end of the fourth quarter of fiscal year 1976.

[2] Based on data extrapolated from various sources.
[3] Based on budget requests submitted by SRS for fiscal year 1976.

COMPREHENSIVE ANNUAL SERVICES PROGRAM PLAN FOR THE PERIOD OCT. 1, 1975 TO JUNE 30, 1976

Service	Number of clients	Total estimated expenditures
CALIFORNIA		
Information and referral	1,952,350	11,221,390
Protective services for adults	43,050	6,794,730
Out-of-home services for adults	28,570	3,452,050
Health related	148,580	7,224,180
Housing services	14,840	545,170
Special services for the aged	403	[1] 34,500
Special services for the blind	767	[2] 87,540
Special services for adults	15,750	[3] 732,230
Homemaker, adult	24,376	14,212,020
Chore, adult	78,590	45,422,480
Day care, adult	5,970	1,006,180
FLORIDA		
Adult day care	2,400	575,000
Chore services	950	61,000
Companionship	700	17,400
Consumer education	900	48,600
Counseling	65,600	4,300,000
Employment services	1,000	400,000
Escort services	7,000	167,000
Foster care	2,000	133,000
Health education	12,500	303,000
Health related services	68,400	2,700,000
Home delivered meals	700	250,000
Homemaker	6,400	1,102,000
Home management	3,400	291,000
Housing improvement	800	29,000
Legal services	370	22,000
Nutrition services	20,000	71,000
Protective placement for adults	2,000	341,000
Protective supervision	5,000	348,000
Respite care	350	98,000
Social group services	7,600	1,134,000
Transportation	20,000	601,000
IDAHO		
Chore	1,000	319,130
Health related	8,410	250,910
Adult protection	1,810	311,500
Homemaker	690	170,020
Diagnostic testing	350	44,800
Home-delivered meals	1,980	127,050
MASSACHUSETTS (SSI-OAA)		
Case management	16,000	826,600
Chore	1,370	330,790
Community residential	3,330	313,750
Emergency services	2,290	351,560
Counseling	3,121	1,050,000
Homemaker	13,800	8,000,000
Housing	1,500	256,200
Legal	300	270,000
Rehabilitation	100	12,000
Talking books	475	15,200
Transportation	3,320	895,870
MINNESOTA		
Chore	2,790	631,980
Counseling	6,800	739,000
Day care, adults	3,327	3,052,600
Educational assistance	658	61,980
Foster care, adults	1,770	607,100
Health	7,870	1,420,180
Home delivered and congregate meals	1,070	97,390
Homemaking	10,370	2,552,920
Housing	662	117,290
Information and referral	56,550	763,060
Legal	689	65,150
Money management	1,300	184,250
Protective service, adults	6,010	1,243,040
Social and recreational	3,670	198,780
Transportation	3,680	220,100

Footnotes at end of table.

COMPREHENSIVE ANNUAL SERVICES PROGRAM PLAN FOR THE PERIOD OCT. 1, 1975 TO JUNE 30, 1976—Continued

Service	Number of clients	Total estimated expenditures
UTAH		
Adult protective	230	58,020
Counsel, drug and alcohol	2,620	214,700
Counseling, personal	9,260	2,105,000
Day care, adult	250	187,920
Health services	2,510	280,800
Home management	1,320	193,596
Homemaker and chore	1,820	930,930
Housing	190	18,130
Information, referral and follow-up	101,900	1,082,190
Legal services	2,650	247,800
Protective, financial	150	45,550
Reassurance	2,140	420,570
Substitute, adult	880	258,030
Recreation and socialization	1,880	134,410
Transportation	6,540	220,460

[1] 1 county.
[2] 2 counties.
[3] 3 counties.

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 Service 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
—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
—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 encouraging 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 Lok 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 RN, one LPN, one OT, and one secretary, all full time. The physician is part time. The program uses the facilities of an existing institution (the Montefiore Center) for the meals and social programs. The daily health care of the participants is supervised by the RN and LPN. 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 shared 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.

(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, hydro therapy 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 package continuum of health and health related social services, such as meals-on-wheels.[1] 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 evaluation.

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

[1] Housekeeping aid and transportation.

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.

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 experience 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

Office of Education major activities for the older American are concentrated in three areas: Adult education, community services and continuing education, and library services.

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 non-profit agencies. The matching requirement for the State grant program is 90 percent Federal funds and 10 percent State and/or local funds.

Initial feedback 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	$262,500
25 to 34	202,500
35 to 44	135,000
45 to 54	90,000
55 to 64	37,500
65 to over	22,500
Total	750,000

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. 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 1975, more than 150,000 individual participants were involved in 75 projects (including multi-problem areas) in 32 States at a cost of approximately $1,160,000 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 1975, two projects for the aging received support at a total cost of $166,352.

An award of $114,852 was made to the Maricopa County Community College District in Arizona for the project, "Six Dimensions for People Over Sixty." This statewide project involving six community colleges will target services to senior adults. Each college will develop and operate separate programs focusing on a different part of the senior adult population and its continuing education needs. Individual projects will use the mass media and direct instructional approaches.

In addition, $51,500 was directed to the University of Tennessee (Nashville) for Development of an Institutional Model for Community Service and Continuing Education for the Elderly in which ways to increase higher education access for the elderly will be developed and tested. A consortium of four institutions in Tennessee (Dyersburg State Community College, East Tennessee State University, Tennessee Technical University, and the University of Tennessee) will conduct the project.

Special Projects for the Elderly.—Title VIII of the "Older Americans Comprehensive Services Amendments of 1973" further amended title I, HEA to authorize the Commissioner to make grants to institutions of higher education to assist them in carrying out programs specifically designed to apply the resources of higher education to the problems of the elderly, particularly with regard to transportation and housing problems of elderly persons living in rural and isolated areas. For the purpose of making these grants, the Act authorized to be appropriated "such sums as may be necessary." No funds have been requested or appropriated for this section.

Funding.—Congress determines the appropriations annually. Of the sums appropriated, the Commissioner may reserve 10 percent for special project discretionary grants and allot $25,000 each to Guam, American Samoa, Puerto Rico, and

the Virgin Islands and $100,000 to each of the States and the District of Columbia. The remainder is distributed on a population ratio basis. Total appropriations for fiscal year 1975, $14.25 million.

3. Public Library Services

Office of Education support for library and information services for the aging during fiscal year 1975 included a variety of activities ranging from talking bookmobile services to development and implementation of services to the institutionalized and handicapped. The projects have been funded primarily by the "Library Services and Construction Act" (LSCA).

Emphasis on the concern for the older American has been shown by the efforts to study the information needs of the aging, identify those persons who constitute the population segment for which these services may be appropriate, and the design of programs which will be effective and useful to this target group. In a national study, conducted in 1973 and supported by LSCA, it was learned that the elderly reader represents one of the highest user groups of public library services. The 1973 study also indicated the older patron's concern for improvement of library and information services. These suggestions were made: (1) The service should be made more accessible; (2) transportation should be provided for older patrons; and (3) books and materials should be delivered to the neighborhood.

In 1975, isolated and rural as well as immobilized elderly persons benefitted from the increase of books-by-mail programs, provided by libraries at no cost to the users who select their reading from mailed book catalogs.

Approximately 43,000 (LSCA programs only) older Americans are participating in programs specifically designed for the physically handicapped. Both the LSCA and the Library of Congress programs for the physically handicapped include large numbers of older handicapped persons: they account for a major portion of readers of talking books, braille and other special reading materials available on loan through a network of 52 regional and subregional libraries for the blind and physically handicapped throughout the country.

Librarians seek to involve persons by direct visits to shut-ins; books by mail; telephone information services; free telephone services to Regional Libraries for the handicapped; group programs (films on travel, consumer education, and other subjects, lectures, demonstrations, discussions, concerts, art exhibits, crafts, hobby shows, etc.); employment programs; and free transportation to the libraries. In addition to the number of libraries that are offering free transportation for elderly residents, more are experimenting with this service and providing with it special group programs to give impetus to participation. The growth or library-based independent learning programs begun in 1974 continue to open up opportunities for purposeful guided study at the senior citizens' individual pace, education level and convenience.

To cite an example: In North Dakota, where a larger percentage of citizens fall into the over-65 age category than is the national average, the Fargo Public Library brought together LSCA funds and OEO funds in order to bring local library services directly to the elderly in 15 rural senior citizen centers. The centers are located in six counties in the southeast corner of the State where lack of public transportation, severe winters, great distances, and other reasons, deter senior citizens from using public libraries, if they have them. Books, film-showings, recordings and fellowship are provided by this unique, shared library program for at least 1,500 persons.

The North Dakota State Library Agency has also with LSCA support generated a books-by-mail program that reaches isolated elderly persons in low income areas, and developed a larger print book collection that is widely publicized and heavily used by senior citizens with failing sight. Library service to the elderly in North Dakota is a targeted, on-going program priority.

LSCA funds are used to develop programs to identify eligible readers and acquaint them with available services; to buy large print materials, commercially recorded materials and reading aids; conduct programs for recording materials in Indian, Spanish, Canadian-French, Polynesian and other native languages; and for example, the Easter Seal Society and the Desert Regional Library jointly operate a talking bookmobile throughout the State to promote talking books and enroll new borrowers—elderly readers are the principal patrons.

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 1973 amend-

ments 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. 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 1976, approximately 6,000 adults including older Americans, are participants in these academies located in 20 sites throughout the United States. The Reading Academy program will be continued under title VII, Public Law 93-380, as amended; authorization and the number of academies is expected to increase approximately four times under fiscal year 1976 funding. This has been the initial emphasis of the right to read effort in providing services to the adult population.

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 will be 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 as well.

Fiscal year 1976 will be 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 education needs of the elderly.

Community Schools.—The community schools program, authorized by title IV, section 405, of 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 needs. 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 will be the initial funding year for this program and in order for any community to receive Federal funding, its program must have several minimum elements, including the potential to serve all age groups in the community, including the elderly.

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 will be the initial funding year for this program and adult women including the elderly, will be amongst the beneficiaries of the authorized activities.

Indian Education.—The Office of Indian Education is cooperating with the Office of Human Development, the Office of Native American Programs, and the Administration on Aging 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 decision making processes on problems of elderly Indians.

NATIONAL INSTITUTE OF EDUCATION

In 1975 the National Institute of Education released a publication on the response of community colleges to educational needs of the elderly. This publication, available from the dissemination and resources group of the National Institute of Education, was written by Lillian L. Glickman and Benjamin S. Hersey, of the Massachusetts Association of Older Americans, and by I. Ira Goldenberg, of Harvard University.

Entitled "Community Colleges Respond to Elders—A Source Book for Program Development," the publication describes the educational needs of older adults and surveys some of the programs carried out in response to those needs by community colleges. Using this information as a base, it outlines appropriate core curriculums and presents a model for program development built on the

characteristics that appear to make the programs successful. Also listed are some Federal, State, and other resources on which community colleges can draw for assistance in developing programs.

The publication is designed to be used as a planning guide and working tool. It sets forth an inclusive model of educational program development for elders through community colleges. The source book is predicated on a view that the challenge confronting community colleges is twofold:

(1) To recognize the emergence of a healthy, active, capable generation of elders who presently face many years of inactivity and leisure; and

(2) To develop an alliance with elders to explore and develop a range of life styles for this period of life.

The NIE anticipates that the source book will encourage community colleges to provide effective education programs for elders, and that it will provide assistance for those who undertake this task.

PUBLIC HEALTH SERVICE

PREFACE

The Public Health Service (PHS) is the health component of the Department of Health, Education, and Welfare. The following report on the PHS activities in aging presents the major accomplishments for 1975 and some anticipated program directions for 1976. The report includes pertinent information from five PHS agencies and from the Office of the Assistant Secretary for Health.

A. ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

FEBRUARY 2, 1976.

Dear Mr. CHAIRMAN: Thank you for your letter of December 30 requesting a report of the National Institute of Mental Health's activities in the area of aging.

The attached report details our activities in fiscal year 1975. Currently, we are working towards plans for implementing the Committee on the Mental Health of the Elderly as mandated by Public Law 94-63. As soon as these plans are finalized, Institute staff will be pleased to provide your staff with an update.

We appreciate your continued interest in the field of mental health and aging, and if I may be of further assistance, please let me know.

Sincerely,

BERTRAM S. BROWN, M.D., *Director.*

[Enclosure]

NATIONAL INSTITUTE OF MENTAL HEALTH

The mandate given the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons of 65 years of age and older now constitute approximately 10 percent of the population, or 21.8 million citizens, it follows that a significant portion of the NIMH effort should be directed toward the mental health problems and needs of this group. The fact that the aging constitute a population group defined only by chronological age provides some indication of the size and variety of problems that are encountered. Included in this group are persons from all social and economic levels, all racial and ethnic groups, from every region of the country, representing every occupational and educational background, and displaying the widest possible range of mental health problems and needs. The high incidence of poverty, increased susceptibility to debilitating physical disease. the loss of status in a youth-oriented society, and personal losses, such as death of spouse, that increase with advancing age, are all factors that contribute to the vulnerability of this age group and to the pressing mental health problems that they experience.

The enormous implications for mental health posed by this segment of the population are reflected by the fact that psychopathology in general and depression in particular rise with age to the point that the highest incidence of new cases of psychopathology of all types is found in the population 65 years of age or older, as reported by the World Health Organization.

Their survey found that in the 65-plus group there occurred 236.1 new cases per 100,000 population, or 2½ times the rate found in the next highest age

group. Suicide also increases with age and attains its zenith in elderly white males. Of the 1 million persons 65-and-over who live in nursing and personal care homes, it is estimated that between 65 and 75 percent display a significant degree of mental impairment and that over 50 percent evidence symptoms of depression severe enough to justify psychiatric intervention. Though it is more difficult to obtain precise data for community residents, it is estimated that from 10 to 25 percent of the elderly in the community are suffering from significant mental impairment and that the incidence of depression is almost as high as that found in the residents of institutions for the aging. Some measure of the lack of attention given the aging by mental health professionals is reflected in a recent NIMH conducted study which showed that more than 60 percent of the elderly admitted to State mental hospitals have received no previous psychiatric care; that is, the State hospital is the first mode of mental health intervention for them.

Faced with a public mental health problem of this magnitude, the NIMH has attempted to mobilize its resources to maintain, and, if possible, to improve the mental health of this segment of the population. By the active support of research, the development of innovative and more effective methods of delivering mental health services, and the education and training of appropriate manpower, the NIMH is seeking to provide increased and precise knowledge of the factors associated with mental health and mental disorder in later life, to devise means for preventing mental disorder and maintaining the psychosocial functioning of older persons, and to stimulate greater interest and more adequate programs for the elderly on the part of various public and private agencies and institutions responsible for the mental health and welfare of the American public.

Until recently the NIMH program in aging was carried out primarily by the section on Mental Health of the Aging. In recognition of the importance of the problem and of the need for a greater concentration of NIMH resources to meet it, the Director of NIMH during the past year announced the formation of a Center for Studies of the Mental Health of the Aging. This brings together in one organizational structure the various elements of the NIMH program having to do with the aging and provides the program with greater visibility, emphasizing its priority status. At present the center is a coordinating unit and serves as the focal point for all NIMH activities relating to the aging. Rather than be budgeted for direct extramural support activities, it is designed to stimulate and act as advocate for the aging and to keep abreast of national needs and developments in the field. The major activities for the first year will include collaborative efforts in the professional community in addressing research priority issues; attention to models for service delivery, and training issues and multidisciplinary concerns along the entire continuum from the university classroom to the community.

To accomplish this, the center is planning to convene a series of three planning conferences devoted to research, mental health services, and mental health training. Each conference will be made up of a small group of recognized experts in the field who will come together to discuss with the staff the most important issues in relation to these topics and to formulate plans by which the problems can be met. The first of these conferences, the one devoted to research, has already been held, and it is anticipated that the training and services conferences will be held in the near future. Reports of these conferences will be published and made generally available.

To assist him in administering the research program of the NIMH, the Director has in the recent past convened an NIMH Research Task Force to review the research program of the Institute and to make recommendations for future directions. The final report of the Research Task Force recommended that the Director establish a research advisory group to assist him in the setting of the Institute's research policies. This group devoted several of its first weekly meetings to consideration of the NIMH research program of the aging, with the aim of defining the areas of research most appropriate to the Institute.

The subsequent recommendation fits neatly into three broad categories:

1. Etiology, diagnosis, and treatment of mental disorders.
2. Development and delivery of mental health services.
3. The prevention of mental disease.

In each category, there are a number of more specific areas designated as proper responsibilities of NIMH. This report has been widely circulated, both

as a means of public information and to stimulate research interest and studies appropriate to the mission of the NIMH.

Examination of the research projects supported by the NIMH during the past fiscal year, as well as in previous years, reveals that the research previously supported also fits quite well into these three categories. During the past fiscal year, 55 research projects were funded by NIMH, which are of relevance through the mental health of the aging and which can be placed into the three categories mentioned above.

THE ETIOLOGY, DIAGNOSIS, AND TREATMENT OF MENTAL DISORDERS

This category contains the largest number of projects supported during the past year. Included in it are a wide range of studies dealing with bio-medical and psycho-social processes with important mental health implications, a number of studies having to do with the effect and appropriate use of the various psychoactive drugs, clinical studies of mental diseases, particularly chronic brain syndrome and depression, and studies into the epidemiology and demography of mental illness in the elderly. The need for further and more precise knowledge of the nature of mental illness in the elderly is emphasized by a study conducted at the Research Foundation for Mental Hygiene in Albany, N.Y. This study, which has been going on for several years, is now focusing on geriatric patients with special reference to distinction between and prognosis for organic disorders.

The study is of a cross-national character, in which the same diagnostic procedures are applied to populations of older people in the United States and the United Kingdom. It is of interest that nearly 80 percent of the first admissions to mental hospitals of persons 65 years of age and over in the United States are diagnosed as organic disorder, while the United Kingdom only 46 percent were admitted in this age group are so diagnosed. Such a dramatic difference demands further investigation and study since it has important implications for the treatment of mentally ill older people.

DEVELOPMENT AND DELIVERY OF MENTAL HEALTH SERVICES

A number of innovative experiments in this area have been supported during fiscal year 1975. They have ranged from studies of the effect of various architectural arrangements on mentally impaired older persons in institutions, through the study of a new and more effective program for persons resident in nursing homes and retirement homes to the need of providing mental health support and treatment for older persons living in very deprived circumstances in welfare hotels in large cities. Typical of these projects is the one being conducted by the Ebenezer Society in Minneapolis, Minn. In this project, a home for the aging serves as the focal point for a wide range of institutional and community activities designed to maintain the current level of functioning of older persons, slow down deterioration, and reduce and possibly halt deterioration often associated with chronic brain syndrome. The program has been quite successful, not only in the treatment of the subjects included in it, but in mobilizing a variety of community resources and focusing their efforts upon providing more appropriate therapeutic and supportive services for older persons who are at high risk of being permanently institutionalized.

PREVENTION OF MENTAL DISEASE

This category contains the second largest number of research projects recently funded by NIMH. Since projects in this area are concerned with the wide variety of psychiatric, psychological, and sociological aspects of the older persons life, the studies contained in it similarly reflect a wide range of interesting and important research projects. Studies aimed at developing understanding of the meaning of forced retirement from employment and the value of assisting the older worker to prepare for it, the effects in housing and various living arrangements on the adjustments and satisfaction of older persons, the role that remarriage plays in later life, and the importance of social integration on successful aging have all been topics addressed by these studies.

The need to provide more appropriate and effective mental health services to persons in the community has long been recognized by the NIMH and is reflected by the importance assigned by the Institute to the community mental health centers scattered throughout the country. It has become apparent that the elderly

have not been receiving a proportionate share of these services and that effort must be undertaken to remedy this neglect. This deficiency has been recognized by the Congress as reflected in recent legislation requiring federally supported mental health centers to provide identifiable programs for older persons in their catchment areas.

Staff of the Center for Mental Health of the Aging have been actively involved in this effort, both in the development of guidelines and regulations for such programs and in providing consultation and technical assistance to directors and staff of community mental health centers in various parts of the country. During the past year staff of the Center have participated in conferences and workshops for groups of mental health center personnel, and it is anticipated that this effort will receive even more attention during the coming year.

The NIMH has long regarded one of its most important functions as being that of recognizing gaps in knowledge and of attempting to remedy such gaps by producing documents providing information for students and practitioners to assist them in understanding means by which appropriate programs can be implemented. The NIMH program in aging has long been concerned with producing documents designed to provide technical assistance to organizations and individuals interested in developing such programs. Over the years, publications have been developed by the center by contract, including a guide for program development for aged persons for the use of the community mental health centers staff, a guide for long-term care facilities staff of how to care for the mentally impaired aged patient, a social work guide for long-term care facilities, results of a study of retirement and its predictive variables, summaries of NIMH supported research into the mental health of the aging, and the results of a longitudinal study of human aging. During the past year, a guide for staff of long-term care facilities on the maintenance of familial relationships of patients has been developed and will be published during the coming fiscal year. Other publications are being planned for the immediate future, including summaries of NIMH research relevant to aging persons updated to cover the years 1961 to 1975; a primer on psychotherapy with the aged; proceedings of the center's three planning conferences on research, training, and services; and a comprehensive clinical textbook on aging and mental health.

The center staff has collaborated with a variety of Federal and private agencies with programs dealing with the elderly. Staff of the center serve on a number of committees and task forces and have been closely involved in the efforts of various national professional organizations. It is anticipated that such activities will continue and expand in the future.

B. FOOD AND DRUG ADMINISTRATION

Laws enforced by the Food and Drug Administration (FDA) are designed to protect the health, safety, and pocketbooks of all consumers regardless of age. But this protection is particularly important to the elderly consumer, who has interests and special problems peculiar to this age group. During 1975 there were many events and actions which illustrate the significance of FDA's protection of the elderly.

Bioavailability/Bioequivalence

"Bioavailability" and "bioequivalence" are important terms in the FDA drug lexicon.

It has been found that some chemically identical drugs—drugs meeting identical official standards and labeled for the same medical indications—were not bioequivalent and in some instances resulted in therapeutic failures. Digoxin is an important example—peak blood concentrations after a single dose varied among products of four manufacturers as much as sevenfold and nonuniformity was demonstrated even within the same brand. In consequence, medication refills for a heart patient could cause either inadequate therapeutic response or toxic effects. As a result of these findings a testing and certification program at the National Center for Drug Analysis, St. Louis, Mo., is one of several important FDA activities to insure uniform dosage with digoxin products. Documented bioequivalence problems have been identified with about 30 drug active ingredients. Another 80 active ingredients have been determined by the Agency to present a potential for causing bioequivalence problems.

On June 20, 1975, the FDA proposed regulations to assume the equivalence of all marketed drug products. These regulations define certain terms relating to bioavailability and bioequivalence, set out the purposes of bioavailability studies.

establish procedures for determining bioavailability, and provide a mechanism for establishing a bioequivalence requirement when there is evidence that drug products containing the same therapeutic moiety and intended to be used interchangeably for the same therapeutic effect are not or may not be bioequivalent.

The preamble to the proposed bioequivalence regulations contains a list of drug products having known or potential bioequivalence problems. Although a drug product's inclusion on the list does not in every instance imply that the FDA has positive evidence of bioinequivalence among the various brands currently on the market, the FDA has recommended that, until bioequivalence requirements are established under the procedures set forth in the proposed bioequivalence regulations for the drug products on the list, persons charged with procuring these drug products purchase the products from firms holding approved new or abbreviated drug applications, or from firms that are named as distributors in an approved new or abbreviated new drug application or supplemental application. To aid purchasers, the FDA has made available to the public a list of all firms that are authorized in an approved application to manufacture, package, or distribute the drug products listed in the preamble to the proposed bioequivalence regulations.

Final regulations will be issued in early 1976.

Prescription Drug Price Posting

On December 18, 1975, the FDA issued final regulations that specify the kinds of information that must be included in any poster, catalog, mailing piece, or advertisement used to call attention to the prices charged by a pharmacy for prescriptions for particular drug products. The regulations do not require the public disclosure of prescription price information. However, the regulations will assure that if a pharmacy elects to make such disclosure, the information provided the consumer will be uniform and enable the consumer to determine the price he can expect to pay for his prescription. Price disclosure information must include the proprietary name of the drug product, if any; the established name of the drug product, if any; the drug product's strength; the dosage form; and the price charged for a prescription of a specific quantity of the drug product. The stated price must include all charges to the consumer, including the cost of the drug product, professional fees, and handling fees. The price disclosure information may include identification of professional and convenience services provided by the pharmacy, e.g., free delivery, maintenance of records for tax purposes, or discounts for senior citizens. These new regulations will enable consumers, including those with fixed incomes, to determine where they can obtain, at the lowest cost, a particular drug product prescribed by their physician.

Estrogens

The FDA is concerned about the wide usage of estrogens in our society and the recent discoveries that such use is associated with serious risks, including the risk of cancer. Estrogens are a class of compound which share the common property of acting as female hormones. The drugs are approved by the FDA for use in a number of disease states. However, from the public health point of view, the greatest exposure of premenopausal women to estrogens is through oral contraceptives, and the greatest exposure of postmenopausal women is via their prescription for menopausal syndrome.

In regard to labeling for oral contraceptives, the FDA will shortly propose a major revision of both the physician's package insert and the patient brochure. Included in the new package insert and patient brochure will be information concerning the association between estrogens and endometrial cancer.

Because there appears to be a higher risk of endometrial cancer in association with the long-term use of estrogen in postmenopausal women, the FDA is preparing to revise the labeling for estrogens used in treating the menopausal syndrome. The revised labeling will define more narrowly the menopausal syndrome and will recommend that estrogens be used only for the treatment of patients with vasomotor symptoms, commonly known as "hot flashes." These symptoms generally disappear with time so that most women who require such therapy can be treated with a short course of estrogens over a period of months, although a few patients may need estrogens for several years. The Warning section will contain a strong statement concerning the reports linking the postmenopausal use of estrogens to the risk of endometrial cancer. The labeling will also recommend that, if estrogens are used, they should be administered in

a way most likely to minimize the risk of endometrial cancer. The lowest effective dose should be used at all times, and the drug should be either discontinued or reduced in dosage at regular intervals to assess whether the drug is still needed. The FDA is also considering how best to provide the patient with the labeling information.

Maximum Allowable Cost (MAC)

Regulations to implement a three-part plan to reduce the cost of prescription drugs to medicaid and medicare programs were signed into regulation by the Secretary of HEW on July 25, 1975. The MAC regulations, scheduled to become effective in April 1976, provide for establishing:

1. A new payment system for drugs which are generally available at varying costs from more than one manufacturer. Before a MAC can be established for these drugs, the FDA must first indicate that there are no bioequivalence problems among its several brands. The HEW Pharmaceutical Reimbursement Board (established by the regulations) would then propose a MAC at a level equal to the lowest cost at which the drug is generally available to providers.
2. The reimbursement that a pharmacist receives for drugs he provides for medicare and medicaid patients. This fee is based on estimates of the cost of buying the drug plus a dispensing fee, or his usual charge to the public, whichever is smaller.
3. A list of most frequently prescribed drugs, organized by therapeutic category, and the price a pharmacy generally pays for each drug. The list will be sent to pharmacists and physicians.

The program is estimated to provide a savings of $60 to $75 million a year in Federal and State reimbursement systems resulting from dispensing lower cost generic drug products.

Stronger Controls for Devices and Diagnostic Products

Medical devices and diagnostic products constitute a large and rapidly growing segment of the health products industry. In 1971 it was estimated that total retail sales of medical devices was more than $3 billion, and likely to double in the next 10 years.

Because of the technology of the field is highly specialized, the kinds of regulation needed to protect the public from unsafe or ineffective products must also be specialized. Legislation establishing appropriate systems of control for different categories of products and materials is being considered by Congress.

Protecting the Hearing-Impaired Patient

In response to the open hearings on "Hearing Aids and the Older American," conducted by the Subcommittee on Consumer Interests of the Elderly of the Special Committee on Aging, U.S. Senate, the Secretary of the Department of Health, Education, and Welfare established an Intradepartmental Task Force on Hearing Aids in March 1974. The task force was charged by the Secretary to examine the issues related to the delivery of quality hearing aid health services as described in "Paying Through the Ear: A Report on Hearing Health Care Problems" prepared by the Retired Professional Action Group and the Senate hearings on "Hearing Aids and the Older American"; determine the role departmental authorities and resources should play in remedying the problems in the hearing aid health care delivery system; and recommend a feasible course of action to the Secretary.

The task force completed its study and prepared the "Final Report to the Secretary on Hearing Aid Health Care." On September 26, 1975, DHEW Secretary Mathews accepted the final report and charged the office of the Assistant Secretary for Health with the responsibility for implementing the final task force recommendations.

The Food and Drug Administration is playing a major role in the implementation of key recommendations designed to protect the health and welfare of the hearing impaired patient. The task force recommended that the FDA develop, promulgate, and enforce hearing aid labeling regulations, and that they contain a provision requiring a medical clearance as a condition for sale of a hearing aid. After studying the final report, the Commissioner of Food and Drugs has determined that it is in the best interest of the public health to require uniform professional and patient information for hearing aid devices. Accordingly, the

agency is developing a proposed rule for professional and patient labeling for hearing aid devices. This proposal, which incorporates the medical clearance recommendation, is expected to be published in the *Federal Register* in early 1976. This rule will protect the health and safety of hearing impaired patients by (1) defining and clarifying the type of information that hearing aid manufacturers must include in the labeling to provide patients with adequate directions for the safe and effective use of the hearing aids; (2) specifying the technical performance data which must be included in the labeling to insure that hearing aid professionals are provided with information essential to the correct selection and fitting of a hearing aid; and (3) requiring that patients undergo a medical evaluation prior to the purchase of a hearing aid if any of seven otological conditions are present.

The task force recommended that the FDA enlist the assistance of appropriate organizations in the development of performance standards for hearing aids. For the past year, the agency has been working with the Hearing Aid Industry Conference and the American National Standards Committee S–3–48 Working Group on Hearing Aids to accelerate the adoption of a suitable performance standard for hearing aids. The development and application of a hearing aid performance standard will help reduce any variations of performance and quality found in hearing aid devices. The S–3–48 Working Group on Hearing Aids has informed FDA that the American National Standards Institute will recognize a voluntary consensus standard for hearing aid devices early in 1976. The Food and Drug Administration regards the adoption of a hearing aid standard by the industry as a positive step forward to assure that hearing impaired patients receive quality hearing aid health care.

Improved Standards for Blood Products

In late 1975, the Food and Drug Administration announced two actions to assure uniform quality of blood products throughout the United States and to prevent the spread of hepatitis from donated blood.

The first action makes final new standards for collecting, processing, and storing blood and blood products. The standards consist of good manufacturing practices (GMP's) that will be required of all blood banks, transfusion facilities, and other blood processing facilities.

The second action is a proposal to require labels on all blood for transfusion to indicate whether it was collected from a voluntary or paid donor. The label also would be required to say that blood obtained from paid donors is associated with a higher risk of transmitting hepatitis. The proposed regulation was published for public comment.

These two actions are part of a continuing FDA program to improve the quality of blood provided by the nationwide blood service complex. The program applies to 6,000–7,000 blood banks operating within the United States.

The new standards require that all blood donations be tested for hepatitis; establish standards for performance of safety tests before administration of blood or blood components to patients; require immediate reporting of fatal reactions occurring from the donation or receipt of blood to FDA; require maintenance of standard operating procedure manuals; and extend recordkeeping requirements for blood processing.

Safer Electronic Products

The promulgation and effectiveness of standards for consumer-type electronic products by the FDA can be of particular importance to senior citizens because they comprise such an important element of the consuming population. During 1975, the FDA strengthened a performance standard already on the books for microwave ovens, and began to lay the groundwork for (1) a standard to protect consumers from the potential hazard of exposure to ultraviolet light which can be emitted by sun lamps, and (2) a performance standard for microwave diathermy equipment.

Both sun lamps and microwave diathermy can be very important adjuncts to maintaining the health and well-being of older persons. The FDA published reporting requirements for both sun lamps and certain types of medical ultraviolet lamps. The data requested will be useful in evaluating the overall radiation safety of such products, a phase in the process of protecting the consumer who uses sun lamps for either cosmetic or health reasons.

The use of microwave diathermy to assuage aches and pains of persons of all ages highlights the importance of the FDA's initiating action to develop and administer a performance standard for microwave diathermy. The agency's intent to develop such a standard was announced June 3. Microwave diathermy heats tissue beneath the skin and because excessive microwave radiation may be harmful, the agency felt the urgency to protect the consumer by stipulating certain equipment performance criteria.

The standard covering microwave ovens—which can be a great boon to the aging both for convenience and speed of cooking—has been on the books since October 1971. To keep protection of the consumer at the highest and most practical level, the FDA moved to require manufacturers to place user labels on ovens, warning them against practices that might cause ovens to emit potentially hazardous radiation.

Food Protection

High overall quality and continuous change are the two main characteristics of the American food supply. Food technology and the private enterprise system have revolutionized the food lifestyle of the American people. Consumers collaborate in the process by providing an eager market for work-saving "convenience" foods of all kinds. But along with the new products and technology have come new problems of food safety and questions as to the nutritional adequacy of the changing American diet.

Actually, this is not a new situation, but one which has grown rapidly in complexity and importance. What is new is the FDA's planned efforts to cope with today's food problems.

The Federal Food, Drug, and Cosmetic Act makes industry responsible for food purity and safety. The FDA checks only a minute fraction of the total supply. Its role is to motivate compliance and to inspect, when necessary, to check compliance. The consumer's best hope for safety and quality in food therefore lies in the development and maintenance of adequate in-plant quality control programs. Promoting quality control at the plant level has become the primary goal of FDA regulation. In the past 2 years, a variety of new approaches to this goal have been put into operation. They include new techniques of inspection, sampling, and analysis, and a massive development of explanatory regulations and guidelines.

Nutritional Quality and Information

The nutritional quality of the diet has special importance to the older generation. Reduced income and problems in food selection and preparation can have serious effects on the health of this age group. This is one of the reasons FDA has instituted a series of regulations which provide more nutrition information to consumers and help to assure the quality of the American diet.

Nutrition labeling became mandatory on July 1, 1975, on foods to which a nutrient is added or for which a nutrient claim is made, and many other foods are nutrition-labeled voluntarily by manufacturers.

A regulation published on June 14, 1974, proposes to establish formally the national policy in regard to addition of nutrients to foods. It seeks to assure the proper balance and appropriate levels of nutrients, i.e., vitamins, minerals, and protein, in the food supply. Also, regulations which establish nutritional quality guidelines for classes of foods such as breakfast cereals, main dish products, and meal replacements have been proposed.

Other "common or usual name" regulations assure more informative and descriptive names on foods where consumers might be misled; for example, a conspicuous statement as to the percent of fruit juice contained in a diluted fruit juice or the fact that an ingredient must be added to a packaged food in order to complete the recipe.

It is one thing to insure that foods are nutritious and informatively labeled, and another to get consumers to take advantage of nutrition labeling. Therefore, FDA has entered the field of nutrition education and is developing programs for all educational levels. Simultaneously, ongoing studies are measuring consumer knowledge about nutrition and how well or wisely the American consumer eats.

Dietary Supplements of Vitamins and Minerals

Regulations governing the labeling and composition of vitamin/mineral products were issued by FDA in 1973 in response to widespread fraud and misrep-

resentation in the marketing of these products and widespread confusion among consumers as to what is truly a useful product. Leading national organizations representing retirees and consumers supported these regulations, but several suits against the regulations were brought by manufacturers of vitamin/mineral products. These suits were consolidated in the U.S. Court of Appeals in New York City. That court, in a judgment rendered on August 5, 1974, broadly sustained the regulations but invalidated some parts and asked reconsideration of other parts.

The court ruled that those high-potency vitamins and minerals which are generally recognized as safe for consumers and for which no therapeutic benefits are claimed, could not be defined by FDA as drugs on the basis of potency alone. FDA was directed to consider whether other combinations of vitamins and/or minerals and higher vitamin and mineral potencies than those stipulated in the 1973 regulations should be permitted.

The Food and Drug Administration published tentative revisions of the regulations on May 28, 1975. Under the revised regulations, dietary supplements consisting of a single vitamin or mineral may be sold at any potency generally recognized as safe. (On the basis of proven toxicity, high potency preparations of vitamins A and D are considered to be prescription drugs and will continue to be regulated as such.) FDA also invited applications from interested persons for higher potencies and different combinations from those that would be permitted under the 1973 regulations, and these applications are being considered at this time.

"Health food" interests have continued to argue against FDA regulations, and bills have been introduced which would limit FDA control over vitamin/mineral preparations. The Food and Drug Administration and the Department of Health, Education, and Welfare, however, oppose efforts which would nullify or further limit FDA control of these products.

C. HEALTH RESOURCES ADMINISTRATION

Although each bureau of the Health Resources Administration has been involved to some extent in efforts which address the health concerns of the aged, the National Center for Health Services Research and the National Center for Health Statistics are the primary components which have conducted research activities and data efforts primarily focused on the aged.

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 of the elderly. Special emphasis has been placed on research efforts relating to acute and long-term care which will be utilized to improve the quality of care received by the elderly.

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 bureau's efforts as they relate to the health concerns of the aged.

National Center for Health Services Research

The National Center for Health Services Research is responsible for undertaking and supporting research, evaluation and demonstration projects with regard to: (1) Accessibility, acceptability, planning, organization, distribution, technology, utilization, quality, and financing of health services and systems; (2) the supply and distribution, education and training, quality, utilization, organization and costs of health manpower; and (3) the design, construction, utilization, and costs of facilities and equipment.

Inasmuch as the National Center for Health Services Research has as its mission research to improve the health of the total population, it follows that health services for the elderly, including the modifications and special services required by this age group, are an integral part of the total program.

As a part of its total mission, the National Center places great emphasis on research relating to long-term care. In recognition of the need to address these problems, the National Center for Health Services Research is preparing a special grant solicitation for research on innovative approaches in the area of long-term care. It is anticipated that at least $1 million will be provided for such research.

Public Law 93–353, authorizing creation of the National Center for Health Services Research, requires the establishment of at least six centers of health services research, including special emphasis centers, one to be called Health Care Technology Center, and one to be designated Health Care Management Center. It is anticipated that when these centers become operational, long-term care and the problems of the aged will be an integral part of research thrusts of these centers.

Within the National Center for Health Services Research, the Division of Long-Term Care carries the major responsibility for development 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 institutions. Moreover, the Division of Long-Term Care works in concert with the other divisions in the National Center for Health Services Research on all matters relating to long-term care and the elderly.

In the following description of research of relevance to the aged being conducted by the National Center for Health Services Research, it should be noted that in addition to the research specifically for the elderly, and the long-term care research that has a strong focus on the elderly, there is also included reference to broader research inquiries that span acute and long-term care interests. Findings from such studies can be utilized to improve the quality of care received by the elderly and lead to a more effective health delivery system to benefit the elderly along with the rest of the population.

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 quality of life and quality of care for the elderly and disabled.

Continued emphasis in 1975 was placed 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, and home health services; and (3) offering consumers and the public mechanisms to insure a greater and more knowledgeable voice in demanding quality of care and increased options.

The major areas of research concentration in 1975 included intensified activity in relation to implementation of section 222 of Public Law 92–603 in developing demonstrations to determine cost-effectiveness of day care and homemaker service, further testing of the collaborative patient assessment instrument, development of a cost data reporting system for nursing homes related to patient characteristics and developing and evaluating a quality evaluation system as a part of a State data system to determine the feasibility and impact on quality of the use of such indices.

Through grants and contracts, studies were conducted in the broad areas for: (1) Quality of care; (2) management information and data systems; and (3) alternatives in long-term care.

Quality of Care

Research and demonstration efforts are continuing in the development and testing of mechanisms and instruments for patient assessment. In 1975, five projects were completed, with three continuing into 1976 and one new contract was awarded.

An Approach to the Assessment of Long-Term Care

The purpose of this grant is 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 has been 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 have been made of 1,500 nursing home patients. Statistical analyses are now in progress. 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.

Numerous requests have come to the Division of Long-Term Care from providers for assistance in the implementation of the assessment system in their own facilities. Lectures and workshop leadership have been given by the Project Director to nursing home professional personnel. Orientation, training and consultation have been provided to other research projects and surveyors in regional offices and State agencies.

Evaluation of Outcome of Nursing Home Care

This pilot grant studied the variables related to the outcome of nursing home care, using a random sample of residents in six facilities, data on resident mental and physical satus and satisfaction with services were collected twice over a span of time. Staffing patterns, costs, employee and administrator attitudes, environmental and structural variables and ownership, control status among other variables, were considered for relationship to outcome measures of nursing home care. Also included was an assessment of the reliability and validity of the data collection instruments as well as ascertaining the acceptability of the research protocol and design to nursing home administrators.

Regulatory Use of a Quality Evaluation System for Long-Term Care

This contract is an expansion of work initiated by Rush-Presbyterian-St. Luke's Medical Center in 1972. The quality evaluation system (QES) consisting of survey procedures and a quality construct for scoring the results is being tested in a regulatory mode by incorporating it into the long-term care automated system of the Illinois Department of Public Health and will be utilized in 100 long-term care facilities by State surveyors twice. The first set of data about patients and facilities has been completed. Should this quality module prove feasible and valid in the regulatory mode, it will then be available for use in other State automated systems.

A Comprehensive Community Approach to Nursing Home Care

This contract developed in a selected community, through collaboration of nursing homes, medical care facilities and services, health and social service agencies and programs, 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. 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 was most informative and this planning process should be further demonstrated.

Health Services for Long-Term Care

This related grant was directed at modifying and testing the collaborative patient assessment instrument to determine patient profiles, assess patient care needs, and develop the protocol for producing care plans. Appropriate care plans are being developed and compared with observed patterns of service to develop guidelines for review of the appropriateness and extent of service provided. Refined guidelines have been implemented to selected sites to test regional generality and applicability for PSRO. A detailed analysis of the data collected on this phase of the project is now in process.

Evaluation of Alternative Systems for Services for Aged at High Risk for Institutionalization

This research and demonstration project developed improved evaluation procedures to assess the impact of intervention on impaired elderly persons, to study the differential outcome of several alternative service delivery systems, to obtain accurate estimates of the true incidence of significant impairments among elderly persons, impairments which place them at high risk for institutional care, and in the process of achieving the first three goals, deliver actual clinical services to impaired elderly persons. The instrument was tested for reliability and validity, and is now in the process of modification for use in a nationwide study of all age groups. The implications of such a study include the development of a

valid and reliable assessment tool and additional data relating to cost-effectiveness of health and social services for individuals receiving long-term care.

Alternative Working Models for Medical Direction in Skilled Nursing Facilities

This new project will assess 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.

A study is being directed toward the development of an outcome measure of health care: The sickness impact profile (SIP). The SIP is a scaled measure of sickness-related dysfunctions.

A "health accounting" strategy to permit physicians to establish their own outcome standards is being developed and will be evaluated.

Support is being provided for analysis of data on lung cancer patients to identify factors associated with differential survival, and to develop principles for construction of clinical indices to hopefully lead to improved lung cancer treatment.

The experiments authorized in 1972 by Public Law 92-603 have provided the greatest challenge in implementation. Public Law 92-603 (amendments to the Social Security Act of 1972) section 222(b) (E) and (H) 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 XVIII 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 . . ."

Methodology included the identification of target populations for the new services, developing sources of referral of patients to the demonstration projects, acceptance of potential patients in the demonstrations, initial patient assessment and developing of care plans, randomization of demonstration population into control and experimental groups, and periodic reassessments of both experimental and control patients.

Valuable information should be obtained on the utilization by patients of the new optional services and the cost not only of providing the covered medicare services, but also the new optional services to the experimental group of patients, plus out-of-pocket costs and other third party reimbursements for health care received by the experimental group. The contribution of multidisciplinary patient assessment and care planning with projected outcomes should also provide a great deal of information in relation to testing the patient assessment material.

The following is a listing of contracts in this category:

Day care and homemaker services—San Francisco Home Health Service, San Francisco, Calif.; Lexington-Fayette County Health Department, Lexington, Ky.

Homemaker services—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.

In 1975, all these projects became operational with assessment teams made up of a physician, a public health nurse and a medical social worker who used the patient assessment instrument to measure performance in the areas of activities of daily living, instrumental activities, social contacts, reality orientation, etc., and developed care plans based upon the assessed needs.

The specific objectives of these contracts are to demonstrate, experimentally, provision of two services, namely, homemaker services and day care services, in order to: (1) Determine the cost of these services; (2) compare the cost of providing the two new services and the currently covered services (skilled nursing facility care and home health services); 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.

Several of the contractors are also undertaking additional site-specific research activities during the demonstration.

Long-Term Care Reimbursement Experiments—Evaluation of Experiments in Intermediate Care Facilities, Homemaker and Day Care Services

A separate contract was awarded for evaluation of the experimental demonstrations with respect to the achievement of project goals and objectives. The evaluation will isolate reliable from unreliable findings so that policy implications can be drawn with respect to expanding medicare/medicaid benefits to include day care and homemaker services.

Two additional projects are funded under the "222" demonstrations. "Triage: Coordinated Delivery of Services to the Elderly" is an innovative program designed to provide a central entry system for persons over 65 years of age, who live in a seven town area in central Connecticut, and have health, social, economic needs for long-term care services. These individuals will have their needs assessed by nurse clinicians and be referred to the appropriate agency(s) and be followed during the duration of the project to determine how well the needs were met. and be reassessed at regular intervals to determine emerging needs for care. A determination will be made of the cost-effectiveness of the services provided. Specific objectives are to: (1) Reduce per capita expenditures for health care; (2) increase effectiveness of services; (3) reduce incidence of institutionalization; (4) increase number of home services; and (5) lead to greater integration of human services in central Connecticut. The purpose of the evaluation is to determine if the quality of care was improved, evaluate outcomes and determine cost effectiveness. Reimbursement for services provided in this program is being made through a waiver arrangement under SSA as part of the Public Law 92–603, section 222 experiments.

Day Hospital Service Rehabilitation Medicine

This is a grant conducted in New York State. It is designed to determine the feasibility of operating a day hospital service in the Department of Rehabilitation Medicine of a large municipal hospital serving a primarily disadvantaged population. The study population is made up of seriously disabled adults, eligible for medicare and medicaid, residing in a specific hospital district. This program is expected to become operational early in 1976.

Effects of an Emergency Alarm System for the Aged

This grant has been awarded to measure the effects of an automatic emergency alarm and response system on the psychological and social well-being of elderly persons at risk, including the cost-effectiveness of such an intervention. It will be a controlled impact study of elderly persons in public housing, who are severely or multiply handicapped and clinically judged to be physically vulnerable and/or relatively socially isolated. The major outcome measures to be studied for the effects of use of the automatic emergency alarm and response system are as follows: (1) Health status; (2) quality of life indicators (morale, social isolation, etc.); (3) institutionalization; (4) time of death; and (5) the costs of both information as well as formal health and welfare maintenance services. Since it is hoped that the intervention will have the potential for providing a new service for large numbers of the elderly and disabled nationwide, this study will develop projections of cost effectiveness, guidelines for the system's operation, and assessment procedures for effective client screening. The staff began interviewing potential participants in October and training has begun for "Life-Line" installers.

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. Evaluation of the effectiveness of this program from the standpoint of quality of life and costs is currently underway. This project is in its third and final year and has been joint funded with 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 involved impact on residents

in the housing facility over a 5-year period; development of separate prediction scales for benefits to people for medically oriented, and assessment of what happens to persons who moved from institutional care to the medically oriented residence. This project is joint funded with the Administration on Aging.

A Model Services Delivery System for the Aging

This project was developed in a specific region in Pennsylvania and was designed to demonstrate the systematized delivery of comprehensive health services for the aging. It is based upon the unique data capability of a human services management board developed with support from the National Center for Health Services Research. The program will develop an integrated data profile on the aging within the defined target area and an appropriate mechanism for "tracking." An in-depth analysis of services for the aging, along with a description of utilization patterns and areas of unmet need will also be provided. The program is expected to result in an integrated and responsive, comprehensive long-term care delivery system which can be effectively evaluated in terms of quality of care, increased cost-effectiveness, and increased accessibility to care for replication in other communities.

Evaluating Information Referral Services for the Homebound

This is a grant which will compare the relative effectiveness of telephone and peer contact information and service brokerage systems in meeting the supportive service needs of homebound, dysfunctional, older persons. Essentially, it will provide an evaluation of five ongoing Administration on Aging funded programs that provide information and referral and in home supportive services to aged persons. The project was operational July 1, 1975, with research activities beginning in September 1975.

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), can provide a more cost-effective option for the care of the elderly. The study is expected to show that: (1) The elderly prefer to receive services in their own home; (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. In this last year, the goals—establishment and implementation of a service delivery system and delivery of services—have been achieved. 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, etc. These data can contribute toward national health insurance. This project is joint funded with the Administration on Aging.

Management Information and Data Systems

In 1975, the results of many projects were evaluated. The specific difficulties of adapting data systems to fit the needs and resources of multiple states were identified. A linkage was made between the Iowa Hospital Association project (Grant HS 01132) and the American Health Care Association and the American Association of Homes for the Aging project on cost data (Grant Nos. HS 01114 and HS 01115) to produce a patient profile which covers all the identified cost-related variables except the availability of out-of-facility resources, e.g., homemaker service, family to meet the patient's needs in his own home. Following is a summary of the four long-term care data system projects.

The "Long-Term Care Component—Iowa Health Data System" developed a data set for long-term care patients and institutions that would permit effective planning and management of long-term care services. The study produced recommendations with respect to a minimum data base; the design of a system for collecting the data; the costs and benefits of maintaining such a system; and the possibilities of linkages with the acute care hospital data system in the State. This project interacted with the long-term care data components being developed under the Cooperative Federal-State-Local Health Statistics program. The final report includes a description of the software utilized and a cost analysis of implementing the system.

The "Cost Data Reporting System for Nursing Home Cost" 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. The product of this research is consistent with, and applicable to, the provisions of Public Law 92–603 which mandates that States will reimburse facilities on a basis reasonably related to cost as of July 1976. The study has developed cost data collection instruments which can be used accurately in nonprofit, governmental and proprietary facilities. This has been pilot tested and is now being validated in facilities in 22 States. In phase II, data was collected on staff time spent with patients over a 48-hour period and patient characteristics from 12 efficient and effective facilities. Each patient profile contained 192 variables including medical, activities of daily living, and behavioral information. Using this method, it was possible to determine the employee services the residents and patients were receiving and the amount of time provided by each level of personnel. The number of significant variables in the patient profile were reduced as a result of the data. The revised one-page profile was validated with the cost instruments. It was found that 18 variables were cost related to aide/orderly time and 13 variables cost related to licensed nursing time.

A grant was awarded by the National Center for Health Services Research for the development of a Computerized National Chronic Disease Databank System with the goal of obtaining improved morbidity statistics and increasing available knowledge of the most effective patient regimens through finding and using significant correlates and regimens related to patient outcome.

With National Center support, work is progressing on the construction of a health status index that can be utilized in measuring the health status of target populations that can, in turn, serve as a guide to determinations relating to health service resource allocations.

Four grants were funded to provide data collection and analysis relating to catastrophic illness. One proposal plans to develop a national profile spelling out the characteristics of catastrophic illness in the United States; the second involves time-series analyses of catastrophic illness in the Nation in order to enhance the preparation of actuarial cost estimates of national catastrophic insurance programs; the third award plans a targeted study of catastrophic illness addressing spinal injury; and the fourth plans to target catastrophic illness addressing myocardial infarction.

Special Project

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.

Future Directions

Continued research into alternatives in long-term care will be directed at evaluation of new services and the study of the cost effectiveness of different constellations of services and the population base needed to support these patterns of service. Improved assessment tools are necessary to study the behavioral and social aspects of patients if the quality of care delivered is to be improved. Management information tools need to be further tested and the cost effective use and limitations of each need to be better defined. The stability of the cost related patient characteristics on a sample of "average" facilities must be tested before they are applied to the universe. Additional testing needs to be carried out in relation to community planning for appropriate and cost effectiveness delivery of services to meet identified health and social needs of individuals.

TECHNICAL ASSISTANCE IN DAY CARE

In addition to its lead role in carrying out the experiments in day care conducted in response to the mandate contained in Public Law 92–603, the Division

of Long-Term Care has carried on increasingly heavy burden of providing technical assistance on day care to public and private organizations throughout the Nation as well as to other Federal components concerned with the development of such care.

At the International Gerontological Conference in Israel, the Deputy Director of the Division of Long-Term Care presented a paper on this topic, after which she visited health programs for the elderly in Israel and England, with particular emphasis on Day Hospitals. The resulting report, "Day Hospitals in Israel and Great Britain" has been in great demand both in the United States and abroad.

Presentations in day care were also made by the Deputy Director at the National Conference of the Gerontological Society, followed by technical consultation at a special post-conference workshop on day care. Technical consultation was also provided at workshops on day care sponsored by a variety of organizations.

Future plans include sponsorship by the Division of Long-Term Care of a national conference on day care within the next year and an international conference at a later date.

PROVIDER IMPROVEMENT TRAINING AND TECHNICAL ASSISTANCE

Responsibility for directing Federal resources toward short-term training of personnel employed in long-term care facilities continues in the Division of Long-Term Care (Provider Improvement Branch). Since the inception of provider training activities with the administration's nursing home initiatives of 1971, there has been continual growth of training opportunities through a variety of strategies. With an appropriation of $1.8 million each year since 1971, the number of training opportunities supported has reached approximately 124,000 professional and paraprofessional long-term health care personnel as of December 31, 1975.

In 1975, the Department continued to expand efforts toward upgrading the quality of care in the Nation's nursing homes by improving the skills of those responsible for providing that care. Twenty-five contracts totaling almost $1.3 million were awarded; 11 of these were new contracts and 14 were continuations of previously awarded contracts which have proved successful. Three additional contracts were continued without additional funds.

New Contracts

New contracts included the establishment of a Regional Long-Term Care Education Center for region IV in the Raleigh-Hillhaven Convalescent Center in Raleigh, N.C., under the auspices of the Hillhaven Foundation of Takoma, Wash. A contract was awarded to the Western Consortium for Continuing Education for the Health Professions, Inc. in San Francisco, Calif., to explore and determine program needs and potential for patient/family education in long-term care. The Association of State and Territorial Health Officials was awarded a contract to assist in developing State plans for purposes of implementing education programs in rehabilitation nursing for all levels of nursing personnel.

In a continuing effort to increase the capability of providers to meet Federal regulations, a new contract was awarded to the American Nurses Association to develop guidelines for RN consultants to intermediate care facilities. Similarly, the contract with the American Medical Association for nationwide training of medical directors in skilled nursing facilities was continued for an additional year.

The National Association of Social Workers, Inc., was awarded a contract to develop a guide for social work consultants to skilled nursing and intermediate care facilities. The need for a consultant guide was identified during the course of "Projected Provide," a contract to NASW to train social workers and social, work designees in long-term care facilities.

A contract was awarded to the American Society for Geriatric Dentistry to train dentists and dental auxiliary personnel who serve or intend to serve patients in nursing homes in the proper techniques of oral health for the aged and the chronically ill as well as to develop an understanding of how oral health services may be arranged for nursing home patients. This program is being carried out in collaboration with the American Dental Association and State dental associations.

The American Geriatrics Society was awarded a contract to revise and update *Clinical Aspects of Aging*, volume IV, of this series "Working With Older People:

A Guide to Practice." The revised volume will serve as an educational adjunct to the clinical literature in long-term care. The volume will be practical in approach, focusing on the problems of aged patients that are often overlooked, and is directed at the physician and other health professions with particular emphasis on assisting the medical director of the nursing home. Topics to be included are: general evaluation of the elderly, psychosocial aspects of aging, drug therapy, record systems, role of the medical director, alternative settings for health care service delivery, the role of different health professions in care of the elderly, nutrition, and specific health problems of the elderly.

Regional Long-Term Care Education Centers

Continuing emphasis is placed on an innovative approach toward meeting training needs through the establishment of regional long-term care education centers. These regional centers call for training for multidisciplinary teams sent to the center by their employing facilities. The training encompasses both academic and experiential opportunities and a philosophy of training the team to train their coworkers. In addition, the centers are to provide to the target population of provider personnel a series of workshops in subjects based on need in their respective areas. Still further, some centers provide a week's experience for surveyor teams from state health departments in matters relating to quality of care of the long-term patient. In 1973, six regional training centers were established, and in 1974, an additional three centers were added. In 1975, eight of these centers were continued and a new one added, with primary emphasis given to training in-service education personnel, enabling the Centers to establish satellite centers to increase their trainee population, and expansion of the short-term specialty seminars. The regional centers are: New England Rehabilitation Center, 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 V); Swope Ridge Health Care Center, Kansas City, Mo. (region VII); Beth Israel Hospital and Geriatric Center, Denver, Colo. (region VIII); Garden Crest Convalescent Hospital, Los Angeles, Calif. (region IX); and L. C. Foss Sunset Home, Seattle, Wash. (region X).

Media Center and Audiovisual Training Aids

A contract awarded to Capital Systems Group, Inc., Rockville, Md., to develop a media center was completed in 1975. The media center will serve as a source of published material, audiovisual aids, training curricula and research documents related to gerontology as well as to the health, environmental and psychosocial aspects of long-term care. This center will be for the use of contractors, students, researchers, and others. It is anticipated that the center will become operational in 1976.

Two contracts to develop audiovisual training aids were completed in 1975 and released through the National Audiovisual Center: "Working in a Nursing Home," produced by Robert J. Brady Company, is for general staff development; "This Way to Reality," produced by the American Hospital Association, is for multidisciplinary training in reality orientation.

Regional Office Long-Term Education Coordinators

A major aspect of the approach to provider training is through the Regional Office Long-Term Care Education Coordinators. The Regional Coordinator in each DHEW region meets with groups from within that region to plan strategies identifying and meeting specific training needs and directing available resources toward meeting needs, while at the same time helping to maximize the utilization of local resources and local expertise. The Regional Office Long-Term Care Education Coordinators have been very effective in maximizing the national training contracts through their work with State affiliates of the national professional organizations.

Approximately 30 percent of fiscal year 1975 funds were programed by the regional offices to support State and local short-term training workshops and institutes.

WORKSHOPS AND CONFERENCES SPONSORED BY DIVISION OF LONG-TERM CARE

A workshop on *Geriatric Aural Rehabilitation* was held in February 1975, and was attended by representatives of 25 Federal agencies and national profes-

sional, provider and consumer organizations. This workshop highlighted both the scope of geriatric aural problems and their rehabilitation potential.

In March 1975 the staff of the Division of Long-Term Care presented a seminar on short-term training during the annual legislative workshop of the American Association of Homes for the Aged. Discussion at the seminar evoked the concern that more work needs to be done to assure that training programs impact on those personnel directly in contact with patients on a day by day basis. The Division plans to give increased attention to aide training and training of trainers of aides.

In April 1975 a Workshop on Long-Term Care Staff Education was held in cooperation with the American Health Care Association, bringing together Federal and AHCA National and State personnel concerned with provider training. This workshop provided a forum for sharing information and discussing needs and possible strategies. A similar workshop is planned for spring of 1976.

1976 PROJECTIONS

Findings of the Office of Nursing Home Affairs Facility Improvement Study and the Subcommittee on Long-Term Care of the Senate Special Committee on Aging are major factors in identifying continuing provider educational needs. In addition, national and State provider organizations assist in the training needs assessment process. Evaluations emanating from completed and ongoing training contracts are further sources of input into determining and continuing provider training needs.

As the long-term care field continues to play an increasingly important role in the Nation's health care delivery system, it is imperative that the capability to respond to continuing education needs of provider personnel be developed at the facility level. Top priority will be given in 1976 to developing this capability through such activities as supporting the training of inservice and staff development personnel in individual facilities or consortia of facilities. Increased attention will also be given to psychosocial aspects and restorative/rehabilitative concepts in long-term care. Continuing unmet needs in aural rehabilitation and podiatric health care training will also be addressed.

FUNDING THROUGH THE BUREAU OF HEALTH MANPOWER

Public Law 93–353, the legislation authorizing the creation of the National Center for Health Services Research, does not give legislative authority for short-term training to the National Center for Health Services Research. For this reason, starting in 1975, provider improvement short-term training activities have been funded by the Bureau of Health Manpower of the Health Resources Administration.

COLLABORATIVE ACTIVITIES WITH FEDERAL AGENCIES

Division of Long-Term Care staff has a strong ongoing working relationship with the Office of Nursing Home Affairs 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 Nursing Home Affairs 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 Deputy Director participates in the Work Group of the Interdepartmental Task Force on Research in Aging, the Interagency Committee on Prevention, and is an Interagency Consultant for Research Planning In Aging (National Institute on Aging).

The Deputy Chief of the Research and Development Branch serves as a member of the Interagency Task Force on Home Health Services and the Interagency Advisory Group to Health Services Administration, Community Health Services on methods and procedures for administration of grants authorized under Public Law 94–63.

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 Rehabili-

tation Service, the Division of Direct Reimbursement of the Social Security Administration, the Administration on Aging, the National Institute of Mental Health, the National Institute on Aging, the Veterans Administration, and the Department of Labor.

PARTICIPATION WITH NON-GOVERNMENTAL ORGANIZATIONS AND AGENCIES

The Director, Division of Long-Term Care, participated in and delivered papers on Social Work Consultation at the Midwest Health Conference, participated in the National Assembly of the National Medical Association, was the keynote speaker at the Social Work Symposium on "The Family and Death," sponsored jointly by: the Department of Social Services of the Presbyterian Hospital in New York City, Columbia University's College of Physicians and Surgeons (Department of Psychiatry), School of Social Work, and Cancer Research Center; The Foundation of Thantology; and Columbia-Presbyterian Medical Center in New York City.

The Chief of the Research and Development Branch presented a paper on Research in Long-Term Care at the North Dakota State Nurses Association.

The Division of Long-Term Care provided financial support and participated in the National Conference on Social Welfare's Annual Forum Institute series on Health and Health Care Delivery which was held in San Francisco in May 1975. The Division's Institute addressed Human Factors in Long-Term Care and commissioned four authors to develop the following position papers:

(1) Reichert, Kurt, "Social Work Contributions to the Prevention of Premature Functional Death."

(2) Brody, Elaine, "Long-Term Care: The Decision-Making Process and Individual Assessment."

(3) Reichert, Betty, "And the Walls Come Tumbling Down: Humanizing the Institutional Aspects of Long-Term Care."

(4) Trager, Brahna, "The Community In Long-Term Care."

There emerged from the process of the institute a set of Principles of Long-Term Social Health Care and Recommendations for Future Actions which have been detailed in a report entitled "Human Factors in Long-Term Health Care."

Other staff have served on committees and worked with the following national voluntary and professional organizations to promote better services for and understanding of older people: American Nurses Association, National League for Nursing, the American Occupational Therapy Association, National Association of Social Workers, National Conference on Social Welfare, the American Dietetic Association, Catholic Hospital Association, National Recreation and Parks Association, American Health Care Association, American Association of Homes for the Aged, the American College of Nursing Home Administrators, American Association of Retired Persons, the Gerontological Society and the American Geriatric Association.

INTERNATIONAL CONSULTATION

Dr. Monnica C. Stewart, assistant physician, Edgeware General Hospital, Geriatric Unit and Member of the Council, Geriatric Care Association of Great Britain served as a consultant to the Division of Long-Term Care. Dr. Stewart visited a wide variety of long-term care facilities throughout the United States, and shared her expertise in research and education in the field of long-term care with the Division staff. In addition, the Division sponsored a seminar for representatives of Federal agencies and nongovernmental organizations concerned with health care for the elderly, which included a presentation by Dr. Stewart followed by dialogue between Dr. Stewart and the seminar participants.

NEW PUBLICATIONS

Addendum—Instructions for Completing Patient Assessment Form (July 1975 Revision) developed under a National Center for Health Services Research Grant, HS 01162, by Harvard Center for Community Health and Medical Care. This Addendum should further enhance the usefulness in nursing homes of the *Patient Classification for Long-Term Care: User's Manual* published in 1973 (DHEW Publication No. HRA 74-3107). The Addendum includes a four page Patient Assessment Check List for use in long-term care facilities which provides for serial assessments and can show change, improvement or regression, over

time. The Addendum and User's Manual are available from the Division of Long-Term Care, Room 11A–33, Parklawn Building.

Guidelines for Estimating the Cost of Service Packages for the Chronically Ill Impaired, prepared under Grant No. 93–P–75172 by Duke University Center for the Study of Aging and Human Development. The report contains information about costs relating to service packages, determining cost estimating relationships, methods to obtain data, and results of an investigation of private homes as providers of services. This report is available from the Division of Long-Term Care, Room 11A–33, Parklawn Building.

Medical Care Use By A Group Of Fully Insured Aged summarizes a 5-year study of the residents of two retirement centers in California. It presents in narrative and tabular form the changes in the residents' utilization of medical services between 1965 and 1969 in comparison to their demographic and health status characteristics. It also presents a comparison of costs for services. Copies are available from the Office of Scientific and Technical Information of the National Center for Health Services Research.

Activities Coordinators Guide was revised as a byproduct of a contract with the American Health Care Association, No. HSM 110–72–154, to train beginning activities workers. The revision adds many chapters to the original text and covers all subjects in more depth. Copies may be obtained from the National Technical Information Service.

Activities Orientation Teachers and Planners Guide was developed as a part of the American Health Care Association Contract No. HSM 110–72–154 to train beginning activities workers. It includes the organization of a 36-hour orientation course with unit objectives, teaching activities, references and sample agendas. Copies are available from the National Technical Information Service.

Social Aspects of Cancer Recovery, by Bernice Catherine Harper, Director of the Division of Long-Term Care, is contained in Cancer Journal, July 1975, volume 36, No. 1 supplement.

Adult Day Care in the United States, a report prepared by Transcentury Corporation with support from the Division of Health Services Evaluation, provides an in-depth analysis of 10 ongoing day care programs in the United States and can be obtained from the National Technical Information Service.

Long Term Care: A Handbook for Researchers, Planners, and Providers, developed under contract to the National Center for Health Services Research and edited by Dr. Sylvia Sherwood, provides a comprehensive summary of what is known, what has been done, and significant research findings across a wide array of topics relevant to aging and long-term care. Copies may be purchased from Halsted Press, Division of John Wiley and Sons, 605 Third Avenue, New York, N.Y. 10016.

A PROMISE KEPT

The Division of Long-Term Care prepared a volume entitled "A Promise Kept" that gives an overview of its evolution since 1971 when the Presidential Initiatives to upgrade the quality of nursing home care were announced. In addition to the historical perspective, it includes a status report of the two branches in the Division, Research and Development and Provider Improvement.

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. A list of data obtained by NCHS relevant to activities of the elderly is as follows:

National Mortality Statistics which examines death by various causes. The statistics are broken down by age, sex, race, State, counties, and places with more than 10,000 inhabitants.

National Mortality Survey which identifies health and related characteristics of decedents, particularly in the last years of life. The data is divided categorically by age, sex, and socioeconomic characteristics.

Health and Nutrition Examination Survey which 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 will supply data for evaluation of nutritional status through analysis of dietary intake and food frequency inter-related 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 child-bearing 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 a noninstitutionalized population. Variables examined include: age, sex, color, ethnicity, marital status, and socio-economic variables.

Hospital Discharge Survey which 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 the diagnosis, treatments or services, 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, race of patient, and physician characteristics.

National Nursing Home Survey conducted biennially examines the characteristics of nursing homes, services and staff, and health and demographic characteristics of nursing home residents. Age, sex, race, and ethnicity, marital status, and source of payment are variables utilized in the survey.

Bureau of Health Manpower

The Bureau of Health Manpower is geared to address the major problems of geographic and specialty maldistribution of health manpower. Although the activities of the Bureau are not primarily focused on alleviating the health concerns of the aged, they impact upon this segment as well as the general population.

A major thrust is expanded development of primary care practitioners, those professionals who provide first contact care, provide continuous monitoring of an individual's health status, and can refer a patient to appropriate specialists. This includes support of family medicine training and residences, and the development of appropriate faculty resources.

Training is also supported for physicians' assistants and dental extenders who can perform many of the tasks traditionally performed by the physician or dentists. These tasks can be performed without the extensive training required for physicians and dentists, thus enabling them to expand the scope of their activities and concentrate on more difficult cases. Support for the training of nurse practitioners is designed to meet the particular problems of geriatric and nursing home patients, as well as to provide primary health care in home, ambulatory facilities, long-term care facilities, and other health care institutions.

The problem of geographic maldistribution also receives major attention. Through National Health Service Corps scholarships, individuals agree to serve in health manpower shortage areas in return for scholarship assistance. The Area Health Education Center program is designed to link health manpower training with community service needs. Emphasis is placed on clinical training of medical and other health professions students in hospitals and ambulatory care settings in medically underserved areas.

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.

Some 200 health systems agencies, the basic elements in the new program, will be designated during 1976. These 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. State agencies will also be designated during 1976. The functions of these agencies include integration of the health plans of the local agencies into a State health plan, administering the facilities construction program, and implementing the certificate-of-need programs. As these components become operational, they should contribute greatly to a more rational health care system which is structured to meet the needs of regional populations.

D. HEALTH SERVICES ADMINISTRATION

Bureau of Community Health Services

Programs of the Bureau of Community Health Services are directed primarily to the medically underserved—or unserved—areas of the Nation. While the aged are not singled out as a special target population, the betterment of their health and welfare is promoted through a variety of program efforts which are designed to improve the health of all age groups. Bureau activities which impact most significantly on the aged are promoted through community health centers, migrant health projects and the National Health Service Corps.

In fiscal year 1975, a total of 157 operational community health centers, located in 41 States, District of Columbia, Puerto Rico, and the Virgin Islands, provided a range of preventive, curative and rehabilitative ambulatory services and arranged for inpatient services for an estimated 1,425,000 persons. These centers are primarily located in medically underserved rural or urban areas. Approximately 6 percent of the persons residing in those areas who were registered for center services were aged 65 or over. This age group represented 14 percent of the high frequency users in the centers (three or more MD encounters during a quarter), a disproportionate amount of services for a relatively small proportion of registrants.

The Migrant Health Program provides access to health care services for migrant and seasonal farmworkers and their families. Services in fiscal year 1976 were available at 355 sites and ranged from full-time centers providing diagnostic therapeutic and followup medical services with provisions for dental care, health counseling, preventive and out-reach services, to scheduled clinics with a more limited focus on specific diseases.

Migrants live and work in predominantly rural areas where health resources are scarce. Although they face problems of shortage and maldistribution of health resources which other rural residents must cope with, the migrants' problems are compounded by such factors as the need to travel from place to place in search of work, language and cultural differences. In addition, the elderly migrant is further handicapped by the multiplicity of problems which accompany aging. An estimated 390,000 migrants and seasonal farmworkers and their families received services through this program. Of this total, approximately 2.8 percent are 65 years of age or older.

The National Health Service Corps is designed to improve the delivery of health services to persons residing in communities where availability of health resources is inadequate by recruiting and placing health professionals in those areas. The Corps is attempting to achieve a permanent improvement over the geographic maldistribution of medical personnel by assisting communities in developing the capacity to independently maintain viable health practices and designing policies that will encourage health professionals, once placed, to remain in shortage areas on a non-Federal basis. Since older people living in these areas often lack mobility the presence of health personnel in their communities is of special importance. While data are not available on the number of aged persons receiving services from Corps personnel, a total of 510,000 people were served by 551 providers at 193 sites.

In summary, while programs of the Bureau of Community Health Services are not designated for the elderly, per se, they are an important part of the target population. Many of the projects are located in areas with high concentrations

of elderly people and recognition is given to their unique health needs. The Bureau will continue its efforts in behalf of this special population group.

Bureau of Medical Services

The Bureau of Medical Services comprises five Divisions, one of which, the Division of Hospitals and Clinics, sponsors programs relating directly and indirectly to the aged.

The Division of Hospitals and Clinics holds primary responsibility for providing health care to specific groups of Federal beneficiaries. Health care is provided on a reimbursable basis to other beneficiaries and to community residents when resources are available within the system. In addition to the provision of direct health care, the mission of the Division of Hospitals and Clinics includes health education and training, medical research, and community health service programs.

During fiscal year 1975, among a total of 30,720 dischargees from hospitals of the Division of Hospitals and Clinics, 4,151 were individuals age 65 or over. The average length of stay for elderly men was 23.1 days and for elderly women 21.7 days, compared with an average length of stay of 16.9 days for all patients. This observation is consistent with the fact that older patients are affected to a greater extent by chronic conditions which require longer periods of hospitalization, and for similar conditions, older patients tend to receive longer periods of hospital care than younger patients.

A high proportion of elderly persons receiving inpatient services are American seamen, who constitute the major beneficiary group cared for in PHS hospitals. The problems presented by this group of patients are not identical to those presented by aging patients in general: for example, there is a higher proportion of single males in this group than in the general population. Because of this, finding suitable nursing homes for long-term geriatric care constitutes one of the real problems in meeting the needs of aging patients served by the Division of Hospitals and Clinics.

In October 1975, a Day Treatment Center for the Elderly was opened at the USPHS Hospital in Baltimore, Md. This program provides an alternative to institutionalization for elderly patients by providing supervision and personal care services to older persons with physical, mental or social impairments. The capacity of families to continue helping to maintain elderly relatives at home is depleted when no relief is available and institutional placement is often made not because the older person needs institutional care, but because the type of assistance needed is not otherwise available. The Day Treatment Center should serve as an alternative to institutionalization by solving some of the problems of daily living, provide respite to families with elderly relatives, and enable the older person to return at night to the home setting. The aged indicate a strong preference for remaining in their homes and the Day Treatment Center would greatly assist both the family and the elderly in this regard.

The Day Treatment Center for the Elderly provides an organized program of activities and health care services during the day in a protective group setting which is designed to activate, motivate and retrain the elderly to sustain or regain and maintain maximum functional independence. Individuals participating in the center are aged persons referred from PHS beneficiary groups, the Geriatric Evaluation Service of the Baltimore City Health Department, community organizations and private physicians.

Approximately 20 medical research projects indirectly related to aging were ongoing within the nine hospital facilities of the Division of Hospitals and Clinics during fiscal year 1975. These include studies of natural history of disease, descriptive physiology and pathophysiology, and therapeutic trials. Studies on various aspects of cardiovascular disease comprise the major component of the clinical research related to aging.

During fiscal year 1976, in addition to beginning patient care in the Division's first center for geriatric day treatment in Baltimore, plans are underway to explore feasibility of developing additional centers for geriatric day care with the Division's system of health care facilities. As these facilities gain experience with day treatment centers, they will develop the capacity to undertake studies of the relative merits of innovative concepts of geriatric health care delivery. The Division presently envisions studies of different intermittent patient scheduling plans including night treatment centers, and studies on the provision of day treatment to various selected patient subgroups including those requiring a major commitment of conventional medical care, as opposed to the emphasis

on rehabilitation services as usually provided by day treatment centers in the United States. Potentially, the multiple facilities of the Division of Hospitals and Clinics could be used to study many innovative elements within the spectrum of geriatric health care delivery as part of a centrally coordinated program within DHEW.

Programs of the Division of Emergency Medical Services, which provides national leadership in the development and expansion of comprehensive area emergency medical systems, are directed toward interests of the aged as part of the general population. Additionally, this Division presently sponsors a research project specifically targeted toward the aged entitled "Effects of an Emergency Alarm System for the Aged."

Health delivery systems within the purview of the Division of Health Maintenance Organizations provide services to the aged as part of the general population. The Division of Coast Guard Medical Services and the Division of Federal Employee Health have no programs targeted for the aged.

Bureau of Quality Assurance

The Bureau of Quality Assurance is responsible for two programs which have an impact on the aged population. During 1975, we continued implementation of the professional standards review organization (PSRO) program. PSRO's are voluntary, nonprofit groups of local physicians established to assure that care provided to beneficiaries of medicare, medicaid, and maternal and child health programs is medically necessary, meets professionally recognized standards, and is rendered in the most appropriate setting. By the end of 1975, 120 PSRO's had been established. During 1976, it is expected that over half of these will be performing review of care provided to medicare, medicaid, and maternal and child health beneficiaries.

The Provider Standards and Certification program provides consultation to the Social Security Administration's Bureau of Health Insurance (BHI) and the Social and Rehabilitation Service (SRS) in the process of development, interpretation, assessment, and modification of medicare and medicaid health and safety standards, policies, and methods for the certification of long-term care facilities, hospitals, home health agencies, and other providers and suppliers of services participating in these federally financed programs. The standards must be continuously evaluated and revised to assure their validity, and upgraded to reflect advances in current medical care practices and technology. During 1976, special initiatives will include implementation of the new laboratory certification program and the upgrading of State surveyor capabilities.

During 1975, through the Health Facilities Survey Improvement Program (HFSIP), the ongoing basic training course trained 340 surveyors. Sixty-seven surveyors attended advanced surveyor training courses. Eight one-week management institutes were offered for directors and supervisors of State survey agencies. Seventy-three directors and 87 supervisors attended the institutes.

Three manuals for surveyors were published, "Surveyor Training Manual for Institutions for Mentally Retarded," "Manual of Survey Techniques and Practices for Skilled Nursing Facilities," and "Manual of Survey Techniques and Practices for Intermediate Care Facilities."

A segment on medical direction, discharge planning, and patient rights was developed for inclusion in the State agency orientation programed instruction for newly employed surveyors.

In addition to central office activities, each regional office through the HFSIP coordinator presented training courses designed to meet the particular needs of their region. In 1976 the basic training course will be continued and other specialized courses will be developed as program needs dictate.

Indian Health Service

Six percent of the Indian Health Service's (IHS) service population is over age 65 as compared to 10 percent in the United States. Further, 30 percent of the U.S. population is age 45 or older, while 19 percent of the IHS service population is in this age group.

Despite the differences in numbers of persons involved, the expressed general concerns are the same for the Indian elderly as for other older persons. This statement is documented in the report of the 1971 White House Conference on Aging (pages 78–82 in hard cover copy); and in this documentation, the need for nursing homes or sheltered care facilities for elderly Indians is highlighted.

Several tribes are trying to address the need for such facilities independently as Federal financial assistance requested in the conference report has not been forthcoming. In response to continuing tribal requests, IHS developed, in 1975, 5-year projections for these facilities, including construction and operating costs. The estimated 5-year investment to provide nursing home beds for approximately 2,000 Indians would be $207 million.

As part of the IHS service population, the elderly Indian is eligible for a broad range of medical, environmental health, and social services. The benefits of these are reflected in the 10 year (1960–1970) gains in percent of Indian and Alaska Native persons age 65 and over and those age groups. Specifically, the gains represent a 39 percent increase among Indians and Native Alaskans age 65 and over as compared to a 21 percent increase in the non-Indian population in this category; and a 29 percent increase, for age 45 through 64 as compared to 19 percent in the non-Indian population.

At the close of 1975, IHS participated in a survey conducted by the National Institute on Aging, National Institutes of Health. The IHS response made note of a single project funded in support of a needs assessment study directed to elderly Indians living on the Laguna Reservation in New Mexico. As a result of this study, it was reported that the tribe is now developing plans for a multipurpose center which will contain some nursing care beds, together with space for recreational activities and other community services.

Overall, the immediate concern of IHS in considering the development of any special program for the older Indian person is the validation of need and an assessment of the availability of resources to meet these needs. Some general needs have been established through the White House Conference and other means, but the magnitude of these has not been documented. As a first step, and in support of the Administration on Aging the Office of Native American Programs' Statement of Understanding, the Indian Health Service recently outlined short- and long-term objectives to be implemented during fiscal year 1976.

E. NATIONAL INSTITUTES OF HEALTH

On May 31, 1974, the Research on Aging Act (Public Law 93–296) was signed into law authorizing establishment of the new National Institute on Aging (NIA). On July 1, 1975, NIA was separated from its parent Institute, the National Institute of Child Health and Human Development. By January 1976 the NIA was functioning as a viable and independent organizational entity carrying out its mandate to conduct and support comprehensive, systematic, and intensive studies of the biomedical and behavioral aspects of aging and the related training of necessary personnel.

Aging is a natural phenomenon which, as far as is known, affects all higher forms of life and perhaps all living things. No matter how aging is defined, its implications for the individual and for society are profound. Twenty-two million Americans, 10 percent of our population, are now over 65 years old. In 50 more years, 40 million persons may be that old. Two-thirds of the Federal money spent on health in this country goes for persons over 65. One million people over 65 years of age live in institutions, and a significant proportion of them are incapacitated by a variety of diseases and degenerative conditions. Although the dimensions of the problem of aging are great, they can at least be diminished through continued research.

The obvious 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.

By no longer defining aging as a disease process, but simply as the organism's progressive loss of ability, after maturity, to function optimally within its environment, NIA's research extends into many special fields of inquiry—cellular biochemistry, molecular biology, enzymology, behavioral sciences, sociology, and others.

Microbiologists, zoologists, physicians, and others approach the study of aging from different standpoints and for different reasons. An investigator working in one laboratory may be interested in aging at the molecular level because this may lead, one day, to ways of mitigating or preventing some disability of age. Sociologists working on problems of the relationships between health and social stresses—such as relocation and loss of friends and spouse—feel that the study will furnish a basis for helping aged persons better adjust to new circumstances.

In addition to supporting research in universities, medical schools, and other research institutions through the award of research grants, NIA also has staff scientists who conduct research at the Gerontology Research Center (GRC) in Baltimore, Md. GRC is a federally owned facility on the grounds of Baltimore City Hospital. In addition to its own programs, the center houses a number of non-Government guest scientists conducting studies related to aging.

National Institute on Aging

Mental change with age

One of the most disturbing aspects of aging is a condition related to the mental deterioration of the elderly called "senility." Although generally known by this single name, the condition is probably a mixture of disease-derived changes coupled with less specific and poorly understood deteriorative changes which are associated with growing old.

Many people's ability to remember words or numbers declines with age. This can be embarrassing for the person to whom it happens and frequently worries friends and family about his mental condition.

Recently, NIA scientists Drs. David Arenberg and Elizabeth Robertson-Tchabo found that a classical technique used to improve memory (mnemonics) can be taught to elderly people. Once learned, this technique can be used in a variety of ways to improve a person's recall. This procedure involves having the subject plan an imaginary trip to a series of well-known places, for example, different rooms in a home. Then he associates each of the items to be learned with stopping places on his imagined journey.

This simple method proved to be easily learned by older subjects and was quite effective in helping them store and recall information.

In order to study some of the deteriorative changes that do occur, researchers are conducting experiments in animals whose lifespans are short enough to observe the behavioral changes that occur with time.

One such study conducted by NIA-funded scientists shows that in rats there is a progressive loss of the ability to remember newly acquired information. This loss occurs throughout the entire adult lifespan.

Dr. James L. McGaugh at the University of California at Irvine has found a striking decrease in the power of memory in rats from early adulthood to the middle stage of life, and an additional decrease from that point to the period when rats are entering old age. These results have been found in two quite different kinds of memory tests. Although increased forgetfulness with advancing age has long been regarded as occurring in some elderly people, the evidence for it heretofore has been based on casual observation or on controversial evidence, with some regarding it as a consequence of disease or extreme old age. McGaugh's observations on healthy animals of various ages makes a strong case that increasing forgetfulness is a regular occurrence throughout adult life in normal and healthy mammals. More important, McGaugh's basic neurochemical findings strongly suggest the precise nature and location of brain activities which decline and that this decline is proportional to the decline in memory capacities. If McGaugh's findings hold up for mammals higher than rats, and if the memory-neurochemical correlations are not just an unusual coincidence, it is possible that experiments in improving memory by biochemical therapy could be conducted within a few years.

Another study of the aging rat brain conducted by Dr. Martin Feldman, an NIA grantee at Boston University School of Medicine, has shown that there is a striking anatomical change with age in rat brains. This change consists of a considerable reduction in the number of connections (synaptic connections) between the nerve cells that form important portions of the brain in higher animals (portions of the cortex).

According to other of Dr. Feldman's observations, impairment of learning in rats seems similar to changes that occur in humans. Anatomical studies like those reported by Dr. Feldman would be very difficult to conduct in humans because human brain tissue can ordinarily be obtained only from patients who have died of some disease. The damage from the disease condition then might not be distinguishable from what might be the "normal aging process."

Both Drs. Feldman's and McGaugh's findings suggest the suitability of the rat as an experimental animal from which something can be learned about human senility. If continued studies of rat and human brain substantiate the validity of

this conclusion, we will at last have a good counterpart of human senility for experimental study.

Another NIA grantee, Dr. Merrill F. Elias of Syracuse University, is approaching the problem of mental change in the elderly from still another point of view. Dr. Elias has been investigating the effect of sustained high blood pressure on a person's ability to respond and make decisions quickly. The study, performed in collaboration with colleagues at the Veterans Administration Hospital, Syracuse, was done with young (18–31), middle aged (32–45), and older adults (46–59) to see the effects of aging. The test was designed to measure verbal and nonverbal thought processes. In some cases, participants were required to make complex decisions selecting answers from as many as eight alternatives.

The results showed that the speed with which participants responded declined with age. The patients with high blood pressure performed even more poorly than healthy subjects, although not all the patients with elevated blood pressures reacted more slowly than control subjects of the same age. Those whose blood pressure had been previously controlled by medication showed greater slowing of their ability. The type of hypertensive disorder each patient had seemed to dictate whether medication improved or weakened performance. Further studies will be undertaken to pin this down more specifically.

Alcohol and Behavior

Last year, at GRC Dr. Robert Vestal and coworkers reported on the ability of young and old men to metabolize alcohol introduced directly into the bloodstream. They found that older men handle alcohol, physiologically, as well as the young.

Related research by Dr. Robertson-Tchabo and colleagues, however, showed that alcohol has a more severe behavioral effect on elderly men than it does on younger men. All subjects studied were healthy, male volunteers from the Baltimore Longitudinal Study, an ongoing study of some 600 men to observe individual changes which occur over an extended period.

The study showed that when blood alcohol levels are relatively high (above the legal level for intoxication) the older men manifest greater declines on tests of memory and decisionmaking. This was true even though the older men appeared less intoxicated, with fewer reporting they felt impaired or "high."

It appears that older men under the influence of alcohol are at greater risk to make mental errors than are younger subjects since they have larger performance impairments coupled with a decrease of awareness of these deficits.

SELF CONTROL OF BLOOD PRESSURE

An estimated 19 million Americans 45 years of age or older are victims of hypertension, more commonly known as high blood pressure. The magnitude of this problem in middle-aged and older adults makes it imperative that more be learned about high blood pressure and the most effective ways to treat it.

At GRC, Dr. Bernard T. Engel and coworkers have succeeded in teaching patients with high blood pressure to control their own blood pressures using a technique known as operant conditioning. This technique selectively encourages behavior by rewarding the correct response.

Five patients referred to the NIA by the Baltimore City Hospital's hypertension clinic learned to increase or decrease their blood pressures while at the laboratory. The patients, men and women, ranged in age from 46 to 70 years of age.

The laboratory training taught the subjects to raise and lower systolic blood pressure (the higher pressure on a blood pressure reading). A display of lights, much like traffic signals, was used to help the patients learn. For example, when the red light was on this meant they should lower their systolic blood pressure; green meant they should raise the pressure; and, yellow indicated the correct response was being given. This yellow light served as a patient's "feedback" showing that the correct response had been made and thus rewarding successful behavior. Another reward or reinforcement was a meter, visible to the subject, which gave the patient an accumulated numerical score of performance with each successful response advancing the meter two points.

When laboratory training ended, the patients continued training in their own homes. All the patients were able to exercise self control of their blood pressure during a three month followup period. The subjects' success in controlling their own blood pressures during followup showed that laboratory skills, properly taught, can also be used effectively by patients in their own homes.

The Aging Immune System

The ability of the body to protect itself against disease (immune function) decreases with age at the same time that various protective systems begin to malfunction. The observation, made some 45 years ago, that the concentration of natural antibodies, the most important defenses against foreign invaders such as germs, declines with age is probably the earliest scientific evidence we have of this system. Discoveries in recent years have pointed up the importance of this loss, at the same time that the possibility has arisen that this can be improved by medical treatment.

This year, NIA scientists in the Laboratory of Cellular and Comparative Physiology, GRC, found what they believe to be one reason for the loss of normal immunity that occurs in older people. Research showed that older animals have a definite increase in a population of cells known to interfere with the disease fighting activities of the body's immune cells.

Previous studies have shown that one possible way to bolster immunity in the older animal is to combine transplants of thymic and bone marrow tissues from young animals. In some strains of old mice this restimulates the immune system. It has now been shown that injections of a sulfur drug (Mercaptoethanol) also restore immune function in aged mice.

At the University of California, Los Angeles, NIA grantee Dr. Roy L. Walford has found that by restricting the number of calories or the protein content of the diet of laboratory mice he was able to prolong their lifespan 15–40 percent, to lower the incidence and growth of spontaneous and transplanted tumors, and to increase resistance to some viral infections.

Using immunologic measuring devices the mice were first tested at 3–4 months. The immune responses of the restricted mice were less than those of the controls; but by one year of age, this was reversed. The regulated animals possessed an immune system which remained or acted younger longer than the immune systems of animals on a nonrestricted diet. Dr. Walford is also examining various protein dietary combinations to study their effects. Severe restriction of protein, he found, did have an undesirable effect.

One important problem in biology concerns the way by which scavenger cells (macrophages) recognize and remove deteriorated cells from the body. NIA investigators use human red blood cells to study this problem since the macrophages routinely ingest and destroy red blood cells at the end of their 120-day useful life span in the circulation.

Some recent studies conducted by Dr. Marguerite Kay at GRC indicate that macrophages tell the difference between young and old red blood cells by recognizing an accumulation of immunoglobulin G on the surface of the old red blood cells. Immunoglobulin G is a protein in human blood involved in immune responses. Young cells show only trace amounts of immunoglobulin G, while old cells have definite accumulations on their surface.

These findings point to existence of a gradual build up of immunoglobulin G as red blood cells age in the circulation. Once a critical level is reached, the scavenger cells ingest and destroy these cells.

Protein Production Errors

One fairly popular theory of aging states that the cellular machinery needed to produce proteins necessary for cell function becomes error-prone in old cells.

This theory was tested and proved invalid by Dr. Josef Pitha and his coworkers using human cells in tissue culture. The cells were infected with polio virus. Usually this virus produces a large protein molecule which is then broken down by cellular enzymes into smaller protein units. If the large polio protein synthesized in old cells contained errors then it would not be recognized by the cell's enzymes. Thus the large protein would not be broken down and more of it would be found in old than in young cells.

NIA scientists discovered that the protein is degraded in both "old" cells (those that have gone through 50 cell divisions) and "young" (20 cell divisions) cells; thus, proving that the protein production error theory of aging is not valid.

Heart Function in the Aged

Previous studies in the Clinical Physiology Branch, GRC, have shown that age is associated with a defect in the relaxation phase of the rhythmic contrac-

tions in isolated rat heart muscle. This research has now been extended to studies in men taking part in the Baltimore Longitudinal Study. Studies using a non-invasive technique (echocardiography) to measure heart muscle function show that the defect in muscle relaxation also occurs in man.

Meanwhile, studies in the rat have continued. Earlier work suggested that a defect in calcium transport underlies the muscle relaxation difficulties of aging. Since digitalis, a drug commonly used to treat heart disease, inhibits calcium transport in heart muscle, its effect on aging heart muscle from old and young rats was tested. Indeed, the toxic effects of digitalis occurred earlier, that is at lower doses, in the old heart muscle than in the young. In this sense, then, there is an increased sensitivity to digitalis in the elderly.

The increased stiffness noted in the aging hearts of both man and rat suggest that further studies into the mechanisms responsible for these changes could provide information useful in treating heart disease in older people.

In related work at GRC's Laboratory of Molecular Aging the movement of calcium within cells was investigated. Calcium is required for the contraction-relaxation cycle that occurs during each heart beat. Relaxation takes place when calcium is stored in a separate compartment within the muscle cells. Contraction occurs when this calcium is released. Biochemical studies of this compartment's ability to store calcium reveal a decrease in this ability for older animals. Thus, the longer time taken to relax old heart muscle may be linked to the lowered ability of this compartment to actively transport the calcium needed to trigger heart contractions.

HORMONES AND AGING

The body's ability to respond to stress, illness, and the like is dependent to a great extent on the actions of hormones. With increasing age, the body's ability to respond to these hormones generally diminishes.

It is important for scientists to learn more about the ways in which aging causes these changes. All hormones act initially by combining in a lock and key arrangement with certain sites or receptors on surfaces of the cells or within the cells themselves.

Recent studies by scientists at GRC have shown that for those hormones that act on the surface of the cells, the age-related loss of responses varies for different hormones as well as for different tissues. For example, in fatty tissue cells the response diminished progressively. The losses in this tissue occur first in its response to the hormone glucagon; then to another surface hormone, ACTH, and still later to epinephrine.

Liver, on the other hand, shows an entirely different aging pattern. Liver tissue response to the hormone epinephrine actually increases with age. For other hormones, acting within cells, an age-related loss of the specific hormone receptor molecules has been identified for neurons and fat cells. These findings provide important leads to a possible explanation for the differences in hormonal response that often accompany aging.

FOOD APPEAL

Most elderly people have a severely diminished sense of taste and smell leading to loss of appetite and ultimately to poor nutrition. The sense of smell is often the first of the senses to decline with age. As a result, older people tend to identify food mainly on the basis of its texture. Because their sense of taste is lessened, the elderly tend to pour large quantities of salt on their food. This additional salt then aggravates existing heart and blood pressure problems.

In order to deal with the problem of declining sense of taste and smell with age, an NIA grantee Dr. Susan Shiffman at Duke University is experimenting with ways to fortify taste and smell in food with special flavor and aroma additives. Much of the experimentation is with protein-rich, inexpensive foods like new-textured soybean products.

DEVELOPMENT OF A SUITABLE ANIMAL MODEL FOR AGING RESEARCH

One of the major obstacles to the study of the aging process has been the absence of a suitable laboratory animal on which scientists could either perform their experiments or systematically observe the aging process. The problem was further complicated by the fact that many animals which are similar to humans have, like humans, life cycles which are too long for routine laboratory studies.

Until recently, investigators in laboratories throughout the country were unable to get even the most commonly used laboratory rats and mice in the full spectrum of the aging process within a single species. Few, if any, aged animals were

being maintained in a germ-free state. The few animals that survived to "aged" were usually so fragile that their use as models of aging, uncompromised by disease, was questionable. Furthermore, if the animals did survive to "aged," the trauma of the transfer from one laboratory to another was frequently fatal.

The establishment of a germ-free colony of laboratory rats and mice up to two years of age and older, whose genealogy is known, is a major contribution by NIA and its commercial contractor to the advancement of basic studies of the aging process. Although the animals are still available only on a limited scale, they have been shipped to investigators from coast to coast. The project has provided a basis for the development and expansion of needed strains and species of animals for aging research.

PLAN FOR AN AGING RESEARCH PROGRAM

The Research on Aging Act of 1974 (Public Law 93–296) provides, among other things, for the Secretary of the Department of Health, Education, and Welfare to prepare a comprehensive plan for an aging research program. The Secretary has designated the NIA as the lead agency with the responsibility for the preparation of this plan.

Since this designation, the Institute and the members of the National Advisory Council on Aging have undertaken a massive effort to solicit and coordinate experts in the field of aging at universities and research institutions. In addition, representatives of federal agencies that have missions which include the field of aging have been assisting the Institute in the preparation of a research program on aging to insure their continued input and review at all stages of the plan's preparation.

It is intended that an operational plan for a research program on aging can be developed which is a realistic document that addresses present needs and develops future strategies within a framework of awareness of existing resources and reasonable expectations of additional resources that are likely to be made available for the implementation of the plan. The development of the plan is on schedule and will be provided to the Congress by the deadline of May 31, 1976.

NEW PROGRAMS IN FISCAL YEAR 1977

The 1977 budget will allow the Institute to begin programs in several areas that are not adequately addressed by ongoing research. The Institute's present program focuses on the biological process of aging, however, NIA plans to begin new programs in the clinical, behavioral and societal aspects of aging. Since these programs involve other Federal agencies, our efforts in these areas must be closely coordinated with existing and planned efforts at NIH and elsewhere within the Federal establishment.

One important area of concern is the finding that certain classes of therapeutic drugs elicit unexpected responses when administered to elderly patients. Such paradoxical reactions are frequently opposite to the response which would normally be anticipated. In view of the frequency of these occurences and the growing number of elderly patients receiving drugs, NIA will begin in 1977 a systematic research effort to determine the cause of change in drug sensitivity and response as a function of increasing patient age.

To date a limited number of studies supported by the Institute have dealt with individual adjustments to the problems of aging, but little is known about the relationship between social factors and the health of the aged. NIA will initiate in 1977 an effort to illuminate some of these relationships. For example, approximately one million people over 65 are living in nursing homes and related institutions. Yet little is known about the way decisions to place an individual in an institution are made. Several other questions concerning care within long term facilities require investigation and study. The NIA will initiate research in this area in fiscal year 1977.

A major problem of the elderly is social, economic, and physical dependency. One of the goals of the NIA is to keep elderly people independent and functioning members of society. In order to accomplish this goal the Institute not only needs to understand the biological aspects of aging which will keep the aged person healthy, but also the social factors that inhibit his participation in society. The effect of mandatory retirement, the problem of transportation to community and medical care facilities, and the stigma attached to old age are all factors that have to be studied so that barriers to participation can be removed.

Other social factors have to be understood. For example, what is the social impact of the large difference in life expectancy between men and women? What are the effects of long years of widowhood? What is the impact of remarriage? What is the minimal level of income which will sustain needed health care? These are but some of the questions which will be addressed in future NIA research programs.

The prevention or amelioration of the debilitating effects of old age is another area of concern to the NIA. Research findings to date indicate that changes in behavior early in life may have the effect of warding off some of the adverse consequences of the normal aging process. For example, the longitudinal study conducted by the Gerontology Research Center suggests that exercise may lead to a longer life. There are, of course, numerous other factors that require study in order to make similar determinations concerning current behavior and subsequent health. The NIA plans several studies in this area during 1977.

National Institute of Arthritis, Metabolism, and Digestive Diseases

Research activities of NIAMDD can be related to the ten broad areas of responsibility of the Institute which are primarily oriented to categorical disease (e.g., arthritis, diabetes, kidney disease, and digestive diseases). These activities cut across age, sex, racial and other population identifiers since the diseases for which the Institute is the NIH research focal point are not generally limited to a particular age group. With this general statement as a background, this report may be seen to document convergent interests in research related to "aging and the aged" primarily with regard to certain diseases that are usually associated with the aged, i.e., osteorarthritis, osteoporosis, and benign prostatic hyperplasia.

There is no particular definition of the terms "aged" and "aging process" in use within the Institute. In order that the Institute's research efforts be administered in an orderly way, however, when grant applications are received, they are coded by grants analysts for research area (which includes designation for any particular age group); discipline; substances, animals, tools and techniques.

The principal research activities of NIAMDD related to aged persons involve the diseases osteoarthritis, osteoporosis, and benign prostatic hyperplasia.

OSTEOARTHRITIS

Degenerative joint disease, commonly known as osteoarthritis, appears to be, in part, a phenomenon of the aging process but has also been clearly related to unusual wear on cartilage, the resilient, glistening white material which covers the end of bones at the joints. The wear is thought to occur through small, repeated, damaging injuries, or "microtrauma," over extended years of use; cartilage damage may develop in accelerated form if unusual weight has been supported, as in obesity, or if the weight bearing surfaces are even slightly out of line due, for example, to fractures suffered in youth. That more generalized, systemic factors are also involved is clear from familial cases suggesting heritable features and from the early appearance the condition in certain metabolic (or biochemical) states known to effect the composition of cartilage.

The most disabling form of degenerative joint disease involves the hip joint where the disease may produce constant pain and extreme limitation of motion reducing the sufferer to bed and wheelchair existence. It is this condition, degenerative joint disease of the hip, which has responded most dramatically to joint replacement.

TOTAL HIP REPLACEMENT

The most advanced artificial joint under study is undoubtedly the artificial hip. Hip joint replacement is one of the most successful orthopedic procedures in restoring mobility to the patient, even in cases where reconstructive surgery has failed. Investigators are currently working with a variety of reinforced plastics, ceramics and metals in an ongoing effort to improve the effectiveness and durability of hip replacement. Porous metals and metals coated with porous ceramics or plastics are being used in an effort to obtain implant attachment through ingrowth of tissue into the pores of the implant. The outlook for replacement of joints of all kinds in the treatment of arthritic conditions is rapidly improving, and the Institute will continue to support research evaluating total

hip replacement and related work at centers throughout the United States.

The general objective of the arthritis program, of which the efforts in osteoarthritis form one part, is to enhance the understanding of diseases of the joints and related musculoskeletal disorders. Basic information is sought to elucidate the problems of inflammation and tissue destruction characteristic of the arthritic diseases and the attendant immunologic mechanics. New and better means of joint replacement is a primary objective of the orthopedic program that is directly related to osteoarthritis.

Research in osteoarthritis is supported by extramural grants and contracts under both the arthritis and orthopedic programs. The intramural arthritis and rheumatism program includes occasional clinical studies in osteoarthritis as well.

Significant progress in total hip replacement has led to a restoration of mobility to many disabled, aged persons. Continuing basic and clinical research efforts are expected to improve treatment, understanding and hence control of osteoarthritis.

In fiscal year 1975, 14 research projects primarily concerned with osteoarthritis were supported at grantee institutions with obligations of $721,039. Obviously, the establishment of future priorities within NIAMDD is closely linked with the National Plan for Arthritis that is currently being developed by the National Commission on Arthritis. Osteoarthritis, as part of the constellation of arthritis and related musculoskeletal diseases ranks high in NIAMDD priorities and hence will receive additional program emphasis in the next few years.

OSTEOPOROSIS

Osteoporosis, a diffuse reduction in bone density, is a condition resulting from a combination of disuse or immobilization, calcium deficiency, hormonal imbalances, or senility. It is often found in elderly postmenopausal females, often results in vertebral abnormalities and/or frequent fractures of the hip and long bones. The disease is being studied through long-term data collection of individuals on controlled diets and patients with disuse or immobilization of limbs. Since osteoporosis is usually a disease of slow onset and long duration, and bone density decreases slowly, studies of this condition must continue over many years if the cause and possible methods of preventing, controlling, or slowing the process are to be accomplished.

The immediate research program objectives in osteoporosis are to find: (1) The specific role of the three suspected major etiologic factors, i.e., skeletal disease, negative calcium balance, and endocrine decline with aging; and (2) ways of preventing and treating the disease. To facilitate this, understanding of the chemistry and physiology of bone formation and resorption is sought through basic research.

This area of research is supported by extramural grants within the orthopedic program and by an intensive intramural effort.

A 5-year study that is under way to evaluate various treatments for osteoporosis should provide sound data to aid in establishing the most effective treatment regimen. Understanding of the mineral losses from the skeleton that have been observed and studied in astronauts should provide related insights into osteoporosis and could be expected to lead eventually to its prevention.

In fiscal year 1975, seven research projects primarily concerned with osteoporosis were supported at grantee institutions with obligations of $373,194. In fiscal year 1976, support will continue at the same level.

BENIGN PROSTATIC HYPERPLASIA

Enlargement of the prostrate gland or benign prostatic hyperplasia (BPH), effects more than 60 percent of the male population over 60 years of age and causes varying degrees of bladder outlet obstruction. Its cause is unknown but secondary effects include infection, leading to chronic prostatitis and inflammation of the bladder and upper urinary tract, and a predisposition to urinary stone formation from statis of the urine.

Included in the kidney disease and urological disease program, the general objectives of research activities in BPH are those of the entire program, i.e., investigation of etiology, pathogenesis, diagnosis, and treatment.

In addition to the support of investigator initiated extramural grants, efforts have been made to review, evaluate and identify new directions in research in this disorder utilizing an interdisciplinary approach. A major workshop on this subject held in February 1975, and it is expected that this will stimulate new initiatives and approaches in research in this area of importance.

Only one research project was supported in fiscal year 1975 with obligations of $27,975. The Institute is prepared to make significant commitment in this area where so little is being done and will continue to seek new research approaches.

It is evident from the previous paragraphs that NIAMDD research activity in osteoarthritis, osteoporosis and BPH are integral parts of larger programs for which the Institute has research responsibility. As we seek to understand these particular diseases, how to treat and control them, we are acting to fulfill our mission to conduct and support research and training relating to the cause, prevention, diagnosis and treatment of arthritis, skin diseases, diabetes and other endocrine diseases, digestive diseases, hematologic disorders, metabolic diseases, nutritional disorders, orthopedic diseases, and kidney and urologic diseases.

F. OFFICE OF POLICY DEVELOPMENT AND PLANNING, OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

This office exercised its responsibility in serving as principal advisor to the Assistant Secretary for Health concerning national health policy and developing strategy for implementing approved policies. Needs of the elderly are given due consideration during all phases of the policymaking and review process.

Forward Plan for Health

The annual five year plan of the Public Health Service covering fiscal years 1977–81 was released in June 1975. The plan contains seven themes which discuss the medicare and medicaid programs, and other major Federal initiatives in health research, financing, prevention, data systems, etc. The effect of how resources should be allocated in the field of long-term care received special attention. The needs of patients for long-term care was viewed as a priority in improving the health care system. For example, long-term care was handled as a case study representing a microcosm of the larger health system.

Rural Health

Being aware that lack of access to health care in rural areas constituted a serious problem, the PHS had efforts underway to deal with the situation. OPDP initiated action that culminated in establishment this spring of a Rural Health Coordinating Committee. The group is composed of inter-agency representatives from programs in the PHS and SRS that are currently involved in activities aimed at improving access of rural citizens to health care. A high percentage of elderly persons in this country in areas defined as rural.

Health and Reimbursement Research Under the Social Security Act

In 1967, Congress enacted the first experimental health care provider reimbursement provisions under the medicare program. These provisions were enacted at a time when the health care system was still adjusting to the implementation of the medicare and medicaid programs, and other major Federal initiatives in health care delivery were starting such as neighborhood health centers. Little was then known about the potential of the comprehensive health planning legislation as a planning and regulatory tool. At the same time the financial situation of many hospitals had vastly improved, in part, as a result of increased Federal financing under medicare.

In the period following the enactment of the 1967 experimental reimbursement provisions there was little incentive for health care third party payors, the Federal Government and providers to aggressively experiment with new ways of reimbursement to bring about cost reductions and ways to improve the range and methods of delivering health care. Experience demonstrated that large-scale experimentation within the health care industry could be undertaken only with great difficulty.

However, in more recent years the cost of health care increased sharply causing serious concern in all sectors of the national health care system. The effects of these escalating costs on the elderly, the poor and the other beneficiaries of Federal health programs as well as on the programs themselves are of particular concern. Consequently, an increasing willingness has developed on the part of the health industry to try new ways of reimbursement and health care delivery. It has also become apparent that unless major attempts are made to gain additional knowledge through research and experimentation, modifications to

the financing mechanisms and benefit packages of the federally sponsored health care insurance programs will continue to be made without adequate information on the actual cost savings which can be achieved or the impact of changes on the quality of care being provided.

At the present time very important changes are continuing to be made in the health care system. Moreover, proposals for changes in Medicare benefits and financing arrangements and significantly increased responsibility on the part of State governments for the management and financing of health care for beneficiaries of medicaid and other federally supported community health programs present additional challenges for health-related reimbursement research under the Social Security Act. These changes and proposals create added opportunities for conducting new studies, and highlight the need for a concerted major effort to develop additional information in a systematic way to guide policy decisions at the Federal, State, and community levels.

Section 222 of the Social Security Amendments of 1972 (Public Law 92–603) provides the legislative basis for continuing experimentation related to titles XVIII, XIX, and V of the Social Security Act by the DHEW in a number of critical areas: (1) Studies concerning prospective, incentive and other methods of payment for health care of the elderly and other beneficiaries of publicly supported health programs, (2) studies concerning the advantages and disadvantages of reimbursement for new services by various groups of health care providers such as nurse practitioners, and (3) studies concerning changes in the benefit packages which broaden the services that may now be reimbursed under these titles with the intent of improved cost-effectiveness of expanded covered services as well as cost savings in the delivery of care and services currently reimbursed. In the latter area, major emphasis is being given to alternatives to institutional care including day care and homemaker services and other home services.

Research conducted under this authority is being carried out by the Social Security Administration, the Social and Rehabilitation Service and the Public Health Service. The importance of close cooperation between these major components of the Department, other interested agencies, including the Administration on Aging and the National Institute on Aging, has resulted in assignment to the Assistant Secretary for Health of overall departmental program planning and coordination related to section 222 research activities. The section 222 program manager serves as the focal point for this function within the Division of Health Research, Office of Policy Development and Planning. More detailed descriptions of these activities are included in the statements of the participating departmental components.

Guidelines are now in preparation which will assist the departmental components in preparing their fiscal year 1977 section 222 implementation plans. These implementation plans will serve as the basis for coordination and development of the department section 222 research plan.

Other Activities

OPDP is represented on the DHEW Interagency Task Force on Home Health Services. This task force has been instrumental in securing a formal agreement between the PHS and AoA regarding services for the elderly and particularly those needed by the older patient confined to his home. Efforts are directed toward assuring compatibility of health policy as it affects Indians and other minority groups having many elderly members. The role of advisor and consultant is executed for numerous studies. projects and demonstrations being contemplated and currently in progress in the Department. Among these are a study to evaluate training programs for staff of long-term care institutions, a project on alternative working models for medical directors in skilled nursing facilities and various demonstration parts of section 222 of Public Law 92–603.

G. OFFICE OF NURSING HOME AFFAIRS, OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Organizations, Functions, and Relationships.—The Office of Nursing Home Affairs was formed as the departmental and Public Health Service focal point for nursing home affairs called for by the President's Nursing Home Directives of August 1971. On August 30, 1974, a revised Statement of Organization. Functions and Delegations of Authority was issued giving ONHA responsibility to serve as

the focal point for long-term care (LTC) and for Office of Assistant Secretary for Health's (OASH) responsibilities in departmental programs on aging. In 1975, further responsibility was delegated to ONHA for coordinating the development of a comprehensive interagency objective to expand both beneficiaries and services covered by home health care.

The two Divisions in ONHA are the Division of Standards Enforcement Coordination and the Division of Policy Development. The former is responsible for assuring consistent application and enforcement of LTC standards and receives and analyzes reports of regional monitoring of survey/certification activities in order to evaluate progress of correction of deficiencies and to give timely, responsive technical assistance in implementing standards. The latter division recommends, develops, interprets and clarifies policies that impact on levels, ranges, and quality of institutional and noninstitutional long-term care and on facility improvement.

In addition to being broadly involved and working closely with PHS and departmental agencies in the headquarters area, ONHA works directly with the Offices of Long-Term Care Standards Enforcement (OLTCSE) in all of the regional offices to advise and administer the activities relating both to the approval and termination of agreements with skilled nursing facilities (SNF's) participating in medicare and medicaid programs. These offices are established within the Office of the Regional Directors. Their responsibilities in carrying out the authority delegated by the Secretary in monitoring State survey/certification activities is described in the *Federal Register* for June 13, 1974. Senior staff members of ONHA meet every 3 or 4 months with the Directors of Regional OLTCSE to present and discuss long-term care issues, new or proposed policies, operational problems and to review issues still presenting difficulties in the field.

To assure a free flow of information and communication among all of the involved agencies, an Intraagency Long-term Care Advisory Group meets regularly to report on assigned tasks and recommend priority action areas.

Currently involved in aspects of long-term care and aging are: the Bureau of Health Insurance of the Social Security Administration; Medical Services Administration of Social and Rehabilitation Service; Bureau of Quality Assurance, Health Services Administration; National Center for Health Statistics; Comprehensive Health Planning Service, Health Care Facilities Service (Hill-Burton), and the Bureau of Health Services Research, all of Health Resources Administration; National Institute of Mental Health of the Alcohol, Drug Abuse, and Mental Health Administration; National Institute of Chile Health and Human Development, National Institutes of Health; Administration on Aging; Office of Facilities Engineering and Property Management; the Office of Education; and the Bureau of Health Resources Development.

The foregoing are all DHEW agencies. Other Federal departments having concern with long-term care and aging are: The Department of Housing and Urban Development; the Veterans Administration; the Department of Transportation; the Department of Labor; and the U.S. Department of Agriculture. One or two Directors of regional OLTCSE also attend these meetings, and report for and back to the other Directors. The special assistant to the Secretary co-chaired these meetings with the Director of the Office of Nursing Home Affairs.

PART I. INSTITUTIONAL CARE

In addition to continued commitment to the 1971 Presidential nursing home initiatives, new ONHA strategies for assessing and increasing the nationwide level of compliance of individual facilities in the Federal standards were developed and initiated in 1974 and continued in 1975.

A. LONG-TERM CARE FACILITY IMPROVEMENT CAMPAIGN (LTCFIC)

The initial data gathering phases of the Long-Term Care Facility Improvement Campaign was completed during November 1974. Since that time several important actions have been taken, all designed to provide factual, meaningful information to the public and to governmental agencies, including DHEW. An overall analysis of the findings was made by well qualified professional statisticians, mathematicians, and computer program experts following recognized reliable statistical methodology using highly refined computer technology. In interpreting the findings from this survey, it should be kept in mind that this was a sample survey, and that the sample was designed to make national estimates.

Since all 7,526 skilled nursing homes were not surveyed, it was only possible to present information or to make the national estimates based on the 288 homes in the sample; the 288 homes have to represent all 7,526 homes. Inasmuch as the estimates made from a sample survey will of course not be quite the same as if a complete census had been done, it was necessary to include a "standard error of the estimate."

As in all sampling surveys, certain difficulties were encountered in the execution of the sampling plan. For example, 9 of the 16 homes were not surveyed either because they were closed or were no longer participating in the medicare/medicaid programs when the surveyors went into the field or patients were not available for interviews. To overcome these and other difficulties, estimation procedures were introduced into the data during the analysis stage. Essentially, the estimating procedures were corrected for "nonresponse."

A more indepth detailed analysis is now being conducted to obtain more precise information on the drug prescribing patterns of physicians for aged patients in nursing homes and patient characteristics and response to care, as revealed in the patient assessment data. It is planned that evaluation and analysis activities will continue into 1976.

In response to numerous requests for a progress report of the findings of the National Survey of Skilled Nursing Facilities, a preview of findings to come was made available in an interim report published in March 1975. All statements about the survey findings were based on provisional data, and therefore, conclusions were regarded as tentative. At the time of issuance of the interim report, the computerized data were undergoing systematic analysis with the goal of qualifying quality of care indicators in nursing homes as a necessary step toward their needed improvement.

The Introductory Report issued in July 1975, is the first report in which detailed findings and conclusions were presented. The report provides an excellent and detailed discussion of the survey methodology employed, a summary of findings and their implications, characteristics of facilities and patients, the patient care setting and services, and a series of statistical tables that display the more important findings.

The population characteristics of 283,915 patients in skilled nursing facilities are changing—predominantly still an elderly population but one in which the proportion of residents under 65 years of age is 22 percent (62,886). These younger residents are primarily those who are mentally retarded or developmentally disabled. The increased attention being given to the latter requires study of the special needs of these individuals and their appropriate placement.

The high degree of dependency of patients on the nursing staff for activities of daily living raises important questions for consideration. It was found, for example, that 93.9 percent (263,551) required assistance with bathing. About 72 percent (202,000) required the services of another person when dressing. Those who required assistance in order to eat amounted to 50.1 percent. Slightly more than two-thirds (68 percent or 193,137) needed assistance with their toileting. Approximately half of all patients were incontinent of either urine (54.7 percent) or feces (50.1 percent). Over 5 percent had either an indwelling urinary catheter or an external device or ostomy for bladder drainage. The long-term patient with limited mobility is prone to have pressure sores. A relatively low percent (9.2) of patients in this study was found to have bedsores, which is surprising in view of the large percent of incontinent patients.

An age differential became evident in the diagnostic profile. Two out of 3 of those under 65 had neurological diseases; 1 in 4, mental retardation; and 1 in 5 had neurosis or psychosis. For 2 out of 3 patients 65 and over, the primary diagnoses were cardiovascular and cerebrovascular disease, senility, and accidents.

An important implication of the findings is that quality assessment by physicians requires careful examination of the patients, including laboratory tests and should not be limited to record review. It was found that some long-stay patients no longer were in need of skilled nursing care. This should have been identified by periodic medical review. There is a dire need for greater physician involvement and for assessment tools that confirm that services needed are provided.

The survey findings showed that many patients in skilled nursing facilities needed specialized rehabilitative services that they were not receiving, e.g., 47.9 percent needed physical therapy, 35 percent needed occupational therapy, and 13 percent needed speech therapy.

It was found that the governing body frequently does not discharge its obligations in an effective manner. Policies, usually in policy manuals, were often not implemented. Patient care policies were found to lack the input from health care professionals other than physicians and nurses. There was a lack of coordination between personnel management practices and personnel resources. A critical finding was the lack of opportunities for career development and continuing education. Outside resources were often not utilized and the findings and recommendations of consultants not followed. The fact that governing bodies of a large number of SNF's do not carry out their duties and responsibilities effectively inhibits the delivery of high quality of care.

It was found that few facilities met all Life Safety Code requirements. Sixty-six percent had 1 to 9 requirements that were not met. Most important, many of these requirements could be met with little or no additional expense, e.g., illumination of exit signs. One-fourth of the facilities were of fire resistive construction and one-fourth of protected wood frame construction. The remaining facilities were primarily of protected noncombustible construction, protected ordinary construction, or ordinary construction.

Several clear needs for action emerge from the survey findings.

These needs 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.

The number of requests for copies of the report was overwhelming. An initial distribution of over 5,000 was made to Government officials, provider, consumer, and professional groups and to individuals from all walks of life. It is clear that there is great interest all across the country in nursing homes and what the Federal Government found in this survey.

Because of this great interest and a need to provide information to a larger number of people, a "Popular Report" summarizing the Introductory Report was developed utilizing multimedia techniques. This consists of a series of color slides combined with tape-recorded commentary and a written summary sheet handout. The Popular Report highlights the major findings of the survey and has been distributed to each region for presentation to various consumer and provider groups. It has proven to be very popular. The booklet on How to Select A Nursing Home: A Guide for Consumers will be ready for distribution in mid-1976.

It is planned that a series of monographs will be prepared covering the findings of the survey and their implications in specific health care areas. Two of these monographs are now being written. The first monograph, Assessing Health Care Needs in Skilled Nursing Facilities—Health Professional Perspectives, is nearly completed and should be ready for distribution early in 1976. The monograph presents the viewpoints of the long-term care field by several eminently qualified nurses and one physician. The second monograph, Drug Prescribing Patterns of Physicians in Nursing Homes, is in the planning stage. It should be available for distribution in late 1976.

B. DEVELOPMENT OF STANDARDS FOR LONG-TERM CARE

1. Uniform Federal regulations governing participation of skilled nursing facilities in titles XVIII and XIX were published in January 1974 and additional standards requiring medical direction, 7-day registered nurse coverage, discharge planning, and patient's bill of rights were published in October 1974. In 1974, a revised definition of skilled level of care was published. Interpretive guidelines for professional and consumer groups as well as instructional guidelines for forms for surveyors have been developed and implemented and are undergoing a constant process of review and revision to assure that the standards are being applied uniformly and consistently nationwide.

In order to maintain uniformity of standards for skilled nursing facilities, the Department is currently developing a procedure whereby skilled nursing facilities participating only in title XIX may appeal from a denial of a waiver by the Regional Office of Long-Term Care Standards Enforcement of a requirement or requirements of the Life Safety Code.

2. In January 1974, the regulations governing intermediate care facilities (ICF's) were published, creating in response to congressional legislation, a new level of care to be provided under the medicaid program. Prior to the publication

of final regulations for this category of provider institution, many States had used their own discretion in using medicaid funds to support individuals in facilities which do not offer the ICF level of care or cannot meet the new requirements for Federal Financial Participation (FFP). The certification procedures developed for SNF's also apply to ICF's. Rgulations effective March 1974, require that each facility be surveyed and certified for participation in the medicaid program within one year. All participating ICF's were surveyed at least once in 1975. Many were visited more than once in response to complaints by patients or other interested third parties and as a result of the need for followup visits by surveyors to determine whether plans of correction to correct deficiencies found on the original survey were being followed.

Regional offices are cognizant of the assistance needed by States and agencies as changes in level of care provided by facilities result from implementation of regulations. With the implementation of regulations governing ICF's, there was the possibility that skilled nursing facilities certified under title XVIII and title XIX would convert to ICF's with resultant program implications raising the critical question of impact on patients' need for care. Studies on the following issues: the reasons behind conversions; patients versus facility reclassification; and the appropriate ratio of SNF's to ICF's required to meet care needs; were issues studied in 1975. The conversion has not been of the magnitude anticipated and in general there is a sufficient ratio of SNF's or ICF's to meet care needs. These issues, however, are still being studied so that appropriate action may be taken where the need develops or is shown to exist.

Policies governing the preparation of patients for any institutional transfers necessitated by decertification or recertification at another level have been developed and circulated by ONHA as guidelines for procedures to ease the stresses or relocation.

Guidelines and survey forms were developed for ICF's too, including special forms for needs of intermediate care facilities for the mentally retarded (ICF-MR) and developmentally disabled. Bureau of Quality Assurance, which has a lead role in interagency work groups developing guidelines and forms, projects training needs which new regulations will require and plans expanded activities to sensitize and alert surveyors to special needs of MR patients and facilities and upgrade technical assistance to providers.

Operations manuals for regional and State officials were developed and distributed for SNF, ICF and ICF-MR programs and are being reviewed and revised as necessary to reflect programmatic policy and regulation changes on a continuing basis.

3. The regulations governing ICF-MR's provide that by March 1977, ICF-MR's must meet certain standards for the care of the mentally retarded although they may be certified under the general ICF standards for participation in the title XIX program prior to that date providing they have submitted a plan of compliance the time they are certified as a general ICF showing that they will meet these standards in March 1977. Action is underway to assist the States through the ROLTCSE's in fulfilling their plans of compliance so that they will meet the ICF-MR standards timely. This will be accomplished through meetings of the IAG meeting referred to above and in a series of meetings throughout 1976 involving the regional offices and State survey officials.

C. STANDARDS ENFORCEMENT

A long-standing problem in the administration of the largely State-controlled medicaid program was addressed in investigations which are proving to be effective. Cooperative efforts of Federal and State agencies concerned are providing mechanisms for uncovering areas of abuse and terminating Federal Financial Participation. One such cooperative effort is a program of unannounced visits to SNF's and ICF's for the purpose of assuring continued high quality care in our Nation's nursing homes. Under this program, all Federal validation surveys are conducted totally unannounced to the facility. States are also encouraged to conduct unannounced visits on a sample basis and most States have endorsed this concept. The ROLTCSE's are assisting the States that are presently conducting such unannounced visits and working with those few States that find it difficult to do so because of scheduling or resource problems so that they may also participate. In mid–1976, a review of this program will be undertaken to assess the results to determine whether or not it should be continued.

Efforts to improve the enforcement of Life Safety Code requirements in SNF's and ICF's were continued during 1975. This was done by providing additional training to State surveyors at the regional office level and by increased surveillance and review of State survey agency activities. Preliminary data for calendar year 1975 indicates that the participation agreements with 134 skilled nursing facilities were not renewed because of Life Safety Code deficiencies.

To insure greater uniformity in interpreting Life Safety Code requirements, the Department has established a Codes and Technical Standards Committee under the Office of Facilities Engineering and Property Management. The responsibility of this committee is to provide recommendations for interpreting the highly technical requirements of the Life Safety Code.

During 1976, the Department expects to make available to State surveyors audio-visual training material which can be used to train new Life Safety Code surveyors and improve the capabilities of others.

A major effort during 1976 will be to implement Public Law 94–182 which mandates the application of the 1973 edition of the Life Safety Code in lieu of the 1967.

Continuing efforts will be made to insure that Life Safety Code deficiencies are properly identified and that needed corrections are made on a timely basis.

D. TRAINING AND RESEARCH

Health Resources Administration is responsible for the training of nursing home personnel and for conducting research in long-term care. Health Services Administration is responsible for conducting surveyor training programs. More detailed information on these activities appear elsewhere in this report.

1. Training of Nursing Home Personnel and Other Health Professionals in LTC

Training to upgrade the performance of long-term care health personnel will continue to be given high priority. A wide range of short-term and continuing education courses will be provided for all categories and levels of nursing home personnel and other health professionals involved in long-term care activities.

2. Upgrading State Survey Agency Performance through Surveyor Training

Training efforts for surveyors will continue to focus on improving the interpretation and uniform application of Federal health care standards and the overall management of State certification programs. Basic, advanced, and supervisory training courses of State agency personnel will prepare new surveyors, supervisors and administrators in the certification process.

3. Innovations in the Delivery of Long-Term Care Services

Based on the LTC survey data, the PHS will encourage innovative approaches to the delivery of long-term care services. Research, development, and evaluation as well as technical assistance activities will be among the methods to be utilized to improve the delivery of long-term care in both institutional and non-institutional settings.

E. LONG-TERM CARE—MANAGEMENT INFORMATION SYSTEM

Demands for instant information on surveys, certification, status of individual homes, Life Safety Code inspections, termination of Federal funding, and other matters of current nursing home concern have now mounted to the point where it is imperative to produce up-to-the-minute answers without delay.

Several of the data programs developed or being developed within the Department contain information about long-term care facilities and needs. These include the National Center for Health Statistics' Nursing Home Survey, the Bureau of Health Insurance of the Social Security Administration's Health Insurance data and the Medical Services Administration of the Social and Rehabilitation Service's Management data. These data are being consolidated to develop a more consistent data base at both Headquarters and Regional levels. The Long-term Care Management Information System (LTC–MIS) will become operational in fiscal year 1976 and is continuing to develop a comprehensive data base for use by both headquarters and regional office staff.

PART II. NONINSTITUTIONAL CARE

There are many indications that home health and related programs are a cost-effective and humane ingredient in the continuum of care, providing alternative and appropriate care and, at the same time, releasing valuable institutional resources to treat patients with more complex health care requirements. A two-pronged approach has addressed (a) the development and support of program activities related to the organization, management, and expansion of quality home health services; and (b) the promotion of greater utilization of home health services by resolution of problems of reimbursement in regard to medicare and medicaid recipients.

In January 1975, the Secretary delegated responsibility to the PHS to coordinate and monitor home health care activities and program development for the Department. Subsequently, this coordinating and monitoring function was delegated to Office of Nursing Home Affairs. Through the efforts of an interagency work group on home health service, several steps have been taken to improve the status of this important segment of health care for the elderly including:

—Clarification and modification, as needed, of existing regulations and guidelines for medicare reimbursement to allow expansion of home health services;

—Strengthening of State medicaid program efforts to encourage support of home health services and reimbursement on a cost-related basis;

—Collection of cost and outcome data on home health services;

—Preparation of materials and guidelines to promote and support home health services;

—Encouragement and assistance to support community projects to start or expand home health services and to educate the public about the uses and benefits of home health care;

—Analysis of other non-institutional approaches to delivery of care such as day care, foster home care, in-home services, etc., and stimulation of needed legislative change. Study of interrelatedness of health and social factors in long-term care to the goal that the individual be maintained in his own home for as long as possible and dependency and/or premature institutionalization prevented or postponed.

PART III. NEW AND DEVELOPING LONG-TERM CARE ACTIVITIES

The findings of the Department's long-term care survey have provided numerous implications for consideration by those concerned with the management of skilled nursing facilities. There is now a baseline for a program of action that can be effectively accomplished through a partnership of the surveyors, providers, consumers, and associations working together with the Federal and State governments. This study provided a basis for the development and implementation of a national strategy for long-term care for older Americans, the mentally retarded, and developmentally disabled who require optimum care in a safe environment.

Further, the development of various tools, such as the cost of care index, and the holding of meetings with provider and consumer groups jointly will assist in providing more efficient and satisfactory care to patients in long-term care facilities. Individual patient differences are recognized by providers. In order to insure that all areas of patient functioning are considered in treating the patient, Office of Nursing Home Affairs is supporting further development of a patient assessment tool used in the LTC survey. This tool holds great promise for more individualized patient bedside care in nursing homes. Use of this tool will also eliminate much of the paper work now required and it will assure care of a higher quality because of its built-in requirement of identifying the patient's assets, liabilities—the patient's strengths as well as his weaknesses.

A. DEVELOPMENT OF A NATIONAL RATING SYSTEM ON QUALITY AND COST OF CARE PROVIDED

A system providing a monthly cost-of-care index will be designed and maintained by DHEW to serve in the long-term care reimbursement areas as the Bureau of Labor Statistics cost-of-living index serves in the wage rate and other areas of the economy. Both national and regional indices will be developed. An administratively sound patient assessment tool is in the process of being developed and tested which can be used both for survey and certification as well as for administrative control within the facility. Uniform inspections and ratings

for nursing homes are being developed in order to have a national scorecard which, when implemented, would grade nursing home care uniformly across the nation, so that an "A" rating would mean the same nationally.

In the development of these indices, two major steps are envisioned, the review and revision of regulations and streamlining of the survey and certification process:

1. Review of Regulations

A complete analysis of the regulations for the skilled nursing facility and intermediate care facility will be conducted with the goal of revising and restructuring them to provide for the measurement of performance outcomes which reflect quality of care provided to the patients.

2. Survey—Certification Process

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 through the use of a patient assessment tool is responsive to the need for measuring the quality of care provided to the patient in the facility.

The effective performance of individual surveyors and the conduct and management of the certification process will be further supported and strengthened by allocation training funds and furnishing technical assistance to the States for training survey personnel.

B. CONSUMER/PROVIDER INTEREST IN NURSING HOME CONDITIONS AND FEDERAL STANDARDS

The Office of Nursing Home Affairs program of consumer/provider activities has included local, State, areawide, regional and national levels of participation. The consumer comprised three major groups: (1) providers of services within the nursing home industry (i.e., industrial representatives and professional and nonprofessional personnel); (2) clients as consumers of services who seek or use these health care services (i.e., patients, families and additional community membership); and (3) other interested individual and group citizenry. The consumer groups were represented in terms of individual institution and through national organizations or associations.

1. Policy Advisory and Program Planning

There was considerable policy advisory/program planning input to specific areas such as fire safety, staffing patterns and specific areas such as fire safety, staffing patterns and patients' rights.

General advice was furnished by individual consumer experts and national groups, organizations, and associations through their publication of newsletters, digest, journals, and articles. Staff continuously reviewed publications for information on new concepts, or positions taken by the consumers on issues developed by Office of Nursing Home Affairs. Future plans include expanding relationships with consumers for input to policy and program planning.

2. Availability of Data to Consumers

Through the recently developed Management Information System (MIS), data of surveys conducted in nursing homes were computerized. When fully operational, this service will provide data indicating both general and specific problem areas encountered by providers in the survey and certification process. The information will be made available to the public to meet their needs for information about providers of health services.

3. Consumer Correspondence and Complaint Handling

Office of Nursing Home Affairs received numerous letters and phone calls from consumer groups, primarily centered around new regulations or standards. All correspondence was handled as expeditiously as possible. In each case, a response was prepared and communication was continued until there was resolution of the situation. Wherever feasible, the complaint was referred to the regional office for more direct determination of the problem and resolution of the complaint. ONHA periodically reviewed the nature of the complaints in order to determine if there was an emergency pattern which would indicate that specific regulations

needed to be clarified, modified, revised, or revoked. ONHA continued to serve as the PHS focal point for information on nursing home matters from members of Congress, the White House, and the general public. Particular attention was paid to concentrations or patterns of concern reflected, considering these in the development establishment of ONHA policies and guidelines. Future plans are to continue these consumer activities.

4. Consumer/Provider Meetings

A series of provider/consumer meetings have been held which were designed to bring to approximately 100 key national organizations, and they to their constituency, an interpretation of Federal regulations or policy issues. The May 15, 1975 meeting highlighted important findings that resulted from the Long-Term Care Facility Improvement Study and a question and answer period followed. The Secretary, DHEW delivered the opening remarks. The October 1975 meeting introduced the concept of patient assessment and its present and future implications for assisting consumers/providers in determining individual patient needs and for developing an appropriate plan of care. Future meetings will be based, as was the one held in October 1975, on joint planning and exploration of mutual areas of concern from which consumer inputs will be obtained in designing policy issuances and program plans. Consumer/Provider meetings are held on a regular basis every 6 months.

5. Other Feedback Mechanisms

In addition to the measures described previously, other means were employed to provide feedback to consumers. Examples include:

—Testimony at congressional hearings.
—Formal presentations by key ONHA staff at national, regional, State and local general meetings of consumer groups.
—Preparation of materials for presentation by congressional and administration leadership.
—Publication of articles, editorials, and other technical materials in professional and trade journals.
—Preparation of booklets, pamphlets, and reports for distribution to the field.
—Development of other audio-visual aids for use at meetings and conferences to present policy issues and regulatory functions.
—Participation in specially designed seminars and conferences planned and conducted by consumer groups.
—Provision of consultation and technical assistance to consumers on individual or small group basis.

ONHA plans to continue these corollary feedback mechanisms and expand those found to be most effective.

6. Consumer Education

Implicitly, all of the above mechanisms for imparting information and knowledge were part of consumer education. Of particular importance are the special client/provider/consumer meetings and the short-term training of provider staffs developed as a special initiative in response to the Department's programming efforts in long-term care. These short-term 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.

C. ACTIVITIES IN AGING

1. Joint Agreement between Public Health Service and Administration on Aging

Under a joint agreement between Public Health Service (PHS) and the Administration on Aging (AoA), coordination of activities pertaining to aging are carried out. This agreement is to provide a framework within which to organize combined efforts on consultations and sharing of expertise, the coordination of strategies related to planning and funding, the planning and implementation of health services delivery programs, and the recommendation for future long-term care program directions.

2. Federal Research on Aging

The Research on Aging Act of 1974 directs the Secretary, DHEW, to develop a departmental plan for a research program on aging. The National Institute on Aging (NIA) and the National Advisory Council on Aging are coordinating the efforts of numerous representatives of both the Federal and the private sectors in formulating this plan. As an integral part of the planning process, the NIA is canvassing all Federal agencies concerned with the aging research effort for recommendations on future directions for such research. AoA has awarded a contract to Documentation Associates, an organization in the private sector, to obtain a comprehensive inventory and analysis of past and current federally supported research on aging. ONHA, representing the Office of Assistant Secretary for Health, has a lead role in providing policy guidance and direction in this activity.

3. Interdepartmental Information and Referral Task Force

This task force is searching for more ways to be useful to the people at the local level in relation to information and referral (I&R) services. ONHA represents the Public Health Service on this task force and is primarily concerned in seeing that health needs and services are integrated in I&R services. The interrelationships of economic, social and other factors with the health problem or the need for health services require that consideration be given to all needs of the individual in working out a plan of care. Accurate information about available resources need to be available to professional persons and to citizens as well in order that these services and resources be coordinated, effectively used, strengthened or established where indicated.

4. Patient Relocation

AoA has the primary responsibility for patient relocation from substandard facilities, and can lend skills to identify service gaps and strengthen community resources. The lead health role in this was taken by ONHA. Guidelines were given to regional Offices of Long-Term Care Standards Enforcement to assist them in providing consultations to State relocation efforts. The States were given technical support in assisting them in their task of moving patients to a facility that provides better care, a more favorable environment and which meets Federal standards.

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: In reference to your letter of March 2, 1976 concerning the National Institute of Arthritis, Metabolism, and Digestive Diseases' (NIAMDD) programs of particular relevance to aged persons, it is our understanding that the NIAMDD detailed report is being included in the National Institutes of Health (NIH) response which may not have reached you at this time. In addition to that report, however, we are pleased to provide additional information about these particular programs as you have requested.

As the name of the Institute indicates, research into the causes, prevention, diagnosis, and treatment of arthritis is a major responsibility of the NIAMDD. In fiscal year 1975, one-sixth of our total research and training efforts, which cover 10 categorical areas including diseases usually associated with substantial mortality rates—diabetes and kidney disease—were in the areas of arthritis and related musculoskeletal disorders. Although the enigma of arthritis is a long way from being solved, some progress is being made in the area of treatment particularly with the regard to osteoarthritis, the degenerative disease commonly associated with the aging process. The outlook for joint replacement, particularly that of the hip joint, is rapidly improving and new and better means of joint replacement is a primary objective of the NIAMDD.

It should be pointed out that the National Arthritis Commission, of which I am a member, will be submitting a comprehensive plan by the end of April for combatting arthritis and related musculoskeletal diseases. The Commission has heard testimony from various groups and individuals including those afflicted with osteoarthritis and will undoubtedly include in their recommendations

specific mention of the research areas which NIAMDD should emphasize. We will, of course, proceed with implementation of the National Arthritis Plan, when and if acceptable to the Congress, to the best of our financial and manpower limitations.

Insofar as osteoporosis is concerned, my own personal research interests have long been concerned with mineral metabolism of the bony tissue, the basic research area which contributes to the fundamental understanding for such diseases as osteoporosis, the bone-thinning condition often found in elderly, postmenopausal women. In addition to the support of research activities both at the NIH facility in Bethesda, Md., and in research laboratories across the country, including such clinically oriented projects as a 5-year study to evaluate various treatments for osteoporosis, the NIAMDD also has prepared and does distribute a pamphlet on osteoporosis written for the general public. Through the regular compilation and publication of the Endocrinology Index, distributed widely, the NIAMDD insures that the latest research information on osteoporosis is made available to investigators working in the area and to physicians concerned with the disorder, as well. Finally, the NIAMDD was pleased to support an International Conference on Bone Mineral Measurement a little over 2 years ago in Chicago, Ill., which included in the biomedical sessions, presentation and discussion of the problems of osteoporosis and consideration of the affect of physical activity on bone, specifically in the aged.

Benign prostatic hyperplasis (BPH), enlargement of the prostate gland, affects more than 60 percent of the male population over 60 years of age causing varying degrees of bladder outlet obstruction. This in turn leads to secondary infection which in turn may result in chronic prostatitis and inflammation of the bladder and upper urinary tract. Resulting complications may include infection and damage of the kidneys and a predisposition to urinary stone formation, all serious health problems affecting older American men and of concern to NIAMDD's kidney and urology program. In an effort to stimulate research into this problem, NIAMDD held a workship in February 1975 to review, evaluate and identify new directions in BPH research utilizing an interdisciplinary approach. The proceedings will be published soon and will become available to interested persons, partcularly, we hope, investigators seeking new ideas and new areas of research focus. BPH research is admittedly an area where little is going on but we are striving to change that through the stimulation of such activity as the workshop and a widely disseminated publication of the proceedings. In addition, an NIAMDD supported evaluation study of kidney and urological diseases should help to further focus well-deserved attention on the problem.

I would hope that this detailed presentation of NIAMDD activities in three categorical disease areas of concern to older persons will more fully serve to denote NIAMDD interest and concern.

Sincerely yours,

G. DONALD WHEDON, M.D.,
Director, National Institute of Arthritis, Metabolism, and Digestive Diseases.

ITEM 6. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

MARCH 19, 1976.

Dear Mr. CHAIRMAN: I am pleased to provide a statement summarizing major activities relating to older Americans carried out by the Department of Housing and Urban Development during 1975 as well as some followup efforts in 1976.

It should be noted that the Department has now established an Office of Consumer Affairs and Regulatory Functions headed by an Assistant Secretary. Although the precise structuring of this new office has not evolved, when finalized, its organization will be concerned with furthering consumer interests, including those of the elderly and handicapped.

I would like to assure the committee that this Department will remain firm in its commitment to respond to the needs of our older Americans, and I look forward to working with you and your colleagues in the Congress in this regard.

Sincerely,

CARLA A. HILLS, *Secretary.*

[Enclosure]

INTRODUCTION

The Federal role in housing the elderly continues to be a prominent one. Participants in the Community Development Block Grant Program, which requires that communities develop a housing assistance plan identifying the condition of the housing stock and the housing assistance needs of lower-income persons, have reported that 38 percent of their housing assistance funds are allocated to meet the needs of elderly and handicapped persons.

The Housing and Community Development Act of 1974 has provided two new major thrusts for community improvement and increased housing for needy persons, including the elderly.

Community development programs in the past were funded through individual categorical grants, requiring involved and complicated applications and long periods of processing time. Often the grants were made to communities on the basis of their "grantsmanship" ability—the skill in presenting a good application—rather than on the basis of the need for the funds.

Under the new act, the community development funds have been combined into block grants based on a needs formula, whereby most American communities receive funds for local improvement. The formula takes into account the population, the amount of substandard housing, and poverty (counted twice). Applied against previous funding levels, the formula assures communities of annual funds to carry out programs developed and implemented locally.

The other major new thrust is in the field of housing. A principal new program for providing needed housing is in the form of leased housing made available to persons most in need of decent housing, including the elderly. Low rent public housing continues to be a major source of housing for needy elderly people.

Other major HUD programs have been continued and improved—Housing Production and Mortgage Credit, including the Federal Housing Administration, is provided with more realistic limits of mortgage insurance; Housing Management has developed improved management systems to carry out the supervision of HUD assisted housing; Policy Development and Research, with its many studies and the experimental Housing Allowance Program; the Office of Interstate Land Sales Registration; the New Communities Program; and the Federal Disaster Assistance Administration.

ASSISTANT TO THE SECRETARY FOR THE ELDERLY

The Department of Housing and Urban Development, which first established the position of Assistant to the Secretary for Elderly and Handicapped in the immediate office of the Secretary in 1972, has continued to demonstrate its special concern for the needs of the older Americans by undertaking a number of significant initiatives to strenghen and expand the scope of the activities of the Office of the Assistant to the Secretary, Programs for the Elderly and Handicapped.

Secretary Hills has maintained as her Assistant for Elderly and Handicapped Mrs. Helen Holt, a long time FHA employee. Her office fully staffed, is the focal point within HUD for all matters pertaining to housing and related facilities and services for the elderly and handicapped, and advises the Secretary on such matters.

Responsibilities specifically assigned by the Secretary include: reviewing the adequacy of pertinent HUD policies and procedures and participating in their development or revision, participating in planning for the inspection and evaluation of HUD assisted housing for the elderly, coordinating activities within HUD affecting the elderly and handicapped, and representing HUD in meetings with other Federal, State, and municipal or private organizations on matters affecting the elderly.

In order to help the Assistant to the Secretary for the Elderly and Handicapped carry out her responsibilities, an Intradepartmental Task Force on the Elderly has been provided. The members of this task force represent each of the operating divisions of the Department, and they meet at least once a month to discuss major issues relating to the elderly.

In addition, in order to insure that the new emphasis to housing programs for the elderly and handicapped provided for in the Housing and Community Development Act of 1974 is given the attention it needs in all HUD field offices, and to provide a visible contact point for the public, Elderly and Handicapped Hous-

ing Coordinators have, this year, been designated in 80 HUD offices throughout the country. The individual so designated:

—Disseminates educational and informational material to individuals and organizations and acts as primary point of contact on all aspects of HUD elderly and handicapped programs;
—Provides assistance to interested sponsors and developers by directing them to appropriate technical personnel;
—Insures that applications for elderly and handicapped housing are being processed expeditiously and reports problem areas to appropriate program officials and/or office directors for resolution; and
—Maintains liaison with Regional and Headquarters offices to insure that elderly and handicapped housing program objectives are being met.

Housing Production and Mortgage Credit

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 assist both the construction of elderly housing projects and will also provide an alternative for those who prefer to avoid living in projects housing only elderly persons.

The section 8 of Lower-Income Housing Assistance, authorized in title II of the Housing and Community Development Act of 1974, replaces and considerably expands and improves upon 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 selection to HUD or the local housing authority.

The new section 8 program provides assistance to encourage the construction of new units, the substantial rehabilitation of substandard housing and the use of standard existing units. It encourages the participation of both private developers, and housing agencies. And importantly, section 8 is designed to 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 new legislation requires that section 8 projects serve a range of income groups. In any given section 8 project, therefore, residents may be drawn from three different income groups: the unsubsidized, the minimally subsidized, and those needing deep subsidies.

In addition, the act recognizes that the elderly have special housing needs. Accordingly, the section 8 statute requires that a project specifically intended to house the elderly, and in which 100 percent of the tenants may be subsidized, be given equal priority with partially subsidized projects. In other words, the preference for section 8 projects with 20 percent or less of the units subsidized does not apply in cases of the elderly.

No family assisted under section 8 may pay more than 25 percent of its gross 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.

Over 46 percent of the applications for new section 8 units received to date have been for the elderly or handicapped. Assuming this 46 percent ratio is reflected in all final approvals whether new, existing or rehabilitated housing, we can expect to have section 8 commitments for over 140,000 units for the elderly in 1976. This would be the highest number of units for the elderly ever assisted by HUD in any one year.

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.
—The 1974 act (title II, section 209) requires that section 8 projects designed especially for the elderly or handicapped be consistent with, and supportive of, State or area plans for comprehensive services and that project design accommodate the special environmental needs of the occupants. This provi-

sion also requires cooperation between agencies at the Federal level. Specifically, it stipulates that the Secretary of HUD must consult with the Secretary of Health, Education, and Welfare to assure that public housing for the elderly or handicapped meets acceptable standards of design, management, and services.

—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.)

HUD will also continue to provide mortgage insurance for nursing homes and intermediate care facilities under section 232 of the National Housing Act. 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.

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 section 8 program, within the 10 percent statutory limit on such use of section 8 contract authority.

The 1974 HCD Act also amended FHA's multifamily housing programs to add a general provision authorizing mortgage insurance for housing project 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 programs, 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.

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 terms for the construction of housing for the elderly or handicapped. The program intended to serve elderly persons whose income was above public housing levels but still insufficient to secure adequate private housing. The section 202 program was amended by the 1974 HCD Act to provide, among others, for the use of section 8 housing assistance payments for projects constructed or substantially rehabilitated under the program.

HUD is authorized to lend $375 million in fiscal year 1976 for the construction or substantial rehabilitation of projects which meet the requirements of, and which will receive the benefit of housing assistance payments under the section 8 Housing Assistance Payments Program—New Construction (24 CFR part 880) or the section 8 Housing Assistance Payments Program, Substantial Rehabilitation (24 CFR part 880). Under the new program the Department is authorized to make loans with a maturity of 40 years at an interest rate related to the long term borrowing cost of the U.S. Treasury. (HUD may add a percentage to cover administrative cost or losses.)

The housing projects are to be designed to provide, or management plans shall include, an assured range of necessary services for the occupants, which services may include, among others, health, continuing education, welfare, homemaker, counseling, and referral services, as well as transportation when necessary to facilitate access to social services, and services designed to encourage and assist occupants to use the services and facilities made available.

An invitation to apply for these loans was published in the *Federal Register* on September 24, 1975. By the closing date of December 15, 1975, applications for over 1,500 projects had been received requesting financing for over 230,000 units.

Allocations to applicants are expected to be announced on or about April 15, 1976. Allocations will follow a regional pattern reflecting a fair share distribution among HUD's 10 regions with attention to income levels, housing conditions, and the number of elderly households.

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 1975, over 1,150 section 236 units occupied by the elderly were made eligible either for rent supplements or for the new rental assistance payments.

Section 236 Project Applications

Eighteen projects either wholly or partially intended for elderly occupancy were in process during 1975. These projects represent some 4,200 units of which 3,600 are designed specifically for elderly occupancy. Over 55,000 units for the elderly have been developed under section 236 during its program life.

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 of age 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 1975, activity levels were modest. Firm commitments were issued for seven projects consisting of 867 units. Construction was started on three projects, bringing the total number of units under section 231 mortgage insurance to slightly more than 43,000 units. With section 8 assistance available, a higher volume of activity under section 231 can be expected in the future.

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 residental 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 1,040 facilities providing over 115,000 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 1975, firm commitments for insurance covering 44 section 232 projects were issued representing over 6,500 beds. Construction starts were achieved for projects representing some 4,700 beds.

PUBLIC HOUSING FOR THE ELDERLY

The low-rent public housing program was authorized by the Congress in the Housing Act of 1937 as a local-Federal aid to communities through which they may provide safe, decent, and sanitary housing for families who cannot afford standard private housing. Over the years, the public housing program has been and continues to be a principal alternative for the elderly. As of July, 1975, of the total number of Annual Contribution Contracts (an agreement between HUD and the LHA to guarantee the debt service on bonds issued by the authority to finance the housing project) executed between 1968 and 1975, 39.6 percent or 195,608 were elderly units.

HOUSING MANAGEMENT

The Special Concerns staff continues in its range of interests of the management 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 housing management training for elderly housing management, as well as developing standards for the certification of housing managers.

TRAINING

During 1975, 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 first phase of its contract was completed on December 31, 1975, and additional funds are being granted by HUD to continue to perfect the materials, and begin the transfer process to other educational institutions.

ELDERLY HOUSING DIRECTORIES

During 1975, the Special Concerns staff prepared and distributed two directories of interest to the elderly. The first item *U.S. Housing Developments for the Elderly* which has been printed up in several thousand copies, and distributed to those who request the listing. A second is *Federally Assisted Congregate Housing Developments for the Elderly*, just completed, and about to be distributed.

HUD CHALLENGE REPRINTS

A series of articles dealing with security for the older person was printed in the HUD magazine, *Challenge*, and since they were so popular, they were grouped and reprinted as a separate issue entitled *Residential Security*, whose articles include, among others, "Crime Prevention for the Elderly," "Self-Help Crime Prevention Program," and "Residential Crime and the Elderly Victim." This special issue is being distributed by the National Criminal Justice Reference Service on a National basis.

IMPLEMENTATION OF INTERAGENCY AGREEMENTS

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 8/202 housing for the elderly is currently being

completed. A member of the Housing Consumer Division staff serves on the Administration on Aging Task Force on Nutrition, as well as on its Task Force on Information and Referral. Some 400 local housing authorities have provided facilities for the meal program over the past year, with some housing agencies providing additional service 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.

An unusual multiple purpose project has arisen out of this kind of interagency cooperation in Little Rock, Ark., where the local area agency on aging has worked with HUD and the Veterans Administration, along with a number of related agencies that can provide service to the elderly. They have created a significant food and service program, named The Central Services for the Elderly, in a hospital. Many related agencies are beginning to provide service, or even to move into the facility, which of course, makes it easier to provide additional adjacent service for the older person. Services under way or planned included recreation, casework counseling, physical therapy, food stamps, Medicaid and Medicare, Social Security, and day care.

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 enterprise. 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) 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 is currently sponsoring several projects related to the housing problems of the elderly and handicapped, and additional projects will be undertaken during 1976. The following list demonstrates the scope of these 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 guidebook for the conversion of family housing or other facilities to housing for the elderly, concentrating on the needs for public and service space.

—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 degrees 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

The great majority of the research sponsored by the Office of Policy Development and Research is done through competitively awarded contracts. It is customary to prepare and release requests for proposals and then to select a contractor from among the proposals received in response to the RFP. During this fiscal year the Department will be releasing the following RFP's 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 study that combines costing out the adaptation elements to existing housing and housing-related services for elderly occupants. These services include facility usage to provide day care for the elderly in need of daytime supervision or assistance and availability of a senior center and its activities. It would concentrate on housing services in order to improve a housing model design, as well as salient service programs.

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: The decision as to whether the direct assistance approach is in fact a tenable one; and decisions as to how and in what form the direct assistance can best be administered.

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 rehabiltation and cost factors. In some of the analyses planned, elderly partcipants 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 are being gathered in several different contexts, including from agency record keeping, from surveys, and from 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 two programs presently administered by Community Planning and Development impacting on the elderly and the handicapped are Community Development Block Grants (CDBG) which became effective January 1, 1975, under the Housing and Community Development Act of 1974, and the "701" Comprehensive Planning and Management Assistance Program. Neither program is specifically directed to the elderly and handicapped, but activities benefiting these persons are eligible under the act and may be carried out at the discretion of communities receiving community development funds.

COMMUNITY DEVELOPMENT BLOCK GRANTS

The primary objective of the CDBG program is the development of viable urban communities including decent housing and a suitable living environment and expanding economic opportunities principally for persons of low and moderate income. Many of the Nation's elderly persons live on fixed incomes and a majority of these people fall within that income. Since it is the intent of the act that a Community Development Program assisted under title I be directed principally at this low and moderate income group, it is expected that communities will set their priorities in accordance with those statutory requirements.

At this point, most recipients have had very little time for actual implementation of the Community Development Programs. The following figures are based on the recipient's planned program objectives and use of funds which will most benefit low and moderate income groups of which the elderly are a significant part:

Percentage of CDBG funds programed for objectives

Objectives:

1. Elimination of slums and blight	49
2. Elimination of conditions detrimental to health, welfare and safety	4
3. Housing stock conservation and expansion	17
4. Improvement of community services	13

In addition to the above distribution of CDBG funds, communities plan to coordinate their housing and community development activities. Presently their plans call for 38 percent of housing assistance to be distributed among the elderly and handicapped. The proportion of total housing assistance being planned for the elderly and handicapped corresponds closely to proportion of the total needs population. Elderly and handicapped households, representing approximately one-third of the need, are to receive slightly more than one-third of the total assistance.

More than half of the new construction planned by communities is targeted for elderly and handicapped households. This would meet nearly 60 percent of the housing assistance goals for the elderly and handicapped in the first year. Twenty-five percent of their housing assistance goals would be met by existing housing and seventeen percent by rehabilitated units.

The heavy reliance on new construction as a type of assistance for the elderly and handicapped may be related to the need for special services or facilities. Existing housing may have architectural barriers restricting mobility of these household types. Rehabilitation of housing for this target group may be restricted by those units which can be altered to add conveniences or remove barriers. The fact that almost half of the new construction areas and one-third of the rehabilitation areas are in upper income areas suggests that dispersed housing is being planned for the elderly and nonelderly.

In addition to the activities listed above, localities plan on using a part of their funds for service programs and facilities benefiting the elderly.

701 PLANNING AND MANAGEMENT ASSISTANCE

Planning for the elderly has been an eligible activity under "701" Planning and Management Assistance Program and agencies funded through this program have the latitude to include efforts to assist the elderly. Not only are these funded recipients the key decision makers for any such efforts, but many of the activities they are now carrying on with grant assistance from this program are directly relevant to, and provide a solid foundation for, specific planning for the elderly such as housing, and community and service facilities.

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.

All of the 16 new community projects approved for Federal assistance by the end of 1975 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 non-profit 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, walkways, lakes, tennis courts, swim clubs, community centers, and services as community recreation programs, community information services, broad appeal training, cultural and counseling services, and community center operation.

NEW COMMUNITY PROJECTS

Two of the fifteen active 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 are to be opened for occupancy March 1, 1976. The ground floor contains an 8,000 square foot activity center with offices, meeting rooms, and 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 buildings and facilities is provided in the new community design, and apartment structures are multi-use, some containing schools and social services. Private auto are banned from the island's streets and mini-bus transportation will provide ready access throughout the island. A rapid transit station to provide transportation to jobs in downtown Manhattan and the New Jersey communities is under construction.

In Park Forest South, Ill., the 186 unit Thornwood House for the elderly is over half occupied. The local town government is actively working with NCA to find means to provide additional programs and opportunities for the elderly in Park Forest South.

Two others projects, St. Charles, Md. and Harbison, S.C. have made application to HUD to build rental housing for the elderly.

PROGRAM ADMINISTRATION

The recent HUD research report, *Barrier Free Site Design*, will shortly be distributed to the title VII developers. NCA is building on this existing research by sponsoring a followup 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 additional increment of cost required to build barrier free. The new communities participating in this study will be selected 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.

Interstate Land Sales

Congress passed the Interstate Land Sales Full Disclosure Act in 1968, to give the public a measure of protection against fraudulent and deceptive land sales operations. The act is administered through HUD's Office of Interstate Land Sales Registration. Although the act is intended to provide protection for all consumers, it is evident that the greatest 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 1974, The Interstate Land Sales Full Discloure Act was amended to give purchasers the option to void their contract or agreement by notice to the seller if they did not receive a property report prepared pursuant to the rules and regulations of the Office of Interstate Land Sales Registration, in advance of or at the time of their signing the contract or agreement. If they received the property report less than 48 hours prior to signing the contract or agreement they have the right to revoke the contract or agreement by notice to the seller until midnight of the third business day following the consummation of the transaction.

In addition, the statutory provision with respect to waiver by a purchaser of his revocation rights because he made an onsite inspection and received, read and understood the property report has been repealed.

These amendments to the act give the general public and elderly greater protection against fraudulent and deceptive land sales practices.

Federal Disaster Assistance Administration

Following the devastating tornado of May 6, 1975, in Omaha, Nebr., the local office of aging, under the coordination of FDAA, made available several services to elderly disaster victims. These services included:

—Operation of a mini-transporation system for the elderly;

—Counseling the elderly on types of disaster assistance available to them. FDAA trained the counselors who performed this function;

—Provision of legal advice to the elderly;

—Expansion of the "meals on wheels" program to feed elderly disaster victims; and

—Provision of "handyman services" to the elderly.

Similarly, following summer flooding in North Dakota, the State division of aging (partially funded by HEW), working through the county offices of social services in the northeastern counties of the State, made available to elderly disaster victims transportation services to disaster assistance centers. The county offices also provided outreach services for the elderly. A statistical analysis of grants made in North Dakota under the Individual and Family Grant Program revealed the average age of grant recipients was over 50.

Based on observation of these activities and subsequent meetings with the office of aging, FDAA finds that it can make greater use of the Federal and State personnel who normally work with the elderly. FDAA also can use statistics available in Federal and State agencies which show, by locality, the population by age group and the location of nursing homes with space for disaster victims.

FDAA continues to provide disaster assistance without regard to race, color, religion, nationality, age, sex, or economic status in each disaster or emergency declared by the President. In the past year, FDAA expanded its Disaster Reserve Program in which augmentation personnel are trained to render disaster assistance. Many of these reservists have been recruited from the ranks of the elderly. In 1976, the reserve organization will be expanded nationwide, with a substantial number of key positions filled by older citizens.

Interagency Cooperation

HUD/HEW cooperation

HUD, through the Office of the Assistant to the Secretary for Elderly and Handicapped, is working in close coordination with the Department of Health, Education, and Welfare pursuant to Section 209 of the 1974 Housing and Community Development Act.

Thus, an HEW/HUD review group has been established to identify and work toward the resolution of differences in the minimum property standards now used by the two Departments for housing for the elderly and the handicapped.

This includes the related facilities of cafeterias or dining halls, community rooms or buildings, workshops, infirmaries or other inpatient or outpatient health facilities, and other essential service facilities.

A total of 22 members from both Departments participate on one of the three subgroups: steering, design/construction standards, or policy, management and operations. Farmers Home Administration and the National Bureau of Standards have participated in the subgroup deliberations.

Interdepartmental agreements

The Office of the Assistant to the Secretary for Elderly and Handicapped 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 suggest 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.

The Department expects to participate in additional interagency agreements pertaining to the elderly, to be developed during 1976. These include an agreement covering social services for elderly residents of Section 8/202 projects and a multiagency agreement concerning elderly Indian Americans.

ITEM 7. DEPARTMENT OF THE INTERIOR

FEBRUARY 12, 1976.

DEAR SENATOR CHURCH: This is in reply to your letter of December 30, 1975, requesting a summary of our major activities on aging during 1975.

The Department, for the fourth consecutive year, participated in the program conducted by Retirement Advisors of New York. 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 retired employees. Copies of the booklet and the newsletter are enclosed.

The National Park Service has expended considerable effort in making improvements in the national parks so that the handicapped can better use these facilities and enjoy the national park areas. Much of this work also benefits the aged in using these parks. Changes, such as installing ramps in lieu of steps and improving trails to facilitate the use of wheelchairs have been made.

The Golden Age Passport is issued free to citizens or permanent residents of the United States who are 62 years of age or older. The passport admits the permit holder and other occupants of the car to designated national parks and recreation areas where entrance fees are charged.

In addition to these programs, preretirement counseling is conducted in the regional and field offices of our bureaus on an individual case basis.

We have no specific plans for activities for the aging in 1976, other than the continuation of these programs.

Sincerely yours,

JOHN F. MCKUNE,
Director, Organization and Personnel Management.

ITEM 8. DEPARTMENT OF LABOR

FEBRUARY 26, 1976.

DEAR MR. CHAIRMAN: Enclosed are papers summarizing and describing the Department of Labor's major activities on aging which you requested in your letter of December 30, 1976. I trust this will meet your needs.

Sincerely,

JAMES H. HOGUE,
Deputy Under Secretary for Legislative Affairs.

[Enclosure]

NATIONALLY ADMINISTERED OLDER WORKER EMPLOYMENT PROGRAMS

PERFORMANCE REPORT FOR FISCAL YEAR 1975 AND PROJECTIONS FOR FISCAL YEAR 1976

In fiscal year 1975, the U.S. Department of Labor administered two special employment programs for the elderly: The National Older Workers Program-Operation Mainstream (NOWP-OM) and the Senior Community Service Employment Program (SCSEP). The NOWP-OM was funded under title III of the Comprehensive Employment and Training Act, and the SCSEP was funded under title IX of the Older Americans Act. Differing only in size and legislative funding authority, these two programs provided part-time jobs for elderly poor persons and provided the communities in which they operated with a federally subsidized pool of manpower which was drawn upon to upgrade existing human services or to establish new ones.

Activity under both programs was sponsored almost entirely by a group of five national-level organizations, most of which have participated in projects of this type since 1968. The five organizations are: (1) Green Thumb, Inc., an arm of the National Farmers Union, (2) the National Council on the Aging, (3) the National Council of Senior Citizens, (4) the National Retired Teachers Association-American Association of Retired Persons, and (5) the U.S. Department of Agriculture Forest Service. In total, they operate local projects in 47 States, Washington, D.C., and Puerto Rico. Local projects were administered by the staff of the national organization or were, in some cases, administered by locally based service agencies under subcontractual arrangement with the national organizations. In addition, regionally administered SCSEP grants were awarded directly by the Department of Labor to the governments of the three States and four territories not covered by the national organizations: Alaska, Delaware, Hawaii, American Samoa, Guam, the Trust Territories of the Pacific Islands, and the Virgin Islands.

Local projects under the NOWP-OM and the SCSEP hired economically disadvantaged persons, 55 years old or older, to work in part-time community service jobs. With their wages fully subsidized by the Federal Government, project participants worked in a wide variety of activities, such as day care centers, senior citizen centers, schools, hospitals, and beautification, conservation, and restoration projects. In addition to subsidized job opportunities, the projects also provided participants with physical examinations, personal and job-related counseling, job training, and in some cases referral and placement into regular unsubsidized jobs.

The chart below summarizes (1) costs, enrollment levels, and turnover experienced by both programs during fiscal year 1975; and (2) the aggregate characteristics of persons actually enrolled in both programs at the close of the fiscal year (i.e., June 30, 1975).

On July 1, 1975, all NOWP-OM projects were merged into the SCSEP. The consolidated program is currently financed under title IX of the Older Americans Act through June 30, 1976. The output and resource plan for the consolidated SCSEP is also attached.

NATIONALLY ADMINISTERED OLDER WORKER PROGRAMS

I. COST AND OUTPUT TABLE FOR FISCAL YEAR 1975

Program factors	NOWP-OM	SCSEP	Composite
Obligations (thousands)	$20,042	$12,000	$32,042
Expenditures (thousands)	$26,190	$7,738	$33,928
Man-years (estimated)	8,855	2,554	11,409
Enrollees carried over from fiscal year 1974	9,342		9,342
New enrollees	5,485	6,975	12,460
Unsubsidized placements	1,511	344	1,855
Dropouts	4,588	1,635	6,223
Current enrollment (June 30, 1975)	8,728	4,996	13,724

II. SUMMARY OF CHARACTERISTICS—PERSONS ACTUALLY ENROLLED AS OF JUNE 30, 1975

[In percent]

Characteristic	NOWP-OM (8,728 persons)	SCSEP (4,996 persons)	Composite (13,724 persons)
Sex			
Male	53.4	47.3	51.2
Female	45.6	52.7	48.8
Age			
54 and younger	1.6		1.0
55 to 59	15.8	24.1	18.8
60 to 64	24.3	25.9	24.9
65 to 69	28.4	26.3	27.6
70 to 74	19.3	15.9	18.1
75 and older	10.6	7.8	9.6
Education			
8 and under	52.7	46.3	50.3
9 to 11	18.8	19.7	19.2
12	19.1	22.3	20.3
1 to 3 years college	6.4	8.3	7.1
4 years college and above	3.0	3.4	3.1
Ethnic group			
White	69.8	78.4	72.9
Black	22.8	18.2	21.1
American Indian	3.3	2.0	2.8
Other	4.1	1.4	3.2
Spanish American	7.0	3.3	5.6
Economically disadvantaged	100.0	100.0	100.0

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM: PROGRAM OUTPUT AND RESOURCE PLAN FOR FISCAL YEAR 1976

[Does not include estimates for regionally administered projects in Alaska, Delaware Hawaii, Samoa, Guam, TTPI, and Virgin Islands.]

Performance measures	Fiscal year 1975 actual [1]	Fiscal year 1976 annual plan	Fiscal year 1976 quarterly plans (cumulative)		
			1st	2d	3d
Obligations (in thousands)	$32,042	$29,780	$29,780	$29,780	$29,780
Costs (in thousands)	$33,928	$43,705	$8,857	$20,473	$32,089
Enrollees carried over from fiscal year 1975 (actual)		13,675	13,675	13,675	13,675
New enrollees	12,460	8,000	1,647	4,000	6,000
Unsubsidized placements	1,855	1,860	570	930	1,395
Dropouts	6,223	7,415	1,666	3,045	4,580
Current Enrollment (EOP)		12,400	13,086	13,700	13,700

[1] Includes combined figures for the senior community service employment program and the national older workers program—operation mainstream. The 2 programs were merged at the outset of fiscal year 1976.

Comprehensive Employment and Training Programs and Public Service Employment Programs

Older workers benefit from programs and services established with special revenue sharing grants provided to State and local governments under titles I, II, and VI of the Comprehensive Employment and Training Act (CETA) of 1973. Attached are progress reports covering fiscal year 1975 and 1976. These reports indicate the participation rates of persons in the upper age groups under comprehensive programs (CETA title I) and under public service employment programs (CETA titles II and VI).

In the near future, the Employment and Training Administration will publish a technical guide for CETA prime sponsors which will assist them in recognizing the employment needs of the elderly and in planning services to meet those needs. This technical assistance guide will be the first published by the Employment and Training Administration directed toward the provision of services to a specific target group.

CETA ACTIVITY IN FISCAL YEAR 1975, AS OF JUNE 30, 1975

	Total	Title I	Title II	Title VI
Total individuals served	1,510,100	1,126,000	227,100	157,000
Total terminations	658,000	553,300	70,900	33,800
Direct placements	64,200	62,900	1,000	300
Indirect placements	98,400	84,500	9,700	4,200
Self placements	39,700	28,600	5,900	5,300
Other positive terminations	198,300	170,800	21,900	5,600
Nonpositive terminations	257,400	206,600	32,400	18,400
Current enrollment, as of June 30, 1975	852,000	572,700	156,200	123,100
Emulative enrollment by program activity:				
Classroom training	297,900	292,000	5,100	800
On-the-job training	76,500	73,800	2,400	300
Public service employment	361,200	29,800	211,500	119,900
Work experience	609,700	562,200	10,700	36,800
Other activities	88,000	86,900	1,100	
Current enrollment by program activity, June 30, 1975:				
Classroom training	127,200	124,200	2,700	300
On-the-job training	41,100	39,400	1,400	300
Public service employment	264,100	20,700	149,000	94,500
Work experience	331,100	297,200	4,600	29,300
Other activity	36,700	36,200	500	

CETA ACTIVITY IN FISCAL YEAR 1976 AS OF SEPT. 30, 1975

	Total	Title I	Title II	Title VI
Total individuals served	1,308,400	886,500	166,900	255,000
New enrollees fiscal year 1976	561,800	403,100	31,500	127,200
Cumulative enrollment by selected program activity	1,210,600	791,200	164,500	254,900
Classroom training	208,700	205,900	800	2,000
On-the-job training	78,000	61,000	400	16,600
Public service employment	384,700	35,100	159,400	189,200
Work experience	484,600	434,200	3,500	46,900
Other activities	54,600	54,000	400	200
Current enrollment, as of Sept. 30, 1975	735,800	438,800	86,000	211,100
Current enrollment by selected program activity	665,100	368,500	87,000	209,600
Classroom training	127,900	126,200	400	1,300
On-the-job training	51,100	36,000	300	14,800
Public service employment	263,300	21,800	84,300	157,200
Work experience	191,200	153,400	1,700	36,100
Other activity	31,600	31,100	300	200
Total terminations	572,500	447,700	80,900	43,900
Direct placements	29,100	27,500	700	900
Indirect placements	61,600	48,300	6,600	6,700
Self placements	24,000	15,800	3,100	5,100
Other positive terminations	322,200	259,100	51,900	11,200
Nonpositive terminations	135,600	97,000	18,600	20,000

CETA Characteristics, Fiscal Year 1975

Data for fiscal year 1975 on the characteristics of participants during the first year of operation under CETA (Comprehensive Employment and Training Act) show that generally a similar type clientele is being served as under the earlier categorical programs. Table 1 displays the percentage distribution of participants enrolled in titles I, II and VI. Table 2 arrays the characteristics of enrollees during fiscal year 1974 in categorical programs (for comparison with the CETA title I program) and presents the fiscal year 1974 characteristics of the enrollees under the Public Employment Program (for comparison with CETA titles II and VI).

The typical title I enrollee was young (62 percent under age 22), economically disadvantaged (77 percent), unemployed or not in the labor force (93 percent) and with less than 12 years of education (66 percent). Well over one-half of the enrollees—54 percent—were male, and 55 percent were white. Some of the major differences in the enrollment pattern under CETA title I as contrasted with the categorical programs are a higher education level (39 percent having a high school education), fewer (77 percent vs 87 percent) economically disadvantaged, fewer veterans (9.6 percent vs 15.3 percent), and a great many more not in the labor force (31.6 percent vs 8.1 percent). These presumably were full-time students.

The typical title II enrollee was white (65 percent), male (66 percent), between the ages of 22 and 44 (63 percent), a high school graduate (72 percent) and from the ranks of the unemployed (84 percent). Nearly half (48 percent) were economically disadvantaged.

The typical title VI enrollee was white (71 percent), a high school graduate (73 percent) and unemployed or not in the labor force (92 percent). Some of the major differences in the characteristics of title II and title VI Public Service Employment enrollees from enrollees in the PEP program during fiscal year 1974 are: a greater percentage of the CETA participants were on public assistance; a larger proportion were economically disadvantaged; fewer veterans, and an increased number had been receiving unemployment insurance.

TABLE I.—CHARACTERISTICS OF NEW PARTICIPANTS IN CETA TITLE I, TITLE II, AND TITLE VI, PROJECTS THROUGH JUNE 30, 1975

[Percentage distribution; preliminary data]

	Title I	Title II	Title VI
U.S. total (cumulative enrollment)	1,126,000	227,100	157,000
Percent	100.0	100.0	100.0
Male	54.4	65.8	70.2
Female	45.6	34.2	29.8
Age:			
Under 22	61.7	23.7	21.4
22 to 44	32.1	62.9	64.8
45 to 54	3.5	8.4	9.1
55 and over	2.6	5.0	4.7
Education:			
8 grades or less	13.3	9.4	8.4
9 to 11	47.6	18.3	18.2
12 and over	39.1	72.3	73.3
On public assistance:			
AFDC	15.5	6.6	5.6
Other	11.3	9.2	8.1
Economically disadvantaged	77.3	48.3	43.6
Ethnic group:			
White	54.6	65.1	71.1
Black	38.5	21.8	22.9
American Indian	1.3	1.0	1.1
Other [1]	5.6	12.1	4.9
Spanish American	12.5	16.1	12.9
Limited English-speaking ability	4.1	8.0	4.6
Migrants or seasonal farmworkers	1.6	1.0	1.0
Veteran:			
Special Vietnam	5.2	11.3	12.5
Other	4.4	12.6	14.6
Handicapped	3.8	3.2	2.9
Full-time student	32.8	3.0	2.8
Offender	5.7	2.9	2.6
Labor force status:			
Employed	2.3	3.9	2.0
Underemployed	4.5	8.4	6.4
Unemployed	61.6	83.6	88.4
Not in labor force	31.6	4.1	3.1
Receiving unemployment insurance	3.9	12.0	14.6
Median hourly wage:			
Preenrollment	$2.60	$2.87	$3.02
Postenrollment	$2.76	$3.36	$3.57

[1] A large portion of participants falling in this group reflect the nonclassification in Puerto Rico by ethnic categories.

CHARACTERISTICS OF NEW PARTICIPANTS OF CETA TITLE I, TITLE II, AND TITLE VI, PROJECTS THROUGH SEPT. 30, 1975

[Percentage distribution]

	Title I	Title II	Title VI
U.S. total (cumulative enrollment)	886,500	166,900	255,000
Percent	100.0	100.0	100.0
Male	53.8	64.0	66.8
Female	46.2	36.0	33.2
Age:			
Under 22	61.3	22.5	21.7
22 to 44	32.4	64.0	64.5
45 to 54	3.7	8.7	8.8
55 and over	2.6	4.8	5.0
Education:			
8 grades or less	12.4	8.0	8.3
9 to 11	45.0	17.8	18.0
12 and over	42.6	74.2	73.7
On public assistance:			
AFDC	14.7	6.1	5.3
Other	11.5	10.3	7.8
Economically disadvantaged	77.0	44.3	42.9
Ethnic group:			
White	55.2	63.4	66.4
Black	37.4	25.4	22.6
American Indian	1.2	1.8	1.3
Other [1]	6.2	9.4	9.7
Spanish-American	13.0	11.7	11.6
Limited English-speaking ability	4.8	3.9	5.2
Migrants or seasonal farmworkers	1.8	1.4	1.4
Veteran:			
Recently separated	1.2	2.9	3.8
Vietnam	4.1	10.7	19.3
Other	4.2	11.4	11.9
Disabled	.2	.3	.3
Handicapped	5.7	2.7	2.4
Full-time student	34.7	2.5	1.3
Offender	4.2	2.5	2.3
Labor force status:			
Underemployed	4.6	7.8	5.5
Unemployed	65.0	80.8	79.4
Other	30.4	11.4	15.1
Receiving unemployment insurance	5.2	11.5	12.5

[1] A large portion in this group reflect the nonclassification in Puerto Rico by ethnic categories.

TABLE 2.—CHARACTERISTICS OF ENROLLEES IN CATEGORICAL PROGRAMS AND PUBLIC EMPLOYMENT PROGRAMS

[Percentage distribution; fiscal year 1974]

	Categorical programs [1]	PEP
Total:		
Number	549,700	[2] 66,200
Percent	100.0	100.0
Male	57.7	66.1
Female	42.3	33.9
Age:		
Under 22	63.1	22.8
22 to 44	30.5	66.5
45 to 55	6.2	10.7
55 and over		
Education:		
8 grades or less	15.1	22.8
9 to 11	51.1	77.2
12 and over	33.6	
On public assistance:		
AFDC	23.4	10.1
Other		
Economically disadvantaged	86.7	34.1
Ethnic group:		
White	54.9	68.8
Black	37.0	22.9
American Indian	3.5	3.3
Other	4.6	5.0
Spanish-American	15.4	13.2
Limited English-speaking ability	INA	INA
Migrants or seasonal farm workers	INA	INA
Veteran:		
Special Vietnam	15.3	39.2
Other		
Handicapped	6.3	4.2
Full-time student	INA	INA
Offender	INA	INA
Labor force status:		
Employed	[3] 7.6	INA
Underemployed	[3] 8.7	9.7
Unemployed	[3] 75.6	90.3
Not in labor force	[3] 8.1	INA
Receiving unemployment insurance	4.6	7.4
Median hourly wage of employed terminees:		
Pre-enrollment	$2.30	$2.78
Post-enrollment	[4] $2.86	[5] $2.94

[1] Includes MDTA-Institutional, JOP/OJT, NYC In-school, NYC Out-of school, Operation Mainstream, CEP, and JOBS.
[2] Excludes enrollees in PEP summer youth program for whom data was not available.
[3] Excludes NYC In-school and JOBS enrollees for whom data was not available.
[4] Includes MDTA-Institutional, OJT, CEP, JOP.
[5] Median wage is for the PEP job; median wage for post-PEP employment is not available.
INA=Information not available.

CETA Progress Report, Fiscal Year 1975

During fiscal year 1975, its first year of operation, CETA served over 1,510,000 individuals. Three-fourths of total enrollment was in CETA title I which provides manpower training and work experience.

Over 678,000 enrollees terminated from the program during the year, leaving 852,000 still on board on June 30, 1975. Of those on board, the vast majority 572,700 were in title I. Title II had 156,200 enrolled and title VI had 123,000 at the end of the fiscal year.

Of the terminees in all programs, 30 percent left for employment, another 30 percent left for entry into the armed forces or to return to school, and the balance left for a variety of reasons.

About 21 percent of the total individuals served were provided with classroom training, 5 percent with on-the-job training, 25 percent were in public service employment (largely under titles II and VI) and 43 percent were provided with work experience (92 percent under title I). The remaining 6 percent were provided with a variety of services designed to improve their employability.

CETA Progress Report, First Quarter Fiscal Year 1976

During the first quarter of fiscal year 1976, CETA served 1,308,400 individuals, of whom 561,000 were new enrollees and 746,000 were on-board at the beginning of the quarter.

About 40 percent of those served were provided with work experience (see table 1), mostly under title I and 32 percent were in public service employment largely under titles II and VI. About 17 percent received classroom training and 6 percent received on-the-job training almost exclusively under title I. The declining number enrolled in on-the-job training under CETA (only 9 percent during fiscal year 1975 contrasted with 22 percent in fiscal year 1974, the last year of the categorical programs) suggests that prime sponsors may be substituting work experience programs (up 10 percent) for the OJT programs. Under titles II and VI, the emphasis is on enrollment in public service employment and reports for the first quarter show 83 percent thus classified.

Of the terminees in all programs during the quarter, 20 percent left for employment and an additional 57 percent were "positive terminations", i.e., those who entered the armed forces, or more likely, those students who returned to school. The balance (23 percent) left for a variety of reasons.

The socio-economic characteristics of CETA participants during the first quarter (see table 2) show very few changes from the pattern reported for fiscal year 1975. There were a few more women enrolled under each title, a slightly greater participation by minorities. In title I, the characterics pattern is significantly influenced by the fact that one-third of all enrollees are full time students (also reflected in 60 percent under age 22 and the 31 percent reported "not in the labor force"). In titles II and VI, the public service employment programs, the characteristics are similar to each other and are relatively unchanged from those reported in fiscal year 1975.

United States Employment Service Program for Older Workers

A. NATIONAL EMPLOY THE OLDER WORKER WEEK

In fiscal 1976, the United States Employment Service is playing a major role in the observance of National Employ the Older Worker Week, a nationwide campaign which promotes the employment of older workers. In addition to the issuance of guidelines, the national office supervised the preparation of pamphlets, brochures, films and public service announcements to assist the States in the observance of this "week."—Materials prepared reflect a Bicentennial theme.

B. TRAINING AND TECHNICAL ASSISTANCE CONTRACT WITH THE NATIONAL COUNCIL ON THE AGING

For the first six months of fiscal 1976, the Manpower Administration has awarded a contract to the National Council on the Aging to provide technical assistance and training in an effort to increase the knowledge and skills of employment service staff involved in interviewing, counseling and placing middle-aged and older workers. In addition, the contract provides for preparation and distribution of a Journal of Industrial Gerontology for each quarter of FY 1976 and the preparation of a kit of materials to be used during National Employ the Older Worker Week observed in March each year.

ADEA Enforcement in Fiscal Year 1975 and the First 6 Months of Fiscal Year 1976

As in the previous fiscal year, substantial age discrimination violations were disclosed in fiscal year 1975, particularly with respect to hiring practices and layoffs. During the past 2 fiscal years, monetary damages found due have amounted to almost $13 million dollars. During the first 6 months of fiscal year 1976, monetary damages found due have amounted to $4.6 million. Income restored to employees during the past 2 years exceeded $4 million, while income restored to employees during the first 6 months of fiscal year 1976 have exceeded $2.2 million. This continual rise in damages and income restored represents a substantial increase over previous fiscal years.

Complaints reached 4,717 in fiscal year 1975, a 55 percent increase over fiscal year 1974. There have been 2,571 complaints received in the first 6 months of fiscal year 1976, a rate of inflow approximately 10 percent above the previous year.

1975 ACTIVITIES

A number of significant litigation cases were filed during 1975. One of the largest of these was against Sandia Corporation. It is important both in the amount of money sought to be recovered (several million dollars) and in the number of employees affected (several hundred). It is also important in the sense of the precedent that may be established as to the evidence required to demonstrate prevasive age discrimination by pattern and statistical evidence.

Another very significant case was filed against Pan American Airlines. As in Sandia, it involves primarily a layoff and its effect on older workers. Again, the case potentially involves hundreds of individuals and millions of dollars in back wages. Two other multimillion dollar cases were filed in 1975, one against the Crown Cork and Seal Co., and the other against Goodyear Tire and Rubber Co.

Some 32 suits were filed in calendar year 1975. Since the effective date of the act on June 12, 1968, over 261 actions have been instituted by the Department of Labor; 195 have been resolved in the Department's favor and 49 are still pending. The other 17 cases were resolved adversely to the Department.

The thrust of ADEA enforcement in recent years has been toward more full fact-finding investigations, because they tend to disclose patterns of age discrimination affecting large numbers of older workers. Such investigations continue to have the highest priority. However, the ever-increasing volume of complaints, including notices of intent to sue, and the need to service such complaints within the time limits spelled out in the statute have necessitated greater use of conciliation and limited investigations. Full fact-finding investigations continue to be utilized, but on a more selective basis.

Conciliation or mediation, which in its initial stages, is a less formal, time-saving compliance action, accounted for 30 percent of the compliance actions during fiscal year 1975. Section 7 of the ADEA specifically provides that conciliation be attempted before legal proceedings are initiated. Full and limited investigations accounted for virtually all of the remaining 70 percent of compliance actions.

During fiscal year 1975, a total of 6,555 establishments were investigated under the act. Approximately two-thirds of the establishments investigated were found to be in compliance with all of the ADEA provisions; the other one-third were in violation of one or more of the provisions of the act. Monetary violations amounting to $6.6 million were disclosed in 451 establishments involving 2,350 individuals. Income was restored to 728 employees and job applicants in the amount of $1.7 million in 249 establishments.

Nonmonetary discriminatory practices were found in 1,642 establishments; 3,376 individuals were aided and 27,217 job opportunities made available by the removal of discriminatory age barriers.

Illegal advertising was the most prevalent discriminatory practice disclosed, 871 instances, followed by refusals to hire, 434 instances, and illegal discharges, 354 instances.

Summary of Pension Plan Termination Insurance Protections Under the Employee Retirement Income Security Act of 1974

PENSION BENEFIT GUARANTY CORPORATION

On September 2, 1974, the President signed into law the Employee Retirement Income Security Act of 1974 (ERISA), which provides many new protections and guarantees for employees covered by private pension plans.

One of the key sections of ERISA, title IV, established the Pension Benefit Guaranty Corporation (PBGC), a self-financed, Government corporation. The Secretary of Labor is the Chairman of the Corporation's Board of Directors; the Secretaries of the Treasury and Commerce are the other Board members.

Upon termination of a covered pension plan (most defined benefit plans are covered), the PBGC guarantees the payment of basic benefits vested under the terms of the plan, within limits specified in the act and PBGC regulations. In the event a plan terminates with insufficient assets, PBGC assures payment of the guaranteed benefits. However, the employer sponsoring the plan is liable to the PBGC for the shortfall in plan funds, up to 30 percent of the employer's net worth.

For individuals who are not already covered by a pension plan, or for those who are leaving employment under a plan, ERISA permits establishment of tax-qualified individual retirement accounts. PBGC furnishes advice and assistance on the economic desirability of establishing such a program.

In its first 17 months of existence, PBGC collected about $60.7 million in premiums. The annual premium, which is paid to the Corporation by each covered plan, is now 50 cents for each participant in a multiemployer plan, and $1 for each participant in a single employer plan.

Over 6,700 termination cases have been opened since enactment. Careful review of each termination notice led to the administrative closing of 807 cases because they did not meet the statutory requirements for coverage. For cases where it seems clear that the plans have sufficient assets to cover benefit obligations, PBGC has developed a procedure for plan administrators to certify to that asset sufficiency and receive from PBGC a notice of sufficiency that permits them to distribute assets and close out the plans. Such notices of sufficiency have been issued in 1,519 cases as of February 18, 1976.

PBGC has authorized terminating plans to continue benefit payments to retirees pending final termination of the plans even where plan assets are insufficient. In those instances where benefit payments were in jeopardy, PBGC has taken steps to resume and continue payments, including action to have itself appointed trustee where necessary. Through February 18, 1976, PBGC has been appointed trustee for 15 plans, involving almost 1,700 participants in pay status. Monthly benefits paid total approximately $235,000.

Through the pension benefit guaranty program, an estimated 33 million workers and retirees have the security of knowing their retirement benefits are guaranteed by a U.S. Government agency.

Private Employee Benefit Plans

Private employee benefit plans affect the welfare of millions of Americans. Retirement plans help to provide income in the later years. Welfare plans help to give economic security to workers and their families in such events as sickness, disability, death, unemployment, etc. The interests of Americans in these retirement and welfare plans received new protections in the Employee Retirement Income Security Act of 1974 (ERISA), signed into law on Labor Day, September 2, 1974.

Generally, the purposes of ERISA are to see that:

—Retirement and welfare plans are managed prudently and exclusively for the benefit of participants and beneficiaries (fiduciary standards).

—Participants in plans know their rights and obligations, and the government has the information it needs for regulation and enforcement (reporting and disclosure provisions).

—Workers are not required to satisfy unreasonable age and service requirements before joining a retirement plan (participation provisions).

—After working for a reasonable period under a retirement plan, a person has a right to the retirement benefits he has earned (vesting provisions).

—Retirement plans accumulate money to pay promised benefits (funding provisions).

—Benefits under certain "defined benefit" retirement plans are protected in the event of plan termination (plan termination insurance).

—Tax advantages relating to various types of retirement savings are more equitable.

Responsibilities for carrying out the law's provisions are assigned to the U.S. Department of Labor, the Internal Revenue Service of the U.S. Treasury Department, and a new government corporation named the Pension Benefit Guar-

anty Corporation, which was created to administer the plan termination insurance provisions of the law.

During 1975 the fiduciary responsibility and reporting and disclosure provisions of ERISA became effective. The Department of Labor took steps in both areas to implement these far-reaching reforms in a reasonable manner that would not disrupt the operations of employee benefit plans. The initial reporting and disclosure deadlines were deferred to allow time for plans to receive adequate guidance as to their responsibilities and to make changes required under other provisions of the act, so that employees would receive meaningful information about their rights and benefits under ERISA. The Labor Department published regulations detailing reporting and disclosure rules, exercised its statutory discretion to permit certain exemptions and variances, and also developed reporting forms with full participation and comment from the public. In anticipation of the effectiveness of minimum standards provisions for most plans in 1976, the Department published regulations governing important standards for vesting, participation and benefit accrual.

The Department of Labor issued a number of interpretive bulletins to provide guidance on matters covered by the fiduciary responsibility provisions of ERISA. Temporary regulations were issued to govern bonding, and to allow deferral of certain rules until 1976. In conjunction with the Internal Revenue Service, the Department of Labor established a procedure to handle applications for exemption for certain transactions or type of transactions from the ERISA prohibited transactions rules. One major class exemption was made final, others were published for comment, and action on a number of exemptions for individual transactions was begun.

While much more remains to be done in implementing ERISA, the bicentennial year will be especially significant to many thousands of Americans in private retirement plans, as the vesting and related minimum standards provisions of the law become effective and create new rights to retirement income. The Department of Labor will continue to issue regulations and interpretations during 1976, and will also accelerate its enforcement efforts.

ITEM 9. DEPARTMENT OF TRANSPORTATION

FEBRUARY 27, 1976.

DEAR MR. CHAIRMAN: In response to your letter of December 30, 1975, I am pleased to send to you the enclosed report which summarizes the major activities of this Department in assisting older Americans during 1975, and which projects our plans for 1976.

I trust you will find this information helpful.

Sincerely,

WILLIAM T. COLEMAN, *Secretary.*

[Enclosure]

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

I. INTRODUCTION

Improving transportation services for the elderly continues to be an important element in the Department of Transportation's program. The following is a summary of relevant 1975 (1) legislative and regulatory activities; and (2) program activities, including research, demonstrations, capital assistance, technology sharing, and interagency cooperation. Included in this report are both ongoing programs and projected initiatives, on the behalf of the elderly.[1]

II. LEGISLATION AND REGULATIONS

A. LEGISLATION

No new relevant transportation legislation has been passed since the National Mass Transportation Assistance Act of 1974 (NMTA). This act established an

[1] Many of the activities described in this report are directed toward the handicapped; however, more than one-third of the elderly are handicapped and they will also benefit from these initiatives.

$11.8 billion, 6-year mass transportation program, for both capital and operating assistance. In addition, the act contained the following provisions which are relevant to the elderly and handicapped population.

1. Reduced Fare Provision for the Elderly

Section 5(m) of the act requires that rates charged elderly and handicapped persons during nonpeak hours for transportation utilizing equipment and facilities of DOT-funded projects, will not exceed one-half the rate applied to general transit users during peak hours.

2. Planning and Design Provisions for the Elderly

NMTA amended section 16 of the Urban Mass Transportation Assistance Act. Section 16(a) of the act, as amended by NMTA, declares as national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services. Section 16(a) also directs that special efforts be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured.

Section 16(b) provides that grants be made to State and local agencies to provide for mass transportation to meet the special needs of the elderly and handicapped. It also provides that grants may be made to private nonprofit organizations if public or private agencies do not provide adequate service.

B. MASS TRANSIT REGULATIONS AND GUIDELINES

Five Urban Mass Transportation Administration (UMTA) issuances pertaining to the mobility of elderly persons were published in the *Federal Register* in 1975.

1. Reduce Fare Programs for Elderly and Handicapped Persons

Interim guidelines to implement the nonpeak, reduced fare section 5(m) provisions of NMTA appeared in the 1975 issuance "Capital and Operating Assistance Formula Grants" (generally referred to as UMTA's "section 5 guidelines"). Elderly citizens in over 100 metropolitan areas have already received assistance. Several dozen more areas will also be instituting reduced fare programs in 1976.

2. Elderly and Handicapped Transportation Services

UMTA has issued a notice of proposed rulemaking establishing new requirements for the provision of transportation services to meet the special needs of elderly and handicapped persons. Six regional hearings were held by UMTA to encourage public comment. The proposed rule would have required that: (1) all areas undertake special planning efforts to identify the transportation needs of the elderly population and address these needs as part of the transportation improvement program for the urban area; (2) all transit-related buildings and facilities planned or constructed after the effective date of the final rule be accessible to the elderly and handicapped; and (3) all new transit rolling stock purchased with capital grants awarded after the effective date of the final rule incorporate interior design features that will increase the comfort and convenience of transit vehicles for the elderly. The requirements will take advantage of available technology and hardware to provide handicapped and elderly persons to the maximum extent possible with transportation services they can effectively utilize.

UMTA is completing its analysis of the public and transit industry comments and plans to issue the final regulations in the spring of 1976.

3. Rural Highway Public Transportation Demonstration Program

UMTA and the Federal Highway Administration (FHWA) jointly issued regulations on administering the Rural Highway Public Transportation Demonstration program. Project selection criteria developed for this program were defined to encourage applicants to recognize the disproportionately high percentage of elderly people living in rural areas. Selection and evaluation criteria specifically required consideration of the "adaptability of systems to the needs of the elderly and handicapped." "Needs" included both the travel demands of the elderly (trips to employment, medical centers, shopping) and hardware considerations (hand grips, low steps, signs).

4. Major Urban Mass Transportation Investments

UMTA has issued a notice of proposed policy on Federal decisions with respect to major mass transportation investments. Included in the suggested criteria for

local decisionmaking are economic and social impacts of alternative systems on traveler subgroups, including the elderly and handicapped. The policy also encourages near-term solutions to current travel problems which will have immediate impact on the transportation disadvantaged. Public comments are being reviewed and a revised policy statement and supplemental guidelines will be issued in 1976.

5. Planning for the Elderly in Urban Areas

UMTA and FHWA have issued joint planning regulations for metropolitan planning organizations in urbanized areas, within a document entitled "Transportation Improvement Program." Section 450.120 of these regulations require that the urban transportation planning process insure involvement of the public and include special efforts to plan public mass transportation facilities and services that can be utilized by elderly and handicapped persons. Projects to meet their needs are considered as important transportation improvements and must be addressed in annual planning and budgeting activities.

C. AIR TRANSIT REGULATION

The Federal Aviation Administration (FAA) received over 1,500 comments in 1975 on its notice of proposed rulemaking, "Air Transportation of Handicapped Persons." FAA indicates that it expects to publish a final rule in the first half of 1976.

III. PROGRAM ACTIVITIES

A. RESEARCH AND EVALUATION

1. Air Transportation

In conjunction with the Federal Aviation Administration's notice of proposed rulemaking (NPRM) on "Air Transportation of Handicapped Persons," the agency in 1975 conducted evaluation tests at its medical research facility in Oklahoma City in order to study the evacuation of handicapped persons under simulated emergency conditions. The evaluation tests, along with comments received in response to the NPRM, are being used to develop an advisory circular to be issued in conjunction with the amendments to the Federal Aviation regulations. The advisory circular will be used to help train air carrier personnel to be aware of the problems of handicapped persons and to learn to help solve their transportation problems.

2. Rural Transportation

(a) The Office of R&D Policy, in the Office of the Assistant Secretary for Systems Development and Technology, is revising two technology sharing reports on rural transit.

(b) A national conference on rural transportation is schdeuled for June 1976, under a University Research contract with North Carolina A. & T. University. A technical overview of rural transportation will be edited from video taped recordings of these sessions and a summary video tape will be available from the Department's Transportation Systems Center (TSC) in late 1976. The conference is expected to include consideration of the transit needs of the rural elderly.

3. Urban Transportation

The Office of University Research, in the Office of the Assistant Secretary for Systems Development and Technology, has funded the following active research contracts addressing problems of elderly and handicapped persons:

(a) The University of California at Los Angeles is conducting research to determine spatial and social characteristics of various lifestyle groups to estimate future transportation demand patterns and needs. The methodology developed will be capable of estimating the elderly's future locational patterns and travel needs and will be structured in such a way as to be easily utilized by transportation planners.

(b) The Polytechnic Institute of New York is conducting a Manhattan based study of the mobility of aged and handicapped persons in order to determine a balanced transportation system for them. An analysis of the present system will be conducted in conjunction with research into needs of affected persons in an attempt to determine a solution that is financially viable, responsive to change, elicits cooperation among transportation modes, and insures maximum mobility.

(c) A study of problems of the carless is being conducted at the State University of New York at Buffalo. The nature, extent, and consequences of carlessness and the means of improving mobility for this diverse group is to be identified and analyzed. Trip purposes, priority, opportunity, and accessibility will be identified and the disadvantages to the carless quantified. Results of research and solutions to decrease existing disparities will be presented to State and local authorities. Conclusions and recommendations for changes in Federal, State, and local policies, programs, and operations will be made.

The Urban Mass Transportation Administration's Office of University Research is sponsoring three university training programs the research components of which will address "The Cost Functions of Public Transportation Systems for the Elderly and Handicapped" (North Carolina A. & T. State University); "Transportation Services for Special Social Groups with Mobility Limitations" (Carnegie Mellon University); and "Transportation Problems of the Aged and Handicapped: The Baton Rouge Experience" (Southern University).

UMTA's Office of Transit Planning is sponsoring a major national study entitled "Research on the Transportation Problems of the Transportation Handicapped." The objective of this study is to determine the travel requirements of various classifications of handicapped persons of all ages and to develop and evaluate transportation service alternatives for satisfying those requirements. The planning phase of study has been completed and the data collection and analysis activities will be started in 1976.

UMTA's Office of Research and Development sponsors several projects that pertain to the elderly and handicapped. The research is oriented towards identifying the physical demands that use of public transportation makes upon the elderly and handicapped and devising ways of ameliorating those physical demands. In particular, the difficulties of changing from one level to another in a terminal will have a high priority. Three specific programs merit special attention:

The UMTA Transbus program has progressed to the stage that three prototype 40-foot vehicles, which are specially equipped with experimental hardware to board and unboard elderly and persons in wheelchairs, have been tested by users in selected metropolitan areas throughout the country. The prototype testing is expected to end in early 1976, and a performance specification for a level change device (e.g., lift, ramp) will be developed if no unforeseen problems arise during the testing period. The development of this performance specification will accelerate the availability of a new generation of vehicles that are accessible to elderly and handicapped persons. It is hoped that these vehicles will be available in production quantities by 1979. Pending the development of workable performance specifications and a substantial post-production performance period, UMTA will determine whether to require that all buses purchased with UMTA funds should conform to the specifications for a level-change device and a low floor.

The objectives of the project entitled "Low Pollution Paratransit Vehicle," is to develop a vehicle well-suited for use in paratransit, particularly in taxi service. Two contracts provides for design and fabrication of one prototype vehicle each that can transport up to five ambulatory passengers and that can be modified easily to carry one wheelchair and two ambulatory passengers. These vehicles are tentatively scheduled for limited public display in the summer of 1976.

A contract has been awarded for the "Small Bus Requirements, Concepts, and Specifications" program. The purpose of the Small Bus Project is to: (1) examine small bus operations and projected desired operations in the United States; (2) establish needed and desired operating features for small buses; (3) determine desirable features for accommodating the special needs of the elderly and handicapped, including wheelchair travelers; (4) produce conceptual small bus designs to meet the operating features; and (5) establish a performance standard for a small bus suitable for mass transit service in the United States.

Other UMTA R&D Office activities involve: wheelchair access in current bus design, impacts of fare collection methods on bus design, future paratransit service requirements for wheelchair users and the elderly, subway station design and construction, wheelchair lifts for a modernized trolley (which UMTA refers to as a Standard Light Rail Vehicle (SLRV)), and designs for an advanced concept train. The R&D Office's prototype transit system at Morgantown, W. Va., will also increase its accessibility to elderly and handicapped persons.

4. Transportation Safety

Using a new vision tester previously built under a contract let by the National Highway Traffic Safety Administration (NHTSA), researchers working under a new contract in 1975 developed diagnostic procedures for detecting vision problems of the elderly. They also identified treatment requirements for correcting the vision problems.

In 1975, NHTSA distributed to driver licensing agencies of all the States samples of a manual supplement on older drivers. This manual supplement is specifically being tested in Virginia.

In 1976, NHTSA expects to support research (1) to develop licensing system for older drivers, which will include an on-the-road performance test; and (2) to look at vehicle design factors which may not be compatible with the capabilities of older drivers.

B. DEMONSTRATIONS

Under UMTA's Office of Transit Planning, Service and Methods Demonstrations Division, approximately $1.6 million has been programmed to improve transit service for the elderly and handicapped in fiscal years 1975 and 1976. UMTA continues to support West Virginia's Transportation Remuneration Incentive Program (TRIP) to improve transport services to the transit dependent; principal UMTA program elements include detailed system design activities, new service development, prototype demonstration designs, and TRIP evaluation.

Three new 1975 demonstration projects for the elderly and handicapped have been initiated: (1) to test the viability and effectiveness of user subsidies for the elderly and handicapped; (2) to start a large city transport service that is coordinated with health and social service agencies; and (3) to conduct a demonstration of a comprehensive transit-company operated, demand-responsive special transport system for the elderly and handicapped in an urban area of 400,000 people. These demonstration projects will be conducted in Danville, Ill.; Chicago, Ill.; and Portland, Oreg., respectively.

Over 300 applications requesting over $100 million in program funds were submitted for the first round of project selection under the Rural Highway Public Transportation Demonstration program established by section 147 of the Federal-Aid Highway Act of 1973. Congress established the program as a 2-year demonstration effort and appropriated $9.65 million for the first year and recently appropriated $15 million for the second year.

In September 1975, the Department announced the preliminary selection of 45 projects in 31 States. These applicants are now complying with the public hearing requirement and making project revisions, as appropriate. Five of these projects have received final approval from FHWA and UMTA, which are jointly administering the program. The projects represent a variety of service strategies including "dial-a-ride" systems, alternative vehicle types such as taxicabs, small buses, school buses, and automobiles. Most projects will pool existing funding sources from various levels of government.

While this program is not designed to serve only the elderly, project selection criteria are broadly defined to encourage a comprehensive, coordinated program for all who have inadequate transportation in the project area, including the disproportionately high percentage of elderly people living in rural areas. Projects must be designed and operated to allow use by the elderly and handicapped and, except for compelling reasons, projects purchasing rolling stock must include at least one vehicle which can accommodate wheelchair-users.

Program regulations were reissued on January 21, 1976, to begin the second round of project selection. We expect that almost twice as many projects will be selected this year.

In developing this program, the Department has coordinated closely with other Federal agencies, particularly the Administration on Aging in the Department of Health, Education, and Welfare.

C. PLANNING

1. Urban Transportation

Under section 9 of the Urban Mass Transportation Act of 1964, as amended, UMTA has provided financial and technical assistance to 258 metropolitan and 50 State agencies. A recent survey of the agencies revealed that approximately

85 percent have planning efforts underway for transportation improvements for the elderly and handicapped.

2. Transportation Safety

Under the State and Community Highway Safety Program of the National Highway Traffic Safety Administration, States are encouraged to plan and execute their own projects to benefit the elderly using Federal, State, and local funds. Broad Federal guidelines are provided to the States in the areas of instructional programs, pedestrian safety programs, special course materials for driver education instructors about the elderly, and driver simulators and audiovisual aid infomation for the elderly.

D. CAPITAL ASSISTANCE

1. Urban Transportation

UMTA's primary funding sources for meeting the needs of elderly and handicapped persons are section 3 and 5 of the Urban Mass Transportation Act of 1964, as amended. Grants under this activity fund 80 percent of the cost of buses and other capital equipment. The applicant for these grants is generally a State or local body such as a city, county, or regional transit authority. However, the public agency may, by lease or other arrangement, furnish a private operator with Federal financial assistance.

Grants are also made under section 16(b)(2), a supplement program which assists private nonprofit organizations in the acquisition of capital equipment for the provision of transportation service to the elderly and handicapped. Forty-seven States, the District of Columbia, and Puerto Rico have availed themselves in 1975 of more than $20 million in Federal funds on behalf of more than 1,000 private nonprofit organizations. The purchase of more than 2,300 special vehicles for use by private nonprofit organizations has been approved under this program. These vehicles have been or soon will be placed into service.

$22 million will be provided for the program in 1976. Revised procedures have been developed to improve the quality of the applications and the efficiency of program administration. Emphasis will be placed on State and local coordination among transit and paratransit providers. Governors will continue to be asked to designate a State agency, preferably a multimodal transportation agency, to help UMTA manage the program at the State level.

UMTA expects to revise its procedures during 1976 for planning and capital grant programs for nonurbanized areas. Elderly and handicapped residents in small towns and rural areas are anticipated to be among the principal beneficiaries of any resulting new services.

E. INTERAGENCY COOPERATION

The Department of Transportation (DOT) and the Administration on Aging (AOA) have worked closely in the development of the report to Congress on the state-of-the-art of transportation for the elderly. This report is required under title IV, section 12, of the Older Americans Act.

DOT and AOA signed an expanded working agreement in 1975 aimed at assuring maximum coordination and mutual support for their programs. The agreement sets forth the UMTA objective of providing capital grants and loans to private nonprofit corporations and associations to assist them in meeting the special transportation needs of the elderly and handicapped for whom mass transportation services are otherwise unavailable, insufficient, or inappropriate. From the standpoint of AOA, the agreement facilitates the implementation of its programs by helping to provide transportation services for the elderly as part of a coordinated comprehensive delivery system.

Regional offices of AOA, UMTA, and FHWA are working together on the implementation of the Rural Highway Public Transportation Demonstration program in order to improve the mobility of rural elderly persons. FHWA and UMTA are providing AOA with a listing of all Rural Highway Public Transportation Demonstration projects funded for fiscal year 1975, in order that AOA might inform regional, State, and area agencies on aging.

DOT has contributed staff and financial support to several conferences sponsored by the Transportation Research Board, the Florida State Department of Human Resources, the Florida State University, and the Administration on Aging, dealing with conventional and paratransit systems for elderly and handicapped travelers.

DOT and AOA expect to sponsor one or more regional conferences in 1976, to familiarize regional, State, and local agency personnel with the availability and requirements of Federal grant programs providing transportation assistance to elderly persons.

The Federal Railroad Administration is continuing to cooperate with Amtrak in its efforts to upgrade its equipment and facilities to accommodate the handicapped and elderly. Amtrak is utilizing handicapped and elderly persons as advisors in the upgrading of its facilities and equipment.

ITEM 10. DEPARTMENT OF THE TREASURY

FEBRUARY 12, 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 1975. Our efforts during 1976 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, and to simplify our forms and instructions where possible.

If we can provide additional assistance to the committee, please call upon us.

With kind regards,

Sincerely,

DONALD C. ALEXANDER, *Commissioner.*

[Enclosure]

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

As in past years, the Internal Revenue Service was active during 1975 in numerous activities directly associated with providing tax assistance for the elderly. These activities included:

—Issued guidelines in our Taxpayer Service Division which included a requirement for out-reach special emphasis programs for low-income and elderly taxpayers.

—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.

—Conducted a workshop, in conjunction with 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.

—Developed a system in cooperation with the Social Security Administration (SSA) whereby publications describing tax benefits for the elderly are distributed 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.

—Conducted "Retiree Income Tax Seminars" as part of our Overseas Taxpayers Assistance Program designed to assist retirees and senior citizens residing abroad with their U.S. tax obligations. The 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 return under the guidance and assistance of a Tax Assistor.

—Worked through our Revenue Ruling projects to ensure that groups claiming nonprofit status to qualify as charitable organizations and offering services to the elderly (e.g., counseling services, specialized recreation for the elderly, rest homes, etc.) were indeed qualified under the law.

—Administration of the provisions of the Internal Revenue Code of 1954 relating to the qualification and operation of retirement plans. The emphasis has been squarely on the protection of retirement benefits for both rank-and-file employees and retirees.

—Establishment of a procedure to permit the participation of "former" employees," as interested parties, in the determination as to whether certain

retirement plan amendments or retirement plan terminations affect the continuing qualification of the plan.

—Assistance by Employee Plans Specialists in answering questions relating to retirement programs and the tax benefits available.

—Assistance in the publication of two Internal Revenue Service publications, "Tax Information on Pension and Annuity Income" and "Tax Information on Individual Retirement Savings Programs."

—Prepared and issued a Technical Information Release (TIR) containing a series of questions and answers to provide guidelines for applying the newly amended sick-pay regulations. This TIR would be of interest to disability retirees, both before and after their mandatory retirement ages.

—Directed informational materials via our Public Affairs Office to older Americans with the following as major points of emphasis:

A. Special tax advantages available to taxpayers over age 65; for example, the additional personal exemptions the tax break in the sale of a residence, and the availability of a retirement income credit for those qualifying;

B. A 1974 IRS ruling permitting disability retirees to exclude up to $100 a week of income as sick pay until reaching mandatory retirement age;

C. The availability of special Form W–4P for use by retirees having income tax withheld from their pensions;

D. The necessity for many part-time workers, including retirees, who have taxes withheld during the year but had no tax liability, to file a tax return to obtain a refund;

E. The services provided by the IRS-sanctioned Voluntary Income Tax Assistance Program (VITA), a tax aide volunteer program focusing on the elderly and retired.

In 1976 our plans will cover the following activities:

—Continue Retiree Seminars (eight are currently scheduled) to assist senior citizens residing abroad with their U.S. tax obligations.

—Scheduled a workshop similar to that held in 1975 for National Retired Teachers Association and the American Association of Retired Persons volunteers.

—Require that all employees who will be performing tax assistance work during the 1976 filing period complete a lesson during Refresher Training on tax issues for the elderly.

—Continue to direct information to the elderly via our Public Affairs Office including appropriate messages or themes from last year as well as some newer ones. For example:

A. Special tax advantages available to taxpayers over age 65 (additional personal exemption, tax break in the sale of a residence, and availability of retirement income credit for those qualifying); use of Form W–4P, tax assistance, necessity for many part-time workers to file to obtain a refund, and sick pay exclusion available to certain retirees;

B. Computation by the IRS of the retirement income credit;

C. Special $50 payment made to Social Security beneficiaries in 1975 is non-taxable;

D. Individuals claiming extra exemption because of blindness or age may claim only one special $30 personal exemption;

E. Availability of tax help through the VITA program;

F. Availability of several free IRS publications geared to the tax rights and responsibilities of Older Americans; especially the comprehensive IRS Publication 554, "Tax Benefits for Older Americans."

G. Handling of Medicare premiums and payments as they relate to medical deductions;

H. Liberal filing requirements as they relate to persons age 65 or older.

BUREAU OF GOVERNMENT FINANCIAL OPERATIONS ACTIVITIES AFFECTING THE AGED

Treasury's Direct Deposit Program for social security payments was implemented nationwide during 1975. Social security beneficiaries may receive their monthly payments by automatic credit to their accounts in financial institutions. This new system virtually eliminates loss, theft, forgery, and delays in receiving credit when the beneficiary is away from home. This same service will be made available to recipients of civil service retirement payments during 1976, and subsequently to other categories of elderly payees.

ITEM 11. ACTION

FEBRUARY 24, 1976.

DEAR MR. CHAIRMAN: In response to your request of December 30, 1975, I am enclosing a report summarizing ACTION's activities for Older Americans during 1975.

As you know, the SCORE/ACE programs have been transferred to the Small Business Administration, and thus are omitted from the enclosed report.

Please let me know if additional information is needed on any of our volunteer programs.

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 volunteer 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 basis 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 health needs. This activity is intended to enable older persons to maintain a sense of personal growth and self-growth, to enrich social contacts and retain physical and mental alertness. Foster grandparents do not displace salaried 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 other than progam settings in which foster grandparents serve. These 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 nutritious meal daily. They are covered by accident insurance and receive annual physical examinations. An orientation and in-service training program is provided, and through the professional staff of each project, foster grandparents receive counseling on personal matters and information and referral services.

In fiscal year 1975, with an appropriation slightly over $28 million, the foster grandparent program grew to a strength of 13,627 volunteers serving approximately 34,000 children daily. During fiscal year 1976 ACTION expects the program to experience further growth at a modest rate.

Washington, D.C., was selected as the site for the 10th anniversary celebration of FGP in September 1975. Several hundred foster grandparents and most of the 156 project directors gathered on September 10, 11, and 12 for this purpose. Highlighting the celebration was a White House presentation by the President to 20 10-year foster grandparents representing the first 20 projects funded in 1965. These 20 foster grandparents represented the 178 foster grandparents who have served since the beginning of the program. The President presented a plaque to each of the 20, telling them that the foster grandparent program "is one program that I am familiar with that everybody is for and, as far as I know, no one is against."

The essence of the President's remark is depicted by the foster grandparents themselves. More than 90 percent of the foster grandparents surveyed recently (1972) expressed improved satisfaction with life, improved feeling of usefulness to others, improved 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. A 1975 survey by ACTION corroborates these happy findings.

In many instances 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 was 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, eventually getting her 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 the foster grandparents assigned to babies diagnosed as failure-to-thrive, through the grandparents love and tender handling, have helped the babies to eat and thus increased 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."

The foster grandparent program has provided many insights into the potential utilization of the elderly in community settings by demonstrating that older persons have the talent, skills, experience, and desire to serve their communities. This desire to serve was expressed repeatedly by older persons at the 1971 White House Conference on Aging. The conference section on Retirement Roles and Activities established this need as a national priority.

Senior Companion Program (SCP)

The purpose of the senior companion program is to provide 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 Service Act of 1973, as amended.

The senior companion program became operational in fiscal year 1974 and there are now 18 projects established nationwide with 1,026 federally funded senior companions as of December 31, 1975.

The senior companion program, like the foster grandparent program, primarily benefits 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 program's provision of a stipend and other direct benefits enable 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 homes, intermediate care facilities or homes for the aged, and various health, welfare or related settings in a community through which senior companions are assigned to assist other persons, especially older persons, to remain in their own home 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, or provided with, transportation and, where possible, a nutritious meal daily. They are covered by accident insurance and receive annual physical examinations. An orientation and inservice training program is provided; and through the professional staff of each project, senior companions receive counseling on personal matters and information and referral services.

In fiscal year 1975 ACTION awarded continuation grants totaling $1.6 million to maintain the 18 pilot projects to support the services of approximately 1,000 senior companions who, in turn, are serving approximately 3,000 to 4,000 adults. The persons served are primarily older persons with special needs with a focus

on providing services to them in their own homes in an effort to delay or prevent institutionalization. By the end of the fiscal year 1976, including the transition quarter, ACTION expects the senior companion program to reach a strength of approximately 1,500 volunteers serving in 35 or more local projects.

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 pilot 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's, providing volunteer opportunities for persons 60 years of age and over. Either transportation, or assistance with the costs of transportation, is provided between the homes of senior volunteers and their volunteer stations. Accident and public liability insurance are provided for all RSVP volunteers.

As an inherently local program, each RSVP is locally planned, operated, controlled, and supported. Federal funding is provided on an annually decreasing basis for the first 5 years of a local project's operation. According to legislation enacted July 12, 1974 (Public Law 93–351 amending section 201 of Public Law 93–113), sponsors are generally expected to provide 10 percent of the cost of the project in the first year of operation, 20 percent in the second, 30 percent in the third, 40 percent in the fourth, and 50 percent in the fifth and subsequent years. Exceptions to this requirement may be granted by ACTION in individual cases of demonstrated need.

Retired senior volunteer programs encourage organizations and agencies to develop a wide variety of volunteer opportunities for retired persons. The focal point of RSVP activity is the needs and interests of the senior volunteer, and volunteer opportunities are arranged to match his interests, abilities and physical capacities. Orientation or instruction for volunteer assignments may be provided. Older adults, including the isolated elderly, are sought out and actively encouraged to contribute their time and experience in service to their communities. Handicapped older persons are included in the ranks of senior volunteers; special arrangements to facilitate their service are made when necessary. There are no income, education, or experience requirements for a retired person to become a senior volunteer.

Special assignments arranged for senior volunteers offered varied opportunities to serve people of all ages. Assignments are made to publicly owned and operated facilities or projects, and to local programs sponsored by private nonprofit organizations. Examples are schools, courts, libraries, museums, hospitals, nursing homes, day care centers, institutions, and programs for shut-ins.

In the last 4 years the retired senior volunteer program has experienced truly dramatic growth. In the latter 6 months of fiscal year 1973 alone, the program more than doubled in size to total 590 local RSVP's. These programs are located in all 50 States, Puerto Rico, the Virgin Islands, and the District of Columbia. Almost 65,000 senior volunteers were in service by the close of fiscal year 1974 at which time project strength had increased to 666. That approximate number of projects was maintained during fiscal year 1975, while the number of volunteers continued to increase to 149,602 by June 30. The latest count available, as of September 30, 1975, showed over 162,000 RSVP volunteers in service.

In December 1973, E. F. Shelly and Co., Inc., completed a study of the retired senior volunteer program. The study 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 senior 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 ma-

jority of senior volunteers live alone and had little or no previous volunteer experience. They therefore experience an increase in community involvement and a reduction in isolation as a result of RSVP.

Numerous examples illustrate the value of the contributions of senior volunteers to their communities. A nurse writes: "All of the senior volunteers' achievements and contributions aid us in promoting the effectiveness and operation of our hospital in a more advantageous manner." The director of education at a State correctional school writes: "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." The director of two day care centers writes: "Because of the senior citizens, we have been able to provide an additional area of enrichment for our children in the centers." And the managing attorney of a legal services program writes: "Because of the RSVP volunteers . . . and the competent and gracious assistance they are giving to us, we are able to serve a much larger number of clients in a much more professional atmosphere than would ever be possible in their absence." Countless other examples affirm that senior volunteers are serving their communities, and serving them well, in a variety of volunteer activities.

A major thrust of the program in fiscal year 1976 is to place many additional senior volunteers in public schools, in connection with the Nation's Bicentennial observance, to pass on to the youth in the schools the volunteers' personal experiences in the development of our national heritage.

Volunteers in Service to America (VISTA)

Volunteers in service to America (VISTA) was originally authorized under title VIII, section 801, of the Economic Opportunity Act of 1964, as amended. The program was transferred to ACTION in July 1971. It is now authorized under title I, part A, section 101 of the Domestic Volunteer Service Act of 1973.

In fiscal year 1975 approximately 19 percent of all VISTA volunteers worked on projects geared specifically toward services to older people, according to a January 1976 survey of volunteer activities. Many other VISTA projects, though not directed solely toward the elderly, impact significantly on the problems of the aged.

Other VISTA volunteer activities in which older persons are among those receiving benefits include health-related services such as food and nutrition, housing, legal services, welfare assistance and referral services.

Approximately 10 percent of the VISTA volunteers serving as of January 1, 1976 are 55 years of age and older. The breakdown is as follows:

55 to 59	102
60 to 64	94
65 to 69	119
70	45
Over 70	64
Total	424

These older volunteers work in a variety of programs across the VISTA spectrum. We anticipate approximately the same effort for fiscal year 1976.

International Operations

While the Peace Corps is not designed to impact upon the aging in the United States, its mission overseas provides some unique opportunities for the older American. During its recent past, there have been changes in the degree of skill required for overseas service. The older person in our society is more likely to have the type and level of skill needed by many of the countries in which we operate, and therefore, we pay particular attention to that group in our recruiting efforts.

Our most recent figures as of December 1, 1975 indicate that almost 4 percent of our volunteers and trainees are over age 50. The specific figures follow:

55 to 59	143
60 to 64	113
65 to 69	5
Total	261

ITEM 12. CIVIL AERONAUTICS BOARD

JANUARY 21, 1976.

DEAR MR. CHAIRMAN: This is in reply to your letter of December 30, 1975, requesting the Board to submit a paper summarizing the Board's major activities on aging during 1975, including any plans for such activities for 1976.

At various times the carriers have proposed discounts for the elderly, and the Board, because of the inherent discrimination in limiting discounts to a specified group of the public, has ordered these fares investigated. Rather than pursuing such an investigation the domestic carriers canceled such proposals, thus, mooting any investigation. In this regard, two Federal court decisions directly questioned the discount fares which the carriers offered to youths and family groups. As a consequence of these decisions the Board conducted a formal investigation into the lawfulness of those 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 suspended a proposal by Hawaiian Airlines to offer senior citizen discounts for travel within the State of Hawaii. Rather than cancel these fares Hawaiian Airlines has pursued this matter to a 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 further procedural steps are now pending before the Board. Other than concluding the investigation of the Hawaiian senior-citizen discount fares, the Board has no activities contemplated relating particularly to the aged and aging during 1976.

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 13. CIVIL SERVICE COMMISSION

FEBRUARY 27, 1976.

DEAR MR. CHAIRMAN: This is in response to your letter of December 30, 1975, requesting a paper summarizing our major 1975 activities on aging.

Our report on these activities is enclosed under the title "Major 1975 Activities of the Civil Service Commission Affecting Rights and Benefits of Older Americans." Related efforts in 1976 will continue to focus on assuring nondiscrimination on account of age in Federal employment and providing the services and assistance related to administration of the Civil Service Retirement System and the Retired Federal Employees Health Benefits Program.

We are happy to provide this report and hope it will be useful to the Special Committee. Please let us know if any other information is needed.

Sincerely yours,

RAYMOND JACOBSON, *Executive Director.*

[Enclosure]

MAJOR 1975 ACTIVITIES OF THE CIVIL SERVICE COMMISSION AFFECTING RIGHTS AND BENEFITS OF OLDER AMERICANS

AGE DISCRIMINATION IN EMPLOYMENT ACT (ADEA) PROGRAM

Section 15 of the Age Discrimination in Employment Act of 1967, as amended in 1974, is entitled "Nondiscrimination on Account of Age in Federal Government Employment." It authorizes the Civil Service Commission to administer and enforce Age Discrimination in Employment Act (ADEA) provisions applicable to the Federal employment sector. Our activities to implement the ADEA as a new regulatory program area, administered primarily in conjunction with equal employment opportunity (EEO) activities, were covered in our report to the Committee last year. Now, we have also received and reviewed reports from most of the Federal agencies covered by ADEA section 15, indicating the steps they have taken to provide for a continuing program to assure nondiscrimination on account of age under the law and implementing Civil Service Commission regulations.

In our last report to the committee, we indicated that a major change instituted under the ADEA was the extension to Federal employees and applicants who are age 40 to less than 65 of the full benefits of administrative procedures in the discrimination complaints system which had already been established under the Commission's EEO regulations to process complaints of discrimination based on other prohibited factors. During fiscal year 1975, 10.4 percent of all discrimination complaints filed Governmentwide were age discrimination complaints.

Our data program for regular provision of age-related statistics on Federal employment is still in development stages. However, we now have some data for initial analysis and reporting purposes, and we are beginning to develop a data base (with 1974 as the starting year) which should become more useful and meaningful in subsequent years. Attached are tables reflecting basic information on the (1) age distribution of the Federal "white collar" work force and (2) comparative age breakdowns for the Federal work force and the total civilian work force of the Nation.

Civil Service Annuitants

Pursuant to 5 USC 8340(b), annuities payable under the Civil Service Retirement Act were increased twice, by 7.3 percent effective January 1, 1975, and by 5.1 percent effective August 1, 1975. This section of the retirement law serves to maintain the purchasing power of civil service annuitants by authorizing the automatic adjustment of civil service annuities when the cost of living nationwide rises at least 3 percent and remains up for three consecutive months.

Implementation of Public Law 93–647 (enacted January 4, 1975) resulted in the provision for garnishment of civil service annuities when a court-ordered garnishment is based upon an obligation to pay child support, alimony, or separate maintenance.

Public Law 94–126 (enacted November 12, 1975) retroactively grants full retirement credit to National Guard Technicians for pre-1969 technician service. This law applies to any technician serving as such on or after January 1, 1960 in a position covered by civil service retirement. The original National Guard Technicians Act of 1968, (Public Law 90–486) granted Federal employee status as of January 1, 1969, to individuals serving as technicians on or after that date; credit for annuity computation purposes for pre-1969 technician service was limited to 55 percent. The new law retroactively removes the 55 percent limit on credit for pre-1969 technician service.

Public Law 94–166 (enacted December 23, 1975) will permit allotment or assignment of payments from annuities for such things as savings bonds, union dues, etc.

As a result of Public Law 94–170 (enacted December 23, 1975) the Civil Service Commission has increased the monthly annuity of widows of deceased employees of the Lighthouse Service. Prior to enactment of the law, widows received $174; the monthly annuity is now increased to $200. The increase is effective January 1, 1976.

Liberalized Retirement Opportunity

Utilizing the flexibility of current regulations, the Commission has made known to agency heads the possibility of providing trial and/or gradual retirement options for retiring employees. (Trial retirement is a period of separation by optional retirement with guaranteed reemployment rights, generally within one year, for those employees who wish to test the adjustment to retirement. Gradual retirement refers to a reduction in the number of hours worked or in the more demanding duties of the job in order to provide an on-the-job adjustment for employees six months to two years preceding retirement.)

While the Commission neither advocates nor opposes these programs, it is making efforts to see that agencies which wish to consider them are familiar with these programs. Data from our most recent study of agency use of these two options show that eleven agencies had active trial retirement programs and seven offered gradual retirement to their employees. Agencies report that these options have served as a means of relieving some of the tension experienced by those facing the uncertainties of retirement.

Health Benefit Improvements

Implementation of a portion of Public Law 93–246 (enacted January 31, 1974) dealt with review of disputed health benefit claims under the Federal Employees Health Benefits Program. The Commission issued regulations and began accept-

ing appeals from Federal employees and annuitants who have contested the carrier's settlement of a health benefits claim, effective January 1, 1975.

Public Law 94–182 (enacted December 31, 1975) repeals a section of the Social Security Act pertaining to the relationship between Medicare and the Federal Employees Health Benefits Program. The section which was repealed required a change in coordination between Medicare and FEHBP which would have significantly raised the rates which most Federal retirees and employees would be required to pay for their health benefits.

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 signed an agreement to make available certain information and referral services in the Commission's nationwide Job Information Center network primarily for the use of older Americans.

AGE DISTRIBUTION WITHIN GRADE GROUP FOR GENERAL SCHEDULE EMPLOYEES, 1974 [1]

	Percent under 40	Percent 40 to 64	Percent 65 plus	Total
GS 1–4	62.4	36.6	1.0	100
Number	(173,741)	(101,696)	(2,764)	(278,201)
GS 5–8	47.3	51.7	1.0	100
Number	(194,172)	(212,601)	(4,223)	(410,996)
GS 9–11	40.3	58.7	1.0	100
Number	(118,718)	(173,019)	(2,974)	(294,711)
GS 12–13	36.1	62.8	1.1	100
Number	(86,075)	(149,601)	(2,581)	(238,257)
GS 14–15	19.3	79.1	1.6	100
Number	(14,197)	(58,017)	(1,175)	(73,389)
GS 16–18	10.7	86.8	2.5	100
Number	(531)	(4,300)	(121)	(4,952)

[1] Data are from the central personnel data file (CPDF) for December 1974. Percentages were forced to add to 100. The general schedule pay plan covers professional, administrative, technical, clerical, and other "white collar" occupations in the Federal Government, and accounts for over 70 percent of all nonpostal Federal employment.

AGE DISTRIBUTION OF FEDERAL EMPLOYEES, ALL EMPLOYED PERSONS, AND U.S. CIVILIAN LABOR FORCE 1974

Age	Federal employees [1]		Employed persons [2]		Civilian labor force [3]	
	Percent	Number	Percent	Number	Percent	Number
Under 40	40.0	948,113	55.3	47,493,000	56.5	51,394,000
40 to 64	58.8	1,392,787	41.4	35,622,000	40.3	36,696,000
65 plus	1.2	29,067	3.3	2,821,000	3.2	2,921,000
Total	100.0	2,369,967	100.0	85,936,000	100.0	91,011,000

[1] Data are from the central personnel data file (December 1974) and include all Federal civilian employees.
[2] Data are from "Employment and Earnings" (published by the Bureau of Labor Statistics, January 1975) and include all civilians in the employed U.S. labor force, 16 yr of age and older.
[3] Data are from "Employment and Earnings" (published by the Bureau of Labor Statistics, January 1975) and include all civilians in the U.S. labor force, 16 yr of age and older.

ITEM 14. COMMUNITY SERVICES ADMINISTRATION

Dear Mr. Chairman: In response to your request of December 30, 1975, I am pleased to submit the enclosed summary of major activities carried out by the Community Services Administration on behalf of the elderly poor during 1975, as well as some planned followup efforts in 1976.

I would like to assure the committee that the Community Services Administration remains firm in its commitment to the needs of our older poor Americans, and I look forward to continuing cooperation with you and your colleagues in the Congress in this regard.

Please let me know if you have need of further information.

Sincerely,

Bert A. Gallegos, *Director*.

[Enclosure]

THE 1975 ANNUAL REPORT OF THE COMMUNITY SERVICES ADMINISTRATION'S PROGRAMS AND ACTIVITIES FOR THE ELDERLY POOR

The Senior Opportunities and Services (SOS) Program, a CSA special emphasis program for the elderly, has proved itself to be a most successful model in developing comprehensive service delivery system(s) to older persons. A variety of program components are possible through the use of these funds differing from one community to another, depending on the existence of social service programs or the lack thereof, etc.

In 1975, CSA funded 196 SOS projects at a cost of $10.2 million. These projects, conservatively estimated to have served at least 1 million older poor persons, operate in nearly 800 senior centers across the Nation. In addition to the funding of 196 SOS projects through local community action agencies (CAA's), it is estimated that 90 percent, 600 additional CAA's, have elderly service components serving more than 1½ million additional older poor persons. A recent sample survey of community action agencies indicates a total of $50.4 million is spent annually by CAA's in providing services to the elderly, combining Federal, State, and local resources.

Apart from the SOS program and use of the section 221 local initiative program funds, resources from CSA's Community Food and Nutrition Program/ Emergency Food and Medical Services Program; and the Emergency Energy Conservation Program are made available for the elderly.

Community Food and Nutrition (CFN) Program

The CFN/EFMP Program in fiscal year 1975 obligated $24,761,311. The elderly poor, along with migrants and Indians, receive increased attention resulting in grants in excess of $3.9 million in which elderly feeding nutrition was emphasized. A variety of services are available including: meals-on-wheels (delivery of food to the home) and group feeding program.

Emergency Energy Conservation Services Program

The CSA/EECS Program reported that during fiscal year 1975, a total of $16.5 million was obligated for operating weatherization and crisis intervention programs funded through community action agencies (CAA's).

A December 31, 1975 report of a survey of 55 percent of the 865 Community Action Agencies received energy funds showed that during 1975, 19,634 homes were weatherized and that the elderly poor or near poor were occupants in 10,074 of these homes; and of the 7,248 households of the poor and near poor who received emergency energy assistance 3,039 of these assisted households had one or more elderly poor or near poor occupants. The survey indicated that all 53 CAA's in Iowa, Kansas, Missouri, and Nebraska have weatherizing programs with 60 percent of the resources expended on the elderly. Through December 1975, the grantees have winterized 8,289 dwelling units. The average cost per house in these States varies between $40 and $170.

Area agencies on aging have contributed $160,000 in title III funds for winterizing homes in contracts with CAA's ($120,000 is in Missouri and $40,000 in Kansas). The State of Iowa has contributed $80,000 to CAA's for this purpose.

Interagency Agreements

These are two agreements currently geared to cooperation between CSA and other Federal agencies to assist older persons.

STATEMENT OF MUTUAL SUPPORT BETWEEN THE ADMINISTRATION ON AGING AND THE COMMUNITY SERVICES ADMINISTRATION, NOVEMBER 5, 1975

The statement includes several activities common to the programs of both agencies that lend themselves to joint endeavors ranging from information exchange to joint service delivery for older persons.

The Administration on Aging and the Community Services Administration will promote programs and activities which are designed to bring about maximum coordination between the resources available through joint planning, programing and implementation at the Federal, regional, State and local levels. Activities that are common to these programs and lend themselves specifically to joint endeavors are: the exchange of information, planning and coordination, and research and demonstration.

WORKING AGREEMENT ON ENERGY CONSERVATION ACTIONS FOR THE ELDERLY

The continuing problems experienced because of the energy crisis, in the form of shortages and rising energy costs impose hardships upon every American. However, the lives of many older persons, especially the low-income elderly, are severely affected by rising energy costs. In many instances, the low-income elderly have been forced to make cruel choices between heat or food and other necessities.

In order to combat this crisis and to meet the critical needs that face older low-income persons in the winter, the following Federal agencies have joined the new Community Services Administration in a working agreement: Administration on Aging, DHEW; Agriculture Extension Services, USDA; Farmers Home Administration, USDA; Department of Housing and Urban Development; ACTION; Federal Energy Administration.

These agencies on January 13, 1975, agreed to work in concert, mobilizing their various expertise and resources to achieve the following objectives:

1. To utilize existing public resources to develop and coordinate programs which will assist in the insulation and winterization of older persons' homes, in an effort to reduce energy costs and shortages.

2. To adopt strong advocacy roles in an effort to respond to on-going and emergency energy-related needs of older persons.

3. To provide older persons with clear and accurate information about fuel allocations and energy conservation in order that they may know their rights with respect to energy costs and that they make take appropriate conservation measures to offset the financial burden that will result from increased energy costs.

HIGHLIGHTS OF CSA'S SENIOR OPPORTUNITIES AND SERVICES PROGRAM (AND OTHER CSA PROGRAMS ACTIVITIES)

The following narrative program descriptions are illustrative of program components for the older poor people provided at the local level through the 865 community action agencies or their delegates. They provide a sampling of the broad base of other Federal, State, local, public and private resources the CAA's have been able to generate, and provide a small cross section of programs that are typical of CAA and SOS activities carried on to assist older poor persons.

Virtually every one of the 69 CAA's in six States in the New England area has an active involvement with older persons programs. Examples follow:

Eastern Middlesex Opportunity Council (EMOC) in Somerville, Mass., has published a senior citizens yellow pages which provides a comprehensive directory of service providers and information about varied programs which benefit or serve older persons. EMOC has also developed a "Food Distribution Loan Program." The program benefits single elderly persons and alcoholics who are provided a 3-day package of canned and packaged foods which together are sufficient for balanced nutritious meals. EMOC's nutritionist determines the package composition.

OnBoard in New Bedford, Mass., uses an $11,400 CFNP grant to improve local utilization of varied local programs. In conjunction with the Council on Aging and the local Elderly Nutrition Program, the CAA works to increase numbers of persons served in congregate meal programs and meals-on-wheels, providing transportation and delivery services; develops programs with the board of health through the CAA neighborhood centers for classes, training and other instruction on nutrition and food preparation; uses Agency newsletter and notices delivered with meals-on-wheels and at congregate sites to provide information on food and nutrition; arranges regular health maintenance program in public housing community rooms and neighborhood centers for health/nutrition information and referral classes on problems and adjustments in aging, diet, physiological changes, post bereavement adjustments, etc.; assists senior citizen groups in organizing congregate meals on self-supporting basis and assist these groups in developing their own social, educational and health programs. OnBoard's program serves as a catalyst in developing new low cost support programs for older persons and is an enabler to see that other funded programs reach the senior population who qualify for CAA services.

Operation See-Me, operated by the Mid Coast Human Resources Council, Inc. in Knox County, Maine, uses Administration on Aging funds for transportation of the elderly poor to medical appointments, nutrition related programs, shopping, and to some extent personal business. CAA's in other counties in Maine have similar contracts with the prime contractor, Central Senior Citizens Association.

The Orleans County, (Vt.) Council of Social Agencies, Inc. (CAA), using

$20,000 in local initiative funds and working closely with labor union officials, is developing a preretirement program aimed at blue collar workers and other union members. The program seeks to train retired union members as senior organizers in focusing resources of other agencies on preretirement needs and to facilitate retired members access to relevant information and programs. The program envisions development of an advocacy capacity related to the needs and problems of retired workers.

Champlain Valley OEO, Inc. in Burlington, Vt., serves as contractor for senior community service programs which operate statewide. A prime focus of these programs operated with the CETA funds for the State Office of Manpower Affairs and the National Council on Aging is to rekindle involvement of older persons, awaken dormant skills, identify and cultivate individual natural "gifts" and relate the participants to agencies, including CAA's, that can provide meaningful work. The two programs together are funded at $550,000.

The Community Food and Nutrition Program of the Goldenrod Hills Community Action Council, Walthill, Nebr. was one of 26 organizations funded to demonstrate the concept that better nutrition among the aged results in better health and thus less medical care. Today the program is funded under title VII of the Older Americans Act through the State of Nebraska Department of Public Welfare. The program serves 108,000 meals annually.

This program is not only concerned with good nutrition but also with social problems, such as combatting loneliness and helping senior's remain contributing members of the communities.

The Mid-Sioux Opportunity, Inc. CAA in Remsen, Iowa is a very successful homemaker health aid program receiving $132,420 in non-Federal funds. They are assigned to work whenever illness, disability or other crisis threatens normal family living. They instruct elderly in home management, budgeting, fire prevention, first aid and teach them how to prepare special diets for diabetic and other illness.

One outstanding employment program is conducted by the South Iowa Economic Development Corporation at Ottumwa, Iowa (SIEDA).

The Department of Labor funds the National Retired Teachers Association for a senior community services project handled through the Iowa State Commission on Aging, which selected SIEDA to operate the project.

Beginning January 5, 1976, they have 138 job slots funded at an annualized rate of $500,000 to provide constructive employment at 20 hours per week in local government or private-not-for-profit organizations. SIEDA has used 15 of these positions in their winterizing program, placed 78 in other agencies and have 60 yet to place by the end of February. Types of positions provided are secretarial, bookkeeping, clerical, and construction positions. One is working as a coordinator for the county personal property tax relief program for the elderly.

Also, in our winterizing programs, CETA slots are used with a very high proportion being filled by retired construction craftsmen, etc.

Dakota CAA. Its delegate agencies provide variety of programs and projects benefiting older persons. Among other accomplishments by these agencies are the following:

Creation, operation and ongoing operation of 119 senior citizen centers in the past three years;

Information and referral to 1,500 elderly persons annually;

840 daily meals to elderly persons in fiscal year 1976;

Transportation services to 1,800 elderly persons daily;

Winterizing homes of 1,175 elderly persons in fiscal year 1976;

Supplemental security opportunities for 1,850 elderly persons in fiscal year 1976; and

Homemaker/health aid type services to 400 elderly persons per day in fiscal year 1976.

In *North Dakota,* senior programs are operated somewhat differently. The focus of senior activities rests with the CSA funded, *North Dakota Seniors United (NDSU),* formed in 1975 under companion funding from the North Dakota Community Action Agency and North Dakota Aging Services. NDSU is a statewide coalition for information exchange and services to the elderly. Basic activities include operation of a toll-free telephone for information and referral, publication of a monthly newsletter on service programs and issues, and technical assistance in the formation of senior organizations and county level councils on aging.

Lane County Community Action Program, Eugene, Oreg. Lane County has six social/recreational senior services centers throughout the county which provide outreach and service delivery. A multiphasic preventive health screening and assessment program provides medical evaluations for 800 seniors per year. HELP, a free employment service for older workers, helps employers place seniors in full or part-time employment. A home repair program is designed to help elderly homeowners remain in their homes through a maintenance program which keeps seniors' homes in the most livable state. A homemaker program provides care in the home. Volunteers do home visiting, housekeeping, shopping assistance and provide hygienic services. A volunteer transportation project gives seniors business and shopping opportunities in the major populated areas in Eugene.

Twelve meals sites throughout the county provide 640 meals a day from three to five times each week. The program also provides 300 home delivered meals a day to home-bound elderly. The unit cost is 60 cents per meal.

The agency is also conducting a study aimed at finding out why minority elderly and other elderly are not participating in established nutrition programs at an acceptable level. Done in cooperation with university research students, the project intends to design and implement new methods of increasing participation that can be tested and shared with other elderly nutrition programs. Emergency food vouchers and/or food services are provided for indigent elderly.

Older Persons Action Group, Anchorage, Alaska. The agency operates out of two centers in the city of Anchorage: the Mabel T. Caverly Center is used for personal escort service, arts and crafts, and small fellowship meetings; the neighborhood community building is used as agency headquarters, direct services such as transportation, nutrition center, housing information and referral, provides space for large board and community meetings, CSA funded credit union, outreach workers, human relations office and the Alaska Federation of the Blind. The program also provides door-to-door personal escort transportation for the elderly who reside in the greater Anchorage area borough.

"Senior Sounds" is a weekly (Sunday) radio program in several native dialects, as well as English, and is the primary source of information on behalf of the elderly reaching the remote villages of Alaska, and approximately 7,500 persons in the social security age group.

A quarterly statewide newsletter is provided to more than 7,000 of the State's elderly.

A home winterization program completed 60 low-income elderly homes. All labor for the project was donated by members of local service clubs, who worked weekends on the program during 1975.

The OPAG is the primary agency in Alaska developing housing for the elderly. Construction was begun in Fairbanks on 100 units of low-income elderly housing. Plans were completed for the construction of 150 units in the Anchorage area during 1976.

The OPAG was instrumental in getting State legislation passed that increased the State longevity bonus for the elderly by 25 percent.

The organization also obtained the passage of State legislation that allows seniors to attend community colleges at no cost, with full credit.

Pierce County Board of Commissioners (CAA), Washington. In 1975, a senior handyman program that did minor home repairs on 360 senior citizens homes was operated.

The program operated a mobile clinic at 10 sites in rural Pierce County, providing a wide range of services. One thousand eight hundred ninety-nine (1,899) clinic visits were made, with 8,000 flu shots given (including nursing homes), 149 complete physical examinations including PAP smears, 150 separate PAP smears, 598 seniors received foot care. The clinic is staffed by a Public Health nurse as well as a nurse practitioner.

The senior program makes visits to nursing homes using volunters. One senior center makes regular visits to five nursing homes with entertainment provided by the senior orchestra.

Programs' staff and volunteers helped 260 senior citizens fill out property tax relief exemption forms. This program provided relief from special levies to senior homeowners aged 62 and older.

During the year, 3,977 volunteers provided more than 10,000 volunteer hours of service, which included visits to nursing homes.

One successful housing demonstration program is the *Eastern Kentucky Housing Development Corporation* operating in eastern Kentucky's Leslie, Knott, Letcher, and Perry Counties. More than 2,600 homes have been renovated during the past 4 years. Some 1,200 homes were those of elderly poor persons, most of them age 65 or older. Besides DOL funds, HEW welfare funds for buying materials, and additional loans under the Farmers Home Administration section 504 program, have been used where possible. Its housing factory is producing over 40 homes a year for low-income people whose monthly mortgage payments average $55.

West Virginia, Project TRIP (Transportation, Renumberation and Incentive Program) is a statewide demonstration program.

West Virginia has 16 percent of its population over 60 and 40 percent of those over 65 are poor by CSA definition.

Its public transportation has shown an alarming decline: a drop of 22 percent in the last 2 years alone in buses and limousines licensed to operate as public carriers. There are only 411 public licensed vehicles operating within the State and almost two-thirds of those operate in the four largest of 55 counties. Sixty-seven percent of the counties have no licensed carriers (Greyhound has 1,509 buses and Trailways has two which are authorized to run through the State).

These facts define a major problem which promoted the State and the Office of Economic Opportunity and the Department of Transportation to join together.

The program (TRIP) designed to yield a long-term solution to the meager public transportation available in that mainly rural State involves a travel stamp system, patterned on food stamps, which will give eligible poor persons a travel subsidy. Keyed to this expansion of the poor individual's capacity to travel is a State plan to expand the transportation route systems in some 145 primary and about 70 feeder route systems mainly funded by the Department of Transportation.

JOB OPPORTUNITIES PROGRAM—TITLE X OF THE PUBLIC WORKS AND ECONOMIC DEVELOPMENT ACT OF 1965

Of the approved proposals, CSA grantees will receive nearly $10 million for older persons programs and the Senior Opportunities and Services (SOS) Program that will include such activities as transportation, home health aides, homeowner maintenance, isolated senior citizens assistance, nutrition, emergency food and medical services, housing rehabilitation and winterization, multiple social services, credit unions, and combined care for the aged, blind and disabled.

ITEM 15. COMPTROLLER GENERAL OF THE UNITED STATES

FEBRUARY 23, 1976.

DEAR MR. CHAIRMAN: This is in response to your December 30, 1975, request for information on our major activities concerned in one way or another with aging. We are enclosing a listing of reports issued since January 1, 1975, on reviews of Federal programs which either directly or indirectly impact on the elderly population (enclosure I). We have also included a listing of jobs in process which concern the elderly (enclosure II). Copies of the issued reports are being provided to your office separately. A summary of the major findings and conclusions for each report is included either in a digest bound in the report or in the letter transmitting it. We are also enclosing a statement on the General Accounting Office's "in-house" activities for the elderly (enclosure III).

In addition, the General Accounting Office testified before the Select Committee on Aging, House of Representatives, in December 1975, on problems associated with the identification of Federal outlays affecting the elderly. A copy of the hearing will be included with the issued reports being provided to your office separately.

Sincerely yours,

R. F. KELLER,
Deputy Comptroller General of the United States.

[Enclosures]

Enclosure I.—*General Accounting Office issued reports which directly or indirectly impact on the elderly population*

Title	*Date*
Report to the Congress on National Rural Development Efforts and the Impact of Federal Programs on a 12-County Rural Area in South Dakota (RED–75–288)	Jan. 8, 1975.
Report to the Congress on Housing for the Elderly—Factors Which Should Be Evaluated Before Deciding on Low- or High-Rise Construction (RED–75–308)	Jan. 9, 1975.
Letter to the Chairman, Civil Service Commission, on Use of Extended Sick Leave in Conjunction with Optional Retirement (B–152073)	Feb. 3, 1975.
Letter to the Commissioner, Administration on Aging, on Review of Certain Provisions of Title III of the Older Americans Act of 1965, as Amended (MWD–75–57)	Feb. 4, 1975.
Report to the Congress on Local Housing Authorities Can Improve Their Operations and Reduce Dependence on Operating Subsidies (RED–75–321)	Feb. 11, 1975.
Report to the Congress on Observations on the Food Stamp Program (RED–75–342)	Feb. 28, 1975.
Report to the Congress on Many Medicare and Medicaid Nursing Homes Do Not Meet Federal Fire Safety Requirements (MWD–75–46)	Mar. 18, 1975.
Report to the Secretary, HEW, on Lengthy Delays in Processing of Overpayments Under Part A of the Medicare Program May Result in Losses of Millions of Dollars (TCD–75–4)	Apr. 4, 1975.
Report to the Subcommittee on Health, Committee on Finance, United States Senate, on Improvements Needed in Medicaid Program Management Including Investigations of Suspected Fraud and Abuse (MWD–75–74)	Apr. 14, 1975.
Report to the Congress on a Proposal for Disclosure of Contractual and Financial Arrangements Between Hospitals and Members of Their Governing Boards and Hospitals and Their Medical Specialists (MWD–75–73)	Apr. 30, 1975.
Letter to the Secretary, HEW, on Need for Closer Monitoring by the Social and Rehabilitation Service of State Reimbursements of Hospitals for Inpatient Services Furnished Under Medicaid (MWD–75–78)	May 9, 1975.
Letter to a Regional SRS Commissioner on Medicaid Overbillings by Health Centers (No report number)	June 4, 1975.
Report to the Congress on Outpatient Health Care in Inner Cities: Its Users, Services, and Problems (MWD–75–81)	June 6, 1975.
Letter to Special Committee on Aging, United States Senate, on an Interim Report on Study of Area Agencies on Aging (MWD–75–95)	June 18, 1975.
Letter to a Regional SRS Commissioner on Delays in Transferring Medicare and Medicaid Patients (No report number)	July 3, 1975.
Report to the Congress on Further Action Needed to Make All Public Buildings Accessible to the Physically Handicapped (FPCD–75–166)	July 15, 1975.
Report to Representative Lester L. Wolff on Financial Problems Confronting the Federal Old-Age and Survivors Insurance and Disability Insurance Trust Funds (MWD–75–105)	July 25, 1975.
Report to Representative Elizabeth Holtzman on Effect of Certain Policies and Procedures of Blue Cross and Blue Shield of Greater New York on Reasonable Charge Reductions Under Part B of Medicare (MWD–76–12)	Aug. 1, 1975.
Report to the Committee on Post Office and Civil Service, House of Representatives, on Proposed Coordination Between the Medicare and the Federal Employees Health Benefits Programs (MWD–75–89)	Aug. 4, 1975.

Enclosure I.—*General Accounting Office issued reports which directly or indirectly impact on the elderly population*—Continued

Title	*Date*
Letter to the Speaker of the House and President of the Senate, on Information on an Unreported Impoundment of Budget Authority for the Housing for the Elderly or Handicapped Program (ACG–76–4)	Aug. 6, 1975.
Report to the Secretary, HEW, on Increased Compliance Needed With Nursing Home Health and Safety Standards (MWD–76–8)	Aug. 18, 1975.
Report to Representative Donald M. Frazer on Certain Disability Provisions of Federal Programs (FPCD–76–13)	Aug. 19, 1975.
Report to the Senate Committee on Finance on Deficiencies in Determining Payments to Prepaid Health Plans Under California's Medicaid Program (MWD–76–15)	Aug. 29, 1975.
Letter to Representative Edward I. Koch on The National Home Health Care Act of 1975 (MWD–76–30)	Sept. 17, 1975.
Letter to Representative Edward I. Koch on Comments on H.R. 4772—The National Home Health Care Act of 1975 (B–164031 (3))	Sept. 19, 1975.
Report to the House Committee on Ways and Means on Performance of the Social Security Administration Compared With That of Private Fiscal Intermediaries in Dealing With Institutional Providers of Medicare Services (MWD–76–7)	Sept. 30, 1975.
Report to Representative Cardiss Collins on Need for More Uniform Application of the Presumptive Disability Provision of the Supplemental Security Income Program (MWD–76–2)	Oct. 16, 1975.
Letter to the Secretary, HEW, on Selective Tests of the Eligibility of Medically Needy People for Whom Payments Were Made Under Medicaid (MWD–76–45)	Oct. 17, 1975.
Letter to the Administrator of Veterans Affairs on Need for Action to Prevent Potential Overpayments of More Than $90,000 to Community Nursing Homes in Pennsylvania (MWD–76–50)	Oct. 24, 1975.
Letter to Senators Adlai E. Stevenson and Charles H. Percy on Response to Allegations of Efforts By State Officials to Withhold Information and Generally Impede GAO's Review of the Illinois Medicaid Program (B–164031(3))	Dec. 8, 1975.
Letter to the Secretary, HEW, on Review of the Desirability and Feasibility of a Disability Recall and Reassessment Program (MWD–76–82)	Jan. 22, 1976.

Enclosure II.—*General Accounting Office jobs in process which concern the elderly*

Class History of the Medicare and Medicaid Programs and Efforts to Control These Costs; 1966–1975.*

Improvements Needed in the Management of Patient Funds Maintained by Skilled Nursing Homes and Intermediate Care Facilities.*

Review of Skilled Nursing Facilities Costs.

Review of Deinstitutionalization of the Mentally Disabled.

Review of ACTION's Progress Toward Meeting the Goals of Its Establishment.

Impact of Hospital Insurance Benefit Structure on Medicare Operations and Costs.

Review of the Way That Independent Laboratories Are Regulated and Reimbursed Under Four Federally Funded Health Programs.

Review of Eligibility of Persons Converted From State Disability Roles to the Supplemental Security Income Program.

Survey of Administration of Income and Resource Criteria.

Survey of the Complexities in Administering and Financing Supplemental Security Income Benefits.

Survey of Supplemental Security Income Client Contact Problems.

Survey of Erroneous Payments to Supplemental Security Income Beneficiaries.

*Being performed at the request of committees or individual Members of Congress.

Survey of Problems Resulting From Interface Between Supplemental Security Income and Other Benefit Programs.
Survey of the Implementation of the 1972 Medicare Amendments.
Review of the Veterans Administration Contract Nursing Home Program on Limiting the Length of Stay for Non-Service Veterans to Six Months.
Survey of the Impact of Federal Programs on the Elderly.
Study of Area Agencies on Aging.*
Review of Civil Service Disability Retirements.
Review of Project to Return Unclaimed Retirement Benefits to Former Federal Employees.
Review of Cost-of-Living Adjustments for Retired Federal Employees.
Follow-up Review of Military Retirement and Related Pay and Other Benefits.

Enclosure III.—*General Accounting Office's internal activities for the elderly*

The increased emphasis placed on equal opportunity principles regardless of age, as exemplified by the Age Discrimination In Employment Act, is reflected in GAO's personnel policies. A GAO order on merit promotion was recently published and requires that all staff selections be determined strictly on the basis of merit principles without discriminatory consideration of age and other non-merit factors. Our recruiting staff informs applicants for employment of the prohibition against age discrimination and provides literature on the subject. The topic is covered in our orientation and other training activities.

GAO actively recruits qualified personnel, regardless of age. This is especially true in hiring for upper-level positions.

Our policy also provides that training not be restricted to the younger employee. This policy has resulted in many of our older employees receiving training to increase their effectiveness and opportunities for further advancement. Additionally, the Office recognizes the importance of dealing with the older employee and includes this topic in its "in-house" courses on supervision.

The Employees Health Maintenance Examination, a comprehensive and professional medical examination, has been available for several years at no charge to GAO employees who are 40 years and older and who are in grades GS–11 and above. Beginning in March or April 1976, coverage of this benefit will be extended to all employees 40 years of age and older, regardless of grade level.

Individual preretirement counseling is available to all employees of the Office who are approaching retirement age. A daylong preretirement conference is held periodically, dealing with topics of annuities, life insurance, medicare and other health benefits, social security, etc. Announcements of the availability of the conference, counseling, and other topics of special interest to the older employee are regularly published through memorandums and in the GAO Employees Association monthly newspaper, "The Watchdog" which is available to retirees at reduced rates.

The employees of GAO are aware of the Equal Employment Opportunity channels for filing complaints of alleged discrimination because of age provided by law and implementing Civil Service Commission regulations since July 1974. Our Equal Employment Opportunity Office has been providing counseling in the area of age discrimination for approximately 30 months.

ITEM 16. CONSUMER PRODUCT SAFETY COMMISSION

FEBRUARY 25, 1976.

DEAR MR. CHAIRMAN: This is in response to your request of December 30, 1975 for a statement summarizing the Consumer Product Safety Commission's activities on aging for 1975 and our continuing plans and activities in this area for 1976.

We are pleased to enclose the statement that you have requested. Since the Nation's elderly population is especially prone to injuries associated with a wide number of consumer products, they should derive important benefits from our product safety activities. Because of this, we constantly consider this age group and its special problems in our work.

I hope that the enclosed statement will be useful. Please let me know if I can be of any further assistance.

Sincerely,

RICHARD O. SIMPSON, *Chairman.*

*Being performed at the request of committees or individual Members of Congress.

[Enclosure]

PROGRAMS RELATING TO THE AGING

Improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission (CPSC). Our 1975 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, it is estimated that some 20 million Americans of all ages each year are injured by products used in and around the household, 110,000 are permanently injured and 30,000 are killed in product-related injuries. The Consumer Product Safety Act (Public Law 92–573) was passed by Congress in 1972 in recognition of the need for Federal regulations to ensure safer consumer products. That Act called for the creation of the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of product-related consumer injuries, illnesses and deaths. While none of the laws administered by CPSC is applicable solely to older Americans, the Commission recognizes that they are particularly vulnerable to risks of injury associated with consumer products and, therefore, considers this factor in its activities.

Injury Data Collection

The Commission's primary source of its information concerning 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. In 1975 an estimated 252,000 persons of 65 years or older were treated in hospital emergency rooms in the continental United States. For injuries to persons in all age groups, only four percent of the victims were hospitalized, and for the 65 years and older group, 13 percent were hospitalized. Injuries associated with stars, ramps and landings which are suffered by the elderly, are the most prevalent. Other major product categories associated with injuries and which affect the elderly are floors and flooring materials, chairs, doors, beds, and bathtub and shower structures. The Commission also obtains informations from its Death Certificate Program. Copies of death certificates relating to all external causes of death presumed to be product-related (i.e., burns and falls) are received monthly from participating health jurisdictions. It is anticipated that additional health jurisdictions will be participating in this program by the end of Fiscal Year 1976. At that time more specific information will be available regarding fatalities resulting from product-related injuries suffered by persons of all age groups. Death certificates are a particularly valuable source for data information since not all accident victims are taken to emergency treatment rooms.

Information and Education Activities

The Commission's Bureau of Information and Education is involved in several programs relating to the elderly. A variety of prepared materials has been distributed widely, including 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 Burn Injury Education Demonstration Project is a controlled three-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. The results of this three-year experiment, it is hoped, will provide the basis for a nationwide burn injury education program.

Since many elderly persons may not be aware of the exemption available to them from the regulations requiring child-resistant packaging issued under the Poison Prevention Packaging Act, CPSC is preparing an information campaign to explain the exemption which was provided in that Act especially for the elderly and the handicapped who experience difficulty in opening child-resistant closures.

Other Major Activities Related to the Aging

The CPSC actively considers older citizens in its programs dealing with product hazards and safety standards. For products normally used by large segments of the population, safety devices and operational procedures requiring manual and mental dexterity by users are examined carefully with an awareness

of the fact that those faculties may diminish in the older population. Where applicable, potential offerors for standard-development are required to consider the problems of the aging.

The CPSC notice requesting offers to develop a standard for bookmatches under the procedures of Section 7 of the Consumer Product Safety Act, pointed out that the potential hazards of the aging, as well as to children, were to be considered. A recommended product safety standard for matchbooks being considered by the Commission for publication during the third quarter of fiscal year 1976 contains a provision which should contribute to reducing injuries associated with matches to the aged. One provision relates to burn-control to help reduce burns and fires started by the "dropped" match. The burning time for matches will be reduced from about 25 seconds to 15 seconds and the match's burn-distance will be limited to ½ inch from the top of the bookmatch splint. In addition, we expect that a similar standard development activity for gas space heaters will result in a product safer for use by all persons including the elderly. This standard will address fabric-ignition and burn hazards, among others, to which the elderly are especially vulnerable.

Regarding hazards to be found in residence areas, special studies are being conducted by CPSC and are designed to address unsafe conditions, among other parameters, according to the age of the injured. Those studies which address structural and architectural hazards use injury data for developing models of typical accidents. Research into stair accidents has revealed a number of factors, especially critical for the elderly. It has been shown that the elderly are especially dependent on handrails for stability, on even distributed lighting, and on uniformity in tread conditions. An effort is being directed for incorporation of these requirements into building codes and standards pertaining to unit occupancy by the elderly.

Other studies contracted for by the Commission give consideration to safety problems encountered by the elderly with bathroom hazards and doors. Possible solutions being considered are 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 educational campaigns. The Commission is working with the American Society for Testing and Materials' F15.03 Committee on Safety Standards for bathtubs and showers to develop standards for slip-resistant bath surfaces, anti-scald systems and for grab bars.

For the past few years a considerable amount of injury data relating to the ignition of clothing and of interior household furnishings has been collected. One study addressed such problems specifically selected for adult sleepwear, with emphasis on sleepwear for the elderly. As a result CPSC recommendations are being formulated to help solve serious problems that have been identified involving clothing ignitions and burn 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 existing Strict Children's Sleepwear Standards to certain other specified items of wear apparel is under study.

A TV receiver safety standards being prepared will address hazards such as those of fire, shock, implosion and mechanical failure, associated with TV receivers. When finalized, this standard would be beneficial to the elderly since they are important users of television receivers.

Before a standard or a safety activity is begun by the Commission, it attempts to examine carefully and estimate predicted benefits and costs which might accrue from such activities. The Commission has presently prepared some working drafts of impact analyses on several products which present special hazards to the aged. Product categories analyzed include such articles as smoke detectors, hair dryers, small electrical appliances, and ranges and ovens.

ITEM 17. ENERGY RESEARCH AND DEVELOPMENT ADMINISTRATION

FEBRUARY 17, 1976.

DEAR SENATOR CHURCH: I am pleased to submit the enclosed report in response to your letter of December 30, 1975, 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, formerly the Atomic Energy Commission, has for many years sponsored large-scale research efforts aimed at evaluating the environmental and health risks associated with the use of nuclear energy. With the advent of ERDA, this mission has been expanded to include the effects upon environment and health of a broad spectrum of energy-related physical and chemical hazards. 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.

I hope the information provided in the enclosed report will be helpful and that you will call on me 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 ensure 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.

A new Radiation Effects Research Foundation sponsored jointly by the United States and Japan has been created to replace the Atomic Bomb Casualty Commission and continue 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 mor-

tality. To date, no significant radiation-induced life shortening other than that due to malignant neoplasms has been noted.

A group of about 200 inhabitants of the Marshall Islands, who were exposed accidentally to fallout from a thermonuclear weapon test, has been followed for the past 20 years by medical investigators of the Brookhaven National Laboratory. The Marshallese were exposed to substantial quantities of radioiodine, which concentrated in their thyroid glands and caused many cases of thyroid adenomas and a few cases of carcinoma or hypothyroidism.

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. The Social Security Administration assists materially in ascertaining the occurrence of deaths in the population and providing the location of a person at the time of death. Various levels and modalities of radiation exposure as well as exposure to other toxic agents may be encountered in this group of employees. However, most radiation exposures are at a low level. In-plant and sibling controls are studied for comparison with the exposed employees.

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 diseases throughout the lifespan of normal animals and alterations in the pattern caused by superimposed stress of radiation exposure. Every effort should be made to capitalize on the geriatric information evolving from this animal resource. Only minor efforts have been made to date in this regard.

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, funded by ERDA at about $1 million, 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 investigators 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. In this regard, studies at the Brookhaven National Laboratory suggest that certain monoamines, fed to rodents, can increase their 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. For example, at the Brookhaven National Laboratory a segment of the 1975 nuclear medicine program has included clinical and experimental research on hypertension and senile osteoporosis as well as Parkinson's disease.

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. This table is patterned after a recent response by ERDA to a canvass of Federal research on aging conducted by the National Institute on Aging. Projects are further 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.

The ERDA Division of Biomedical and Environmental Research is currently undergoing an examination and remodeling of research and development activities to increase programmatic relevance to ERDA's primary mission. While it is not certain, at this time, what the final program structure will be, it is probable that the aging-related research activities described herein will continue at a slightly reduced level during fiscal year 1976.

TABLE 1.—ERDA RESEARCH RELATED TO AGING

Research subject area	Number of projects				Amount of funds (in thousands)			
		Aging is—				Aging is—		
	Total	Primary focus	Secondary focus	Applicable	Total	Primary focus	Secondary focus	Applicable
I. Biomedical, total	44	0	14	30	18,244	0	2,539	15,705
A. Intrinsic aging process, total	12	0	11	1	2,302	0	1,635	667
1. Cellular and molecular	8	0	8	0	797	0	797	0
2. Organ and tissue system	3	0	2	1	1,149	0	482	667
3. Organisms	1	0	1	0	356	0	356	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	26	0	2	24	12,083	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	4,873	0	274	4,599
4. Other environmental factors and aging	13	0	0	13	7,210	0	0	7,210
D. Demography/epidemiology, total	6	0	1	5	3,859	0	630	3,229
1. Human population study	6	0	1	5	3,859	0	630	3,229
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 18. FEDERAL ENERGY ADMINISTRATION

FEBRUARY 5, 1976.

DEAR MR. CHAIRMAN: I am pleased to provide a summary of FEA activities during the past year affecting the aging. I have included actions directed specifically at resolving the energy-related problems of the elderly, as well as activities of special importance to those on fixed incomes.

1. FEA's Office of Consumer Affairs/Special Impact funded a study on the effect of rising energy costs on low-income and elderly consumers. The purpose of the study was to assess the primary impacts of rising energy costs on the individual elderly consumer, and the institutions and Federal programs which serve the

elderly. To the extent that available data permitted, these effects were assessed on a regional basis. The study was published in March, 1975.

2. During 1975, the Office of Consumer Affairs/Special Impact conducted seven regional Consumer Energy Workshops which provided a forum for exchange of information among Federal, State, and local organizations, as well as discussion of proposed energy policies and programs by audience participants. One of the six seminars at the workshops, energy programs for the poor and aged, focused on current funding sources available for energy programs, information on successful local energy programs, problems of the poor and aged, and energy policies of Federal and State governments. A summary of major recommendations made at the workshops will be submitted to you when it is completed.

3. 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.

4. FEA has entered into two interagency working agreements with the Administration on Aging and several other Federal agencies. To implement these agreements, FEA has established regional interagency task forces on Energy and Human Resources to coordinate existing Federal programs at the regional level. The task forces (which include regional staffs of the Administration on Aging and Community Services Administration) have begun statewide meetings with various human services departments. Through these meetings, the task forces will catalog all energy programs and services (including existing funding sources and local programs) on a State-by-State basis and will develop new programs required to assist the aged.

5. FEA developed legislation, submitted by the President to the Congress last year, which provides for grants to State governments for materials to winterize units occupied by low-income persons, with emphasis on elderly and handicapped persons. Pending passage of the legislation. FEA is assisting the Community Services Administration in operating a limited version of the program.

6. FEA is currently involved in several activities directed toward improving the operational efficiency and restructuring the rate bases of electric utilities. These programs are especially important for the elderly and poor since sharply rising electric utility bills have a particularly harsh impact upon those with fixed incomes. Greater utility efficiency minimizes the need for construction of new capacity and thereby reduces the pressure for rate increases. Rate structure reforms designed to price electricity differentially, based upon time-of-day or amount of use, provide consumers a means of reducing their electric bills through off-peak usage and conservation. FEA activities include the following:

—FEA's Office of Energy Conservation and Environment, in cooperation with local regulatory commissions, is funding nine demonstrations of innovative electric rate structures and load management techniques.

—FEA's Office of Utilities Programs is participating in State regulatory hearings (at the invitation of the State regulatory commissions) to help analyze structural rate revisions, implementation of load management techniques, and end-use conservation practices.

—FEA's Office of Consumer Affairs/Special Impact studying the concept of "lifeline rates"—a utility rate structure which offers necessity level power to individual consumers at a low rate and permits the price above that level to be set to recoup the subsidy and to encourage conservation by large volume users.

7. FEA assisted the Department of Health, Education, and Welfare in a feasibility study of a fuel stamp program and an analysis of various options under current income maintenance programs for responding to energy price increases.

8. FEA funded a study of the most significant energy problems experienced by low income consumers during the 1973/74 embargo period. The study documents many of the problems experienced by the elderly, including energy supply and payment problems and aid that State energy offices and local community agencies provided the elderly during that period. Based on information gathered in the study, a handbook is being published to assist State energy office in dealing with consumer energy problems.

I hope this information will be of assistance in drafting the annual report for the Senate Special Committee on Aging.

Sincerely,

FRANK G. ZARB, *Administrator.*

ITEM 19. NATIONAL ENDOWMENT FOR THE ARTS

MARCH 16, 1976.

DEAR SENATOR CHURCH: This is in response to your request for a report on the major activities of the National Endowment for the Arts in 1975 and 1976 which were of benefit to older Americans.

We welcome this opportunity to bring to the attention of the Special Committee on Aging the Endowment's interest in making the arts more widely available to the elderly and the scope of the programs we have supported in this effort.

If the Committee would like further information, we would be happy to be of assistance in any way possible.

Best wishes.

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 1975 AND CONTINUING IN FISCAL YEAR 1976

The National Endowment for the Arts has become increasingly involved in arts programs aimed at reaching the elderly and other special groups. One of the major thrusts of the National Endowment for the Arts is to make the arts accessible to Americans of all ages, economic levels and backgrounds.

The elderly are an important constituency for the arts community. More than any other Americans, they have a great deal of leisure time and often draw on many years of appreciation and involvement in the arts.

Access to cultural opportunities is often denied the aged because of psychological, architectural, financial and logistical barriers. On each front, the Arts Endowment, through its grant programs, has sought to remove these barriers and bring the arts to people and people to the arts.

ARCHITECTURAL BARRIERS

Architectural barriers to cultural opportunities have received special attention by the Endowment, particularly since September, 1973, when the organization's advisory body, the National Council on the Arts, passed a resolution urging the Endowment to help make the arts more accessible to the physically handicapped, including the elderly.

The problem of architectural barriers to cultural institutions has been explored in a recent publication by the Educational Facilities Laboratories (EFL) for the Arts Endowment. The booklet, titled "Arts and the Handicapped," details numerous examples of ways in which cultural institutions have overcome physical barriers which deny many, including the elderly, access to our cultural wealth. At the same time, the Endowment has sponsored a series of television film spots produced by the Public Advertising Council of Los Angeles which make the public aware of the numbers of Americans who are impeded by physical handicaps and architectural barriers. The spots highlight several important design solutions and the state of the law regarding access to public buildings.

On a smaller but equally important scale, a fellowship in the Architectural and Environmental Arts Program went to an individual for research to develop design parameters to enhance the use of products by the aging and the handicapped.

BUILDING UNDERSTANDING

There is another unspoken barrier which must be broken for the elderly—one of public understanding of the special needs of older Americans. For the past several years, the Arts Endowment has supported the National Council on the Aging's Center for Older Americans and the Arts. This center does a great deal to stimulate arts programing for the elderly and to broaden public understanding of the needs of the elderly. The center provides assistance to arts organizations in developing new programs at the local level to involve the elderly and works with them to elevate the quality of their participation in the arts. It serves as a clearinghouse for information and ideas relevant to the arts and older Americans.

This year's grant to the Center for Older Americans and the Arts is for technical assistance and consultation to a number of cities around the country. The center is working with people in New Orleans, Cleveland and Winston-Salem, helping them bring together local arts agencies and agencies working with the aging.

In New Orleans, the two agencies are trying to develop an action plan for the area's cultural resources to get in touch with the elderly.

In Winston-Salem, the city of Old Salem and the North Carolina School of the Arts are building a 200-unit highrise for the elderly with facilities designed for the entire community. They are in the process of planning studios and common rooms for the building which will foster activities between the elderly and the rest of the community.

In Cleveland, the local arts agency and the agency on the aging are planning a series of meetings to develop better relationships between the community, the Cleveland Settlement School of Music and the elderly.

Financial Barriers

The participation by the elderly in cultural events is often colored by the lack of sufficient funds to meet the price of a concert ticket or museum admission. In a public opinion survey conducted by the National Research Center for the Arts funded in part by the Arts Endowment, it was noted that there has been a dramatic drop in attendance at cultural events by older Americans. The survey found that 56 percent of those 65 and over were nonattenders at cultural events. Cost is clearly a factor in the low attendance rates. Of those surveyed with incomes under $5,000, a level not uncommon for older Americans, 11 percent said that they attend less due to the high cost. The survey found that 23 percent of the elderly said that decreased attendance was due to bad health, 12 percent said transportation difficulties prevented their attendance and 7 percent of the elderly claimed they attended less frequently because they had "no one to go with" and didn't like to go alone.

The Arts Exposure grant category of the Endowment's Expansion Arts program was designed in part to assist community organizations in providing tickets and transportation to major cultural events for low income young and elderly and others not in the cultural mainstream. Last year (fiscal year 1975) grants totaling $1,289,452 were awarded for Arts Exposure efforts. Two other grant categories, Community Cultural Centers and Neighborhood Arts Services, also assist programs which involves the elderly. In fiscal year 1975, a total of $552,500 in grants was awarded by the Endowment for Community Cultural Centers and $491,959 for Neighborhood Arts Services.

Other Arts Endowment programs support efforts to provide low cost or free programs for the elderly, particularly the Museum, Music and Special Projects Programs. Some of the efforts these divisions have supported include:

—In Chicago, several city museums have joined together to offer free admission to the elderly.

—In Cincinnati, the city ballet offers discount tickets to senior citizens.

—In Rochester, N.Y., the Civic-Music Association received a major grant to provide afternoon concerts for senior citizens on their spring tour.

—In Toledo, the Orchestra Association received a grant to present Sunday afternoon concerts for senior citizens and their families who were unable to attend evening concerts.

—In western New York State, the Arts Development Services has a voucher system in operation which offers vouchers for 32 different performing arts groups for discounts to the elderly and other special groups.

—In Rochester, N.Y., the International Museum of Photography offers free films to senior citizens once a week at George Eastman House. The Museum shows films of the 30's, 40's and 50's and plays to packed audiences each week.

The Arts Endowment also supports touring performing arts groups, particularly in the areas of dance and theatre. This assistance has helped to bring the arts to people in smaller communities who otherwise might not have been able to afford a trip to a large city to take advantage of the cultural resources it might offer. In the area of dance, in fiscal year 1975, more than 60 different professional dance companies took up short residencies in all 51 States. The total amount expended by the Endowment for dance touring in fiscal year 1975 was $3,603,801.

Arts groups around the country have applied to the Endowment for grants for special performances for senior citizens.

—In Dayton, Ohio, the Philharmonic received a grant to expand the orchestra's exposure to hospitals and senior citizen centers.

—In New York City, special concerts supported by the Endowment and the city are being given in senior citizen centers.

—In Santa Barbara, Calif., the symphony brings a series of concert previews to people in senior citizen centers using small groups of musicians.

—In Puerto Rico, the Orquesta Sinfonica presents Puerto Rican ethnic music in senior citizen centers and other institutions.

—In Madison, Wis., the Memorial Union Building Association received a grant to support staff and artist fees for concerts in senior citizen centers, hospitals and other social centers.

—In Minneapolis, Minn., the Guthrie Theater received a grant to run an outreach program in hospitals and in prisons.

—In Ft. Lauderdale, Fla., the Tamarac Civic Association received a grant to perform for senior citizens.

—In New York City, the Off Center Theatre toured nursing homes with a grant from the Arts Endowment.

Each year the Endowment's Museum Program devotes a substantial share of its budget ($563,677 in fiscal year 1975) to help museums become more accessible to a wide range of community groups, including the elderly. In addition to the free films offered by the International Museum of Photography, the Museum Program has supported two other efforts aimed specifically at the elderly and other special groups. The Antique Auto Museum in Massachusetts has expanded its program of community service for the elderly and physically and emotionally handicapped with an Endowment grant. The Museum of Science and Industry in Chicago has also received a grant to develop special exhibits, theater, scientific exhibits, educational film and workshops for senior citizens and other neglected groups.

The Endowment has done a great deal to foster participation in the arts by the elderly. For example, the Visual Arts Program has a special fellowship category for artists age 50 and over.

Two Endowment supported projects offer statewide programs for the elderly. In Iowa, the State Arts Council, with partial assistance from the Arts Endowment, offers a grant program to local groups for programs geared to the elderly. All the programs must be participatory in nature and involve a minimum of 10 people for at least 2 hours every week in a location available to senior citizens. All programs must be directed by a recognized professional artist in either the performing, visual or literary arts.

Programs now underway through the Endowment/Iowa Arts Council program include a poetry program for senior citizens in an Iowa City group lunch facility, a musical program in Cedar Falls, and a visual arts project in Des Moines.

In Iowa City, 75 senior citizens meet with a poet and write between 13–14 pages of poetry twice a week. The group has created a poetry mobile with one-line poems which they contributed to the children's section of the local library and a poetry robot covered with poems which now stands in an Iowa City bank.

In Cedar Falls, a music program has brought two musicians into two nursing homes to help residents write their own music and make their own instruments. The residents now tour the area, playing their music on instruments of their own creation.

In Des Moines, a group of 30 elderly people began working with a visual artist on individual paintings. The group has now progressed to the creation of a joint mural for the Bicentennial which is now on tour in area nursing homes.

Other participatory programs supported by the Endowment include a statewide series of workshops sponsored by the Rhode Island States Arts Council. The Rhode Island Arts Aging Program has brought professional artists to senior citizens in nursing homes, State mental hospitals and senior citizen centers to teach body movement, weaving, puppetry, writing and other art forms. The program also helps senior citizens with transportation problems to attend major musical and theatrical events.

Other arts programs for senior citizens supported by the Endowment in fiscal year 1975 include:

—Opportunity House, a community arts center in Hendersonville, N.C., offering a wide range of arts classes to a largely elderly population. Many stu-

dents at Opportunity House volunteer and become teachers, sharing their knowledge of an art form with others.

—Learning Guild of Boston, offered workshops and presentations to more than 100 nursing homes in and around Boston. Each learning guild activity is based on an 8–10 week program. In the course of the past year, the organization has worked directly with more than 2,000 residents.

—COMPAS (Community Programs in the Arts and Sciences) of St. Paul Minn., in conjunction with the St. Paul-Ramsey Arts and Science Council, the Arts Endowment and the Wilder Foundation, has run a series of workshops in theater, music, writing, photography, painting, and ethnic crafts in addition to offering tickets and transportation to local performing arts events.

—The Links, Inc., a Baton Rouge, La. cooperative gallery offered training in the visual arts to senior citizens and young people.

—The Links, Inc., a Baton Rouge, La., cooperative gallery offered training in college, offered a series of cultural, recreational and educational programs in the arts for the elderly.

Several artists-in-residence in senior citizen homes have been supported by Endowment grants. Every borough in New York City had an artists in residence in a senior citizen center; a printmaker was in residence in Arlington County, Virginia, in association with the Recreation Division to work with senior citizens; a poet was in residence in a cancer out-patient hospital in San Francisco; and a poet was in residence in several Montana senior citizen centers and community centers.

Finally, service to senior citizens has been explored by several grantees. In Chautauqua, N.Y., the Chautauqua Society is trying to identify numbers of individuals over 55 within a 50 mile radius of the organization to plan special year-round programs. The Iowa State University Center is working to develop senior citizen audiences and programs.

The Endowment continues to be concerned that the arts reach all Americans. Through its programs, it is hoped that senior citizens will be able to participate in the vast cultural resources of our country. The National Endowment for the Arts and its grantees are continually working on new means to bring the arts to the elderly and the elderly to the arts.

ITEM 20. NATIONAL ENDOWMENT FOR THE HUMANITIES

FEBRUARY 18, 1976.

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 1975.

I hope that you and your committee will find this brief report of our activities useful. I also hope that the readers of your report will find the examples cited here suggestive of the varied ways in which humanities projects can be designed to benefit the public, and in particular, those presently experiencing the process of 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 1975

INTRODUCTION

In carrying out its congressional mandate to encourage the understanding and use of humanistic knowledge in the United States, NEH responds to the needs and interests in the humanities, principally as they are expressed in applications for specific projects. The agency does not designate fixed amounts of money for work in any particular subject area or in general for particular groups of individuals. Consequently, NEH does not have a special program for older citizens in which money is allocated specifically for the use of that group; nor does it have a formal program to support study of the processes and problems associated with aging.

However, through its regular procedures for selection and support, NEH has funded projects specifically designed to increase understanding of attitudes toward aging, and to provide learning experiences in the humanities for the elderly. In addition, all of the many activities supported by this agency to increase understanding and use of the humanities among the general public reach large numbers of older Americans. Only those general programs which include special planning for the elderly, which are particularly relevant to this group, or which could be much more fully used to benefit this group are described in this report.

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 is making an active effort to promote increased utilization by the elderly of project results, such as media productions, and to promote the active participation of older Americans in a wide variety to NEH supported activities, ranging from contributions to scholarship, to the pursuit of additional knowledge through formal and informal educational programs, to discussions of vital public policy questions in communities across the Nation.

I. SPECIFIC NEH GRANTS SERVING THE ELDERLY

In response to applications received from individuals and organizations, the Endowment has made several grants specifically for the purpose of increasing knowledge about aging, or providing special information or special activities for the elderly.

In 1975, a grant was awarded to the National Council on the Aging to produce 10 articles for distribution to weekly newspapers across the country. These articles provide background materials and information on the contributions of the elderly to our society, on their problems, and on the critical issues affecting the aged. Dissemination of these articles, which were prepared to coincide with the various topics of the American Issues Forum, is described below.

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 enable the detailed 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 will be a symposium for 30 postdoctoral humanists with interest in this subject, at which several scientists and social scientists will discuss the biomedical and socio-psychological aspects of aging, and several humanists will discuss potentials for research in humanities disciplines (e.g., history, literature) which could provide broader perspectives and insights on the characteristics of aging, how the process has been viewed by the aged and by younger people. Research papers will be prepared by the participants during the ensuing year who will then reconvene for review of their work. The results of their work will be edited and organized for dissemination.

The youth grants program (which supports humanities projects initiated and conducted by students and out-of-school youth) last year awarded a grant to the Learning Guild in Boston. With this grant the Guild traveled to 30 nursing homes in the greater Boston area offering two workshops, "Jazz: An American Heritage" and "200 Years of American Arts Forms." The Guild is a nonprofit, mobile, educational group staffed by young persons from the city's many colleges and arts organizations. These young people are working to provide for nursing home residents mental and physical stimulation, productive occupation of time and the resulting rise in self-esteem, recreation and activity for therapeutic purposes and re-education, or the learning of new skills. A poll of the nursing home residents indicated that jazz and American art were subjects of special interest to the participants. The Guild then designed the workshops, not to serve as temporary time fillers, but to provide a learning experience that would establish motivation for further study. The Guild also is training the director of the homes to motivate this interest in the humanities so that when the project is completed there will be lasting benefits.

Another grant was recently made to enable the National Council on the Aging to plan and develop a reading unit in the humanities, to be disseminated

widely among senior citizens, and to be used in discussions led by trained people. The discussions are intended to generate intellectual discourse among the participants, while providing a structured opportunity for the participants to be in touch with other older people. The grant will also enable the National Council to work out the details of how such a project can be established on a continuing basis, using the established network of over 5,000 senior centers associated with the National Institute of Senior Centers.

II. STATE-BASED HUMANITIES PROGRAMS

A major activity of the Division of Public Programs is the State-based humanities program which is now operating in all 50 States. In each State, volunteer committees of citizens representnig 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 4 years since the program was launched, over 3,500 locally initiated projects sponsored by a wide variety of organizations have been supported, bringing together through the efforts of over 30,000 volunteers, more than 10,000 professional humanists and approximately 20 million citizens as participants or audiences.

Types of State-Based Projects Directly Affecting Older Citizens

In 1975, 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. A study of the State-based program is in progress which will provide more detailed information than we presently have on these projects and their participants. We do know that there is a high rate of participation in all of these community projects by older citizens, and that many are on subjects specifically related to aging. 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 hundreds of State-based regrant projects undertaken in 1975, the following few suggest the nature of the program, and, it is hoped, prove suggestive of content and concepts that can be duplicated elsewhere.

1. *Wisconsin.* Senior citizen "cracker barrel" discussions on taxation, expenditures and aging.—This project was funded by the Wisconsin Humanities Committee which had chosen the theme "Human Values at Stake in Public Taxing and Spending" for discussions in the State. Over 600 senior citizens in 18 southwestern Wisconsin cities participated in "cracker barrel" discussions led by two-person teams of retired lay and academic humanists. Discussions were held in churches, schools, senior citizen centers, and nursing homes, and the "summer school for seniors" sponsored by the University of Wisconsin-Extension.

2. *North Carolina.* Independence for older adults: Individual rights and liberties.—"Traditions in Transition: Private Rights and the Public Good" was the theme chosen by the North Carolina Committee for Continuing Education in the Humanities sponsored by Sandhill Regional Library System and the steering committee of Richmond Country Organizations for Services to Older Persons, Inc. A series of four discussions were held in Hamlet, N.C., "to identify present problems and explore possible solutions with members of the community." As the series were designed for an audience interested in the problems of the elderly, the four discussions focused on the following topics: Historical perspectives on independence for older adults; independent living—rights and liberties; financing the rights and liberties of older adults; and health for independent living.

3. *Massachusetts.* Alliance—young and old—via the movies.—This project, still ongoing, is sponsored by the Amherst Film Cooperative and the Amherst Senior Center, Council on Aging through a grant from the Massachusetts Committee to bring together senior citizens and young people (ages 12–18) in the community. In order to provide a common focus for discussion between such diverse groups, early movies are being shown followed by discussions led by professional humanists. The project is intended to create an understanding of the "like attitudes and justified differences" of the young and old participants.

4. *South Dakota.* Human values in education and the older American.—This project enabled over 50 humanists to travel to 19 rural towns in South Dakota where, using materials from their disciplines of literature, history, philosophy, religion, and foreign languages, they spoke with more than 800 persons about values learned from educational experiences, myths about senior citizens, and public policies regarding educational opportunities for older South Dakotans. While the program did not have such action as a goal, one institution waived all tuition for persons over 65 and sharply reduced it for persons 35 to 65 when the college's administration, as a result of the programs, reconsidered its responsibilities to all age groups and the value of higher education for older Americans.

As these examples show, through the cooperation of local organizations, schools, and various groups of concerned people, humanities programs of interest and benefit to older Americans can be locally designed and successfully implemented providing a service not only to the elderly, but to the entire community. The significant level of participation of older citizens in the many other projects on a wide variety of topics which are conducted through the State-based committees, is evidence of the value placed on serious discussion of the public policy questions facing them as individuals and citizens in this society.

III. AMERICAN ISSUES FORUM

The American Issues Forum, a nationwide program developed by NEH, invites citizens to engage in a serious exploration of some of the issues that are fundamental to our society. Calendars identifying major issues for discussion each month have been widely distributed, as have other materials designed to assist discussion leaders, and to enable people to study the questions objectively and in depth. This program has received active support from a wide variety of national and local organizations, groups and individuals.

As part of the NEH effort to reach and involve all citizens in this serious Bicentennial celebration, special efforts have been made on beha'f of older Americans. These efforts and indications of participation by senior citizens are summarized below.

Efforts to Reach the Elderly

1. The AIF calendar of topics: National distribution.—In April 1975, the AIF calendar along with an invitation to participate, was mailed to 250,000 national, regional, and State leaders. Included in this mailing was:

—Leadership of national organizations whose missions relate to the aging, i.e., National Council of Senior Citizens, ACTION, Administration on the Aging.

—Leadership of American Association of Retired Persons/National Retired Teachers Association, State and local chapters (5,000 copies).

—Leadership of all community centers.

2. The AIF calendar of topics: Local distribution.—Many local institutions such as libraries, community colleges, and community centers have distributed versions of the Forum Calendar to senior citizens in their areas to stimulate discussion groups. For example:

—Montcalm Community College, Sidney, Mich., collected the names of 10,000 senior citizens in the Sidney area and sent each an AIF calendar along with an invitation to participate.

Special AIF Materials

NEH provided the National Council on the Aging with a grant of $14,974 to develop a series of articles related to the nine monthly AIF calendar topics from the perspective of older Americans. The series was distributed to 2,000 newspapers. Editors were asked to reprint the articles to facilities their readers participation in the forum. The articles are now appearing in papers across the country.

At this time, the National Council on the Aging has distributed an additional 400 sets of the series in response to individual requests and is planning to print additional sets.

Participation of Older Citizens

Hundreds of senior citizens groups across the country are holding weekly and/or monthly discussions on the forum topics. Some examples are:

1. Dade County, Fla.—Florida International University, Division of Continuing Education, has developed a series of forum programs for senior citizens at community centers throughout the city of Miami.

2. Haskell, Okla.—Monthly discussion programs on the Forum topics are being led by retired members of the community.

3. Deerfield Beach, Fla.—A series of nine monthly dialog programs is taking place at the retirement community, Century Village.

4. Placerville, Calif.—The senior nutrition program is sponsoring forum discussions, and to encourage participation offers a "dial-a-ride" service for those who need transportation.

IV. HUMANITIES PROJECTS FOR THE GENERAL PUBLIC

The following examples of projects 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.

Media Programs

Within the Division of Public Programs, a major activity is the development of television and radio programing in the humanities:

—The "Adams Chronicles," a 13-week series of 1-hour long programs currently being shown on public television is an excellent example of NEH-supported humanities programing. Current indications are that this series is the object of wide interest by viewers and of acclaim by critics and historians. While we have no statistics on the ages of viewers, among the millions of viewers of the program to date, many are, of course, older citizens. Because many people in the general audience have impaired hearing, the "Adams Chronicles" is available in a captioned version (shown locally by WETA).

—As for all media programs, specific information on the "Adams Chronicles" program and on any adjunct material is provided to all organizations working for special interest groups, including the elderly. Without using additional money, NEH is attempting to extend the results of its awards to older Americans, by encouraging grantees to promote the use of media productions among senior citizens. 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 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, such projects provide access to information as well as a mechanism for communicating with others. One example is the "American Issues Radio Forum" developed by National Public Radio. Information about this program was distributed to all major senior citizens groups. A mechanism for national call-in and discussion of issues with prominent humanists has enabled many senior citizens to participate in the program without leaving their places of residence. A listener's guide prepared to enhance the interest and usefulness of the Forum has been distributed to many senior citizens.

Museum Programs

Several major exhibitions supported by NEH funds have been widely viewed in 1975. For example, "Archaeological Finds of the People's Republic of China" was seen by 835,000 persons from throughout the western United States during its 2-month stay in San Francisco, and in Kansas City drew 285,000 visitors. Equally large crowds on the East and West coasts saw the "Scythian Gold" exhibit from the Soviet Union.

A recent survey of museum attendees conducted by NEH indicated that 14 percent of the persons attending were between the ages of 51 and 64. This would suggest that a large number of older persons have benefited from exhibitions such as those described above. However, our sample also indicated that only 4 percent of the viewers were 65 and over, a finding which corroborates the results of the study of attendance at cultural events reported in "Americans and the Arts." We are concerned that our exhibitions for the general public do not reach more people in this age group, and hope through the initiatives of our grantees and community service organizations for the elderly to resolve some of the problems which presently make participation of the elderly in this activity difficult.

Courses by Newspaper

"Courses by Newspaper" is another NEH project designed to serve the general adult public. Administered by University of California at San Diego Extension, "Courses by Newspaper" consists of a series of 18 articles prepared by eminent thinkers, and published in newspapers across the country. In September 1975, 450 newspapers with a total circulation of 45 million people began publishing the third course by newspaper.

According to a recent survey of subscribers of newspapers carrying the course, 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 years of age was slightly higher in all communities surveyed. As these figures indicate, many elderly adults want to gain humanistic perspectives on issues of current interest in our society and are being served in that effort by this project.

Use of the course can vary from reading the articles only, to independent study of additional print material, to enrollment in the courses for college credit offered by over 200 institutions in all parts of the Nation. Recently a guide for discussion leaders has been developed which will be particularly useful in those people, many of them elderly, who wish to discuss the articles with others, but who are not interested in acquiring credit for formal course work.

We anticipate even wider distribution of the two courses now being developed for 1976–77; one on the oceans and one on contemporary ethical choices. We hope that wider knowledge about the courses, and recognition of their potential as a focus for discussion and learning will result in even greater active participation by the elderly. The project director is making a special effort to provide information on the course to organizations such as the American Association of Retired Persons to encourage increased participation by this group. This effort, which does not involve the expenditure of extra tax dollars, is another expression of the agency's commitment to reach people not traditionally identified with the humanities. That commitment is based on the conviction that humanistic understanding of important social issues is important to help citizens of all ages.

V. NEH PLANS FOR 1976

NEH cannot estimate what support will be in future years for activities related to the aged because the Endowment responds to, rather than solicits, inquiries and proposals initiated by individuals and organizations from all over the Nation. NEH makes awards 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 submitted to the Endowment.

However, NEH will make increasing efforts to encourage applicants and grantees to consider this age group in their project designs. For example, a grant was recently made for fiscal year 1976 for the production of a major television series on the "search for liberty." The content is of importance to the elderly, as it will be to other citizens. But, in addition, the program producers are seriously considering a radio version which will make the program available to the visually handicapped, and will increase access to the program among those who cannot or prefer not to leave their residences. In 1976, the Endowment has also made several grants for production of local and regional radio programs in several parts of the country (i.e., northeastern Pennsylvania, northern New York, and in the Southwest) which are specifically designed to draw upon the special knowledge of senior citizens about the history of their regions.

ITEM 21. NATIONAL SCIENCE FOUNDATION

FEBRUARY 13, 1976.

DEAR SENATOR CHURCH: The National Science Foundation (NSF) is pleased to respond further to your request of December 20, 1975, for a summary of the Foundation's activities in aging research during 1975 and plans for 1976–77.

The attachment summarizes research on human aging that is supported by the research applied to national needs (RANN) program. Although some basic

research projects have implications for aging they are not primarily concerned with the aged or aging.

We would be happy to supply any other information you may wish.

Sincerely yours,

H. GUYFORD STEVER, *Director.*

[Enclosure]

ACTIVITIES IN AGING RESEARCH

The National Science Foundation has no legislative mandate for research in aging, however, the research applied to national needs (RANN) program has a responsibility to support social policy research. In fulfilling this responsibility, the Division of Advanced Productivity Research and Technology (APRT) has developed a program subelement concerned with aging and public policy. The magnitude of this program subelement has been approximately $500,000/year but expands to approximately 1 million in fiscal year 1976 and will probably continue at that level in fiscal year 1977.

The NSF program has identified aspects of social gerontology that are not duplicated by other agencies and that are supportive and complementary to the programs of these agencies. The projects supported emphasize the strengths of NSF; strong performers, a broad approach to research questions and an emphasis on a multidisciplinary approach to problem solving. The focus of NSF projects is on the social aspect of aging and on emerging rather than immediate problems. This gives future orientation to the program. The intent is to provide data bases and policy analysis before problems become crises. A second emphasis is on problem definition and assessment of research needs.

There are four active projects in the program, of which one was a new start in fiscal year 1975. Fiscal year 1976 project applications are still being reviewed and it is anticipated that two to four new projects will be funded in fiscal year 1976 and a similar number in fiscal year 1977.

The active projects are:

(1) The Cultural Contexts of Aging, Andrus Gerontology Center, University of Southern California.

A coordinated combination of community survey, decisionmakers attitude survey and cross cultural, anthropological studies. The emphasis is on aging and ethnicity. The project is in the fourth year of 5 years. Policy related reports on transportation health, income, preparation for retirement and social services will be released at intervals beginning in summer 1976. A unique feature of the project is the involvement of the subject community in study design and analysis.

(2) Aging in the year 2000: Research Needs, Committee on Human Development, University of Chicago.

This 2-year assessment is nearing completion. This has been a multidisciplinary attempt to develop a conceptual framework for viewing the needs of the elderly in the near future. The first report on the ethical aspects of aging will be distributed in the summer of 1976.

(3) Economics of a Stationary Population: Implications for the Elderly, Center for the Study of Aging and Human Development, Duke University Medical Center.

This assessment has been completed and a final report is now in preparation. The questions posed have to do with the ways in which the movement toward zero population growth will affect the ratio of workers to retirees, and the impact of these changes in age composition on productive capacity and the distributive patterns in the economy. The Nation can anticipate problems caused by an eventual decline in the proportion of the population of working age and the consequent necessity to make larger income transfers from workers to retirees. These problems are intensified as the retirement period is extended or the age of entry into the workforce is raised. This means that there is a low probability of any substantial improvement in real income during retirement unless strong countermeasures are taken.

(4) Alternative Community Support Options for the Differentially Impaired Elderly; Institute on Aging, Portland State University.

This project is attempting to define and assess the various options to support the elderly as they age and decline in the ability to maintain themselves. The report should permit better informed choices among available or new options in order to maximize the efficient use of scarce resources.

New projects in fiscal year 1976 are expected to deal with private pensions,

intergenerational funds transfer, the older consumer, work related cognitive decline in old age, and further studies on the future of aging.

In fiscal year 1977, while retaining the overall emphasis on the future and a broad approach to social problems, the program is expected to give some emphasis to the economic and social issues associated with retirement. The main thrust is likely to be on economic and demographic projections, problem definition, and social impact studies of various retirement policy options. These issues are perceived to be among the most important emerging issues and likely to have a major impact in the next 10–20 years.

ITEM 22. POST OFFICE DEPARTMENT

FEBRUARY 20, 1976.

DEAR MR. CHAIRMAN: In further response to your December 30 letter, we are pleased to furnish for your consideration the following information relative to Postal Inspection Service activities of special interest to our elderly customers.

Confidence in business transacted by mail is vital to the national welfare. It is the principal artery of commerce and communication in this country. No element of our society is immune to loss through mail fraud, depredations on the mails, and other activities involving misuse of the postal system. We recognize the special vulnerability of senior citizens to this sort of criminal victimization.

MAIL FRAUD

Mail fraud is characterized by guile, deceit, and concealment. Its success does not depend upon the use of physical force, violence or threats. Structured on man's natural tendency to trust his fellowman, frauds are often designed to be perpetrated on particular segments of society; such as the elderly, the unemployed and the poor. Through vigorous enforcement of postal statutes, the Postal Inspection Service seeks to protect the public from fraudulent promoters who would use the mails to further their schemes.

The Mail Fraud Statute, section 1341, title 18, U.S. Code, is the oldest "consumer protection law" enacted by Congress. It provides for 5 years imprisonment, $1,000 fines, or both, for any use of the mails in furtherance of a scheme to obtain money, or property, on the basis of fraudulent representations.

During fiscal year 1975, the Inspection Service received 127,044 complaints of alleged mail fraud. Arrests by Postal Inspectors for mail fraud totaled 1,618 and 1,260 convictions were obtained. Some 4,133 questionable promotions were discontinued in fiscal year 1975 through investigations. Although the Mail Fraud Statute makes no specific provisions for restitution, approximately $8 million were returned to victims.

Working with the Law Department of the U.S. Postal Service, the Inspection Service utilizes two administrative-civil actions as provided by sections 3005 and 3007 of title 39, U.S. Code. Section 3005 permits the Postmaster General to withhold and return to senders mail addressed to anyone whose advertisements soliciting remittances are shown to contain false representations. The companion statute, section 3007, makes it possible to obtain an order from a U.S. District Court which permits the withholding from delivery of mail addresed to such a firm or person, pending conclusion of section 3005 proceedings. During protection program of the Postal Inspection Service is designed to assist postal Service Law Department for consideration of action under these statutes.

Consumer Protection Program.—Because of the convenience, many elderly persons transact business and handle personal affairs by mail. The consumer protection program of the Postal Inspection Service is designed to assist postal customers who complain of unsatisfactory mail-order transactions. Complaints received are reviewed to determine if a full investigation is warranted, or if action can be taken to resolve the customer complaint through direct contact with the mail-order houses. In either case, the customer is notified of the action taken. Direct contacts with mailers have been very successful. Many complaints resulting from poor business practices, overlooked orders, and similar errors, have been promptly resolved. Postal customers have expressed their appreciation for the attention given. During fiscal year 1975, the Inspection Service received 34,000 mail-order complaints from postal customers, which were handled under this program. Of those complaints, 27,000 were resolved.

All consumers, regardless of age, are adversely affected when a fraudulent scheme is perpetrated upon the community. While the variety of mail fraud promotions is virtually limitless and persons from all walks of life are potential victims, experience has shown that elderly consumers are particularly vulnerable to certain schemes. The following brief résumé of some of these schemes, together with related statistics, may be of interest to your committee.

Business Opportunities.—Four separate but closely related promotions fall within this category. Distributorships, franschises, vending machines, and other job opportunity frauds lure investors with promises of high returns and guarantees of success which later prove, for the most part, worthless. These schemes frequently victimize older people who hope to put their resources to profitable use. In fiscal year 1975, investigations were completed in 158 cases, resulting in the discontinuance of 85 questionable operations. A public loss of $11,202,409 was cushioned somewhat by the 28 convictions which were obtained, and an estimated public savings of $3,630,786 were effected.

While many elderly investors may find it desirable to invest in or purchase franchise operations, there are dangers in such ventures. Recently, the operator of a travel oriented business promised investors a yearly income of up to $25,000. The investors received very little, if anything, in return, and the operator was convicted of mail fraud.

Chain Referral Schemes.—These schemes are aimed directly at low-income consumers. The elderly are particularly susceptible. Fast talking salesmen pass off desirable, but grossly overpriced, appliances and home improvement items under the misrepresentation that the products will actually cost nothing. The victim is requested to supply names of friends and associates as potential purchasers and thereby earn commissions. Not until they have signed conditional sales contracts and other documents, do the victims realize they have actually obligated themselves to pay for a product which they often neither want nor can afford. During fiscal year 1975, 101 investigations resulted in the termination of 76 chain referral schemes.

Home Improvement.—This type of fraud is generally directed at the uninformed owners of modestly priced homes. Elderly citizens are often physically unable to make repairs themselves, and can be convinced that their property is badly in need of expensive renovation. Likewise, such items as aluminum siding, porches, patios, and garages are attractive to retired or seimretired individuals who desire to make their homes as comfortable as possible.

Land Sale Swindles.—The purchase of land for a retirement homesite is an attractive investment for senior citizens. Unfortunately, some promoters misrepresent the property they have for sale. Unfinished developments, swamp lands and barren desert plots, may be foisted on an unsuspecting purchaser. In fiscal year 1975, the Inspection Service investigated 51 cases involving alleged fraud in land sales, totaling almost $11 million in public loss.

Matrimonial Schemes.—Lonely people, including the elderly, are often swindled by dishonest persons. Men and women seeking pen pals, with a view toward finding suitable mates, frequently join lonely hearts clubs. Few, if any, of these clubs have facilities to determine the integrity of the persons who apply for membership. It is said that a list of members can be purchased with little or no difficulty. Club membership lists are, therefore, sometimes obtained by unscrupulous persons who use them to carry on extensive correspondence with prospective victims. The correspondence is usually started by the promoter misrepresenting himself to be exactly what the club member desires in a mate. As the correspondence continues, endearing terms are used, and when the prospective victim mentions matrimony, his or her pen pal responds with talk of current financial problems. There will generally follow a request for money to carry the loved one over the temporary crisis. Once the money is received, the pomoter ignores additional correspondence, or returns the letters marked as undeliverable. Obviously, many victims are hesitant to report the matter because of embarrassment.

Medical Frauds.—By nature, medical frauds probably affect the elderly more than any other segment of our society. Today, despite up-to-date medical facilities and widely published warnings, elderly people fall prey to medical quacks. These charlatans depict, by means of cleverly designed advertisements, cures for a long list of geriatric problems, including arthritis, cancer, obesity, impotency, and headaches. Rapidly rising medical costs and lack of sufficient insurance coverage, among other circumstances, influence the elderly to try these alleged quick cures.

In addition to prosecution, many medically related schemes are thwarted by timely action by the U.S. Postal Service. This action, under 39 U.S. Code 3005, may result in orders being returned to the senders, effectively stopping the promotion. In establishing the fraudulent nature of the representations made, the Inspection Service obtains expert medical testimony to the effect that the product or treatment would do no good whatsoever.

Some medical fraud schemes include representations that are not only false and misleading, but may also be considered dangerous. One company, in business for many years, until the principals were indicted for mail fraud, had victimized an estimated 6½ million people, through the sale of worthless dietetic, aphrodisiac and muscle developing products. In another case, a pair were charged with fraud for failing to provide goods and services which allegedly concealed baldness.

Solicitation of Funds.—Thousands of organizations solicit funds from the public, and appeals for contributions extend to many causes and include an endless variety of charities and betterment organizations. Elderly people who have experienced life's problems are often anxious to assist those less fortunate than themselves. In some instances, this involves reducing an already meager income by that much more. Unfortunately, funds solicited by unprincipled promoters funnel into the hands of swindlers. Schemes of this type vary, but all have the following characteristic: they prey on the sympathy and the desire of many to help the unfortunate. Unauthorized assumption of the names of legitimate charitable organizations, as well as the use of bogus and official sounding titles, are two of the ploys used by the con man. A fraud operator needs little more than a solicitation letter and a mailing address to set up his business.

There were 210 cases issued for investigation by the Postal Inspection Service in the area of solicitations during fiscal year 1975. Of this number, 104 promotions were discontinued.

Work-At-Home Schemes.—Retirees, invalids, housewives, and others, particularly in the poor and lower middle-class income levels, frequently desire to supplement whatever income they have. Age, health and family responsibilities may make it impossible for these persons to hold even a part-time job. Naturally, the prospect of employment at home is attractive to them.

A mail-order promotion in New Jersey was recently stopped when both operators pleaded guilty to mail fraud. They had advertised nationwide and offered steady income through work-at-home employment stuffing and addressing envelopes. Investigations of 151 such promotions resulted in 112 work-at-home schemes being discontinued during fiscal year 1975.

Merchandise Schemes.—In addition to the Inspection Service efforts under the consumer protection program in resolving customer complaints against nonfraudulent mail order firms, criminal investigations also are conducted when fraudulent intent is indicated by the failure of a merchant to furnish ordered merchandise or make refunds. Many of the investigations involved complaints made by elderly citizens who are victimized. There were 546 criminal investigations of this type conducted in fiscal year 1975 involving losses to the public of over $5 million. There were 263 questionable promotions discontinued.

Sexually Oriented Advertisements

Often, elderly people are subjected to unsolicited receipt of objectionable or sexually oriented advertisements. The Postal Service has two methods available by which they can be protected from receiving such unwanted mail. One of these methods is the Pandering Advertisements Statute (title 39, U.S. Code, section 3008). Under the provisions of this statute, a customer who receives an advertisement which he considers to be "erotically arousing or sexually provocative," may sign a request for a Prohibitory Order Form 2150, or Publication 123 (available at all post offices) against the mailer. The Postal Service would, in turn, issue an order to that mailer instructing him to cease further mailings to the customer, effective on the thirtieth calendar day after the date of the order. If the mailer makes a subsequent mailing to the customer after the 30-day grace period, the mailing should be referred to the Postal Service. The matter will then be brought to the attention of the Justice Department for consideration of civil action.

The Sexually-Oriented Advertisements Statute (title 39, U.S. Code, section 3010) is the second method made available by law. This statute is intended to afford protection from receiving unsolicited advertisements from any source,

rather than from one particular mailer. However, the advertising material must be sent unsolicited and must depict material specifically defined by the statute as being sexually oriented.

Theft of Mail

Investigation of the theft of mail after delivery to houses, apartments and rural mailboxes is one of the major criminal investigative functions of the Inspection Service. Approximately 66 million American families are served by city and rural routes. An estimated 750 million Federal, State, and local checks are delivered through the mails annually. Checks are most vulnerable to theft when they reach the addressees' mailbox.

U.S. Treasury Checks and State welfare checks are the most common targets of letter-box thieves. A disproportionate number of their victims are the poor and the elderly who suffer most when their checks are stolen and replacement checks must be issued. The check theft problem is most severe in the low-income areas of the larger cities where millions of welfare and social security checks are distributed by mail. Contributing to the problem has been the ease with which thieves have been able to cash stolen checks. False identification is easily obtained.

Inspectors work with Secret Service Agents, State and local law enforcement officers, and with officials of check issuing agencies to insure the prompt exchange of information and the efficient coordination of investigative efforts. The Inspection Service has encouraged State and local efforts to develop better photo and signature identification cards. The aid of public housing authorities at local levels has been enlisted to install and maintain secure mail receptacles, mail rooms and guard forces. Inspectors participate in local programs to educate merchants in check cashing procedures. Liaison is maintained on a continuing basis with banking institutions to exchange information on check-fencing operations and split-deposit schemes.

Security

The U.S. Postal Service is vitally concerned with the secure handling of all mails, as well as providing a safe environment for postal customers. This is of particular importance to older Americans who lack mobility through physical infirmity, who rely on benefit checks received by mail, or whose separation from family makes them heavily dependent on prompt and reliable mail service. The task of providing for the security of the Postal Service has been assigned to the Postal Inspection Service. In fulfilling its mission, a variety of steps are taken by the Service to provide for the safe delivery of all mail. Recognizing the importance of millions of social security, veterans, and other retirement checks handled by the Postal Service each month, the Inspection Service insures that extra protection is afforded them. Specially designed, lockable containers as well as unique handling and transportation methods are used to protect the checks from loss or damage. The Inspection Service is also constantly studying new techniques to improve service and protect the mail.

Providing a safe environment for postal customers is one of the primary missions of the U.S. Postal Service Security Force. Stationed in and around designated postal facilities, these specially trained officers, under the direction of the Postal Inspection Service, provide perimeter security for postal buildings to insure ready and safe access by the public. Frequent use of postal services by the elderly makes them a prime beneficiary of this added level of protection.

Public Education

The Postal Inspection Service maintains close liaison with other Federal, State, and local agencies having a concern for consumer protection. In addition, Postal Inspectors make numerous speaking appearances each year before various law enforcement, civic, education, and consumer groups. The Inspection Service was represented at the National Conference on Crime Against the Elderly held at Washington, D.C. between June 5 and 7, 1975. The conference, sponsored by The American University, brought together concerned practitioners and planners in the fields of aging services and criminal justice, in the hope of gaining better understanding of the needs of older people and to study the problems confronting them.

Although many postal investigations are "after the fact situations," our programs are also directed at prevention and increasing the public awareness of potential problem areas. I hope this summary will be helpful to you and your committee.

Sincerely,

BENJAMIN F. BAILAR.

ITEM 23. RAILROAD RETIREMENT BOARD

JANUARY 29, 1976.

Dear MR. CHAIRMAN: With reference to your letter of December 30, 1975, I am pleased to enclose a statement summarizing major activities of the U.S. Railroad Retirement Board on aging during 1975. It is anticipated that payments under the Railroad Retirement and Railroad Unemployment Insurance Acts will be somewhat higher during 1976 than in 1975.

We look forward to your committee's 1975 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 1975, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled $3,127 million, an increase of $407 million from fiscal year 1974. Retirement and survivor benefit payments amounted to $3,060 million, an increase of $390 million over the preceding fiscal year. Unemployment and sickness benefit payments during fiscal year 1975 totaled $67 million, almost $17 million more than in the preceding fiscal year.

The number of beneficiaries on the retirement-survivor rolls on June 30, 1975, totaled 1,013,000. The vast majority (over 82 percent) were aged 65 and older. At the end of the fiscal year, nearly 462,000 retired employees were being paid a regular annuity averaging $324, about $28 higher than a year earlier. In addition, 142,000 of these employees were being paid supplemental annuities averaging almost $62.

Almost 220,000 wives of retired employees were receiving an average annuity of $153. Of the 338,000 survivors on the rolls as of June 30, 1975, 291,000 were aged widows receiving an average annuity of $233. About 875,000 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 1975. Of these, 851,000 (97 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to over 137,000 railroad employees during fiscal year 1975. However, only about $350,000 (less than 1 percent) of the benefits went to individuals aged 65 and older.

DEVELOPMENTS IN 1975

LEGISLATION

The Railroad Retirement Act of 1974, enacted on October 16, 1974, as Public Law 93-445, became effective January 1, 1975. The 1974 act, which was described in last year's report, comprehensively restructured the railroad retirement system. This legislation was developed by a joint committee of railroad management and labor representatives and was intended to put the railroad retirement system

on a relatively sound financial basis, make certain improvements and preserve the existing equities of career railroad employees. It is anticipated that the 1974 act's provisions for changes in the annuity formulas, a reduction in dual railroad retirement-social security benefit payments, plus the additional funds provided by the Federal Government to pay the phase-out costs of dual benefits, and higher investment earnings, together, will place the railroad retirement system in a much improved financial condition.

Other than technical amendments to the Railroad Retirement Act of 1974, and provisions of the Tax Reduction Act of 1975 extending one-time $50 payments to railroad retirement annuitants as well as social security beneficiaries, 1975 legislation affecting the railroad retirement system was confined to the Railroad Unemployment Insurance Act administered by the Board, and to the Railroad Retirement Tax Act. The 1975 amendments to the Railroad Unemployment Insurance Act which were effective July 1, 1975, increased unemployment and sickness benefits, provided extended unemployment benefits during periods of high unemployment such as the present for employees not previously eligible, and otherwise liberalized this benefit program for nonretired employees. The 1975 amendments to the Railroad Retirement Tax Act concerned the periods of time to which certain payments to employees are to be taxed.

ITEM 24. VETERANS ADMINISTRATION

FEBRUARY 5, 1976.

Dear MR. CHAIRMAN: In response to your request of December 30, 1975, I am pleased to forward the enclosed report on Veterans Administration activities relating to developments in aging for the year 1975.

This agency has a special interest in the increasing proportion of aging persons in the national population. The average of the ages of the more than 29 million veterans in this country is slightly more than 46 years; however, the average age of all patients in VA hospitals presently is 9 years greater.

Since the number of veterans who are age 65 or older is growing rapidly and this class of veterans is a heavy user of VA medical care, the average age of inpatient groups will advance steadily in years immediately ahead. When extended care types of patients (domiciliaries and nursing homes) are included, about one-third of all VA inpatients are age 65 or older.

The magnitude of our activity is more fully realized when to this is added the fact that the VA provides all or part of the income of more than 1.6 million persons over the age of 65.

The development of new thrusts in geriatric programing, exemplified by the establishment of an Office of Assistant Chief Medical Director for Extended Care and further development of geriatric research, education and clinical centers in seven locations, attests to the increasing leadership of the VA in this important area.

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 1975

DEPARTMENT OF MEDICINE AND SURGERY

1. INTRODUCTION

During the past year the Veterans Administration has taken two steps which are expected to have significant impact upon health care delivery to older veterans. First, all extended care facilities existing within the VA system were reorganized into one medical service, headed by one Assistant Chief Medical Director for Extended Care. This move brought together several diverse long-term care programs, including: domiciliaries, VA affiliated State domiciliaries, VA nursing homes, community nursing homes, VA affiliated State nursing homes and hospital based home care.

These programs have a strong bond and mutual concern, however, because the populations which they serve are comprised primarily of older veterans. Bring-

ing together under one organizational roof those facilities which are concerned primarily with the extended care of older veterans was seen as a first step in providing more comprehensive and better geriatric care.

In our long-term care programs, the number of veterans on a typical day were: 6,933 in VA nursing homes; 6,571 in community contract nursing homes; 9,222 in VA domiciliaries; 1,062 in State hospitals (VA supported); 4,268 in State nursing homes (VA supported); and 5,754 in State domiciliaries (VA supported).

The number of inpatients 65 years of age or older in VA facilities or in other facilities under VA auspices has increased 5.4 percent since 1970, while the total number of all inpatients has remained about the same. Significant increases in the number of inpatients 65 years of age or older occurred in four extended care programs: Community Nursing Home Care (97.6 percent), State Home Nursing Care (47.8 percent), VA Nursing Home Care (46.8 percent), and State Home Hospitals (44.8 percent). These increases are commensurate with the increased availability of beds for these programs.

Of all VA inpatients under care on October 1, 1975, approximately 33 percent (36,700) were 65 years of age or older. Compared to the census day in 1970, this represents a 7.2 percent increase in the proportion of older patients receiving health care by the VA. About 47 percent of these older veterans are receiving extended care.

To provide for and insure that geriatric care in extended care facilities is upgraded, the Veterans Administration took a second significant step. The newly formed VA Geriatric Research, Education and Clinical Centers (GRECC's) were made the management and planning arm for the Extended Care service. These Centers had already been singled out by the Veterans Administration because of their staff's interest and expertise in approaching the medical and psychological problems associated with the aged.

The Geriatric Research, Education and Clinical Center (GRECC) is designed to be a collaborative effort among basic researchers and clinicians on the problems associated with aging. Researchers and clinicians, both with diverse backgrounds and with similar expertise, are expected to exchange views and to utilize each others' experiences to identify important areas and approaches in geriatric research. An important component of each GRECC is its clinical demonstration ward where applied studies can be conducted and clinical care models can be demonstrated. It is expected that the GRECC's will play a major role in the education of staff throughout the Extended Care service. The Centers will research particularly acute problem areas in aging, develop treatment and clinical care programs, and educate staff across the VA system to implement similar programs in their care facilities.

Currently, there are seven Geriatric Research, Education and Clinical Centers and one additional Center is expected to be designated within the next 2 years. GRECC's have been organized at the VA Center, Bay Pines, Fla.; VA Hospital, Little Rock, Ark.; Palo Alto/Menlo Park, VA Hospital, Palo Alto, Calif.; VA Hospital, Sepulveda, Calif.; VA Center, Wadsworth Hospital, Los Angeles, Calif.; and two joint Centers were established involving Boston Outpatient Clinic/Bedford VA Hospital, Mass.; and American Lake/Seattle VA Hospitals, Wash. These Centers are expected to provide leadership and direction in geriatric research within the VA. The GRECC's have the needed expertise; many of the outstanding researchers in the field of aging are associated with the Centers. The GRECC's have also been given resources in terms of facilities, equipment, and moneys to recruit additional personnel to enable them to accomplish their program goals.

The Administrator of Veterans Affairs through his designee, the ACMD for Extended Care, has continued to cooperate fully and actively with the Interdepartmental Working Group on research, nutrition, energy, and information and referral.

In working with other governmental agencies on the problems of the aging citizen, the Geriatric Centers have been the logical VA representative. When the Commissioner on Aging requested that the VA appoint AoA regional representatives, the Geriatric Center Directors agreed to assume the liaison information role where needed. The Geriatric Centers have actively supported the efforts of the AoA nutritional program and four Centers are originating projects in conjunction with AoA to identify and meet the nutritional needs of older veterans.

The VA is actively working with the Administration on Aging Federal Interagency Task Force on Information and Referral Services for Older People. This is an effort among Federal agencies to coordinate their information and referral services to elderly citizens. The VA has been particularly concerned with

discovering ways in which cooperative efforts initiated at the top agency levels can be filtered down meaningfully to "grassroots" agency workers.

Since their organization in 1974, the GRECC's have been involved in developing and conducting educational conferences. These conferences disseminate current, up-to-the-minute knowledge about important issues in the field of aging. The conferences are aimed not only at GRECC and other extended care services staff, but also are made available to community professionals, paraprofessionals, and interested university members. In the first year of GRECC operation, Seattle prepared a program on "Aging and the Caring Environment" while the Sepulveda GRECC sponsored a second conference dealing primarily with the physical and design aspects of long-term care facilities for older persons.

During the present fiscal year 1976, three conferences will be sponsored by the Geriatric Centers: "Dermatosis and Aging," held at the Albuquerque, N. Mex., VA Hospital; "Caring Environment," sponsored by the Boston/Bedford GRECC; and "Cardiopathy of the Aging III," sponsored and organized by the Little Rock Geriatric Center.

A brochure is being prepared which will describe the function of the Geriatric Research, Education and Clinical Centers within the VA. This pamphlet will be available for dissemination to professionals in the aging field and interested citizens. A Bicentennial exhibit explaining extended care services within the VA, including the Geriatric Research Centers, is scheduled to be displayed at a professional conference in Washington next summer.

Finally, in addition to its educational conferences, the Geriatric Research, Education and Clinical Centers are committed to organizing professional symposia dealing with specific issues in aging. A series of monographs are planned which would summarize the symposia's proceedings and enable even wider dissemination of expert opinions on vital, current topics. The first such symposium was held in February 1975, and the proceedings have been published in a monograph entitled: "Procaine and Related Geropharmacologic Agents—The Current State of the Art."

Further significant efforts in the Department of Medicine and Surgery and the Department of Veterans Benefits to meet the needs of aging veterans 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 need for hospitalization in excess of 30 days. Moreover, as the largest group of American veterans from World War II become older (now 53.5 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 its 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 major VA detection and treatment program. Implementation of the hypertension screening and treatment program should do much to ameliorate major causes of disability and death in the aging veterans.

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 committed 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

The Mental Health and Behavioral Sciences Service has continued and expanded its services to the elderly patients in our Veterans Administration health care facilities. In addition to the provision of psychiatric and psychological consultation and services to the patients in our Intermediary Medical Services and Nursing Home Care Units, there has been an expansion of needed services to our domiciliary population, for instance, in psychiatry in our single domiciliary at White City, Oreg., where they have had none prior to 1975.

In keeping with the expansion of geriatric services, the Mental Health and Behavioral Sciences Service has joined with the newly formed Extended Care Service to conduct special seminars, the last held in Bedford, Mass., on "Aging and the Caring Environment." This was fourth in a series in which the concerns of developing a psychological environment conducive to the most effective care and treatment of the medical and psychological condition which affect the aged was presented. These services were attended by practitioners both within and outside of the Veterans Administration.

Special attention must be accorded to our psychiatric hospital in St. Cloud, Minn., which pioneered a special program in which sixth grade students as part of their school work established friendships with a group of aged veterans in the hospital. What started as an experiment, to teach younger people the habits and mannerisms of older adults and to motivate older patients to become more interested in living, developed into mutual friendships among the generations. The patients, many of them grandfathers who may be long distances from their families and grandchildren, took much more interest in themselves and the world around them as a result of their interaction with the children. The original class was so enthusiastic over the experience that other classes are continuing the program with obvious benefit to both generations. The psychiatric hospital at St. Cloud was awarded a gold award at the 24th Institute on Hospital and Community Psychiatry for this program of using sixth graders as remotivation therapists for geriatric patients.

Work is continuing in the area of drug prescription practices in order that, particularly in regard to psychotropic medication, benefits which these wonder drugs have produced can be maximally applied to patients who manifest psychic disturbances in addition to the physical infirmities accompanying advancing age.

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 while 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 1976, 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. It is projected that the close alignment which now exists will be further fostered between this Service and the new Extended Care Service and thus bring about even more direct involvement of Mental Health personnel and programs with the veteran patients who fall in our senior citizens category.

4. SOCIAL WORK SERVICE

Social Work Service has a long tradition of providing a wide range of services to the older veteran and to his wife and widow. This is due in part to the fact that the veteran population is essentially an aging population and because medical science and technology have made it possible to live longer than ever before.

The challenge to social work has been to help older veterans live meaningful and useful lives within the limits of their health problems and their disabilities. The complicating factor in achieving this goal has been the lack of adequate social services and social supports for older veterans in the community, and the need to locate and develop a variety of resources including income maintenance, ambulatory health services, housekeeping and other personal services, such as meals-on-wheels, transportation, recreational opportunities, etc.

For those veterans requiring long-term care, there has been a need to humanize our nursing homes and other special institutions, to create more caring environments which are responsive to individual's needs and problems and to encourage social interaction and independent decisionmaking.

In addition to helping older veterans with practical difficulties, Social Work Service offers counseling programs in such areas as retirement planning, loss of a loved one, developing avocation interests, coping with feelings of discouragement, building a new life, and accepting the need for supervised living arrangement when independent living is no longer medically or socially feasible or desirable.

During fiscal year 1975, Social Work Service assisted 26,096 veterans from general medical and surgical hospitals in finding community alternatives to hospitalization. This was accomplished by placing veterans in such placements as personal care homes, nursing homes, state soldiers' homes, boarding homes and other special placements. Twenty two percent of these veterans were 70 years of age or older. The combined totals of those veterans already in placement and those placed during the fiscal year totals 37,513.

Special attention is given to ensure that all community homes used by the VA meet quality standards and to this end, Social Work Service along with other involved disciplines regularly inspect each home being utilized. In addition, Social Work Service carries major responsibility for providing continuing supportive service to these veterans after they have been placed in community care homes. Ongoing guidance, consultation, and training is also provided for the sponsors of homes to ensure that they are able to meet the needs of these veterans.

Several new programs have been developed recently to serve veterans returning to their own homes. Veterans who live in isolated areas or who live alone are being contacted by telephone at specified times by volunteers to ensure their well being. This program is known as telecare. Social workers in over 100 hospitals are supervising such programs or referring appropriate veterans to similar programs operated by other community agencies. A friendly visiting program of volunteers seeing aged veterans who are homebound or residing in community nursing homes is another service offered by many of our VA hospitals.

Counseling programs on death and dying have been expanded this year and there has been an increased emphasis on improving the quality of terminal care. Special attention is being given to helping hospital and nursing home staff, along with patients and relatives, understand and deal with their anxieties, fears and frustrations in dealing with death.

Social Work Service plans to increase its involvement with university gerontological centers, schools of social work and community agencies concerned with the aged in the areas of service delivery, training and research. Continuing emphasis is being placed on regionalized approaches to the care of the aged while upgrading social support systems which will assist the aged in maintaining appropriate living situations in the veteran's own community.

5. REHABILITATION MEDICINE SERVICE

Rehabilitation Medicine Service (RMS) continues to place emphasis on the treatment and rehabilitation of the elderly. In most all conferences, workshops and teaching seminars, a part of the program focuses on the aging veterans and his needs with which RMS should be concerned.

Current programs in RMS range from the treatment of the older individual's dysfunction problems to socialization programs. They include such programs as community orientation, compensated work therapy, nursing home care units, half-way houses and community foster homes, reality orientation, behavior modification, and many others.

Rehabilitation Medicine Service is currently providing assistance in developing a multidisciplinary rehabilitation concept in the Extended Care facility at St. Albans, N.Y. Current plans include having an initial reality orientation workshop in early 1976. After the staff has had an opportunity to practice and perfect its reality orientation techniques, training programs will then be estab-

lished to provide ongoing educational programs for both VA and non-VA personnel.

In VA, Recreation Therapy has placed emphasis on using community facilities to involve patients in community activities as a part of the treatment. Senior citizen groups, special geriatric calisthenic programs, adult educational programs, and social and picnic outings are accomplished on a cooperative basis with the community. RMS considers the problems of chronicity as one of its major concerns and is, therefore, moving toward providing continuous education in geriatrics for its therapists.

The older veteran is a chronic user of bed space within the VA. These patients in our medical facilities are spending an inordinate amount of time in the custodial sense, rather than being responsible for themselves. RMS is stressing the rehabilitation of the elderly in hopes of giving them back their sense of dignity and self-determination. Rehabilitation rather than custodial care is the major consideration in providing care for these veterans.

6. DIETETIC SERVICE

Comprehensive nutritional care is provided for aged veteran beneficiaries. This care addresses itself to the physiological, sociological, and psychological aspects of aging. Assessment of the aged veteran's nutritional status looks into the underlying causes of an inadequate food intake. A common cause is the aging veteran's diminished appetite; another is swallowing or chewing problems from a disability such as stroke or the absence of teeth or dentures. Also considered is inadequate food intake resulting from the reduced buying power of retirement and/or fixed incomes and failure to eat at regular hours due to loneliness and depression. The dietitian works closely with all members of the health care team in integrating appropriate nutritional care with the aged veteran's total treatment regime. In response to the diet prescription the dietitian modifies the veteran's food intake to meet the physiological requirements of his condition. Menus and mealtimes are adjusted to increase patient satisfaction. Food acceptance studies conducted regularly document the aged veteran's food preferences. Whenever possible the veteran is encouraged to make his choice of food from a cafeteria counter or from a printed selective menu. Selecting his own food is one of the few opportunities the aged hospitalized veteran has to exercise his independent judgment. Taking meals in the atmosphere of a dining room as opposed to three meals from a bedside tray fosters resocialization in an institutional setting. Leaving the bedside three times a day for meals in a cheerful dining area stimulates an improved food intake as well as a more positive attitude toward the total treatment program. New food products are evaluated continually for their merit in meeting the veteran's specific nutritional needs. Supplemental foods containing concentrated nutrients are made available to the aged veteran whose poor appetite or limited capacity curtails the required food intake for normal nutrition.

Since the benefits of good nutrition manifest themselves slowly, nutrition education must be a continuous process to assure proper eating habits throughout hospitalization and after the veteran's return to his community home. Veterans are instructed individually as well as in groups. Effort is made to assist the aged veteran on a modified diet to integrate the restrictions of his prescribed diet with the foods he usually eats and his usual mealtime pattern. Particular emphasis is given to instructing the aged veteran to avoid being victimized by food faddists selling so called "health" foods which are costly and unnecessary for his health. The use of food stamps for aged veterans with reduced incomes and instructions on reading food labels for maximum nutritional and economic value are typical of the nutrition education classes provided. The aged veteran's wife or other family member is encouraged to attend nutrition classes with the veteran to increase the support he will receive in obtaining proper nutritional care following medical discharge. A large segment of alcohol dependent veterans is elderly. The ravages of alcoholism frequently result in severe malnutrition. Dietitians, in collaboration with the health care team, work closely with these patients to restore them to normal nutritional status when physically possible and to teach them improved eating habits to maintain their health while overcoming alcohol dependency.

The need to research the relationship of nutrients with disease conditions of the aged is of ever-increasing importance, from the standpoint of improved quality of life in old age as well as from a purely economic basis. Since the aged have the highest incidence and prevalence rates for illness and disability, the

cost of medical care and maintenance of the disabled will increase proportionately to the increasing aging population. The seven Geriatric Research, Education and Clinical Centers address themselves to the specific problems of the aged. Nutrition research, basic, metabolic and clinical has been encouraged since the inception of these centers. Dietitians in these locations have demonstrated their interest in nutrition research and have developed research proposals.

The dietitian has participated in the followup care of aged veterans through such programs as hospital based home care, foster homes, personal care homes, and community nursing homes. The expansion of ambulatory care has afforded the aged veteran the opportunity to receive nutrition counseling in coordination with his total treatment program. Followup nutritional care is particularly essential for the growing number of aged veterans who live alone. Teaching these veterans to care for their own nutritional needs within a reduced income and with limited cooking skills and equipment is a mounting responsibility of dietitians today.

7. NURSING SERVICE

Nursing Service utilizes a multidisciplinary approach to planning and providing individualized care for each veteran patient. This approach has proved successful and is in keeping with current care concepts. By collaboration and coordination with other disciplines on the treatment team, all therapeutic activities are directed toward the same goals for the specific veteran. Nurse administered units are established in selected long-term care settings, in which nurses practice in an expanded role and assume primary responsibility for the continuum of care in health maintenance, management of symptoms and referral to alternate care settings.

A written patient care plan is made for each veteran, and includes an assessment of nursing needs and a plan of action. The plan assures maximum attention not only to needs related to care during the illness, but also to health teaching and supportive assistance needed by the veteran and family. Focus is toward the individual veteran's potential for independent functioning and the maintenance of health. A plan is developed for each patient in all VA care settings.

Reality orientation, remotivation, resocialization and therapeutic recreation are integrated into daily programs involved with care for the aged veteran. Reality orientation in some long-term care settings has been adapted to include reorientation to functioning in the contemporary social and physical environment. Trips to laundromats, drycleaning establishments, department stores, public libraries, entertainment areas, restaurants, railroad stations and airports are diversional activities which also motivate improvements in personal hygiene and grooming, bridge gaps between institutional and community living and add to quality of life.

The patient and family participate in planning care in many settings. Nursing Service, in discharge planning, teaches the patient, family, or other health workers including community health workers, to care for the patient in non-hospital settings. When medically indicated, Nursing Service provides for followup visits to the home through referral to community nursing agencies and orients community health agency workers or the community nursing home staff to the care of a specific patient. VA nurses also participate in surveys of nursing homes and make followup visits to these homes to assure satisfactory adjustment of the veteran to the specific facility.

Nursing Service feels a professional commitment to establish and maintain an environment which permits the individual to maintain a satisfying self-image and attain the optimum level of independent functioning. Activities which encourage feelings of accomplishment, and assuming of responsibility are utilized.

Nursing Service continues to: (1) Demonstrate that through expanded roles nurses are improving care for the aged in a variety of settings, and (2) explore the influence of environment on therapeutic outcomes, and (3) seek improved methods of care for aged veteran patients.

8. VOLUNTARY SERVICE

Through the Voluntary Service program volunteers participate in a wide variety of VA medical care services to the aging, beginning with the admissions process and carrying through into the community at nursing homes and satellite clinics. Their ability to concentrate substantial amounts of time on companionship with individual patients and their capability of bringing the community

and its resources into the institution gives these volunteers their own particular value as members of the total treatment team for the long-term patient.

Older patients in nursing home care and domiciliary units respond well to the vitality and enthusiasm of youth volunteers and to the shared interests of older volunteers. In other areas of VA health care facilities as well, qualified volunteers of all ages help the staff to meet a variety of patient needs. Among their activities are: performing personal services such as letter writing and shopping; counseling with the terminally or chronically ill; taking books and talking books to patients on the wards or assisting them in the library; escorting wheelchair and litter patients to clinics and chapel services: assisting with menu selection and food service; participating in psychological testing and group therapy; teaching music, manual arts, crafts, sports and games, and gardening; helping with speech therapy, and counseling stroke victims and laryngectomy patients. There are, in addition, many other direct and indirect services involving older patients where volunteers effectively supplement the work of the staff.

The fact that older volunteers are encouraged to participate in the VA health care program provides for many of them a sense of being needed and of belonging. The value they place upon this involvement may be judged by two current examples: A 92-year-old woman commutes by bus, with two transfers each way, to mount electrocardiograph strips 4 days a week in the EKG laboratory at the Kansas City, Mo. VA Hospital; an octogenarian member of the American War Mothers travels 100 miles round trip to represent her organization on the Voluntary Service Advisory Committee at the Boise, Idaho VA Hospital, never missing a meeting.

To encourage the enrollment of even more older Americans in the VA volunteer program. Voluntary Service seeks active relationships with such agencies as ACTION, with its older American volunteer program, and the American Association of Retired Persons/National Retired Teachers Association.

9. EDUCATION

The Office of Academic Affairs with the Office of the ACMD for Extended Care has been actively involved in planning a comprehensive educational program for health care workers involved in the treatment of geriatric patients. The approach that has evolved is multifaceted, involving training of students and the continuing and in-service education of VA health professionals.

Under the auspices of Extended Care and Academic Affairs, the Geriatric Research, Education and Clinical Centers (GRECC's) have been involved in developing and conducting educational conferences. These conferences disseminate current, up-to-the-minute knowledge about important issues in the field of aging. The conferences bring together national and local experts engaged in long-term care of the elderly and are aimed not only at the Geriatric Centers and other Extended Care Services staff, but also are made available to community professionals and paraprofessionals. During May of 1975, the Seattle/American Lake GRECC sponsored the 3rd annual conference on "Aging and the Caring Environment," in which more than 50 VA staff and 200 community nursing home administrators participated. The Sepulveda GRECC sponsored the conference on "Impact of Physical Environment on Patient Care in VA Nursing Homes," dealing primarily with the physical and design aspects of long-term care facilities for older persons. The Geriatric Centers actively participated in the symposium on educational development in aging sponsored by Academic Affairs and held in Washington during May of 1975. The VA–GRECC program in conjunction with the University of New Mexico School of Medicine sponsored the Symposium on Geriatric Dermatology held at the VAH Albuquerque in October of 1975. The Bedford Geriatric Center sponsored a most successful symposium on "Caring Environment for the Aging" during November of 1975. Several other conferences are planned for this year including cardiopathy of the aging, nursing home design, hospital based home care, neurobiology and behavioral sciences symposia relative to aging.

The Geriatric Centers are actively involved in developing training programs in various specialties with prominent universities and gerontology institutes, as well as community colleges.

A brochure is being prepared describing the function of the Geriatric Centers within the Veterans Administration and will be disseminated throughout the VA as well as to professionals in the aging field and interested citizens.

In addition the Geriatric Centers are committed to organizing professional symposia dealing with specific issues in aging. The first such symposium was held in February of 1975 and the proceedings have been published by the Sepulveda GRECC entitled "Procaine and Related Geropharmacologic Agents—The Current State-of-the-Art," VA–GRECC Monograph No. 1.

10. RESEARCH

The Veterans Administration broadly defines its older population as including those veterans who are 55 years and older. The VA has long recognized that aging is not an invariate process. An individual's personal health and social-psychological history affect his aging process. Chronological age is seldom an adequate criterion for determining "aged" persons. Some veterans are in need of medical care for arthritic and cardiovascular conditions at relatively young ages while other veterans are in fine physical health through their seventies.

Research priorities within the VA reflect the dual aspects of aging. It is important to distinguish between true age change and those physiological changes which are related to age but which are the direct result of disease and other external agents. Treatment, and ultimately prevention efforts, can be better conceived and executed if the aging process is clearly delineated.

Intensive biological, perceptual and cognitive studies are being carried out in an attempt to identify universal physiological changes with age. Functional changes with age both on the cellular level and the human performance level are being studied. The VA is conducting longitudinal studies of normative aging processes and metabolic changes with aging in order to distinguish between disease consequences and normal aging.

In keeping with its mission to provide quality health and medical care to veterans of all ages, the Veterans Administration is also researching and developing diagnostic and treatment techniques for age-related diseases. Problems of the respiratory and circulatory systems and the skeletal structure seem to culminate and become prevalent with age. Biomedical researchers within the VA are involved in determining the causes for these degenerative diseases and in alleviating the symptoms in older individuals. Psychiatrists and psychologists are working to relieve some of the environmental and mental health stress often experienced by older citizens.

The aged individual, as identified by the VA operation, reflects in his physical or mental health those changes which are the result of true biological aging or which result from the cumulative effects with age of external stresses. Aging is viewed as a continuous process reflecting each individual's developmental history

Since it is expected that the developing Geriatric Research, Education and Clinical Centers (GRECC) will be in the forefront of aging research within the VA, a short description is given of the areas of research concentration with each center.

Bay Pines GRECC

Bay Pines VAC has a long history of biochemical and behavioral research in the field of geriatrics. Under the GRECC, research is continuing on the metabolic changes during aging and the effects of stress and maternal nutrition on animal metabolism and aging. The future thrust of research at the biomedical level at Bay Pines will be in the "hormonal aspects in circadian rhythms" and in "trace metals and aminoacids." In the area of psychosocial research, two demographic/health needs assessment studies will be continued and expanded: one study is reviewing the needs of World War I veterans both in and out of institutions; and a second study involves a determination of the personality type of veterans who utilize outpatient services. Bay Pines is also engaging in evaluation research of a reality orientation clinical program and prosthetic devices designed for the care of elderly patients.

Little Rock GRECC

As a Geriatric Research Center, Little Rock has had a strong emphasis upon medical education in geriatric problems, particularly in the area of cardiopathy and aging. Therefore, the research at this center is strongly biomedical. Experimental work is being conducted on the metabolic defects of acute ischemia in an effort to determine the appropriate therapy for acutely ischemic myocardium in the elderly. Research is just starting at the Center on normal and pathological states of the cardiopulmonary system in the elderly. The use of a mild stimulant in combating the symptoms of depression in elderly patients is also being studied.

Palo Alto/Menlo Park GRECC

The Palo Alto GRECC has a number of strong, but diverse, research thrusts. On-going work at the station has been in cellular aging: the study of non-adrenalene nerve cells involved in Parkinson's disease and molecular protein studies of fibrous neuroglia. As the Center develops, however, new biomedical interests have emerged; in diabetes, insulin and the implications of aging for receptor sites. Research efforts in the early diagnosis of senile dementia appear to be promising. A health needs assessment survey of the Palo Alto community is also planned. In the area of psychosocial research, a major study has been proposed to analyze geriatric institutional living environments. The impact of the environment both upon the elderly residents and upon the personnel who work in the environments will be detailed.

Sepulveda GRECC

The GRECC at Sepulveda has a strong potential in the psychological/behavioral area of aging. A set of quantitative tests has been developed to measure memory function in normal and amnesiac patients. Test results indicated that age affected performance but not necessarily memory. Further work is planned to test out additional age effects. A life-span approach to memory and aging which uses animal models is also being initiated at the Sepulveda GRECC. Other patient care research programs organized at the Center involve geriatric sexuality, sleep and geriatric psycho-pharmaceuticals. In the area of biomedical aging, Sepulveda GRECC has proposed a special diagnostic unit for metabolic conditions like bone disease, obesity and arthrosclerosis. It is also hoped that a Hypertension Screening Sub-Center will eventually be developed at Sepulveda GRECC.

Wadsworth GRECC

The GRECC at the Wadsworth VAC has shown interest in a program of clinical and physiological exploration of the aging process as reflected in endocrine and metabolic disease, particularly diabetes in the aged. Research in the areas of obesity and aging, protein requirements and the elderly, and the relation of aging to the development of diabetes is seen as vitally important and the possibility of the Wadsworth GRECC engaging in such work is being explored.

Boston/Bedford GRECC

The development of this joint GRECC brought together two equally established, though uniquely different, settings for aging research. The Boston VA Outpatient Clinic has a strong emphasis upon patient service and a long history of longitudinal studies on the medical, social, and psychological aspects of community veterans. The Bedford VAH had a long history of basic biological research in aging. In wedding the two Centers, it was hoped that each would continue to expand its individual expertise while developing collaborative efforts across disciplines.

The Boston/Bedford GRECC has initiated an evaluation of the economic aspects of medical care. A research program is being conducted in the area of nutritional effects upon development in the aging brain. A behavioral neurologist has been recruited to develop a program in applied clinical research. Physiological and psychosocial data continue to be collected in the normative aging study. Likewise, work in cellular aging continues under the Center, specifically in the area of: extracellular space and its impact upon collagen synthesis in old cells; the effect of age and antibiotics upon protein synthesis; and DNA changes in aging. An exciting new area of biomedical research being conducted at Boston/Bedford involves circulating antibodies specific to the central nervous system. It is believed that the long-term effects of this circulating antibody upon disease states in the elderly may have important implications.

Seattle/American Lake GRECC

This joint-hospital GRECC is similar to the Little Rock GRECC; it has a heavy emphasis upon disease processes and aging and it is anxious to establish itself as a training facility in geriatric medicine. Research programs are already underway in osteoporosis and metabolic bone processes. Continuing emphases in biomedical research include: the evolution of capillary basal lamina thickening as it occurs in aging and various disease states, such as diabetes mellitus; the study of diabetic fibroblasts to determine their replicative capacity. Work carried on at the Seattle VAH has resulted in the first successful growth of human arterial smooth muscle cells which revealed significant species differences in lipoprotein uptake between human and rat cells.

Longitudinal Studies

In the area of geriatric research, the longitudinal research of longest duration is the normative aging study which continues to be conducted by the Boston Outpatient Clinic. This study has taken periodic physiological, psychological and sociological assessments of a large number of veterans living in the Boston area. Repeated measurements of a more recent vintage have been made of two interesting populations found within the Bay Pines, Fla. area. One study involves World War I veterans living in Pinellas County. The second research study involves repeated physiological measurements which have been made on an aged athletic group whose members, age 75 and older, play baseball on a regular basis.

During fiscal year 1975, biomedical research received the greatest proportion of VA funds awarded to aging research. Of the 57 biomedical studies funded, 22 projects were in cellular and molecular biology, and 8 projects were funded for organ and tissue system research. The second largest biomedical category to receive funds was external influences in aging with 13 projects funded. The remainder of the biomedical projects were found to fall primarily in the category of disease processes; however, five demography studies were funded in fiscal year 1975.

Behavioral and social research in aging received approximately one-third the amount of funding designated for biomedical studies in aging. Thirty-two behavioral projects were funded primarily in the area of behavioral-psychological research.

Sixty-five projects in the area of human services and delivery systems were funded in aging research in fiscal year 1975. One-third of these projects were in the area of health care services. Less than one-third were funded in the area of physical living environments. Approximately 21 projects were funded in the area of social services. The remaining project was funded in the area of education.

Research in aging has made a number of major shifts in the last four years. During fiscal year 1973, 144 projects in aging received funding. Of these, the largest number (60 projects) were in the area of basic behavioral science research. By fiscal year 1975, the number of aging studies funded totals 154 projects. The number of biomedical projects which received funding increased by 39 percent (35 biomedical projects in fiscal year 1973 and 57 biomedical projects in fiscal year 1975).

As a result of the reorganization of the extended care facilities under one service during fiscal year 1975 and its incorporation of the Geriatric Research, Education and Clinical Centers, it is expected that research in aging will continue to increase during the upcoming years. It is likely that support of biomedical research will remain high in the future. Considering the emphasis in a number of the Centers upon disease processes related to aging, it is probable that future biomedical funding will reflect that concern.

The GRECC's are also likely to provide needed support and expertise to develop neglected areas of behavioral research. The collaborative projects currently being organized at Palo Alto and Sepulveda can more comprehensively approach complex human behavior. Multidisciplinary expertise can be utilized to analyze difficult psychological and environmental problems.

Finally, Geriatric Research Centers are ideal settings for the development of human service delivery programs for the elderly. Increasingly, human service providers are concentrating upon rehabilitation and pevention programs. The extended care facilities will be looking to the Geriatric Research, Education and Clinical Centers to utilize their research and clinical expertise to update and create better service approaches. A number of Centers are evidencing their preparation to move in this direction with their plans to study the health needs of community veterans.

Department of Veterans Benefits

1. COMPENSATION AND PENSION PROGRAMS

The Veterans Administration, through the various programs administered by the Department of Veterans Benefits (compensation, pension and dependency and indemnity compensation) provides all or part of the income for 1,641,015 persons age 65 or older. This total is broken down to 789,884 veterans, 698,490 widows, 118,569 mothers and 34,072 fathers of veterans.

2. VETERANS ASSISTANCE SERVICE

In 1975, the Veterans Assistance Service-Guardianship activity completed its third full year of application of supervised direct payment procedures whereby marginally functioning VA beneficiaries, persons classified as imcompetent but deemed borderline between competency and incompetency, are paid direct with supervision. When payments are made directly to such imcompetent beneficiaries, frequent personal contacts are made to evaluate their status. If a beneficiary deteriorates to the point where a fiduciary is necessary, one is obtained. On the other hand, if a beneficiary improves to the point where a competency classification seems in order, effort is made to have him so declared. Supervised direct payment procedures are providing the degree of assistance the individual beneficiary requires and still leave him a free and unencumbered member of society.

The toll-free telephone system (FX (foreign exchange) and WATS (wide area telephone service)) has made it easier for the aged to receive VA assistance regarding benefits to which they may be entitled. Approximately 90 percent of the population can now talk toll-free to a Veterans Benefits Counselor in our regional offices. This means that it no longer is necessary for veterans or members of their families to travel to one of our offices or pay for a long distance call in order to obtain information or help on VA benefits.

The VA mobile van program was initiated to aid in implementing the outreach program by going to those persons located in rural areas. The Veterans Benefits Counselors, who man the mobile vans, are aware of the special economic and health needs of the aged and where claims for benefits have not been made, assist in initiating claims for veterans' benefits.

Veterans Benefits Counselors stationed all across the Nation are aware of the special application of VA monetary and service programs to the problems of the aging. These VA representatives not only counsel the potential beneficiaries on the availability of the service but assist them in applying for the benefits.

3. EDUCATIONAL ASSISTANCE

There are about 1,498 people age 65 or over receiving Veterans Administration educational benefits. Eleven hundred and forty-nine persons are attending training under chapter 34, title 38, U.S. Code, receiving benefits designated by the Veterans Readjustment Act of 1966 as amended. In addition, 149 widows of veterans who died of service-connected causes and wives of veterans who are permanently and totally disabled from service-connected disabilities are enrolled in the education program under chapter 35. About 200 are recipients of vocational rehabilitation benefits under chapter 31.

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Appendix 3

REPORT ON MEDICARE AND MEDICAID; PREPARED BY GLENN R. MARKUS, CONGRESSIONAL RESEARCH SERVICE

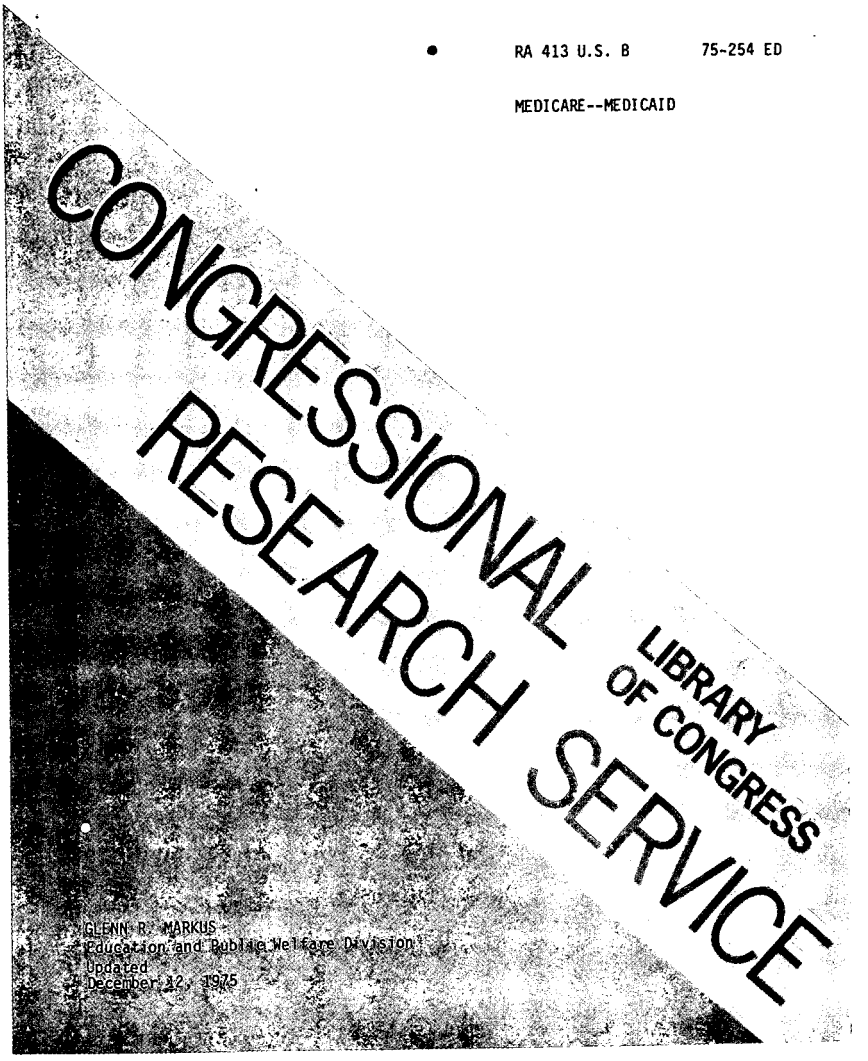

TABLE OF CONTENTS

MEDICARE--MEDICAID

General Description

"Medicare" and "medicaid" are the popular names of two special programs enacted by Congress in 1965 which are intended to help certain persons pay for the costs of needed health and medical care. Both programs are part of the same law--the Social Security Act--and both pay for many of the same kinds of health care. Each program, however, is quite different from the other.

Medicare is a nationwide health insurance program for people aged 65 and older, for certain disabled persons, and for certain workers and their dependents who need kidney transplantation or dialysis. Health insurance protection under medicare is available to insured persons without regard to their incomes or assets. Monies from payroll taxes and premiums from beneficiaries are deposited in special trust funds for use in meeting the expenses of those insured by medicare. Medicaid is a medical assistance program for certain needy and low-income (medically needy) persons in need of health and medical care. Monies from Federal, State and local governments are used to pay the medical expenses of eligible people.

Medicare is a Federal program with a uniform eligibility and benefit structure throughout the United States. Medicaid is a Federally-aided, State operated and administered program which varies from State to State. Under medicaid, the States determine--subject to broad Federal guidelines--eligibility and the scope of benefits to be provided.

The Medicare Program:

The official name for the medicare program is Health Insurance for the Aged and Disabled. The program is authorized under the provisions of title XVIII of the Social Security Act, as amended.

Medicare has 2 parts, the hospital insurance or Part A program and the supplementary medical insurance or Part B program.

Coverage under the hospital insurance program. The vast majority of persons reaching age 65 are automatically entitled to protection without cost under the hospital insurance program. Persons aged 65 and older not entitled to coverage may voluntarily obtain hospital insurance protection, providing they pay the full actuarial cost of such coverage. Also included are disabled workers at any age, disabled widows and disabled dependent widowers between the ages of 50 and 65, beneficiaries aged 18 or older who receive benefits because of disability prior to reaching age 22, and disabled railroad annuitants (all after a certain period of disability). Fully or currently insured workers under social security and their dependents with chronic renal disease are, under certain circumstances, considered to be disabled for purposes of hospital insurance coverage.

Coverage under the supplementary medical insurance program. The supplementary medical insurance portion of medicare is a voluntary program. All persons aged 65 or older (whether or not they are entitled to hospital insurance) and all other persons entitled to hospital insurance (i.e., the disabled) may elect to enroll in the supplementary medical insurance program. Persons aged 65 or older who elect to "buy into" the hospital insurance program are required to buy supplementary protection as well.

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Financing of hospital insurance. For the most part, the hospital insurance program is financed by means of a special hospital insurance payroll tax levied on employees, employers and the self-employed. During calendar year 1976, each will pay a tax equal to .9% of the first $15,300 of covered yearly earnings. Thereafter, the amount of taxable earnings increases in accordance with certain automatic provisions in law, while the rate of tax increases according to the following schedule:

HI Tax Rates for Employees and Employers

Calendar Year	Tax Rate	Earnings Subject to Tax
1976	0.9	$15,300
1977-1978	0.9	Automatically Adjusted
1979-1980	1.10	" "
1981-1985	1.35	" "
1986-2010	1.50	" "
2011 and after	1.50	" "

Financing of supplementary medical insurance. Supplementary medical insurance is financed on a current basis from monthly premiums paid by persons insured under the program and from the general revenues of the Treasury. Except under certain circumstances, persons protected by the supplementary program pay approximately one-half of the costs of benefits and program administration; the other half is paid for by the Government. Currently the monthly premium charges for enrollees under the Part B program are $6.70. Costs for the program above those met by beneficiary premium payments are met out of general revenues.

Hospital insurance benefits. During each benefit period, hospital insurance will pay for all covered services: 1/

1/ A "benefit period" begins the first time an insured person enters a hospital after his hospital insurance begins. It ends after he has not been an inpatient in a hospital or skilled nursing facility for 60 days in a row. There is no limit to the number of benefit periods an insured person may have.

Inpatient hospital care.....90 days. For the first 60 days, the reasonable cost of all covered services, except for an initial inpatient hospital deductible of $104, beginning January 1, 1976. For the 61st day through the 90th day, the costs of all covered services, except for a coinsurance of $26 a day (effective January 1976). An additional "lifetime reserve" of 60 hospital days may be drawn upon when more than 90 days per benefit period is needed. Each reserve day pays for all covered services, except for a coinsurance of $52 per reserve day (effective January 1976). Special limitations apply in the case of treatment in mental hospitals.

Skilled nursing facility care....100 days in a skilled nursing facility for persons in need of skilled nursing care and/or skilled rehabilitation services on a daily basis. All covered services are paid for the first 20 days, after which patients must pay a daily coinsurance amount of $13.00 (effective January 1976). Patients must be in a hospital for 3 consecutive days and must, except for special circumstances, be admitted to the skilled nursing facility within 14 days following hospital discharge.

Home health care.....Up to 100 medically necessary home health visits by nurses, therapists, and other health workers. Hospital insurance pays for these services in the 12-month period following a 3-day hospital stay or discharge from a skilled nursing facility.

Covered services.....include room and meals (including special diets) in semiprivate accommodations, regular nursing services, drugs provided on an inpatient basis, supplies and equipment furnished by the facility. Excluded are physicians' services, private duty nurses, costs of 3 pints of blood, and convenience items or services.

Supplementary medical insurance benefits (SMI). During any calendar year, supplementary medical insurance (with certain exceptions) pays 80% of the "reasonable charges" for all covered services, after the insured pays the first $60 toward the costs of such services. Covered expenses incurred toward the end of one calendar year may be used to satisfy this deductible for the following years:

Services of independent practitioners....includes the services of medical doctors, osteopaths, chiropractors, and certain other practitioners regardless of where their services are provided (hospital, office, home, etc.). Special limitations apply in the case of psychiatric care outside of hospitals and for certain therapy services provided by an independent therapist practitioner.

Home health care.....100 home health visits in addition to the visits provided for in the hospital insurance program. The 20% coinsurance does not apply for such benefits.

Medical and other services.....certain diagnostic services; X-ray or other radiation treatments; surgical dressings, casts, braces, artifical limbs and eyes; certain other equipment; certain medical supplies; and ambulance services.

Outpatient and laboratory services.....certain physical therapy and speech pathology services; clinical lab, X-ray and other services of pathologists and radiologists. (SMI pays 100% of the charges for radiology and pathology services provided on an inpatient basis and the SMI deductible does not apply in such cases).

Excluded services.....routine checkups, prescription or patent drugs, eyeglasses or examinations, hearing aids, immunizations, dental care and dentures, first 3 pints of blood received when not a hospital inpatient, and personal comfort or convenience items.

The Medicaid Program

The official name for the medicaid program is Grants to States for Medical Assistance Programs. The program is authorized under the provisions of title XIX of the Social Security Act, as amended.

Unlike medicare, medicaid is not a health insurance program. Instead, it is a Federally-aided, State designed and administered program of medical assistance for the needy and for certain other low-income persons who are aged, blind, disabled, or members of families with dependent children.

Eligibility for medical assistance is related to a number of factors, but particularly to the income and other economic resources of applicants and the categories of people covered. Medicaid is, therefore, related to the welfare system.

Financing. The Federal Government helps States share in the costs of health care for the poor and the medically needy by means of variable matching formulas. As a minimum, the Federal Government will pay 50% of the medical assistance costs incurred by a State in providing health care under a medicaid program. In the lower per capita income States, the Federal share of medical assistance payments can increase up to 83%.

Program coverage. States having medicaid programs must cover the "categorically needy". In general, categorically needy individuals are persons receiving cash assistance payments under the Aid to Families With Dependent Children program (AFDC) or aged, blind, or disabled persons receiving benefits under the Supplemental Security Income program (SSI) which became effective on January 1, 1974. A State must cover under medicaid all recipients of AFDC payments. A State is, however, provided certain options (based, in large measure, on its previous coverage levels) in determining the extent of coverage for persons receiving Federal SSI benefits and/or State supplementary SSI payments. In general, persons on the welfare and medicaid rolls in December 1973 are protected against loss in eligibility. States may cover certain additional groups of persons as "categorically needy" under their medicaid programs. These might include persons who would be eligible for cash assistance, except that they are patients in medical facilities (other than for persons under 65 who are in mental or tuberculosis institutions). States may also include the "medically needy"--those whose

incomes and resources are large enough to cover daily living expenses, according to income levels set by the State, within certain limits, but not large enough to pay for medical care, providing that they are aged, blind, disabled, or members of families with dependent children. States may also include all needy and medically needy children under the age of 21, even though they are not eligible for assistance under one of the cash assistance programs.

49 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands have medicaid programs. Only Arizona does not currently have a program (though it is scheduled to institute a program in 1976). 22 jurisdictions cover only the "categorically needy", 30 cover the "categorically needy" and some other low-income people:

Coverage Limited to the Categorically Needy

Alabama	Idaho	New Jersey	Texas
Alaska	Indiana	New Mexico	Wyoming
Colorado	Iowa	Ohio	
Delaware	Louisiana	Oregon	
Colorado	Mississippi	South Carolina	
Florida	Missouri	South Dakota	
Georgia	Nevada	Tennessee	

Coverage Includes Categorically Needy and Other Low-Income People

California	Kentucky	Nebraska	Rhode Island
Connecticut	Maine	New Hampshire	Utah
District of Columbia	Maryland	New York	Vermont
Guam	Massachusetts	North Carolina	Virgin Islands
Hawaii	Michigan	North Dakota	Virginia
Illinois	Minnesota	Oklahoma	Washington
Kansas	Montana	Pennsylvania	West Virginia
			Wisconsin

Scope of Medical Care Provided. Federal law provides a comprehensive list of services that States may include as part of their medicaid program. From this list there is a minimum number of services that must be included. The full list of services includes:

(1) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases.
(2) Outpatient hospital services.
(3) Other laboratory and X-ray services.
(4) Skilled nursing facility services, early and periodic screening, diagnosis, treatment of physical and mental defects in eligible people under 21, and family planning services and supplies.
(5) Physicians' services.
(6) Medical care, other types of remedial care recognized under State law, furnished by licensed practitioners (e.g. chiropractors).
(7) Home health services.
(8) Private duty nursing services.
(9) Clinic services.
(10) Dental services.
(11) Physical therapy and related services.
(12) Prescribed drugs, dentures, prosthetic devices, eyeglasses.
(13) Other diagnostic, screening, preventive, and rehabilitative services.
(14) Inpatient hospital services, skilled nursing facility services, and intermediate care facility services for individuals aged 65 or over in institutions for tuberculosis or mental diseases.
(15) Intermediate care facility services.
(16) Inpatient psychiatric hospital services for individuals under 21.
(17) Any other remedial care or medical care recognized under State law and specified by the Secretary of Health, Education, and Welfare.

For the categorically needy, States must provide the first five services, except that skilled nursing facility services may be limited to those 21 years and older. For the medically needy, States may provide the basic five or any seven (or more) of the first 16 services listed. Home health services must be provided for both groups, if individuals are entitled to skilled nursing facility services under the State's medicaid plan. States may not provide more in the way of services for the medically needy than for the categorically

needy, but they may provide less.

Cost Sharing by Medicaid Eligibles. Federal law permits States which cover the medically indigent to impose monthly premium charges graduated by income in accordance with standards prescribed by the Secretary of HEW.

States may, at their option, require payment by the medically indigent of nominal deductibles and nominal co-payment amounts that do not have to vary by level of income.

With respect to "categorically needy" recipients, nominal deductible and co-payment requirements, while prohibited for the mandatory services required under Federal law, are permitted with respect to optional medicaid services such as prescribed drugs, hearing aids, etc.

Appendix 4

ANALYSIS OF HOME HEALTH CARE LEGISLATION; PREPARED BY JANET KLINE, CONGRESSIONAL RESEARCH SERVICE

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EDUCATION AND PUBLIC WELFARE DIVISION

HOME HEALTH CARE LEGISLATION INTRODUCED IN THE SENATE, 94TH CONGRESS

Legislation Introduced	S. 2213. Sponsor: Senator Church. Introduced on November 20, 1975. Referred to Committee on Finance.	S. 343. Sponsor: Senator Humphrey. Introduced on January 23, 1975. Referred to the Committee on Labor and Public Welfare.	S. 1163. Sponsors: Senators Moss, Church, Domenici, Hugh Scott, and Williams. Introduced on March 12, 1975. Referred to Committee on Finance.	S. 1272. Sponsor: Senator Percy. Introduced on March 20, 1975. Referred to the Committee on Labor and Public Welfare.	S. 1698. Sponsors: Senators Domenici, Case, Laxalt, McGovern, Metcalf, Moss, and Hugh Scott. Introduced on April 12, 1975. Referred to Committee on Finance.
General Approach	Amends Title 18 of the Social Security Act to expand Medicare's home health benefit.	Would require the establishment of eight projects to develop and demonstrate community chronicare centers to provide health care for the aged and chronically ill. Each project would have to serve an area with a minimum population of 24,000. At least one project must be located in a rural area, one in a center city area, and one in a suburban area. One project must be operated in conjunction with an HMO. At least five projects must be located in areas which have shortages of long-term health resources.	Amends Title 18 of the Social Security Act to expand Medicare's home health benefit. Amends Title 19 of the Social Security Act to: (1) make home health services available to all Medicaid recipients, and (2) specify the array of home health services which may be provided under State medical assistance plans.	Amends Title 3 of the Older Americans Act to require area plans on aging services to place special emphasis on establishing or expanding home health care services for the aged.	Amends Title 18 of the Social Security Act to expand home health services under Part B of Medicare.
Eligible Population	Individuals enrolled under Parts A or B of Medicare.	Individuals who are residents of the geographic area served by the center and who are: (1) 65 years of age or older, or (2) upon initial screening appear to be suffering from a chronic illness or condition.	Medicare: Individuals enrolled under Parts A or B of Medicare. Medicaid: All individuals receiving Medicaid benefits (with minor exception).	No provisions.	Individuals enrolled in Parts A and B of Medicare.
Scope of Benefit	The legislation would increase the maximum number of allowable home health visits under Medicare from 100 under the Hospital Insurance Program (Part A) and 100 under the Supplementary Medical Insurance Program (Part B) to 200 visits under each part. Home health services would be provided on the basis of need for intermittent nursing care or need for other home health services as defined by Title 18. The prior hospitalization requirement under Part A would be retained; but, the requirement that the service be provided for further treatment of the condition for which the patient was institutionalized is deleted.	The legislation authorizes the provision of unlimited home health care services as one of the six mandated services which must be provided by the center to eligible individuals. Unlimited homemaker services is one of seven optional services which may be provided by the center to eligible individuals. Other mandated services include diagnostic services, therapeutic team services, inpatient nursing home care, day care and rehabilitation services. Other optional services include: physician services, dentist services, outpatient preventive services, durable medical equipment and prosthetic devices, and outpatient prescription drugs.	Medicare: The legislation would increase the maximum number of allowable home health care visits under Part A from 100 to 200 and provide for unlimited visits under Part B. Home health care services would be provided on the basis of need (1) for intermittent nursing care or other home health care services as defined in Title 18, or (2) as an alternative to institutional care. The prior hospitalization requirement would be retained under Part A; but, the requirement that the service be provided for further treatment of the condition for which the patient was institutionalized is deleted. Medicaid: No change is made to the scope of the current benefit. However, with minor exception, the legislation specifies home health services as one of six mandated benefits which must be included in all State plans for medical assistance.	No provisions.	The legislation would permit the provision of home health services on the basis of need for intermediate or basic nursing care, as well as skilled nursing care or physical or speech therapy.

Legislation Introduced	S. 2713	S. 343	S. 1163	S. 1272	S. 1496
Definitions	Medicare's definition of the term "home health services" would be expanded to: (1) include the services of homemakers, and (2) statutorily mandate full coverage of home health aide services.	The term "home health care" is defined to mean any of the items or services provided by a community chronicare center (directly or by subcontract) when provided on a part-time or intermittent basis to an eligible individual on a visiting basis in a place of residence used as such individual's home. "Homemaker services" are defined to mean care and services provided on a visiting basis in a place of residence used as the home of an eligible individual and includes care for children during the incapacity or absence due to illness of the parent, performing or helping to perform essential household duties, insuring proper nutrition, maintaining a clean and hygienic environment, and providing personal care as prescribed by health professionals.	Medicare: Broadens Medicare's definition of home health services to include: (1) homemaker services, (2) services provided to certain blind or deaf beneficiaries to enable them to avoid institutionalization, and (3) services provided by hospitals or skilled nursing facilities as alternatives to institutional care. Provides a statutory definition of home health aide services and homemaker services. Medicaid: Specifies that home health services provided under State medical assistance plans may include visiting nurse services and any other home health service which meets Medicare's definition of a covered service.	No provisions.	Broadens Medicare's definition of home health services to include (1) intermediate nursing care provided by or under the supervision of a registered professional nurse, a licensed practical nurse, or a nursing aide, and (2) with respect to Part B services only, homemaker services and services provided in day care centers. Amends Medicare's definition of "home health agency" to require the agency to be primarily engaged in providing skilled and intermediate nursing care services and at least two other therapeutic services. Permits an organization primarily for the care and treatment of mental diseases to provide home health services under Part B. Amends Medicare s definition of "provider of health services" to include day care centers.
Delivery of Services	No change to current Medicare procedures.	At least one of the six mandated services must be provided directly by the chronicare center. All remaining services may be provided either directly or through contractual arrangements with other providers.	No change to current Medicare or Medicaid procedures.	No provisions.	No change to current Medicare procedures.
Administration	No change to current Medicare procedures.	Each project would be administered according to a contract entered into by the Secretary of HEW and a public or private health facility. Only skilled nursing facilities, intermediate care facilities, or home health agencies, as defined in the legislation are eligible to contract with the Secretary to develop and demonstrate community chronicare centers.	No change to current Medicare or Medicaid procedures.	No provisions.	No change to current Medicare procedures.

Legislation Introduced	S. 2713	S. 343	S. 1163	S. 1272	S. 1496
Financing and Reimbursement	No change to current Medicare procedures.	Projects would be financed in all or in part through contract funds. The legislation authorizes to be appropriated for this purpose: $48 million for FY 1976, $43 million for FY 1977, and $43 million for FY 1978. In addition the center may be permitted to charge co-payments which must be used to finance the provision of increased health care services.	No change is made to current Medicare or Medicaid procedures.	No provisions.	Expenses incurred under this legislation would be financed by general revenue appropriations; such funds appropriated would be transferred to the Federal Hospital Insurance Trust Fund and Federal Supplementary Medical Insurance Trust Fund.
Cost or Quality Control	No change to current Medicare procedures.	The legislation would: (1) create a Chronicare Commission to make recommendations on the initial mix of health care services provided by each project and periodically review and evaluate the health care provided and funds allocated among projects; (2) require the Secretary of HEW to periodically review and analyze the operation of the projects and submit a report to Congress; (3) require skilled nursing facilities participating in each project to meet Medicare's definition of such facilities including requirements for utilization review; and (4) require intermediate care facilities to meet Medicaid's definition of such facilities.	(1) Need for Part B home health services, and those provided under Medicaid as alternatives to institutionalization, must be recertified by a panel of health providers within 30 days after initial physician certification. After initial certification and recertification, panel is required to certify continued need for such care at least twice a year as long as individual is receiving or entitled to covered services. (2) The Secretary of HEW is required to specify criteria to determine an individual's eligibility for covered home health services as an alternative to institutional care under Medicare and Medicaid. (3) Prohibits payment for home health services when provided as an alternative to institutionalization under Part B of Medicare or under Medicaid if such services are more costly, in the aggregate, than corresponding institutional care.	No provisions.	Would permit home health agency screening teams to establish and review patient care plans for home health services under Part B of Medicare.
Consumer Participation	No change to current Medicare procedures.	One member of the Chronicare Commission must be a consumer representative.	No change to current Medicare or Medicaid requirements.	No provisions.	No change to current Medicare procedures.

Legislation Introduced	S. 2713	S. 343	S. 1163	S. 1272	S. 1496
Other Significant Provisions	No provisions.	No provisions.	(1) Amends Medicaid's definition of the term "medical assistance" to include rent payments for the elderly if certified as needed to avoid institutionalization. (2) Establishes a home health patient ombudsman in the Department of Health, Education, and Welfare. (3) Amends the United States Housing Act of 1937 to increase funds available for congregate housing under low-income housing programs.	Amends Title 3 of the Older Americans Act to authorize: (1) a program designed to strengthen community access to long-term care facilities; (2) a program of voluntary visiting services to long-term care facilities; and (3) model project grants for geriatric day care center services. Also requires the establishment of an ombudsman office in State agencies on aging.	No provisions.
Examples of Similar or Identical Bills Introduced in the House	H.R. 4303. Identical to S. 2713. Introduced by Representatives Fraser, Stealman, and others on March 5, 1975. Jointly referred to the Committee on Ways and Means and the Committee on Interstate and Foreign Commerce. H.R. 4361. Identical to S. 2713. Introduced by Representatives Stealman, Fraser, and others on March 5, 1975. Jointly referred to the Committee on Ways and Means and the Committee on Interstate and Foreign Commerce.	None.	H.R. 9829. Similar bill. Introduced by Representative Koch on September 24, 1975. Jointly referred to the Committee on Ways and Means and the Committee on Interstate and Foreign Commerce. Major difference between H.R. 9829 and S. 1163 H.R. 98.. would: (1) require the Secretary of HEW to assess a person's need for home health services under Medicare (and under Medicaid if furnished as an alternative to institutionalization) and refer such person to an appropriate level of care. In contrast, S. 1163 would require the Secretary to develop criteria to determine a person's eligibility for Medicare and Medicaid home health services furnished as an alternative to institutional care;	H.R. 498. Identical bill. Introduced by Representative Heinz on January 16, 1975. Referred to the Committee on Education and Labor.	None.

Legislation Introduced	S. 2713	S. 343	S. 1163	S. 1272	S. 1496
Examples of Similar or Identical Bills Introduced in the House (cont'd)			(2) require States to make home health services available to all Medicaid recipients, without exception. S. 1163 would require the States to make services available to medically needy recipients only if skilled nursing facility services are also available to such recipients; (3) require children (18 years of age or older) of Medicaid recipients to assume a portion of Medicaid costs incurred by parents for nursing or home health care services. No such provision in S. 1163; (4) require the same annual audit of Medicaid home health agencies and nursing homes now required for Medicare facilities. No such provision in S. 1163. (5) require Medicaid home health agencies and nursing homes to utilize prudent buyer methods of purchase. No such provision in S. 1163. (6) require disclosure of ownership interest in Medicare and Medicaid home health agencies and nursing homes; and disclosure of ownership interest in land or buildings housing such homes or agencies. No such provision in S. 1163. (7) finance expenses incurred under amendments made by this Act (if necessary) through general revenue appropriations to the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund. No such provision in S. 1163.		

Legislation Introduced	S. 2500. Sponsor: Senator Eagleton. Introduced on October 8, 1975. Referred to Committee on Finance.	S. 2547. Sponsor: Senator McGovern. Introduced on October 21, 1975. Referred to Committee on Finance.	S. 2591. Sponsor: Senator Bentsen. Introduced on October 30, 1975. Referred to Committee on Finance.	S. 2702. Sponsor: Senator Beall. Introduced on November 20, 1975. Referred to Committee on Finance.	P.L. 94-63. Health Revenue Sharing and Health Services Programs. Enacted on July 29, 1975.
General Approach	Amends Title 19 of the Social Security Act to require that payment for home health services be made on a reasonable cost-related basis.	Amends Title 18 of the Social Security Act to broaden Medicare's definition of reimbursable "home health services."	Amends Title 18 of the Social Security Act to expand home health services under Medicare. Amends Title 19 of the Social Security Act to change the eligibility requirements for home health services under Medicaid.	Amends Title 18 of the Social Security Act to establish a separate long-term care services insurance program under a new Part D of Medicare.	Authorized a new program of demonstration grants for home health care agencies in areas where home health services are not available. Preference would be given to those areas with high proportions of aged and poor residents. Grants would be used to (1) establish and initially operate new home health care agencies, (2) expand services of existing agencies, and (3) compensate personnel during the initial operation or expansion of an agency. The Act also authorizes a program of grants to train personnel to provide home health care services.
Eligible Population	No change to current Medicaid eligibility requirements.	Individuals enrolled in Part A or B of Medicare.	Medicare: Individuals enrolled in Parts A or B of Medicare. Medicaid: Medicaid recipients who (1) are entitled to, but not receiving, inpatient institutional care, and (2) would need home health services to prevent or delay institutionalization.	(1) Individuals covered under Part B of Medicare; (2) Individuals receiving supplemental security income benefits; or (3) Individuals eligible to enroll under Part B of Medicare.	No provisions.
Scope of Benefit	No change to current Medicaid home health care benefit.	No change to existing scope of benefit under Medicare.	Medicare: The legislation would increase the maximum number of allowable home health service visits from 100 under Part A and 100 under Part B to 200 visits under each part. The prior hospitalization requirement under Part A is retained; but, the requirement that the patient must be hospitalized for at least three consecutive days is deleted. Medicaid: The legislation would require State medical assistance plans to include a comprehensive program of home health services for eligible recipients.	The legislation authorizes unlimited home health services and unlimited homemaker services as two of seven mandated services which must be provided to enrollees. Other services include: nutrition services, long-term institutional care services, day care services, foster home services, and community mental health center outpatient services. Services covered under Parts A and B of Medicare would not be covered under new Part D.	No provisions.

Legislation Introduced	S. 2500	S. 2547	S. 2591	S. 2702	P.L. 94-63
Definitions	No provisions.	The legislation would broaden Medicare's definition of reimburseable "home health services" to include nutritional counseling provided by or under the supervision of a registered dietician.	Medicare: The legislation would amend the definition of a "home health agency" to (1) require the agency to provide directly skilled nursing care services and at least one other therapeutic service, and (2) specify that an organization operated by a hospital or skilled nursing facility is eligible to become a home health agency under Medicare. The legislation would define the term "skilled nursing care", for the purposes of receiving home health services under Medicare, as nursing care provided under the supervision of a registered professional nurse. Medicaid: No provisions.	The definition of "home health services" under new Part D corresponds to Medicare's existing definition of such services. "Homemaker services" are defined as (1) services provided in the home of an individual designed to maintain the home in a condition which supports the objectives of enabling such individual to continue living at home, and (2) preparing and serving meals in the home of an individual.	Under the provisions of P.L. 94-63, home health care agencies and home health services must meet Medicare's definition of such terms.
Delivery of Services	No change to current Medicaid procedures.	No change to Medicare's current procedures.	No change to Medicare or Medicaid current requirements.	In order to participate under new Part D, States must establish a single State long-term care agency to: (1) designate service areas to enable community long-term care centers to provide covered services; (2) certify community long-term care centers to participate in the programs; (3) promote and organize new community long-term care centers; and (4) function as community long-term care centers in areas where no centers exist. Part D services would be provided, directly or indirectly, by community long-term care centers to enrolled individuals residing in the geographic area in which the center is located. Centers would be prohibited from providing long-term institutional care services directly and must provide all other services through contractual arrangements with other providers unless (1) the services could not be provided through such arrangements, or (2) the center would be able to provide them at less cost.	No provisions.

Legislation Introduced	S. 2500	S. 2547	S. 2591	S. 2702	P.L. 94-63
Administration	No change to current Medicare procedures.	No change to Medicare's current procedures.	No change to Medicare or Medicaid current procedures.	The program would be administered by the Secretary of HEW through a separate organizational unit established within DHEW.	The program would be administered by the Secretary of Health, Education, and Welfare.
Financing and Reimbursement	The legislation requires, effective July 1, 1976, that payment for home health care services under Medicaid be made on a reasonable cost-related basis. States are directed to develop their own methods and standards for determining reasonable cost, based on cost-finding methods approved and verified by the Secretary of HE	No change to Medicare's current procedures.	No change to Medicare or Medicaid current procedures.	The program would be financed through a newly created Federal Long-term Care Trust Fund together with State contributions. The Trust Fund would consist of general revenue appropriations, any gifts or bequests, and enrollee premium payments equalling $3 per month per enrollee. The Trust Fund would pay State long-term care agencies 90 percent of the costs incurred under new Part D. States would provide the remaining 10 percent in matching funds. State long-term care agencies would reimburse community long-term care centers, on a prospective basis, for services provided under new Part D. Community long-term care centers would be required to reimburse individual practitioners on the basis of reasonable charges for services provided to enrollees. Other providers would be reimbursed by the center on the basis of reasonable costs.	The act authorized: (1) $8 million for FY 1976 to pay for home health care demonstration grants and (2) $2 million for FY 1976 to pay for training grants. P.L. 94-157, the Supplemental Appropriation Act, 1976, appropriated $3 million to fund home health care programs authorized under P.L. 94-63.

Legislation Introduced	S. 2500	S. 2547	S. 2591	S. 2702	P.L. 94-63
Cost or Quality Control	No change to current Medicaid procedures.	No change to Medicare's current requirements.	Medicare: The legislation requires with respect to all home health visits in excess of 100 provided during a calendar year: (1) physician certification (and recertification every 60 days) that the visits were necessary to prevent or delay institutionalization and (2) that the total cost of such visits would not exceed the reasonable cost incurred if the beneficiary were an inpatient in a skilled nursing facility or intermediate care facility. The legislation also makes it a function of PSRO's to determine if any home health visits in excess of 100 provided during a calendar year were necessary to prevent or delay institutionalization. Medicaid: No provisions.	The legislation would require: (1) State long-term care agencies to (a) monitor activities of community long-term care centers to determine if centers meet conditions of participation and provide benefits effectively, (b) report annually on the operations of the program within the State, and (c) conduct audits to assure that centers reimburse health providers properly; (2) community long-term care centers to evaluate and certify the long-term care needs and develop individual plans of care for each person receiving Part D benefits. Centers would be required to maintain continuous relationships with such persons to ensure they have access to services and are receiving proper care. Centers would be prohibited from certifying need for institutional care if the person would be better served through use of non-institutional services. Centers must also have policies established by a group of professional personnel but approved by a governing board, maintain medical records on all persons receiving services; have an overall plan and budget in effect which utilizes the prospective reimbursement system required, and be easily accessible to persons needing services; (3) prospective reimbursement methods for community long-term care centers to include financial incentives for controlling costs; (4) full public disclosure of ownership and control of private providers furnishing services under new Part D; (5) development of new regulations setting forth standards to assure high quality homemaker and nutritional services; and (6) certification by the State long-term care Agency of all providers furnishing services under new Part D.	No provisions.

Legislation Introduced	S. 2500	S. 2567	S. 2591	S. 2702	P.L. 94-63
Consumer Participation	No change to current Medicaid procedures.	No change to Medicare's current requirements.	No change to current Medicare or Medicaid requirements.	The legislation would require each community long-term care center to have a governing board to be comprised of at least eleven individuals, a majority of whom must be elected by the persons served by the center. Elected board members must reside in the center's service area and be enrolled in or eligible to receive services under new Part D. Remaining board members would be selected by the elected representatives, but approved by the principal local elected governmental official.	No provisions.
Other Significant Provisions	No provisions.	No provisions.	(1) The Secretary of HEW is directed to complete studies on reimbursement to outpatient surgical centers mandated by the Social Security Amendments of 1972. (2) Amends Title 18 of the Social Security Act to authorize reimbursement under Part B of Medicare for adult ambulatory care services.	The legislation would also amend Title VII of the Public Health Service Act to authorize: (1) grants and contracts for training programs in the techniques and methods of providing long-term health care services to people receiving benefits under new Part D and (2) grants to train geriatric services specialists.	No provisions.
Examples of Similar or Identical Bills Introduced in the House	None.	H.R. 11098. Identical bill. Introduced by Representative John J. Duncan on December 10, 1975. Referred to the Committee on Ways and Means.	None.	H.R. 1354. Similar bill. Introduced by Representative Popper on January 14, 1975. Jointly referred to the Committee on Ways and Means and the Committee on Interstate and Foreign Commerce. H.R. 2268. Similar bill. Introduced by Representative Conable on January 28, 1975. Jointly referred to the Committee on Ways and Means and the Committee on Interstate and Foreign Commerce. H.R. 10980. Identical bill. Introduced by Representative Heinz on December 1, 1975. Jointly referred to the Committee on Ways and Means and the Committee on Interstate and Foreign Commerce.	N/A

Janet Kline
March 8, 1976

Appendix 5

ADDITIONAL INFORMATION RELATED TO TRANSPORTATION ISSUES

ITEM 1. JUDICIAL ACTION—EQUAL TRANSPORTATION RIGHTS

Recent litigation indicates that concerned citizens can supplement the goal of equal transportation rights through effective action in the judicial branch.

In Baltimore, Md., an action brought jointly by Disabled in Action of Baltimore and Maryland Advocates for the Aging against the Secretary of Transportation and other defendants in 1974 (see *Developments in Aging: 1974*, pp. 112–13) was settled by out-of-court negotiations. Since then, the 205 new buses which were the original cause of complaint underwent modifications designed to increase their accessibility to the ambulatory elderly and disabled. These improvements include handrails on both sides of the entrance stairway, improved lighting, relocation of the farebox, and setting aside the first three seats behind the driver for the use of the handicapped. Also, an UMTA grant is financing the current construction of 10 minibuses with wheelchair lifts to serve the nonambulatory Baltimore population. These vehicles will be operated by Lutheran Social Services and will transport eligible persons between any two points within the Baltimore Beltway area for a charge of 50 cents. Although billed as dial-a-ride this service will require reservations made at least 24 hours in advance.[1]

While the Baltimore settlement will not satisfy those ambulatory elderly who desired inclusion in such a point-to-point call-in system, and despite the question of whether a 10-vehicle fleet can adequately serve the handicapped population of such an extensive metropolitan area, the outcome of this litigation at least indicates that positive action may be stimulated through the judicial process.

In the Nation's capital, a 1972 suit filed by the Washington Urban League and other plantiffs in regard to the new Metro subway system has resulted in the provision of access for the handicapped at all stations. The decision handed down in October of 1973 by U.S. District Court Chief Judge William Jones required that Metro conform with applicable Federal law guaranteeing equal transportation. The special features incorporated into the system as a result of the lawsuit include: (a) Elevators at all underground stops, with braille indicators by the control buttons, (b) platforms pitched away from the track cut so as to prevent a wheelchair from rolling into the train pathway, (c) a granite strip at the track edge to provide a stark contrast to the otherwise terrazo platform and thereby aid the visually-impaired in identifying this dangerous area, (d) flashing light imbedded in the granite strip, programed to activate 15 seconds prior to a train's arrival and thereby notify the audio-impaired of the approach, (e) low-placed telephones and special toilet facilities for the wheelchair-bound, and (f) special large-type maps for persons with vision difficulties.

At this moment Metro is still in the courts in a dispute over the meaning of the "ready access" ordered by Justice Jones. Metro contends that a reasonable reading requires only one special entrance per station, while spokesmen for the handicapped contend that all entrances must be made accessible and that the lateral distances to be traversed by the handicapped within the stations must not be longer than for the nonhandicapped. The desire of handicapped persons to be included in the mainstream of pedestrian traffic rather than being limited to special entrances is understandable. It should be noted that Metro originally wished to solve this problem by the installation of special inclinators which could be installed next to the regular escalator facilities. However, UMTA turned down the funds request for this feature because no such equipment was commercially available at that time.[2]

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[1] Conversation with John Coffin, steering committee, Disabled in Action of Baltimore, April 21, 1976.

[2] Conversation with Peter J. Ciano, assistant general counsel, Metro, April 21, 1976.

ITEM 2. WORKING AGREEMENT BETWEEN AoA AND DOT

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF HUMAN DEVELOPMENT,
ADMINISTRATION ON AGING.

TECHNICAL ASSISTANCE MEMORANDUM
TA-AoA-76-15
October 20, 1975.

To: State agencies administering plans under titles III and VII of the Older Americans Act of 1965, as amended.

Subject: Revised working agreement between the Administration on Aging and the Department of Transportation.

Content: Attached is a revised working agreement between the Administration on Aging and the Department of Transportation. The original agreement which was signed last June has been updated and broadened to accommodate the following developments which have implications for improvement and change in the provisions of public and special transportation services for older persons:

—Implementation of the Rural Highway Public Transportation Demonstration program authorized by section 147 of the Federal-Aid Highway Act of 1973, as amended;
—Authorization under the National Mass Transportation Act of 1974 for States and urbanized areas to use section 5 formula apportionment funds for operating and capital assistance for public, private, and private nonprofit transportation operators;
—Mandated reduced fares for elderly and handicapped persons on transit services receiving section 5 funds authorized by the National Mass Transportation Act of 1974;
—Authorization of $500 million under the above-cited act for capital assistance to nonurbanized areas; and
—Publication in the *Federal Register* of UMTA's proposed rules governing public transportation for the elderly and handicapped.

To assure that older people benefit from these developments, the working agreement states that Administration on Aging and the Department of Transportation will work together to promote the following goals:

1. To increase the mobility of older Americans by improving their access to public and specialized transportation systems in urban and rural areas.
2. To work toward the coordination of public mass transportation services and facilities with special transportation services for the elderly and handicapped.
3. To work toward the pooling of health and social service program resources available to States and communities for transportation—including the resources available under titles III and VII of the Older Americans Act, titles XIX and XX of the Social Security Act, and the Vocational Rehabilitation Act—to pay the operating costs associated with special transportation for the elderly and handicapped.

The agreement sets forth objectives that have been designed to aid in the achievement of these goals. Each objective will involve the development and dissemination of specific technical assistance materials, which documents will be transmitted to you separately over the next several months. For example:

Objective No. 1: Continued implementation of grant programs under the Urban Mass Transportation Administration which could improve older person's access to public and specialized transportation systems, will involve among other tasks, cooperative DOT/AoA development of procedures relating to aging program participation in section 3, section 5, section 16(b)(2) and the nonurbanized programs of the Urban Mass Transportation Act of 1964, as amended.

Objective No. 2: Continued implementation of the Rural Highway Public Transportation Demonstration program in a manner that could contribute to the improvement of the mobility of rural elderly persons, will involve the preparation and dissemination of a range of materials, including a listing of the projects approved from fiscal year 1975 funding for this demonstration program (which information should be available shortly) and findings from the 1975 projects as they relate to transportation for the rural elderly.

Objective No. 3: Joint research, demonstration and technical assistance activities to promote efficient and effective provision of transportation services to older persons, will involve the joint AoA/DOT planning development, and conduct of three or more biregional conferences on transportation for the elderly and handicapped, during the spring of fiscal year 1976. An AoA/DOT work group is currently planning the conferences. Regional offices and the aging network at the State and local level will be notified as plans for these conferences are finalized.

State and area agencies on aging should not wait for these materials to be transmitted, but should begin now to develop agreements at the State and local level, 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. All or part of this joint working agreement can serve as a model for the kind of agreement that best suits individual State or local needs.

Inquiries: State agencies should direct inquiries to directors, Office of Aging, HEW regional office.

FYI copy: Area agencies on aging should direct inquiries to State agencies on aging.

Title VII nutrition projects should direct inquiries to their grantor (State or area agencies on aging).

ARTHUR S. FLEMMING,
Commissioner on Aging.

Attachment.

WORKING AGREEMENT BETWEEN THE ADMINISTRATION ON AGING AND THE DEPARTMENT OF TRANSPORTATION

INTRODUCTION

During the past several years, it has become evident that older people have not been well served by available transportation facilities, because: (1) the low, fixed incomes of many older persons make it difficult for them to purchase adequate transportation; (2) they frequently live in areas poorly served by public transit—and in rural areas they often are not served at all, since public transit is generally nonexistent in such areas; (3) the physical design and service features of existing public transit systems discourage or prevent many older persons from making necessary trips; and (4) the existing transportation network in this country is largely oriented to the automobile, and consequently, many older persons who do not drive are faced with the choice of becoming increasingly isolated or totally dependent upon others for their transportation needs.

In an attempt to overcome these problems, special transportation services to the elderly have been developed in many communities throughout the country. A recent study of transportation for older Americans (funded under a grant from the Administration on Aging) identified over 1,000 special transportation projects in the United States serving the needs of older persons. However, these projects are generally poorly planned, inadequately funded, fragmented, and often duplicative.

As made clear in the Administration on Aging report "Transportation for the Elderly: The State of the Art," and subsequent public hearings on the major issues raised in the report, the lack of coordination among Federal, State and local agencies and public transit operators contributes to the fragmented nature of transportation services for older people.

In addition, many of the operators of special transportation services—usually social service agencies—lack the transit planning and management expertise found in public transit operations. Public transportation agencies at all jurisdictional levels are required to coordinate with one another, and most social service programs are also required (statutorily or administratively) to coordinate with each other to avoid duplication and conserve resources. However, public transportation agencies and social service agencies are not required to coordinate or cooperate with each other. As a consequence, transportation projects operated by or under the authority of social service programs have rarely had the benefit of the transit planning, management, operational expertise or capital assistance that is available through public transportation programs.

The working agreement effected between the Administration on Aging and the Department of Transportation in June 1974, represented a first step in coordinat-

ing Federal-level activities to improve the mobility of older persons, which could be used as a tool for coordination at the State and local levels. The agreement focused primarily on the discretionary capital assistance program for transportation projects specifically serving the elderly and handicapped. Funds for this program, authorized under section 16(b)(2) of the Urban Mass Transportation Act of 1964, as amended, became available for the first time in fiscal year 1975. The joint working agreement encouraged the establishment of close working relationships between the State and area agencies on aging and the State agencies designated to administer the section 16(b)(2) program (generally State departments of transportation or State highway commissions), and the local service providers.

Since the signing of the 1974 working agreement, a number of legislative and administrative actions necessitate an updating of the agreement to encourage continued growth of coordinated transportation activities at the State and local levels. These recent developments include:

—Implementation of the Rural Highway Public Transportation demonstration program authorized by section 147 of the Federal-Aid Highway Act of 1973, as amended;

—Authorization under the National Mass Transportation Act of 1974 for States and urbanized areas to use section 5 formula apportionment funds for operating and capital assistance for public, private, and private nonprofit transportation operators;

—Mandated reduced fares for elderly and handicapped persons on transit services receiving section 5 funds authorized by the National Mass Transportation Act of 1974;

—Authorization of $500 million under the above-cited act for capital assistance to nonurbanized areas; and

—Publication in the *Federal Register* of UMTA's proposed rules governing public transportation for the elderly and handicapped.

WORKING AGREEMENT

Therefore, the Administration on Aging and the Department of Transportation agree to work in concert to promote the following goals:

1. To increase the mobility of older Americans by improving their access to public and specialized transportation systems in urban and rural areas.

2. To work toward the coordination of public mass transportation services and facilities with special transportation services for the elderly and handicapped.

3. To work toward the pooling of health and social service program resources available to States and communities for transportation—including the resources available under titles III and VII of the Older Americans Act, titles XIX and XX of the Social Security Act, and the Vocational Rehabilitation Act—to pay the operating costs associated with special transportation for the elderly and handicapped.

In order to facilitate achievement of these goals, the Administration on Aging and the Department of Transportation agree to make every effort during fiscal year 1976 to meet the following objectives:

Objective 1: Continued implementation of grant programs under the Urban Mass Transportation Administration which could improve older person's access to public and specialized transportation systems.

To promote this objective, the *Administration on Aging* will reiterate its earlier instruction to State and area agencies on aging that they use title III and title VII funds to support operating costs of transportation projects for the elderly which receive capital assistance under section 3, section 5, section 16(b)(2) and the nonurbanized programs of the Urban Mass Transportation Act of 1964, as amended.

In addition, the *Administration on Aging* will encourage State and area agencies on aging to actively seek the financial support and coordination of other health and social service agencies that serve elderly and handicapped clients in their jurisdictions to assure continuation of the projects after capital costs have been met.

The *Urban Mass Transportation Administration* will inform the Administration on Aging of the funds available under the section 16(b)(2) and nonurbanized area programs for fiscal year 1976. The *Administration on Aging and the Urban Mass Transportation Administration* will jointly issue technical assistance memoranda to their regional offices, State and area agencies on aging and

State departments of transportation or highways, explaining the guidelines and procedures to be followed for effective implementation of transportation projects supported under the section 16(b)(2), section 5, and nonurbanized area programs.

The *Administration on Aging* and the *Urban Transportation Administration* will encourage and work with the State agencies that have responsibility for their respective programs to provide opportunities for minority contractors and grantees to participate in the delivery of transportation services to older persons funded through both AoA and UMTA resources.

Objective 2: Continued implementation of the Rural Highway Public Transportation Demonstration program in a manner that could contribute to the improvement of the mobility of rural elderly persons.

To promote this objective, the *Administration on Aging, the Federal Highway Administration, and the Urban Mass Transportation Administration* will direct their respective regional offices to continue to work together on the implementation of the Rural Highway Public Transportation Demonstrations funded under section 147 of the Federal-Aid Highway Act of 1973, as amended.

Upon approval of all projects funded for fiscal year 1975, the *Federal Highway Administration and the Urban Mass Transportation Administration* will provide the Administration on Aging with a listing of all such projects for the purpose of informing regional, State, and area agencies on aging.

In the event that funds are allocated for the section 147 program in fiscal year 1976, the *Federal Highway Administration and the Urban Mass Transportation Administration* again will work with the *Administration on Aging* in notifying appropriate parties at the regional, State, and local levels of the availability of such funds, and explaining the guidelines and procedures to be followed in the *Rural Highway Public Transportation Demonstration program.*

In addition, the *Federal Highway Administration* and the *Urban Mass Transportation Administration* will share with the *Administration on Aging* experiences and findings from the fiscal year 1975 projects as they relate to the elderly, in order that such findings may be transmitted to State and area agencies on aging as technical assistance in the provision of transportation for the elderly in rural areas.

Objective 3: Joint research, demonstration and technical assistance activities to promote efficient and effective provision of transportation services to older persons.

To promote this objective, the *Administration on Aging* and the *Department of Transportation* will jointly conduct at least one conference on transportation for the elderly during fiscal year 1976, which will have as its primary focus methods to improve the coordination between special transportation projects for older persons supported by social services agencies, and local public transportation operators. The conference will invite the participation of public transportation operators, State and area agencies on aging, and other social service agencies concerned with special transportation programs for the elderly. Actively participating in the planning and implementation of this workshop will be staff of the Administration on Aging, the Office of the Secretary of Transportation, the Urban Mass Transportation Administration, the Federal Highway Administration, and the National Highway Traffic Safety Administration.

To promote more efficient and effective operation of existing and future special transportation programs for the elderly, the *Administration on Aging* will publish a "how-to-do-it handbook" on special transportation for older persons in October 1975. The handbook will be made available to the Department of Transportation for review and possible dissemination to State and local transportation agencies.

The *Department of Transportation* will cooperate with the *Administration on Aging* in research and demonstration efforts to test innovative methods and techniques for the effective coordination of health and social service program resources with special transportation projects. In order to assure maximum utilization of such research and demonstration finding, the *Department of Transportation* will make available to the *Administration on Aging,* reports from all research and demonstration activities which relate to aging, specifically those which demonstrate the need for, or illustrate successful, coordination efforts. The *Administration on Aging* will make such reports and findings available to State and area agencies on aging, and will additionally make available to the Department of Transportation, all findings from research and demonstrations supported under the Older Americans Act which relate to the provision of transportation (including studies of coordination methods, pooling of resources, etc.).

The *Administration on Aging* and the various participating units of the Department of Transportation will share at regular intervals information on progress in implementing these activities.

Signed in Washington, D.C. the 16th day of September 1975.

BENJAMIN O. DAVIES, Jr.,
Assistant Secretary for Environment, Safety, and Consumer Affairs.

ROBERT E. PATRICELLI,
Administrator, Urban Mass Transportation Administration.

ARTHUR S. FLEMMING,
Commissioner on Aging.

NORBERT T. TIEMANN,
Administrator, Federal Highway Administration.

Appendix 6

COMMITTEE HEARINGS AND REPORTS

No asterisk indicates single copy available from committee and multiple copies available for purchase from U.S. Government Printing Office.

One asterisk indicates committee's supply exhausted; copies are available for purchase from Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

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Three asterisks indicate limited quantity, single copy available from committee supply.

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73-375 O - 76 - 17

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- Part 4. Las Vegas, Nev., October 25, 1961.
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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]
Part 25. Washington, D.C., February 19, 1975.[2]
Part 26. Washington, D.C., December 9, 1975.[2]

[2] Not available at time of this printing.

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:UN2/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.[2]

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.[2]
Part 17. Toms River, N.J., September 8, 1975.[2]
Part 18. Washington, D.C., October 22, 1975.[2]
Part 19. Washington, D.C., October 23, 1975.[2]
Part 20. Portland, Oreg., November 24, 1975.[2]
Part 21. Portland, Oreg., November 25, 1975.[2]
Part 22. Nashville, Tenn., December 6, 1975.[2]
Part 23. Boston, Mass., December 19, 1975.[2]

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¢.

[2] Not available at time of this printing.

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.[2]

Improving Legal Representation for Older Americans, Los Angeles, Calif., June 14, 1974 (Cat. No. Y4.Ag4:L52/4)—$1.55.

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.[2]

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:
- Part 1. Washington, D.C., June 6, 1975.[2]
- Part 2. Washington, D.C., June 26, 1975.[2]

The Recession and the Older Worker, Chicago, Ill., August 14, 1975.[2]

Medicare and Medicaid Frauds:
- Part 1. Washington, D.C., September 26, 1975.[2]
- Part 2. Washington, D.C., November 13, 1975.[2]
- Part 3. Washington, D.C., December 5, 1975.[2]

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[2] Not available at time of this printing.

Mental Health and the Elderly, Washington, D.C., September 29, 1975.[2]

Proprietary Home Health Care (joint hearing with the House Select Committee on Aging), Washington, D.C., October 28, 1975.[2]

Proposed USDA Food Stamp Cutbacks for the Elderly, Washington, D.C., November 3, 1975.[2]

OTHER DOCUMENTS AVAILABLE

Hearings before the Special 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

[2] Not available at time of this printing.

Appendix 7

HEARINGS HELD BY THE SPECIAL COMMITTEE ON AGING DURING 1975 AND JANUARY–MAY 1976

Future Directions in Social Security:

Part 9, Washington, D.C. March 18, 1975.
Part 10, Washington, D.C., March 19, 1975.
Part 11, Washington, D.C., March 20, 1975.
Part 12, Washington, D.C., May 1, 1975.
Part 13, San Francisco, Calif., May 15, 1975.
Part 14, Los Angeles, Calif., May 16, 1975.
Part 15, Des Moines, Iowa, May 19, 1975.
Part 16, Newark, N.J., June 30, 1975.
Part 17, Toms River, N.J., September 8, 1975.
Part 18, Washington, D.C., October 22, 1975.
Part 19, Washington, D.C., October 23, 1975.
Part 20, Portland, Oreg., November 24, 1975.
Part 21, Portland, Oreg., November 25, 1975.
Part 22, Nashville, Tenn., December 6, 1975.
Part 23, Boston, Mass., December 19, 1975.
Part 24, Providence, R.I., January 26, 1976.
Part 25, Memphis, Tenn., February 13, 1976.

Trends in Long-Term Care:

Part 23, New York, N.Y., January 21, 1975.
Part 24, New York, N.Y., February 4, 1975.
Part 25, Washington, D.C., February 19, 1975.
Part 26, Washington, D.C., December 9, 1975.
Part 27, New York, N.Y., March 19, 1976.

Training Needs in Gerontology:

Part 3, Washington, D.C., March 7, 1975.

The Older Americans Act and the Rural Elderly:

Washington, D.C., April 28, 1975.

Examination of Proposed Section 202 Housing Regulations:

Part 1, Washington, D.C., June 6, 1975.
Part 2, Washington, D.C., June 26, 1975.

Transportation and the Elderly: Problems and Progress:

Part 5, Washington, D.C., July 29, 1975.

The Recession and the Older Worker:

Chicago, Ill., August 14, 1975.

Medicare and Medicaid Frauds:

Part 1, Washington, D.C., September 26, 1975.
Part 2, Washington, D.C., November 13, 1975.
Part 3, Washington, D.C., December 5, 1975.
Part 4, Washington, D.C., February 16, 1976.

Mental Health and the Elderly:

Washington, D.C., September 29, 1975.

Adequacy of Federal Response to Housing Needs of Older Americans:

Part 13, Washington, D.C., October 7, 1975.
Part 14, Washington, D.C., October 8, 1975.

Proprietary Home Health Care:
Washington, D.C., October 28, 1975.

Proposed USDA Food Stamp Cutbacks for the Elderly:
Washington, D.C., November 3, 1975.

The Impact of Rising Energy Costs on Older Americans:
Part 3, Washington, D.C., November 7, 1975.

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