

THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FOURTH CONGRESS
SECOND SESSION

PART 5—SIOUX FALLS, S. DAK.

AUGUST 18, 1976



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The Nation's Rural Elderly :

Part 1. Winterset, Iowa, August 16, 1976.

Part 2. Ottumwa, Iowa, August 16, 1976.

Part 3. Gretna, Nebr., August 17, 1976.

Part 4. Ida Grove, Iowa, August 17, 1976.

Part 5. Sioux Falls, S. Dak., August 18, 1976.

Part 6. Rockford, Iowa, August 18, 1976.

Part 7. Denver, Colo., March 23, 1977.

(Additional hearings anticipated but not scheduled at time of this printing)

CONTENTS

	Page
Opening statement by Senator Dick Clark, presiding.....	247
Statement by Senator George McGovern.....	248
Statement by Senator James Abourezk.....	249
Statement of Hon. Larry Pressler, a Representative in Congress from the State of South Dakota.....	251

CHRONOLOGICAL LIST OF WITNESSES

Anderson, James V., ACSW, administrator, South Dakota Department of Social Services, Office on Aging.....	252
Johansen, Peter B., chairman, South Dakota Advisory Council on Aging, Yankton, S. Dak.....	254
Thomas, Vada D., advocate of the poor, Catholic Social Services, Sioux Falls, S. Dak.....	257
Overland, Shirley M., director, Huron Area Senior Center, Inc., Huron, S. Dak.....	261
Burke, Phil, president, Huron Area Senior Center, Inc., Huron, S. Dak....	266
Oppold, Lary, diector, Aging Services Center, Sioux Falls, S. Dak.....	268
Eilts, Irene, Spencer, S. Dak.....	268
Eisenbraun, Gerry, State director, Green Thumb Program, National Farmers Union, Sioux Falls, S. Dak.....	270
Nace, Lillian, Flandreau, S. Dak.....	272
Bagley, Ray, Madison, S. Dak.....	272
Claymore, Jack, project director, Cheyenne River Reservation, Eagle Butte, S. Dak.....	278
Gregor, Peter, president, South Dakota Congress of Senior Organizations and South Dakota Association of Senior Citizen Centers, Winner, S. Dak.....	284
Hayes, Robert H., M.D., University of South Dakota Medical School, Wall, S. Dak.....	285
Anderson, Eunice, Mountain Plains Congress of Senior Organizations, Inc., Sioux Falls, S. Dak.....	288
Daughetee, Don, State coordinator, South Dakota Congress of Senior Organizations, Pierre, S. Dak.....	291
Hogan, Edward P., Ph. D., head, geography department, South Dakota State University at Brookings, S. Dak.....	294
Bus trip to Canton, S. Dak.....	302

APPENDIXES

Appendix 1. Material submitted by witnesses :	
Item 1. Letter from Shirley Overland to Senator Dick Clark, dated August 20, 1976.....	311
Item 2. Poetry submitted by Shirley Overland.....	312
Item 3. "DARE" program proposal, submitted by Shirley Overland....	314
Item 4. "KARE" program proposal of Huron College, submitted by Shirley Overland.....	320
Item 5. Memorandum from Betty J. Claymore, clinical social worker, Public Health Service, Eagle Butte, S. Dak.; to Jack Claymore, dated August 16, 1976.....	330
Item 6. Statement of Iyonne Garreau, nutrition program project director, Cheyenne River Sioux Reservation; submitted by Jack Claymore.....	331
Item 7. Memorandum from Dorothy Clark, social services representative, Public Health Service; to Jack Claymore, dated August 11, 1976.....	331

IV

	Page
Item 8. Letter from Sandra Le Beau and Blaine Clown, Sr., Cheyenne River Sioux Tribe; to Nancy Snyder, Director, Food Stamp Division, U.S. Department of Agriculture, dated July 22, 1976; submitted by Jack Claymore-----	331
Item 9. Research paper prepared by Edward P. Hogan, Ph. D., Department of Geography, South Dakota State University-----	332
Appendix 2. Letters and statements from individuals and organizations:	
Item 1. Letter from Winnie Lee, outreach worker, Aging Services Center, Sioux Falls, S. Dak.; to Senator Dick Clark, dated August 18, 1976-----	344
Item 2. Letter from Elaine M. Tobin, director, Spink County Senior Citizens, Inc., Redfield, S. Dak.; to Philip Corwin, staff member, Senate Committee on Aging, dated August 20, 1976-----	345
Item 3. Letter from Ray B. Fleming, president, Redfield (South Dakota) Chapter Senior Citizens Club; to Philip Corwin, dated August 20, 1976-----	346
Item 4. Letter from David A. Nichols, assistant to the president, Huron College, Huron, S. Dak.; to Senator Dick Clark, dated September 13, 1976-----	346
Item 5. Letter and enclosures from Rod Kranzler, administrative assistant, South Dakota Department of Social Services; to Philip Corwin, staff member, Senate Committee on Aging, dated August 13, 1976-----	347
Item 6. Statement by Eugene L. Rowen, office supervisor, and Frank Cournoyer, manager, Office of Transportation Planning, South Dakota Department of Transportation-----	362
Item 7. Statement of Michael G. Goodroad, director, South Dakota Tie-Line, Pierre, S. Dak-----	363
Item 8. Statement of David A. Kemper, director, Southeastern Human Development Program, Sioux Falls, S. Dak-----	365
Appendix 3. Statements submitted by the hearing audience:	
Bagley, Ray A., Madison, S. Dak-----	367
Boehler, Hazel M., Canton, S. Dak-----	367
Brown, Dorothy, Lake Andes, S. Dak-----	367
Mullinix, Mae, Canton, S. Dak-----	368
Smith, J. F., Sioux Falls, S. Dak-----	368

THE NATION'S RURAL ELDERLY

WEDNESDAY, AUGUST 18, 1976

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Sioux Falls, S. Dak.

The committee met at 9:40 a.m., pursuant to notice, in the Senior Citizen Center, 132 South Dakota Avenue, Sioux Falls, S. Dak., Hon. Dick Clark presiding.

Present: Senator Clark and Representative Larry Pressler.

Also present: William E. Oriol, staff director; Philip S. Corwin, professional staff member; John Guy Miller, minority staff director; and Alison Case, assistant clerk.

OPENING STATEMENT BY SENATOR DICK CLARK

Senator CLARK. Good morning.

I have a very brief statement that I would like to open with. Senator McGovern has also sent a statement for the record that I will read and then I want to turn to Congressman Pressler, who is a member of the House Aging Committee, for a statement. Then we will begin with the panels.

I think while we are talking we are going to ask the first panel to come on up, because we do have a great number of witnesses and only about 2 hours and 10 minutes to get through about 12 or 15 witnesses. So Peter Johansen and Vada D. Thomas, come on up and have a seat here.

Then the second panel, if they will be ready, includes Phil Burke, Shirley Overland, Irene Eilts, Larry Oppold, Lillian Nace, Ray Bagley, and Gerry Eisenbraun.

I do want to welcome all of you to this hearing. We are particularly happy to be in Sioux Falls and to talk about problems of the rural elderly, which is what these hearings are really all about. We decided about a year ago in the Senate Committee on Aging that we would hold a series of hearings on how elderly people are affected, particularly in rural areas, in the smaller cities, in the towns, and across the countryside.

We have had four hearings, and this will be the fifth that we have held here in South Dakota, Nebraska, and Iowa. The last hearing will be in Rockford, Iowa, this afternoon. In the meantime, we are going to be riding on the bus out to Canton at 11:45 when we finish here.

If I might just summarize in 1 minute what we found in the hearings that we have held so far, I would say this: First and foremost, people who live in rural areas, in the small towns, and in the small cities are affected by transportation, because it really does not matter much what kind of facilities you have—health care facilities or anything else—if you can't get to them. We found an enormous need for buses—for transportation in the rural areas, first and foremost.

We found further that there are real problems, particularly in the Midwest and, I think, all across the country, in terms of health care. We simply do not have the health care facilities in the smaller towns and across the countryside that we badly need. We are going to be talking some about that in terms of extended health care. It does not mean that we can have a doctor and a hospital in every small town; what it does mean is that we ought to have some kind of basic health facilities.

We have also learned and talked with people about the problems of nutrition—the congregate meals program, the meals-on-wheels program, and what that has meant to older people. Again we are only scratching the surface, but it is an important beginning, not only in terms of diet, but in terms of the sociability that is associated with it—the fact that people have an opportunity to get together, talk, and see one another.

We have talked about problems of legal services for older people. Above all, we heard, particularly yesterday, from older people about housing.

So we have a great number of specific problems that relate to people in rural areas.

Now I have two statements here, one from Senator George McGovern, as I said, and another from Senator James Abourezk. I think, rather than reading all of the statements, let me simply read a couple of paragraphs from each. First from Senator McGovern.

DEAR MR. CHAIRMAN: It is a pleasure to welcome the members of the Senate Special Committee on Aging to South Dakota. I believe your committee can learn a great deal about the problems of the elderly from your visit here. Too often testimony is only received in the major cities, ignoring the unique problems of the rural elderly. South Dakota's 116,000 senior citizens—

That is an interesting figure, 116,000—

represent a major percentage of the State's population, yet very few have access to public transportation or the other services offered in large metropolitan areas.

Now Jim Abourezk.

First of all I would like to welcome Dick Clark and the Senate Special Committee on Aging to South Dakota. South Dakota is one of a handful of States where the majority of elderly citizens live in small towns and rural areas, and we are honored that the committee is looking into this important issue.

Now I will make both of those complete statements a part of the record at this point.

[The statements follow:]

STATEMENT BY SENATOR GEORGE MCGOVERN

It is a pleasure to welcome the members of the Senate Special Committee on Aging to South Dakota. I believe your committee can learn a great deal about the problems of the elderly from your visit here.

Too often testimony is only received in the major cities, ignoring the unique problems of the rural elderly. South Dakota's 116,000 senior citizens represent a major percentage of the State's population. Yet, very few have access to public transportation or the other services offered in large metropolitan areas.

As chairman of the Select Committee on Nutrition and Human Needs, I have been particularly concerned by the problem of malnutrition which plagues millions of our Nation's senior citizens. We have made great progress in this area with the title VII elderly nutrition program, but much more can be done.

The Nutrition Committee recently held hearings, for instance, on the nutritional problems of our Nation's housebound elderly—those persons who cannot attend the title VII congregate meal sites. As you will undoubtedly discover again today, confinement to nursing homes is often not a result of physical illness, but the result of an inability to shop and prepare food.

I am extremely proud that you and 12 of the members of your committee have joined as cosponsors of the National Meals on Wheels Act of 1976 which I introduced following our recent hearings.

This bill will be a major step forward in our efforts to feed the 3 to 4 million older Americans who would like to, but cannot, attend the title VII nutrition sites. In South Dakota, as well as other rural States, this program would be a valuable addition to our services to the elderly.

Again, Mr. Chairman, I and the citizens of South Dakota extend our warmest welcome and our sincere hope that your inquiry today will lead to a better life for older Americans.

STATEMENT BY SENATOR JAMES ABOUREZK

First of all, I would like to welcome Dick Clark and the Senate Special Committee on Aging to South Dakota. South Dakota is one of a handful of States where the majority of elderly citizens live in small towns and rural areas, and we are honored that the committee is looking into this important issue.

I regret that I am not able to attend personally to hear the witnesses and participate in the discussion. Although I know that many South Dakotans already admire the good work of the Special Aging Committee and my colleague Dick Clark, I want to mention in particular the very high regard I have for the way the committee goes about its investigations and hearings under the leadership of its chairman, Frank Church, and the outstanding work that Dick Clark has done in representing the needs of older people in our part of the country on the Aging Committee.

Those of you in attendance can be sure that what you say will be taken seriously and can be used by Senator Clark and the committee staff within the framework of considerable attention they have already been directing toward problems of the rural elderly.

South Dakota was not an early frontier. Life has always been hard here, and this year's drought only reminds us of the endurance and persistence of the settlers who scratched a living out of the soil.

But in South Dakota, unlike other States, those pioneers, those first generation settlers, fathers and mothers of our State are still among

us. Every town in this State has its elders who came with their parents or as young people to settle the plains, to make a new life, and to develop South Dakota.

When we talk about South Dakota's rural elderly, we are talking about the people who not only figuratively, but literally, built our State, established our way of life, and toiled for the comforts we enjoy today.

Thus, it is a special irony that the rural elderly are, by and large, missing out on the benefits of that affluence. We have 18 counties without an active physician; 29 rural post offices have been closed in the past couple of years; passenger rail service has been gone for 20 years, and rail abandonments mean that more and more towns are without freight service altogether. Family farmers are selling out, and estate taxes make it more difficult to keep a farm or business in the family.

This is not the heritage our older citizens deserve. When we in Congress make an attempt to use their talents and enrich the lives of older South Dakotans through green thumb, foster grandparents, elderly housing, senior centers, tax credits, food stamps, and other individual programs, we face vetoes, impoundments, and impediments from an administration which seems to be long on handwriting and short on compassion.

The less an American fits the description of middle-aged, middle-class, metropolitan, and white, the more that individual must depend on public services, and the more difficult it is to provide the services needed.

RURAL ELDERLY DEPRIVED OF URBAN SERVICES

The rural elderly—probably the most needy—are also the most difficult to serve. Consider some of the main issues before the Congress: In the health field, doctors are short in rural areas; facilities are lacking; emergency medical services are expensive; and costs of specialized care is astronomical.

In transportation, the same deregulation of railroads, trucking, and airlines, which would lower prices for urban residents, would mean no service at all to many rural areas and the biggest hardship on the elderly who depend on public transportation.

Even the postal service is trying to cut back its service—which is least profitable and most inconvenient to provide—to rural post offices, rural home delivery, postal money orders, and other special services.

We have heard a lot about big government and about government interference in people's lives, and there are changes which should be made, but I think it is important to remember that the poorer you are, the older you are, the farther you live from the city, the more government is necessary to assure equal opportunity for a decent life.

It would be nice if I could say today that if we do X first, Y second, and appropriate Z per year, the conditions of the rural elderly will be improved. It doesn't work like that. Housing, income maintenance, crime prevention, jobs, health care, transportation, consumer representation, legal and nutritional counseling—the rural elderly can use all of these services and more, yesterday. The rural Indian elderly, of whom there are many in South Dakota, have even greater needs as a group and even more difficult times trying to take advantage of what America has to offer.

Clearly, we must enable more people in more places to participate in existing programs. But what we really need is an attitude of caring on the part of government and of society as a whole. We need to realize that cuts in government, deregulation, laissez faire in reality mean that the rural elderly and others who are least able to cope are also the first to suffer. A life of dignity and a living income should be a basic right of every American; and certainly of everyone who made the State of South Dakota and the Nation the sort of country which we can all be proud of.

Senator CLARK. I would like to ask Congressman Larry Pressler who is a member of the House Committee on Aging for any comments he might have.

STATEMENT OF HON. LARRY PRESSLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF SOUTH DAKOTA

Representative PRESSLER. Thank you very much, Senator Clark.

I am here mainly to listen. I see a lot of familiar faces here. I think the hearing is important and we thank you very much, Senator, for bringing this committee here to South Dakota because the vast majority of South Dakota's elderly—57 percent of our elderly—live in small towns and rural areas. I come from Humboldt out here which is one of those small towns and a lot of the Federal programs do not reach people in rural areas or small towns. As Senator Clark has pointed out so well, transportation and health care are two of the principal problems that senior citizens in my district at least are experiencing.

I have a statement which I am going to insert in the record to save time. I might say that studies have shown that nationwide 27 percent of all Americans 60 years or older live in what we describe as rural or farm country, but in South Dakota that figure is much higher. So with that I am going to insert my statement into the record so we can spend more time listening here.

It was the Education and Labor Committee, the Subcommittee on Education, which John Brademas chairs and which I am privileged to serve on the House side, through which the Older Americans Act was authorized. I was a cosponsor of that act, particularly the transportation portions of it.

Thank you very much for being with us.

[The prepared statement of Representative Pressler follows:]

PREPARED STATEMENT OF CONGRESSMAN LARRY PRESSLER

It has been said that approximately 8 million persons, or 27 percent of all Americans 60 years and older, live in what may be described as rural or farm country. I believe that we would find this a most conservative figure if compared to the rural elderly population in our State. Indeed, 83,000 of South Dakota's approximately 685,000 citizens—or over 12 percent—are 65 years of age or older. In view of the fact that, according to the U.S. Census Bureau, well over half, or at least 57 percent, of the residents of South Dakota are called "rural", and that one can hardly call a State with a land area of 77,047 square miles and a population of 685,000—9 persons per square mile—urban, I believe that it is particularly fitting that the first of the hearings on "The Nation's Rural Elderly" be held in South Dakota.

As a cosponsor of the Older Americans Act amendments, and a Representative of a State with an unusually large number of elderly citizens, I am especially concerned about the problems of these Americans who have contributed so much to

the growth and development of this great Nation. The problems faced by the rural elderly are especially perplexing. We find that providing even basic services—such as minimal medical and health care and transportation to and from town for groceries and necessities—becomes a major problem. I welcome Senator Clark and the Senate Special Committee on Aging to South Dakota, and I hope that these hearings will enable us to better serve “the Nation’s rural elderly.”

Senator CLARK. Thank you.

Now we are going to start with the first panel, Peter Johansen, chairman of the South Dakota Advisory Council on Aging from Yankton, and I think he is accompanied by Jim Anderson who is director of the South Dakota Office on Aging. We will hear first from Mr. Johansen.

Let me say that because we have about 15 or 20 witnesses and just exactly 2 hours, we are going to ask you to try to limit the statements to about 5 minutes and then we will have some time for discussion.

You go right ahead, sir, any way you would like to proceed.

**STATEMENT OF JAMES V. ANDERSON, ACSW, ADMINISTRATOR,
SOUTH DAKOTA OFFICE ON AGING, DEPARTMENT OF SOCIAL
SERVICES**

Mr. ANDERSON. Mr. Chairman, as a result of the staff contacts that have been made, it has been suggested that I make a brief introductory statement first and then Mr. Johansen will continue.

Senator CLARK. Very well.

Mr. ANDERSON. My name is James V. Anderson. I am the administrator of the South Dakota Office on Aging, a unit of the State Department of Social Services.

On behalf of Governor Richard F. Kneip, I welcome you to South Dakota for this hearing in your series on “The Nation’s Rural Elderly.”

Governor Kneip is not able to be present at this hearing today but in many ways he has shown his understanding of the concerns of older citizens of this State and has supported legislation and services for their benefit. He is pleased that you and staff of the Senate Special Committee on Aging have come here to listen to the people of this State.

To begin, I will outline some characteristics of this very rural State and then further information will be offered by a person with more personal experience on aging—its problems and successes.

In brief, this statement presented by the office on aging and the advisory council on aging cannot fully represent the concerns and resources of all public and voluntary agencies. Some subjects should have further presentation by organizations dealing with health, education, labor, economic opportunity, and other social services.

From the perspective of our specific responsibilities, we offer the following comment on the status of older persons in South Dakota and on a number of programs and services.

South Dakota has a total population of 682,900 inhabitants of all ages. Seventeen percent, or 116,000, are age 60 or older.

PREDOMINANTLY RURAL AREA

South Dakota remains predominantly rural, with 55 percent of the population remaining on farms and in smaller towns, and 45 percent located in communities of 2,500 or more inhabitants. There are only 26 towns with a population of 2,500 or more. There is no major metropolitan area.

Average county population of persons age 60 and over is 1,724 persons. Forty-four of the sixty-seven counties have older populations which fall below that small average. In those counties the average falls to 859 persons. Twenty counties have 700 or fewer persons in that age category.

American Indians comprise 2.3 percent—10 times the national average—of the State's population age 60 and over. Approximately 8,400 square miles, or 11 percent, of South Dakota is designated as Indian reservation.

Currently 30,423 persons, or 26 percent, of the State's population age 60 and over have incomes below poverty level. Lack of employment opportunity is a major cause.

"Housing remains the paramount problem of poor and elderly persons," according to a study made by the South Dakota Economic Opportunity Office. "Blighted housing conditions contribute to the physical, mental, and social instability of their occupants."

Unemployment, rising energy and food costs, and inadequate housing all pose serious problems for elderly persons, especially those with fixed incomes—and that tends to be most of them.

Age discrimination and mandatory retirement hold down the income levels of elderly persons. Social security and supplemental security income benefits do not keep pace with inflation and cost-of-living increases which confront unemployed elderly.

It was the consensus of the 1971 White House Conference on Aging that distance is a major problem in delivery of Older Americans Act programs and services in rural areas. This is true of most social services provided in South Dakota. Even in towns, lack of transportation keeps many elderly, disabled, and poor persons from getting to vital services.

The success of nutrition programs for the elderly is dependent upon efficient provision of supportive services such as transportation, outreach, escort, nutrition education, health and welfare counseling, shopping assistance, information and referral, and recreation services. Provision of these services means that problems of distance unique to each of these services must be dealt with.

Now, Senator, to discuss some aspects of the service delivery system, I wish to introduce the chairman of the South Dakota Advisory Council on Aging. He is Mr. Peter B. Johansen of Yankton. After a long career in business, he served for a time on the staff of the State office on aging where he helped in the establishment of senior citizen centers and retired senior volunteer programs. Still resisting retirement, he has taken time off from his current full-time job to be with us here.

**STATEMENT OF PETER B. JOHANSEN, CHAIRMAN, SOUTH DAKOTA
ADVISORY COUNCIL ON AGING, YANKTON, S. DAK.**

Mr. JOHANSEN. The State's 225 senior citizen service centers and clubs, mostly located in rural communities, are the most significant focal point for delivery of social services to the elderly.

More and more senior centers are becoming multipurpose senior service centers providing a range of service beyond recreation. Such services include information, referral and outreach, nutrition and nutrition education, home-delivered meals, education and life enrichment, health services, volunteer services, counseling and assistance with social security, SSI, sales tax relief, medicaid, medicare, and other problems.

Under Older Americans Act regulations the definition of a multipurpose senior center includes being open to constituents 30 hours per week and having a full-time director. This puts rural areas at a disadvantage. In the smallest communities a center may provide important services though it may not need, nor be able to afford, a full-time director. Regulations presumably intended to encourage good use of resources should recognize sparsely settled areas as well as cities, so that rural elderly will not be ineligible for possible benefits.

In many of South Dakota's communities there is no available facility that is suitable for successful senior center services and activities. Often these small towns have acquired unused, older buildings in need of repair and with architectural barriers. These buildings were not designed for senior center purposes, most having been places of business or large old houses, and are inadequate without repair, alteration, or renovation. Thus the new availability of Older Americans Act title V funds for acquisition, alteration, or renovation of these buildings is a welcome resource.

RESPONSIBILITY FOR ADMINISTRATION

Officially, administration of title V is being carried out directly between prospective applicants and the Administration on Aging in Washington, D.C., but State units on aging have been called upon by the Administration on Aging to disseminate information and application materials. Thus, it is the State agency which is seen by the applicants as the responsible contact and from whom adequate and timely assistance is expected. However, too little time was allowed, the materials are partly new and complex to this program, and not all materials were sent out by the Administration on Aging when promised.

Some of the application materials to be used had not arrived even 2 weeks before applications were due at the Administration on Aging. There could not then be adequate preparation by the applicant, nor technical assistance and prioritization by the State agency. A 12-day extension which has now been announced will help only a little. The result has been frustration for the applicants, a poor image for the Administration on Aging and the State Office on Aging, and unnecessary difficulty in providing technical assistance, coordination, and manpower for this purpose.

Transportation poses a problem for all elderly, particularly rural elderly, and consistently ranks as a primary concern. Federal and State departments of transportation should continue their priorities for stronger emphasis on rural transportation with consideration for disadvantaged persons such as elderly, handicapped, low and middle income.

Basic needs of older citizens are not unlike those of the general population, but assessing appropriate services to meet those needs is much more difficult for them, particularly the disadvantaged, low-income, or infirm elderly. We make extensive use of the personal, one-to-one contact of outreach workers to help older persons receive services for which they are eligible.

Related to outreach is information and referral. In July 1975 a statewide service called TIE-LINE was implemented to provide toll-free access for all citizens to more than 6,500 public, private, local, State, and Federal agencies that can help them. The office on aging supports, through funding and technical assistance, the special efforts of TIE-LINE to serve more older persons.

Important to service delivery is training. Through Older Americans Act and other funding, experts in the field of aging have conducted sessions on a wide variety of topics geared to increasing the expertise of service providers and the capacity of older persons to serve themselves.

The office on aging annually develops and administers a State plan on aging and awards grants serving older persons in all counties. Efforts continue to build the capacity of comprehensive and coordinated programs for older persons throughout the statewide planning and service area. Together with the office, the advisory council on aging has helped secure legislation for senior citizens' use of school buses, school lunch facilities, county and city mill levies, and increased awareness of needed legislation benefiting elderly citizens.

The office on aging has field coordinators who promote coordinated planning and development of services and resources among senior organizations, agencies, and State and local governments. Also facilitated by the office on aging has been establishment of a statewide consortium of public and private colleges and interested organizations in the Gerontology Association for Training and Education—GATE.

ELDERLY INDIAN NEEDS

As already noted, the 2,600 older Indians comprise 2.3 percent of the State's population age 60 and over. The office on aging has made a major effort to develop services for older Indians, working with tribal organizations and providing technical assistance and Federal funds.

On the reservations, unemployment is high, averaging 47 percent. Transportation is scarce and distances are measured in hours of travel rather than blocks or miles.

At the Bicentennial Governor's Conference on Aging, May 1976, a task force on Indian affairs was convened to discuss needs of older Indians. Recommendations of this group reaffirmed the continuing need for transportation services and other supportive services. There is a desire for location of nursing care facilities on reservations; there are none now.

A person who cannot communicate with others may mistakenly be thought to be mentally deficient or at least uncooperative. The cause may be loss of hearing, or a speech impediment, but the resulting frustration, misunderstandings, and rejection can lead to withdrawal and inability to function adequately even for self-care.

In South Dakota, mobile equipment and traveling educational and therapy teams have proved the feasibility of communication disorder screening and education in rural areas. The results of such screening and education have significant impact upon the lives of older persons. Hearing and speech often mean the difference between independence and dependence.

With advanced age may come some changes in a person's lifestyle that are desirable and freely chosen and other changes that are unwelcome. Nearly all South Dakotans live in private homes or apartments where they have convenience, comfort, and security. In time, with changes in family composition, reduced income, and loss of some physical abilities, the older couple or single person often finds the familiar surroundings becoming less convenient and secure.

All have an economic concern; a balance between income and the costs of utilities, maintenance, taxes, and insurance. Other needs from time to time may be home health care or homemaker service, chore service, transportation, hot meals, telephone reassurance, friendly visits, spiritual ministry, counseling, or legal service. If the supportive service can be supplied, the older person continues to function well at a relatively low cost.

When a person needs additional or more concentrated assistance, a foster home, group home, long-term care facility, or hospital may be needed. Some older or handicapped persons have moved to these facilities when they could have continued at home if support services were available. Surveys indicate that this occurs in South Dakota at a rate higher than the national average. For both humanitarian and fiscal reasons the State is working to increase its home support resources.

Isolation, physical problems, death of loved ones, family problems, economic worries, psychosomatic illnesses, and other problems confront the older person. Ways in which mental health services can be provided to older persons are greatly needed.

Despite efforts, little progress has been made to link mental health clinic services to the needs of older citizens, especially rural South Dakotans. Nursing homes, for the most part, are not yet equipped to deal with older people with emotional problems.

These are some aspects of the needs of older persons and resources serving them in South Dakota. It is all too briefly and incompletely described, but the office on aging will submit a written statement which will add detail and will include some other materials of concern or interest.

Thank you for your interest and for this opportunity to contribute to your studies.

Senator CLARK. Thank you very much for a very comprehensive statement.

We will hear next from Vada Thomas, advocate of the poor, Catholic Social Services, Sioux Falls, S. Dak.

**STATEMENT OF VADA D. THOMAS, ADVOCATE OF THE POOR,
CATHOLIC SOCIAL SERVICES, SIOUX FALLS, S. DAK.**

Mrs. THOMAS. Good morning, Senator Clark and Representative Pressler.

I want to thank you for the opportunity to appear here this morning to speak on behalf of the 23,000-plus elderly in South Dakota who live below the poverty level. I want to direct particular attention to those 5,500 who must rely on SSI to supplement their income.

It seems unjust to me that a nation which has established a poverty level of \$2,800 a year as being the minimum needed to provide the basics of life to a single adult, \$3,700 for a couple, can then proceed to assure them income of \$2,013 to meet these needs. Now \$2,013 is only 73 percent of the poverty level.

South Dakota did not accept the responsibility of supplementing SSI. Of the 5,547 aged people in South Dakota receiving SSI benefits in April 1976, only 266 persons were being supplemented by South Dakota to their own payment level in December of 1973, which was a maximum payment of \$193 per month.

Recent increases in social security and SSI payments has decreased this number to 169 persons as of August 1, 1976.

At the last legislative session, Senator Michael O'Connor introduced a bill for State supplement to SSI to bring all individual recipients in South Dakota up to the State level of \$193 per month with a pass-through for future SSI increases at the request of the State advisory council. But as often happens to legislation that benefits the poor, it got caught in the game of political football and went down to defeat in the closing hours of the session by partisan political maneuvering.

My recommendation to this committee is that the Federal Government assume the responsibility they accepted with the passage of SSI and raise the Federal SSI payment to at least the official poverty level. If this level is not appropriate for all areas of the United States, which I am sure that it is not, a regional approach could be used.

TRANSPORTATION FIRST PRIORITY

I would strongly oppose the urban rural system of payments for several reasons. First, the increased cost of transportation in extreme rural settings such as we have in South Dakota would more than equal the added cost of housing in an urban area. Transportation is a must for South Dakota's rural elderly, as many of them have to travel long distances to obtain medical services to purchase food stamps and even to purchase food. In small communities the food prices are much higher than they are in the supermarket in a larger city. Rural homes rely on fuel oil or bottled propane for their heat, which costs much more than natural gas.

Another area of concern to South Dakota's older population is housing. South Dakota has a severe shortage of low-cost rental units. South Dakota relies on property taxes for the support of their school districts. Many older people are finding this tax burden too much for their limited income and are being forced out of their own homes into rental units.

In the Sioux Falls area it is almost impossible to rent a one-bedroom apartment for less than \$125 on the open market that would meet housing code standards. I have included a list with a sample of various rents. As a matter of fact, I understand that the situation is worse in Rapid City, Pierre, Brookings, Yankton, and Vermillion. [The list follows:]

[From Argus Leader, Aug. 4, 1976]

ONE-BEDROOM PRICE QUOTATION

- | | |
|--|--|
| 1. \$230. | 10. \$140. |
| 2. \$150. | 11. \$170. |
| 3. \$95. | 12. \$95, efficiency only. |
| 4. \$175. | 13. \$125 plus electricity. |
| 5. Rented—no price given. Electricity extra. | 14. Rented—no price given. |
| 6. \$175 plus electricity. | 15. \$125, 6-month lease. \$130, \$50 deposit required. Electricity extra. |
| 7. \$130 plus electricity. | 16. \$100, includes utilities. |
| 8. \$175. | |
| 9. \$85, basement efficiency apartment. | |

Mrs. THOMAS, South Dakota has 3,952 units available for the elderly and handicapped in subsidized housing. I must correct this a little bit because I have not included the figures from the Farmers Home Administration, so that could change this.

Now, 2,109 units are public housing while 1,843 are funded under other subsidy rent programs. Only 387 of these are on the Indian reservations. For the 32 percent of the elderly population having incomes below the poverty level, or more than 23,000 people, more low-income housing is needed to neutralize the effect of inadequate income.

If I could divert from my prepared statement just a moment, I was doing some back reading yesterday and I discovered that there was a bill introduced last year in the House of Representatives which would have provided an automatic grant subsidy for anyone on SSI. That bill I think was by Congressman Brademas—I am not sure. If that bill is still around, I would like to see it rejuvenated; it would solve this particular problem we are talking about.

MEDICARE, MEDICAID INADEQUACIES

In a recent study on the problems of social adjustments of the low-income elderly living in subsidized housing, I found that even though this minimized many of the problems of inadequate income, most of the persons interviewed said that they needed more money. One of the greatest needs of the elderly is dental care, including dentures. Neither medicare nor medicaid include dental care for adults. Dental care is important to the elderly—it is necessary for proper nutrition, good health, and personal dignity. I believe that we are really putting down our older citizens when we say to them that dentures or dental care is a luxury that is nice to have if you can afford it yourself.

Since July 1, 1976, optical and other medical services to adults have been seriously curtailed under the State medicaid program. Let me just remind you that money and services given to the poor help the economy of everyone as this money is put back into immediate circulation and, with the multiplier effect of four, it increases the economy of the entire community.

Thank you again for the opportunity.

[A letter from Representative Ottinger was submitted for the record.]

CONGRESS OF THE UNITED STATES,
Washington, D.C., August 9, 1975.

DEAR FRIEND: I am writing to enlist your support in the effort which I and other Members of Congress have undertaken to effect badly needed reforms in the supplemental security income program.

As you will see from the enclosed reprint from the Congressional Record, I have introduced legislation which would provide a supplemental allowance to SSI recipients such that they would not have to pay more than 25 percent of their income for housing. The allowance is limited to a maximum of \$1,200 per year.

I firmly believe that such rent supplementation is one way of getting around the basic inflexibility of a program that has failed to take regional cost of living differences into consideration in the awarding of benefits. In the higher cost-of-living areas of the country, rising rent and utilities, coupled with a lack of adequate alternate housing at reasonable prices, has made it increasingly difficult for those on SSI to survive.

Although other housing allowance proposals have been introduced, I believe that my bill—H.R. 7138—more adequately addresses itself to the problem. The 25 percent allowance is in line with the standards set by other Federal housing programs, such as the section 8 housing assistance payments program.

We must demonstrate highly visible public support for the bill if it is to have a chance of passing. I urge you to encourage the members of your organization to write to their congressmen and, particularly, to the Members of the House Committee on Ways and Means, who are named on the enclosed list.

I would also be grateful if you would disseminate this information as widely as possible to any groups or individuals who might have an interest in supporting this legislation.

Thank you for your interest, and I hope that I can count on your support.

Sincerely,

RICHARD L. OTTINGER,
Member of Congress.

Senator CLARK. Thank you.

Just a couple of questions of each of you.

First, Mr. Johansen. You are obviously in a position to have thought a good deal about the problems of the elderly in South Dakota. You are Chairman of the Advisory Council on Aging. Obviously the purpose of this hearing is in no small part to try to see what is most important—not what is important, but what is most important—in the rural areas. As you look at the situation in South Dakota, if you could increase the funding—either create one new program or increase the funding significantly—which program would you put at the top: transportation, nutrition, unemployment, or housing? As you look at it, what is the greatest problem in South Dakota?

Mr. JOHANSEN. I would say, offhand, that transportation would be the most pressing problem.

POVERTY LEVEL MINIMUM

Senator CLARK. Now I want to ask Vada Thomas a question. I must say I agreed with a great deal of what you said—in fact, I can't think of anything you said that I didn't agree with—but particularly the point that medicare has a long way to go. As you say, you don't get dentures, eyeglasses, prescription drugs, and one could go on and on. I refer particularly, though, to the statement that it would seem that in a country as strong and as wealthy as this one, the first priority ought to be to bring people up to the level of poverty so that no one

lived below this level. I cannot remember the exact dollar figure, but it is amazingly small.

We introduced legislation to raise social security and SSI for every American to the level of poverty so that no one would live below the level of poverty. I cannot remember the exact dollar figure—it was much, much smaller than I thought. My recollection is that it is about the cost of three Trident submarines. It would be a remarkable thing to be able to say that we don't have anyone in this country that lives below the level of poverty. So I congratulate you on the statement.

The one question I wanted to ask you was which program do you see from your experience that we need most? I know we need a lot of different things, but do we need housing? Do we need transportation? Do we need health care? Which of those would you select as being the greatest need?

Mrs. THOMAS. In speaking of South Dakota as a total, I would have to again restate transportation. Looking more specifically to Sioux Falls, I see housing as the greatest need.

Senator CLARK. Thank you.

Congressman PRESSLER.

Representative PRESSLER. I have just a short question which I might address to both Peter and Vada, and that concerns the points that Vada made concerning optical care and other health care. I find I get a lot of mail from senior citizens who actually can't buy glasses, for example. I am the cosponsor of legislation to expand that coverage and I must say that I agree with the things that you have advocated here this morning, but what can we do in the Congress to jar loose thinking? Certainly I suppose by coming here and taking this testimony, but we get a great deal of mail, some of which I will insert into the record at some point.

Do you have any specific figures in your groups as to senior citizens in rural areas who are going without dental care or without optical care? It is very difficult to have specific figures on something like that because a lot of it is hidden poverty.

Mrs. THOMAS. I don't have a total figure. I can say in the last month I have had five requests for dental care and three for eyeglasses—calls from people who have called me and asked where they could get these.

Representative PRESSLER. I find a lot of senior citizens buy these glasses from a drugstore which may be helpful, in some instances, to save the cost of going to an optometrist. Have you found that to be true? There are very low-cost glasses available.

Mrs. THOMAS. I have not checked into that.

Representative PRESSLER. We don't have any figures available on that?

Mrs. THOMAS. No; I don't think there are any available at this time. Dental care—we are trying to document those in a more complex way for the people needing dentures.

POVERTY OFTEN HIDDEN

Representative PRESSLER. I think in our small town, Senator—and I hope the committee takes this thought back with them—there is a lot of hidden poverty that is very quiet. People in South Dakota and in your State are very proud—they have been very proud—and they are

ashamed to admit this need, but it becomes evident through routine things like eyeglasses and care of the teeth. The people just try to get along. We have a great deal of hidden poverty among the aged.

Senator CLARK. Thank you very much.

The next panel is on older service users and providers. Phil Burke is going to be accompanied by Shirley Overland; Irene Eilts is accompanied by Larry Oppold; and Lillian Nace and Ray Bagley are accompanied by Gerry Eisenbraun.

We are going to hear from this panel about older service users and providers, those people who provide the services and those people who use the services that are available to older people.

Now, again, because we do have so many witnesses today, let me remind those of you who are going to speak that we would like to have you try to limit your comments to about 4 or 5 minutes so that we might be able to ask some questions afterward; otherwise, we will just have to dispose of the questions.

Phil Burke, you are president of the Huron Area Senior Center, Inc., South Dakota. You may proceed at this time.

Mrs. OVERLAND. I am going to introduce Mr. Burke.

Senator CLARK. That will be fine.

STATEMENT OF SHIRLEY M. OVERLAND, DIRECTOR, HURON AREA SENIOR CENTER, INC., HURON, S. DAK.

Mrs. OVERLAND. Senator Clark and Representative Pressler, I am Shirley Overland, director of the Huron Area Senior Center, Inc., here in South Dakota. I am submitting a written statement on the development of our rural multipurpose center, along with comments on title V, our DARE program—developing adult resources in education—and our plans to remodel the Huron College dormitory for low-income elderly housing and a senior citizen center. At this time I will present my testimony to you in written form, but I am very proud to introduce to you Phil Burke, president of the Huron Area Senior Center, Inc.

[The prepared statement follows:]

PREPARED STATEMENT OF SHIRLEY M. OVERLAND

The Huron Area Senior Center, Inc., developed from its meager beginnings because of the interest and perseverance of several retired Federal employees. Some said it could not be done but they continued on in spite of numerous obstacles. The group met in various community buildings and churches before moving into an old rented hatchery about 4 years ago. Much of the remodeling was done by the seniors. Those attending numbered from 35 to 50. The present director was hired with the assurance that this was a part-time job and she could come and go pretty much as she pleased. Her salary was \$3,000. She was expected to coordinate a few craft and recreational activities. The director, as an enabler type person, had an abundance of volunteer experiences in developing programs and working with people of all ages. Her study of other Older Americans' Act programs and attendance at workshops plus the enthusiasm and dedication of the board of directors led to increased program activities and involvement of other older volunteers.

The center membership mushroomed because of superb news coverage and excellent community involvement but mostly because "each one brought one." The senior center was the place where things were happening. Persons who had been living in isolation and loneliness were brought by other caring senior citizens and soon they too were involved. A wide variety of activities (often more than

the old hatchery could contain) enticed others to come just to see what was going on and soon they too joined the ever-increasing membership. The incubators were moved out of the back room to make more space. A new floor and ceiling, and a coat of paint made additional activity areas.

The Huron center was chosen as a title VII nutrition site largely because of the existing services, outreach, and concern of its members. The philosophy of service to all rural older Americans and community has built a firm foundation. Three new people joined the staff with title VII funds: a site manager, outreach worker, and bus driver. Two minibuses were provided, one with title VII funds and the other with one-third county, one-third city, and one-third center funds.

The center had and continues to have special events that generate some income. Examples: "Country Christmas at the senior center," "Around the world with the senior center," bake sales, gift shop open daily that sells articles made by senior Americans, quilt raffles, "Pioneer Cookery for Modern Cooks" (a cookbook), "Gambles Senior sellabration" (senior center takes over Gambles store for 3 days and handles all sales and countless demonstrations), gift shop at the South Dakota State Fair in Senior Citizens Building (manned by senior citizens serving coffee and cookies to thousands of pioneer South Dakotans during 6 days of fair), etc.

The center director is aware the senior center is not for everyone and yet there are many proud rural elderly that have tragic unmet needs. They continue to try and work things out alone because they'd made it through the dirty thirties and depression years. How could these folks be helped? A home care program could provide the answers but how with limited funding?

At the same time several members of the board were aware that the other small communities (200 to 500 population) in Beadle County (with large percentage of elderly) had no services provided. Each community was contacted and if interest was indicated, the Huron Center director and several board members met with key community leaders (elderly included). A title III grant provided for a home care director, funding for five satellite centers and money to develop a rural transportation program. The buses go weekly to each small town bringing the people into the county seat (Huron) for services, nutrition, recreation, and visitation.

The home care program has been most beneficial. Calls and visits come from families in other parts of the United States. They are concerned for an elderly parent. Grandma could come and live with them but she chooses to remain in her home. A home visit is made and the necessary help provided through information and referral with other agencies. Calls come from the elderly themselves asking for chore and homemaker services. If they cannot pay, they are assisted in working out the details with title XX. Doctors refer hospital dismissal patients on special diets to the home care director. She coordinates meals-on-wheels for these individuals. She visits daily in homes of elderly. She assists with tax refunds, SSI and other programs. She operates in a loving, caring, non-threatening way. She accepts each individual as a fellow human being in need of love and a sense of worth. Each staff member at the Huron center functions in this way. This accounts for a membership that has crossed all economic barriers with an age span of over 40 years.

Each satellite center has developed its own program. However in this third year of funding (ordinarily the last) the Huron director is spending time monthly with each group. She is "planting seeds" to assist them in developing to their fullest potential. The philosophy that we look selfishly to our own needs so that we can have a good time is rapidly disappearing. Instead we will reach out to those on the fringe today and then leave something behind tomorrow when we are gone. In this way others can continue to build on our programs, thereby serving more people.

If through our services throughout the county we can help elderly rural South Dakotans to remain in their own homes or community and stay out of nursing homes, we will know we have served our fellowmen. A superb example of change of attitude is one couple in particular from one of the satellites. When we first visited their community to discuss a senior center, the committee was receptive. However, a great deal of the conversation that first day concerned an elderly man who had recently married a nearly blind, somewhat retarded young woman. They lived in a tarpaper shack with dirt floor and no conveniences. His prime goal was to have enough wood chopped to keep them warm the next winter. The community laughed about the ridiculous marriage. Several units of subsidized

housing were built and Jake and Erna moved in. I saw them 2 weeks ago at their senior center. They were accepted and loved. They were neat and clean. As we embraced, Erna told me proudly how she had gotten up at 5 a.m. to bake bread for the potluck dinner. She calls him "Daddy" and he calls her "Honey." If Erna is left alone because of his death, she will have loving friends to support her because now she belongs. This community realizes they must serve others, young and old. This is our mission.

TITLE XX FUNDS UTILIZED

Recently funds were made available through UMTA to purchase a van to transport elderly and disabled. With the approval of the county and city commissioners, we purchased the vehicle—80 percent UMTA and 20 percent local matching funds. The vehicle has been operating for 6 months. All three buses operate with title XX funds. The new program started slowly but is growing very rapidly. Elderly nursing home residents have gotten out of the home for the first time in years. They can now make visits to the doctor or hospital (for tests) without lying down in an ambulance. Some are able to come to the senior center. Elderly wheelchair individuals, still able to remain in their own homes, have built outside ramps so they, too can take advantage of the van. The joy in their faces when they can again be with old friends is heart warming. One lady in a wheelchair bought a piano. Getting out seemed to give her new hope. Title XX makes it possible to transport handicapped of all ages. A new adjustment training center is taking advantage of the bus to transport their workers. Crippled school children will be using the vehicle in the fall.

The Huron Area Senior Center, Inc., is the grantee for RSVP. They are using a second-hand bus purchased with senior center funds. ACTION has promised them a new van as funds are now available. As director of the senior center, I am grateful that we are the grantee for RSVP. We can coordinate our programs instead of competing as I see in many communities. Their work with the elderly has grown and will increase considerably when we are in the same building. RSVP has searched out individuals and provided meaningful volunteer opportunities. Grandmas and grandpas are tutoring slow learners in the schools. One elderly gentleman is teaching German to a high-IQ kindergarten youngster. Another lady, with tears in her eyes, speaks of "life" that was given back to her (after her husband's death) because she was again needed. Another (Nell, her poem is enclosed)¹ has been under psychiatric care all of her life. Now, she is off of tranquilizers and for the first time free and happy. "Continue whatever you are doing!" the doctor orders.

TITLE VII NUTRITION PROGRAM

The title VII nutrition program has changed many lives. Children visiting their elderly parents say mom and dad don't even look the same. The oldsters' eyes sparkle, they are healthier and life has taken on new dimensions. Oftentimes a person will come for a meal and after a few visits to the center, will become involved in a musical group, crafts, or some other activity. The nutrition program, senior center, and RSVP work together complementing one another. The services provided through title VII are most beneficial. Subsidized housing built in Huron apart from shopping facilities makes it impossible to get to a store. Weekly shopping trips, escort service, trips to doctors, and daily trips to the senior center for dinner and other activities make the difference between happiness and almost total withdrawal. The outreach worker assists and encourages (through home visits) the shy and reticent. She provides home-delivered meals for the ill. She gives love and support as needed as well as assisting with information and referral. The site manager plans menus and supportive programs that teach proper nutrition habits, fun times, etc.

Why is a senior center important in rural communities? A large percentage of rural elderly have come from the farm. They are work oriented as are most midwesterners. Their unspoken philosophy is "If you can no longer work, you are no longer useful." When eyesight goes dim, when the heartbeat weakens, or a number of serious operations cause the human being to slow down, uselessness takes over.

¹ See appendix 1, item 2, p. 312.

Dr. Peter Goldmark at the 1975 NCOA convention spoke in great detail of the movement of city people back to the rural areas. He spoke of the importance of planning for this time. In 1976, 1 out of 10 are 65 and older. By the year 2,000, 1 out of 5 will be 65-plus. This has tremendous implications for rural America. Multipurpose senior centers can provide the necessary services in a nonthreatening way. Multipurpose senior centers can provide services with less dollars than the government utilizes subsidizing nursing home residents.

How important is a senior center in a rural area? In 1974, the Huron Center can document keeping 44 persons out of nursing homes. In 1975, 46 would have had to be placed in a home if our services would not have been available. The example of the Huron Multipurpose Senior Center "rubs off" on other centers. We can see the influence within Beadle County and throughout the State. Visitors from other States stop to inquire about our service programs. The city and county commissioners say the few dollars we get are the best dollars they spend. If we weren't here, who would provide the loving support, the rides, the assistance for shopping and trips to the doctor? Who would say "I've missed you" when someone has been gone? Who would provide incentive for an 88-year-old lady to have hip surgery and be back on her feet in a couple of weeks? Or who would provide the importance of living to our 90-year-old, top quilt raffle saleslady when she broke her hip (on her birthday) and "breezed in" 3 weeks later under her own power?

Is a multipurpose senior center important in rural America? You bet it is! It may not be as visible as the large city complexes, but the same needs exist and they are being carried out in condemned buildings, old Legion halls, makeshift do-it-yourself deserted stores, old unsafe hotels that no one else wants, and even converted creameries and hatcheries.

COMMENTS ON TITLE V

It pleases me that some money is finally being made available for renovation and alteration of facilities to be used as multipurpose senior centers. The dollars that will be available to rural States such as South Dakota will be inadequate. However, the stress upon multipurpose senior centers is excellent. As in my previous testimony, you are aware of the importance I place on a service-oriented center.

Maching funds will place a responsibility upon the community, which is good. I am aware of all the projects that have been completed in our area for youth through BOR where half of the funds are Federal. It would be most beneficial if this same type funding was provided for older Americans.

If title V provides a quality building instead of a makeshift structure it will prove to be a good program.

A problem I foresee is small rural communities where renovation or alteration would be more costly than a new building.

DESCRIPTION OF "DARE"—DEVELOPING ADULT RESOURCES THROUGH EDUCATION

The DARE program is a joint effort of Huron College (Dr. David Nichols, community learning center) and the Huron Area Senior Center, Inc. It is unique in that (1) the college has adapted the traditional liberal arts disciplines to the particular needs of older persons; (2) the college staff has also used the teaching situation as a laboratory for their own learning and growth; (3) the college and center have worked jointly (young and old together) to develop a lifelong learning program; and (4) all additional available community learning resources are utilized. A copy of the DARE proposal¹ is included.

Previous to the development of the DARE program, the senior center director held a series of sharing sessions first with the elderly and then with all other agencies in the community that were providing learning opportunities. Many were dubious and said they'd never go back to school. However, when in serious consultation a goal was set "to get the cobwebs out of the brain," those in attendance were in agreement to move ahead into unchartered waters.

Enclosed are copies of the first two sessions of DARE.² Notice the utilization of various community resources. Several activities have become very popular

¹ See appendix 1, item 3, p. 214.

² Retained in committee files.

and have continued. Senior surfers, senior sharing group, and defensive driving will be repeated for the third time this fall. Approximately 300 senior citizens have taken part in these sessions. Other elderly have enrolled in regular college courses.

DARE is important because we are learning together—seniors, college staff, and community instructors of all ages. There is an openness and sharing that has brought about mutual respect.

The excitement that this program has motivated among the elderly has become contagious. "DARE kick-off breakfasts" before each new session are well attended and give the program the extra impetus needed.

The learning experiences of the college and senior center in the DARE could serve as a model for other communities.

PURCHASE OF M'DOUGALL HALL

McDougall Hall is a dormitory on Huron College campus to be utilized for low-income housing and senior center services.

For some time the senior center has been at a stand-still in further program development because of over-crowding. A larger building is needed. All available funding resources were explored, but no solutions were found. Land was purchased with center money and a plan drawn, but before moving any further, the board was in agreement that the unbuilt building was already inadequate.

The possibility of purchasing McDougall Hall was studied, but again funds were not available. When money was appropriated for section 202, a proposal was submitted to HUD in Washington, D.C. To be eligible for this loan you had to provide services along with subsidized housing. We were already providing the services, but needed more center space and knew many senior citizens were living in substandard housing. This appeared to be the answer; however, we were rejected for a loan. Inadequate money in section 202 plus the fact that we were Rural, were reasons given. In the meantime, the city had received a \$150,000 community development grant to be utilized in remodeling the second and third floors of the dormitory for low-income senior housing. Architectural drawings are being studied by the State Housing Authority as to feasibility. The first floor and basement would provide senior center space. The rental from 23 apartments will, of necessity, pay the cost of remodeling and purchase price. A lease has been signed with an option to purchase included in the agreement. During the interim time while waiting for the money to become available we will rent the dormitory. This will make it possible to put the KARE (Kinship of the Ages through Reconciling Education) program into action. (A copy is enclosed including diagrams and program ideas.)¹

The senior center members and Huron College students have experienced a glimpse into what the future holds. In January 1976 an interim class spent a month with the senior citizens. The students did research in the field of gerontology but most of their time was spent with the elderly. They delivered meals, they made home visits, they danced and played cards, they quilted and learned to crochet, they served meals and washed dishes, they took part in the musical groups, and visited the nursing homes. They took the oldsters to ball games and even attended a State gerontology conference together. Most of all, they learned to love one another and accept each other as fellow human beings. There was no generation gap. At the close of the month-long experiment the senior center building was filled to capacity as experiences were shared in a group meeting. Eyes were damp when students presented a plaque saying "You have touched us, we have grown." What more can be said?

Does this senior center on campus have implications for other communities? To Dr. Howard McClusky's (from the University of Michigan) knowledge there is no other project such as this in the United States. We expect that Huron will become a laboratory for other programs and colleges to study and copy. Students working on advanced degrees could find no finer situation in which to work and study. Where else could you work and live with the elderly being human together and have academic facilities so near at hand?

We know it is a brave venture into uncharted waters, but we have the confidence and enthusiasm to be pioneers. As Victor Frankl says "Love is wanting to uncover the potential in people." The elderly of the United States are our greatest untapped resource. Please help us "get it together" to help people to help themselves.

¹ See appendix 1, item 4, p. 320.

ADDITIONAL COMMENTS

The severe drought in South Dakota, particularly in our area, is of grave concern. Budgets are being cut by the city and county. They are aware of our programs and services but tax dollars will be less. Our salary scale is meager. The director hopes for \$8,500 in 1977, but other salaries are in the \$3,000 to \$6,000 range. Green Thumb (a valuable resource for us) and CETA workers are utilized. If there is a budget cut some service will have to be curtailed. Which one will it be? The government has emergency funding for other disaster areas. Is it possible that during these difficult years some subsidy arrangements could be made to keep a program from discontinuing its assistance to elderly? We ascertain that the drought will bring more people to our doors.

The question remains to be answered: Will we be able to assist them?

STATEMENT OF PHIL BURKE, PRESIDENT, HURON AREA SENIOR CENTER, INC., HURON, S. DAK.

Mr. BURKE. Senator Clark, Congressman Pressler, I might add that we were happy to have Mr. Oriol visit our center a couple of weeks ago. We appreciate very much his being there.

I am going to present to you sort of a run down on the birth and growth of what we think is a pretty good senior center. Ordinarily I don't like to read testimony, but I will.

As a result of the concern of a small group of retired Federal employees who are members of NARFE and the cooperation of several other groups such as the Huron Branch of American Association of University Women, Farmers Union, churches, and encouragement from the Governors Council on Aging, a meeting was held at the Farmers Union Building on March 23, 1971, at which time an advisory council of 11 members was named. One week later officers were elected officially setting up the Huron Senior Center. Les Wilcox was selected as president and served up until last January when I assumed the duty as president, because of his absence from the group. He is still a member of our cast, however.

GROWTH OF ORGANIZATION

This action started one of the fastest growing senior centers in South Dakota, from a humble beginning with about 35 members in March 1971 which met one afternoon a week in the youth activity center, to its present status with over 700 members and coordinating five different satellite centers in Beadle County with a membership of over 400.

The group met in various facilities in Huron for the first year—churches, Y.W.C.A., et cetera—until a year later the West Hatchery Building was rented and put in shape for center activities with volunteer labor by members of the senior center. I might add that you never saw a bunch of old characters like myself and several other people work and bleed and hurt and ache and everything else. A short time later a director was hired, Mrs. Shirley Overland, who is still serving in that capacity.

I might also add that Shirley Overland has been a great power in our organization. She is warm, she is feeling, and she is a real person.

We were funded in part by a grant from the Older Americans program, and since then we have been funded by Older Americans grants for some of our satellites. The county and city have been quite coopera-

tive and we have taken advantage of various title grants from other special programs.

From that point on we have upgraded our center to the extent possible considering our crowded space, and we are very, very crowded in our present location. We have added or sponsored the retired volunteer service program which needs to be located in another building because of the lack of space in ours; the nutrition meal program which provides meals for an average of 80 people per noon meal 5 days a week; a home care director who assists people in caring for themselves in their homes and directs meals-on-wheels which serves an average of 20 meals per day 5 days per week.

Through the help of the transportation program—title XX—we transport older Americans and handicapped persons in Huron and Beadle County, making regular weekly trips to the smaller towns and transporting eligible people to Huron which enables them to see their doctor, dentist, to participate in center activities, et cetera. We will be transporting several handicapped children to special schools and some adults to the job adjustment center.

Our members are active in many, many things. We are not just simply a charity group. We do all of the things that need to be done. One of the big activities of the center is the craft center which enables us to raise some money to supplement our limited budget.

We will shortly be moving into a dormitory on the Huron College campus, which is a new thing for South Dakota and probably one of the newest in the Nation, which will provide additional space and enable us to provide more programs, better social services, provide space for all our related programs and, hopefully, in the near future to provide low-rent housing for eligible persons.

One of the other big programs in our activities is the learning program. We have a program set up with the Huron College. You would be surprised the number of seniors that are waiting eagerly for new classes to start this fall. We have had several classes—not hardcore learning, I would guess—but learning the new math, defensive driving, and what have you. We feel that our center is a center that is fully aware of the needs of senior citizens. We recognize that senior centers are not for all people. Many people are not comfortable in that surrounding but with our percentage of people that do belong and do participate, we feel when we get to larger quarters we will have much greater participation.

Now just for a moment I would like to direct my comments to another subject, and that is the impact of the present drought conditions on future senior center activities. We are confronted with a serious drought in Beadle County which also affects a large portion of South Dakota. This situation will have a marked effect on both the county of Beadle and city of Huron's ability to properly fund, not only senior citizens' centers and other meaningful projects, such as roads and streets, in fact all of the functions of both governing bodies will be curtailed.

TAX BASE THREATENED

At the county level, about 23 percent of the tax base is derived from personal property. With the sale of whole herds of cattle in many instances, the partial reduction of herds in nearly every instance, the

inability of farmers to purchase new equipment, and the lack of sales on the retail level thereby reducing taxable inventories, these will be serious threats to the overall tax base which, along with a sharp increase in the delinquency rate, will put both the county and the city in a bad financial bind, especially in 1978 when the real crunch will be felt and which will also be felt in 1977 when the current taxes become due and the inability of people to pay.

I submit that consideration should be given to supplemental Federal funding to help finance centers to at least permit them to operate at present levels until local governments can regain sufficient taxes to pick up the load. We do take advantage of the various title programs at this point, but these programs are limited and not available for many of the basic operational costs which we have.

Thank you for the opportunity to speak.

Senator CLARK. Thank you very much.

Mr. Bill Oriol, who is the staff director, was telling me that he visited your center and it is located in an old hatchery. Our first hearing was in Winterset, Iowa, the day before yesterday, and we met in a senior center which was formerly a creamery, so it looks like we are really taking advantage of the agricultural buildings.

Mr. BURKE. And they both smelled about the same when we moved in.

Senator CLARK. They probably did.

We are going to hear next from Irene Eilts of Spencer, S. Dak.

STATEMENT OF LARRY OPPOLD, DIRECTOR, AGING SERVICES CENTER, SIOUX FALLS, S. DAK.

Mr. OPPOLD. I am to introduce Irene.

I am Larry Oppold and I am director of the aging services center located in Sioux Falls, S. Dak., serving a six-county rural area. My main function is to train and supervise 10 workers who live and work with the elderly in their own communities. I am here today to introduce one of these workers to you and, as I do, I want to state that I feel one of the most effective ways to meet the total needs of the rural elderly is by funding salaries and training for these wonderful people called outreach workers. The presence of an outreach worker in a community means not only skilled individual attention for needy elderly but their presence causes a process of community awareness and response to the elderly that is very effective.

At this point I would like to introduce Irene Eilts and let her explain some of the things that have happened in her community and in other communities in the six counties where our program operates.

STATEMENT OF IRENE EILTS, SPENCER, S. DAK.

Mrs. EILTS. Thank you.

Congressman Pressler and Senator Clark, I am Mrs. Irene Eilts, an outreach worker from McCook County. My home community is Spencer, S. Dak. I appreciate the introduction given me by the director. I feel the role of an outreach worker is very important to serving the needs of the individual elderly, their families, and their communities. I have been trained and involved as an outreach worker in my

community for the past 2 years. I have seen the confusion, isolation, poverty, hunger, and pain of social withdrawal of so many elderly in my work.

I have also been richly rewarded in seeing so many elderly brought back to health through my efforts and those of the community volunteers that have helped me serve their needs. I want to emphasize the concept of volunteer help because part of my role as an outreach worker has been to educate and organize concerned individuals in communities to respond to their elderly neighbors' needs.

I must say the response has been terrific. In rural areas we have much desire to serve the needs of the elderly. All that is needed is someone to show the way. Outreach workers like myself in this area have been the catalyst for meals-on-wheels programs, transportation projects, visitation, and telephone reassurance.

There are some problem areas, however, that outreach and community resources have not been able to solve. Aside from income problems, the No. 1 problem among them is the need for homemaker service. Although the department of social service has continued to increase its homemaker service potential with local adult personnel, yet they cannot keep up with the growing demand for trained homemakers. In addition, the present homemaker program is not designed to meet the needs of those persons who require around-the-clock supervision.

As it presently exists, homemaker service is beginning to address the problem of alternatives to introduce visitation but this is only the beginning. Along with homemaker services, rural areas need financial support to supply home health aides and handiman service. In addition, funds are needed for physical and occupational therapy, for experimenting with day adult care and alternative living situations in the rural areas.

A ready resource is available in rural areas waiting to be developed to meet the above needs. This resource is still active older people themselves, especially the older women. Older women greatly outnumber the men because many are widowed. They are also poor—living on social security alone. Most desire to be active and useful to society and earn their own way. These women have been caring, feeling homemakers all their lives. Their talents and their contributions are still needed by society, especially the homebound elderly. These people, men and women, should have the opportunity for training in a paid service to their peers.

Volunteerism is great and should be encouraged in the area of service also, but persons living on poverty income should not be expected to volunteer their time and travel when others are paid professional salaries. Three thousand elderly in this immediate area are living on less than \$3,000 a year. The senior companion program which addresses this need should be expanded to provide the opportunity for the elderly to be in service to other elderly. At the present time, there is no senior companion program in this State, and a very limited number in other States. I would strongly recommend an increase in Federal funding for this elderly employment service program.

In closing I would like to relate to you an experience of mine as an outreach worker. I have visited this lady very often as I realized she

had many problems. Being a very lonely person, she didn't communicate with people very easily. After visiting with her several times she realized that I was very concerned and was really there because I cared and wanted to help. By this time she had gained confidence and felt that she could trust me with her problem—and at this time it was a very serious one.

She had been informed that she would have to reimburse \$1,800 to social security; also, she would not be receiving her check or be eligible for food stamps. She didn't have any money and didn't know where to go for help. I immediately went through the proper channels and things began to happen. Within 6 hours the problem was clarified. This \$1,800 was an error, plus they also found out that she had been underpaid. Therefore, she received a bonus check for \$400 and would receive more each month—and also be issued her food stamps. Needless to say, this lady was very grateful and happy, especially for the service of the outreach worker.

This is only one of the many cases that we experience. While much has been done, much still remains to be done. All of us that are involved with the older American program feel that we have only scratched the surface. There is not one of us who can say for sure that he may not end up as an elderly person living alone without transportation, without relatives and friends near—to feel very lonely, useless, and unwanted. We ask consideration in helping us to keep trained personnel at the grassroots level.

I thank you.

Representative PRESSLER [presiding]. Thank you very much for that fine testimony.

In the absence of Senator Clark who is being interviewed, I might call on Gerry Eisenbraun who will make two introductions, and then we will have some questions.

STATEMENT OF GERRY EISENBRAUN, STATE DIRECTOR, GREEN THUMB PROGRAM, NATIONAL FARMERS UNION, SIOUX FALLS, S. DAK.

MR. EISENBRAUN. I would like to make a statement for the record and that is that Ben Radcliffe, the president of the South Dakota Farm Union and also chairman of the executive board of the National Farmers Union, who is the administrator of the national green thumb programs, sends his regrets due to other commitments. He would have liked to have been at the meeting today, so you will have to do with second best.

Also for the record I would say that I am Gerry Eisenbraun and that I am the State director of the National Farmers Union Green Thumb program in South Dakota. I am not here to testify, but I would be happy to answer questions pertaining to the green thumb program in South Dakota. We appreciate your calling this meeting on what we feel are the needs of the rural and the minority elderly and in having the opportunity to have several of our green thumb workers testify.

I have with me three green thumb workers that I would like to introduce at this time. First of all, Mrs. Lillian Nace of Flandreau in

Moody County, S. Dak. Mrs. Nace is a widow, 70 years young, has been with the green thumb program since 1969, and has done a tremendous job as the hostess of the senior citizens center there, but I will let her tell you about her work later on.

I have another. Mr. Ray Bagley of Madison in Lake County, S. Dak. Mr. Bagley is 61, a little bit younger than the average Green Thumber in South Dakota. He has been with the green thumb program since 1964. He started as a green thumb worker at the Lake Herman State Park and has been promoted, first to crew foreman, and then later on to the area 4 person. He, too, will tell you his part in the green thumb program.

Now I have another person with me that is not listed on the program. A little bit ago we were talking about some of the needs in South Dakota. We were trying to reach this lady for about the last week and we could not get through because she does not have a telephone. We found out this morning that in order to get a telephone to her it would take 2 miles of wire and posts, and about a \$400 deposit. I thought I would just enter that in the record. She will tell you about that. Beatrice LaFromboise of the Sisseton-Wahpeton Sioux Tribe, Wilnot, S. Dak., in Roberts County. Mrs. LaFromboise is a widow, and started with green thumb during February of this year, is the safety monitor of the crew she works with, and is also a member of the South Dakota Green Thumb advisory board. This would be on the State level.

Mrs. LaFromboise would like to testify. However, we realize that you are under a strict time schedule, so she will testify only if time permits. She will be available, however, to answer questions and as a resource person if you would like to direct any questions after the presentation.

The South Dakota Farmers Union Green Thumb started in March 1968 in five eastern South Dakota counties. Since then we have grown from 5 counties and 72 workers to 29 counties with an authorized strength of 216 workers. I don't want to throw out a lot of statistics, but I do have some here that you might find interesting. The average age of the green thumbers in South Dakota would be 70 for a gentleman and 66 for the ladies. Out of the 116,000 people that are older workers in South Dakota, 31,000 are eligible for green thumb, and the Green Thumb program reaches only 6 percent of the people that are eligible. We have, at the present time, three applicants for every job that is available in South Dakota. We have requests for the green thumb program from 48 of the 68 counties in South Dakota.

Senator CLARK [resuming chair]. Forty-eight of the 68?

Mr. EISENBRAUN. Right. Senator, we are presently operating in 29. To give you an idea of the breakdown in ages, out of the 216 people that we have on board, presently we have 24 that are under age 60, 32 that are between the age 60 to 64, 56 between 65 and 69. We have 60 people that are between the ages of 70 and 75 and, not to be outdone, we have 44 that work every day and who are over age 75.

Senator CLARK. Forty-four over the age of 75?

Mr. EISENBRAUN. Right. Our oldest workers are 85 years old, and I think we have two ladies and one man that are 85. So let's not short-change the aged. I mean they are here and it isn't necessary that they

retire at age 65. They are active and there is a wealth of talent that goes to waste.

At this time I would like to introduce Mrs. Nace. She will make her statement and answer questions if you have any. Then Ray Bagley can go after that.

STATEMENT OF LILLIAN NACE, FLANDREAU, S. DAK.

Mrs. NACE. Senator Clark and Congressman Pressler, I certainly welcome you here. I am the hostess at the senior citizens center. I started September 15, 1969, and we have a lot of things in common. A lot of elderly people come to me with their problems. I am so happy. I have just moved into a brand new building. The county commissioners have fixed a gorgeous building for us and the people at the bank gave us the equipment, and it is beautiful. I mean, people are very generous to me in Flandreau—very good to me. Whenever I ask for anything, they are really helpful.

I think the green thumb program is really one of the most wonderful things for elderly people in Flandreau. We have 5 Indian women that work at the Indian school and they do the mending for 580 students. They fix the sheets, pillowcases, and the curtains for their dormitories there. I think, as Gerry said, one of them is 85 years old.

I have had five older people come to me with their problems: "Can you help me, Lil?" I will say, "Well, come and tell me what you want." We talk things over and I try to get help for them. They have been very good.

All in all, I think green thumb is really a good program because there are so many elderly people who think when they are 65 years old that they cannot work. As a matter of fact, I have a lady that is 94-years-old that comes to my center every Thursday for pot luck, and she helps clear the table. She helps, and I think this is really remarkable. If you see her walk on the street you would think she was about 40. As a matter of fact, she was a dressmaker, and she still makes her own clothes.

That is all I have to say.

Senator CLARK. Thank you.

We are going to hear now from Ray Bagley from Madison.

STATEMENT OF RAY BAGLEY, MADISON, S. DAK.

Mr. BAGLEY. Good morning.

GREEN THUMB PROVIDES NEW HOPE

Distinguished guests, Senator Clark, and Congressman Pressler, I am an area 4 person for green thumb and I will explain what the green thumb program has meant to me. Before working for green thumb, I was working for an independent mail contractor at Sioux Falls and I was cut down to 1 day a week driving 100 miles a day. Since I got hired for green thumb, it means keeping a home together. I have a disabled brother and an 80-year-old mother, which means that we can be together with my working for green thumb and watching over them.

My work on the road brings me in contact with many people. I have run into incomes as low as \$88 a month, some a little over \$100, trying to keep a home and pay taxes and live, which is next to impossible. I have met many people. Many live in cramped housing taking medicine, complaining, and still able to work. After we were able to put some of them on green thumb working a few days a week, you would not believe the change in appearance and all.

There are many intelligent people that have retired that could do most anything, and they do. I feel that green thumb is a wonderful program. I have always gotten along with the director and the staff, and I also enjoy working with older people and the staff sponsors.

That is about all I have to say. Thank you.

Senator CLARK. Thank you very much.

Before we go to the questions, I know that Congressman Pressler has another commitment, and I would like to give him the microphone if he has anything he would like to say before he leaves.

Representative PRESSLER. I just wanted again to thank the various witnesses. The reason I have to leave is because I am going to give a speech on vocational education in Watertown at 1 o'clock, and one of the sections of that speech is continuing education which will include senior citizens. I think one concept that we have overlooked in our country is the fact that continuing education, retraining, or even the training for crafts and skills in vocational areas is very important to senior citizens. This is something I hope we develop more.

I am going to stay for just a few of the questions here and then I am going to have to head towards Watertown for that 1 o'clock speech. I want to explain why I am leaving and thank everyone for being here.

Senator CLARK. Thank you.

Now time is short, but I would like to ask just a couple of questions.

First, Phil Burke, I wonder if you could summarize very briefly. You talked about the center at Huron and, although I have to admit I have not been in Huron since 1946—I guess that is 30 years—I remember the town and I remember the State fair there, and so forth. How would you summarize the value of a multipurpose center for senior citizens? Why should we continue to fund it? You know we put more money in that program this year and, although I don't have the figures in front of me, I remember Iowa is getting \$75,000. I think we have about 3 million people. You have, I think, about 700,000 in South Dakota. So assuming it is evenly divided, I assume that there is going to be about \$50,000 available or a little less than that, perhaps, in South Dakota.

Why are they important? Why should the Congress continue to fund these? How would you summarize the importance of them?

VALUE OF MULTI-PURPOSE SENIOR CENTERS

Mr. BURKE. Senator Clark, I think I could summarize it in this way. A multiple-purpose senior center is just good economics. First of all, a senior center is a meeting place for people who have retired or are no longer able to work and reached an age when they felt that they had to retire because they were 65, because of health, or what have you.

First of all, they have got to have a meeting place. Well, a meeting place in itself is rather meaningless unless there is some substance there. Now you take a multiple-purpose senior center. As I stated first in my testimony, some do one thing and some do another, but you have got to have a wide variety of things. Some people want to learn more, they want to hit the books a little bit. Some people want to learn some craft. Some people just want to do busy work. Some people want to work with wood, some people want to work with rocks, and some people want to do various other things.

I think the crux of the whole thing is this—and I say it is a matter of economics. We have made quite a study of this thing in Huron, S. Dak. We feel that we have kept a lot of senior citizens out of nursing homes—kept them in their own home where they want to be and where they are satisfied to be. We help look after their nutritional needs if they need that, or give them a place that they can come to, to do the things that they want to do and, at the same time, get loved and appreciated. I think it is strongly a matter of economics.

Now I had the girls run this off. They did a very good job in our senior center. They feel they can document it quite well. We have 50 to 60 people coming to our senior center that are well and healthy that would otherwise be in nursing homes, because we caught them just in time. You know what it costs to keep a person in a nursing home, whether the individual pays it or the public.

Senator CLARK. It is convincing testimony. You are a good witness.

Let me ask Gerry a question. As I understand, Gerry, you have got a program up in Sisseton. I have been in Sisseton, too, but I guess that has been about 30 years ago. I know that there is a large reservation there and, as I understand it, you have a green thumb program there. I think you indicated when I stepped out for a moment that there was someone here who might be able to answer questions about that program. I wonder—could I ask that person a question? Is that person in the audience?

Mr. EISENBRAUN. Bea, would you just step up here for a moment.

Senator CLARK. Gerry, for the record, would you introduce the lady?

Mr. EISENBRAUN. Yes. Bea LaFromboise, and she is from the Sisseton-Wahpeton Sioux Tribe. She is one of our green thumb workers there. She is also a member of the South Dakota Green Thumb Advisory Board.

Senator CLARK. What I want to ask you really is, we offered an amendment—in fact I was a cosponsor of an amendment—to introduce funding for the green thumb program. That is going to be coming up again in another year and I would just like to get your judgment in terms of what you have seen of that program and whether we should continue funding it at a higher level. Is it valuable?

Mrs. LAFROMBOISE. It is.

Senator CLARK. What do you think of it?

Mrs. LAFROMBOISE. Yes, it is very, very valuable.

Senator CLARK. Why so? Why is it valuable?

GREEN THUMB PROJECTS

Mrs. LAFROMBOISE. We have been going around repairing and painting the homes of the people in Sisseton and then, with their help, they

are putting an addition to my house because I am raising seven grandchildren and the youngest is 3.

Senator CLARK. You are raising seven grandchildren and the youngest is 3?

Mrs. LAFROMBOISE. Yes.

Senator CLARK. How old is the oldest?

Mrs. LAFROMBOISE. Sixteen.

Senator CLARK. From 3 to 16?

Mrs. LAFROMBOISE. Yes.

Senator CLARK. What are they doing to your house? How are they helping?

Mrs. LAFROMBOISE. They are building a bedroom addition and a porch to my place, and they are still working. I didn't know I was going to come here. The crew is at my house.

Senator CLARK. I see. It is a good time to be gone.

Mrs. LAFROMBOISE. I had to leave them today, so my kids are cooking dinner for them.

Senator CLARK. Good enough.

Mrs. LAFROMBOISE. I got up at 4 o'clock to prepare the meal this morning.

Senator CLARK. Well, tell me this. If you didn't have that project—

Mrs. LAFROMBOISE. I would not get anything.

Senator CLARK. What would you do with all the children?

Mrs. LAFROMBOISE. Just get along, I suppose. I had to have that extra addition.

Senator CLARK. You would not have been able to do that without Green Thumb?

Mrs. LAFROMBOISE. No.

Senator CLARK. You think it has helped other people?

Mrs. LAFROMBOISE. Yes; it really helped other people, too.

Now a few other things. There are six Indian men working on the title X and six non-Indians. We all work together, and then I go 27 miles to work.

Senator CLARK. How do you do that?

Mrs. LAFROMBOISE. I leave at 7 in the morning.

Senator CLARK. What kind of work do you do?

Mrs. LAFROMBOISE. Well, I go over there and help the green thumb. I am a timekeeper there.

Senator CLARK. Good.

Mrs. LAFROMBOISE. I go help them. However, if I could paint, I would paint. Then I help with the senior citizens. They are making quilts and sofa pillows so they can sell them. Also, the senior citizens have one meal a week there on Thursdays.

Senator CLARK. I see. What do you think of that program where they have one hot meal a day or in this case, one a week?

Mrs. LAFROMBOISE. They really enjoy that.

Senator CLARK. How many people come to that program there?

Mrs. LAFROMBOISE. Through the meals?

Senator CLARK. Yes.

Mrs. LAFROMBOISE. Oh, from 15 to 20, and they really enjoy those meals.

Senator CLARK. I want to thank you very, very much for coming down and testifying.

EFFECT ON ALCOHOLICS

Mr. EISENBRAUN. Senator Clark, we tried something a little bit different with our program there. There were a number of gentlemen that were eligible for green thumb that we have, since then, enrolled in the alcoholics program. One of the jobs that Bea had, to begin with, was to see that everybody got to work, and when they didn't show up in the morning, Bea would get into her car and go get them. She saw to it that they kicked a little money into the kitty so at least they had one hot meal a day—on those days that they worked. Since then, two of those gentlemen have enrolled to take further treatment. The working pattern is almost perfect and it has to do with Bea, because she watches those fellows and she takes care of them. She goes out and gets them if they don't come to work.

Senator CLARK. We thank you very, very much.

One other question of the panel. Larry Pressler wanted this question asked and I am interested in the answer as well, Lillian, and then I want to ask Mr. Ray Bagley as well.

Specifically, what additional green thumb projects could be performed in your communities if you had the money to have it done? What would you like to see done?

Mrs. NACE. We have five men that work there. I think Gerry Eisenbraun should be very, very proud of his green thumb operation. They have an enormous 4-H building and they built it. I just don't have any special thing for them to do. They helped me move, and the building I was in—they cleaned it up so magnificently that you would think a woman had been in there; they scrubbed the floors and everything.

Senator CLARK. They are good for something once in a while.

Mrs. NACE. This is my third time and I hope it is my last time, but the first time I moved I had a little tiny place. The next time we moved, it was kind of a funny little story. I know you will all laugh at it, but the man that owned the building was really harsh to us. A community action man helped us but we just could not get any place with Mr. Fuller. We had some old toilets and some old sinks in the basement and we told him we had to get a hot water heater. We didn't have any money.

We started to paint the walls and we used 2 gallons of paint on a little space. A lady that works at the school came over when she got off—and I don't want you to all laugh about this—we had this darn old black toilet that was so black you could not even see it. I said to the man, "Buy me a new toilet," and he said, "No, I won't." One of the green thumbers got on one side and I got on the other and we got down on our knees and we prayed that we would get it clean. We finally got it cleaned. This is kind of an odd story, but nobody knows how hard the green thumb men work. They had scrubbed those sinks.

This man would absolutely not give us any new sinks and so they scrubbed them. We had an old stove in there and one of the green thumbers said, "Lil, I will scrub that." Afterwards I said, "You will have to scrub that again." He said, "We have to do that many times over; you are too particular." One guy had to wash the stove five times and we had to heat the water. We had a little two-hole electric plate. We finally got it done.

I tell you, I have a lot of respect for the green thumb men and women. I tell you, these men really have done wonders. If you ever see the building that they built, it is really nice. They helped with the courthouse and the park. They just do anything anybody asks them to do.

Senator CLARK. Thank you very much.

I want to ask Ray now, if you had any more money in green thumb and if you had any more jobs, what would you do?

FUTURE POSSIBILITIES

Mr. BAGLEY. In Madison it would set a standard with us, with the city, and the senior center. Schools are always needing more help. For instance, some schools with a custodian start at a quarter to 6 in the morning and go until 6 at night. Then there are the extra activities like at night watching the school. In Madison there are more and more parks and a lot of buildings to clean. I feel that there is lots of room for expansion.

Senator CLARK. Thank you very much for appearing as a panel. We appreciate it. You have been excellent witnesses and it has been good testimony for us to have.

Thank you.

Mr. EISENBRAUN. Senator Clark, could I impose for just a couple more minutes? We realize that you are going back to Iowa and we hear that green thumb will be starting their program in Iowa shortly, or maybe they have already.

Senator CLARK. That is right. We had a witness the day before yesterday talking about it.

Mr. EISENBRAUN. The green thumbers in South Dakota, I think, understand what you are trying to do and we, of course, like to give credit where credit is due so we are going to present to you the official green thumb hat.

Senator CLARK. Oh, really. [Applause.]

I don't know. Do you think that is pretty fancy?

Mr. EISENBRAUN. It says on there, "Senator Dick Clark, Honorary Green Thumber," so take it back with you.

Senator CLARK. Thank you very, very much.

You see, I don't have too big a head for it. [Laughter.]

Mr. EISENBRAUN. I purposefully made it that way because I wanted to tell you not to get the big head. You have to earn these, and there are not very many people who have them. You will join the ranks of people like Pat Nixon, George McGovern, and some of these people. So when you go to Iowa and visit the Green Thumb crews, take it along with you.

Senator CLARK. I will wear it.

Mr. EISENBRAUN. Take it along as identification.

Senator CLARK. Thank you very much.

We have three more panels and we have got about 45 minutes remaining. The next panel is one person, Jack Claymore, who is project director of the Cheyenne River Reservation in Eagle Butte, S. Dak.

Jack, if you would take about 4 or 5 minutes for your statement we would appreciate it. We are very pleased to have you here and we are anxious to hear your testimony.

STATEMENT OF JACK CLAYMORE, PROJECT DIRECTOR, CHEYENNE RIVER RESERVATION, EAGLE BUTTE, S. DAK.

Mr. CLAYMORE. I am Jack Claymore, Senator. I am glad to be here. I am testifying for the Cheyenne River Sioux Tribe.

I have some written testimony here, but what I would like to say—you want to know what the most important things are on the reservation. The most important thing right now is transportation, and a nursing home on the reservation. Right now the nursing homes that we are utilizing are off the reservation and it is a handicap to the elderly Indians because they like to speak their own language and they like to be closer to their own people so they can have visitation. They don't have that now and that is one of the most important things on the reservation.

Transportation—we cover a two-county area in Dewey and Ziebach Counties. Right on main Highway 212 are the only grocery stores that there are in the town, so outlying communities on the reservation do not have many grocery stores available. For these people to get to town, to get groceries and stuff, they have to hire somebody out of their pocket to get to town. Sometimes they cannot afford to hire anybody to come to town and buy groceries, but they will pay them in part for their groceries to bring them to town, and I don't think that is right at all. I think that transportation in order to procure groceries on the reservation is one of the biggest things that we need.

I also have some written testimony here on nursing homes¹ that I will just leave with you.

Senator CLARK. Good. We will make that a part of the record, too. [Background material submitted by Mr. Claymore follows:]

BACKGROUND MATERIAL SUBMITTED BY JACK CLAYMORE

History: The Cheyenne River Sioux Tribe was originally a part of the Great Sioux Reservation which was set aside under the Fort Laramie Treaty of 1868. The first agency established for the Cheyenne River Sioux Tribe was in 1869, 10 miles south of the mouth of the Cheyenne River, along the Missouri River. It was named Fort Bennett. As a result of the division of the Great Sioux Reservation by the act of March 2, 1889, the Cheyenne River Sioux Reservation was set aside as a separate reservation. The agency was moved from Fort Bennett to Swiftbird Camp. The name of the camp was later changed to Cheyenne Agency. In late 1950's, the Oahe Reservoir was constructed for the purpose of generating electricity, irrigation projects, and flood control from the Missouri River Valley Basin. The Cheyenne Agency was moved again to its present location at Eagle Butte, S. Dak.

Tribal government: The Cheyenne River Sioux Tribe is a constituted authority under an act dated June 18, 1934, and is unincorporated. There are 13 districts established under the constitution and by-laws of the Cheyenne River Sioux Tribe. The governing body is composed of one tribal chairman, one tribal secretary, and one tribal treasurer; also, 15 councilmen from 13 districts to conduct tribal business in duly convened tribal councils.

In 1972, several members of the Cheyenne River Sioux Tribe appealed to the Federal court of the U.S. Governments to redistrict the Cheyenne River Sioux Reservation. The Honorable Judge Joseph Bottom, Federal judge for the State of South Dakota, issued a court order to redistrict the Cheyenne River Sioux Reservation to six Districts. Despite the court orders, the governing body of the Cheyenne River Sioux Tribe did not change.

Location: The Cheyenne River Sioux Reservation is located in the north central part of South Dakota, about equidistant from Rapid City and Aberdeen.

¹See appendix 1, item 5, p. 330.

Pierre is approximately 90 miles southeast of Eagle Butte. The agency for the Cheyenne River Sioux Reservation is about 100 miles long and 50 miles wide. The Cheyenne River Sioux Reservation is bounded on the east by the Oahe Reservoir and on the south by the Cheyenne River and the Oahe Reservoir. All of Dewey and Ziebach Counties of South Dakota are contained within the Cheyenne River Sioux Reservation. The reservation is 4,392 square miles and has 300 miles of BIA roads.

Transportation: The transportation problem has been with the Cheyenne River Sioux Tribe ever since the establishment of this reservation. There is a hardship among the single and multifamily units because the per capita income is below the national level and the cost of living is much higher than the national figures on the reservation. There are approximately 1,050 families living on the reservation and from that figure about 325 families have no transportation, about 475 families owned one or two vehicles, and 250 families owned two or more vehicles in running condition. There are no commercial bus lines, airlines, and passenger trains that served the Cheyenne River Sioux Reservation, except Eagle Butte has a 2,500-foot runway for small planes. The Bureau of Indian Affairs has buses for their schools and will not allow nonstudent passengers on their buses due to no insurance coverage for the nonstudent.

Mr. CLAYMORE. I have some other things on the nutrition program.¹ You talked about hot meals. We serve 155 a day at this time and that program is doing very well.

Senator CLARK. How many people would you have eligible if everyone came? I am just trying to get some picture of how many people are involved.

Mr. CLAYMORE. We are probably leaving out about 150 that we are not reaching because of the lack of transportation or not enough funds for the program.

Senator CLARK. So you are reaching about half the people.

Mr. CLAYMORE. We are leaving out over half the people right now. The biggest share is on the reservation, and that helps us. We have nursing homes there, but the outlying communities—we are going out to different areas by bus twice a week to bring them in, which is 20 miles away. We bring in transportation, but we are not reaching several communities on the reservation, and that is due to lack of funds.

I have other things. The weatherization program we have going there is now funded for \$39,000, but it is only \$350 per home. We are doing what we can with that at the present time.

Senator CLARK. Does it get pretty cold there?

Mr. CLAYMORE. Yes, it does.

Senator CLARK. So the winterization is a valuable one.

Mr. CLAYMORE. Yes. It goes below zero.

Senator CLARK. That is not a very costly program either.

Mr. CLAYMORE. No.

Senator CLARK. It seems to me with a little bit of money you can do a great deal by way of winterizing homes.

Mr. CLAYMORE. We have what we call a supporting service program up there that is funded through the State. I will just read it as it was started.

The Cheyenne River Sioux Indian Reservation is composed of the two-county area of Dewey and Ziebach Counties. The 1970 U.S. Bureau of Census printout sheets showed a total of 535 people in the age group of 55 to 64, and 567 in the age group of 65 and over, thus show-

¹ See appendix 1, item 6, p. 331.

ing that approximately 900 people of ages 60 and over live in our two-county area. Since 1970 this figure has increased considerably. In 1970 many of these elderly were living with their families in crowded living quarters, especially in our smaller communities and out in the country.

HOUSING SHORTAGE ALLEVIATED

To help alleviate this problem, the Cheyenne River Housing Authority has built, with funds from the Housing and Urban Development program, four manor-type homes for the elderly. These manor homes provide individual apartments for the tenants where they can live by themselves. As there was a need for ample water supply for these manor homes, they were built at the larger communities of Eagle Butte, Isabel, Dupree, and Timber Lake.

The first home was built in Eagle Butte in 1966 and consisted of 14 apartments. Some of the original tenants still reside in these homes. Then, in 1974, an addition was added to the manor home increasing it to twice the original size, and a 20-unit manor home with central kitchen is ready for residency. Also in 1974 other manor homes were built. At Isabel there are 18 apartments, at Dupree there are 12 apartments, and at Timber Lake there are 12 apartments. These apartments, which consist of a living room, efficiency kitchen, bedroom, and bathroom, are occupied by individuals 62 and older with a few exceptions made for the physically disabled who are below the age minimum. Some of the apartments are occupied by couples and some by singles.

These manor homes have fulfilled the need to provide housing for the elderly that were previously living in the overcrowded housing with their families, but they did present another problem. For awhile they provided housing for the elderly, but there were no funds to provide service to the elderly with their daily domestic duties and/or health care needs which their families had previously seen while they resided in the same household. The economical level of the elderly is so low that the 25 percent of their income for rent is not even sufficient to cover the cost of the maintenance of the buildings. There are no funds available to provide the service to the residents that is needed from the rent income.

These homes are not nursing homes but, because we do not have a nursing home on or near our reservation and our elderly do not want to move into a foreign environment where they are unable to speak their native language, we have elderly occupying these apartments who require daily care. Many of our elderly need to be in a facility where they can reach help if needed due to heart conditions, possible diabetic coma or insulin reaction, chronic illnesses, and limitations of movement. Some of the individuals have poor eyesight and need assistance in taking their medication, such as insulin. The majority of the residents at the Eagle Butte Manors need 24-hour surveillance. They also require assistance with their personal care.

OBTAINING FUNDS DIFFICULT

In 1974 the eight manor aides on the Cheyenne River Reservation were funded for \$42,250 from the model projects of the office on aging

out of Pierre, S. Dak. This was 1-year funding only and we were instructed to try to seek other funding for this essential program. We submitted requests to Indian health service, CHR program, Aberdeen area, and to the rural health delivery system, region XIII, Denver, Colo. We also approached local programs such as manpower program, tribal work experience program, and HUD. We were unsuccessful in obtaining funding for the program from any of these sources.

The program was picked up under the title III portion of the Office of Aging in 1975, and at the same budget level. We again made a concentrated effort at trying to obtain funding from other sources, but again were unsuccessful. We were recently refunded for another year by title III of the Office of Aging at the same budget level. Because of the structure of the title III regulations, we should be self-supporting in this 3-year period but, because of the economical problems of the Cheyenne River Reservation, this is not feasible and we will have to continue to search for funding to provide this needed service in the coming years.

The majority of the tenants living in the manor homes had previously lived out in the country or in the smaller communities where they lived in crowded housing conditions with their families. Any care they required was provided by their families in the best way they could in their crowded living conditions. Because of the transportation problems in our two-county area the families were unable to continue to see to their elderly's needs after they resided in the manor.

Supportive service manor aides provide a service to our elderly, both in the manors and the ones who live alone out in the community, with their daily needs. They identify the needs and take steps to take care of them. New problems develop daily and need to be dealt with accordingly. The types of immediate or emergency needs they deal with are: treatment for medical needs, psychological problems, family problems, housing changes, transportation, and pressing economic problems. The types of less urgent problems dealt with are: social problems, household domestic duties, personal care, nutrition education, assistance with meals, and some of the transportation.

Routinely they use the team approach of utilizing the existing resources of all available agencies to initiate an assistance action plan for the elderly. They realize that each elderly person is different and no two are exactly alike, and they deal with them accordingly. The assistance they are providing allows our elderly people the chance to be independent in their own homes and not placed in an off-reservation nursing home where it is a proven fact that the average person lives only approximately 6 months after placement. The supportive service manor aides provide an information service.

The manor aides receive continual training from the PHS Indian Health Service staff, community health representative program, State extension service, and State health department.

There are no transportation costs written into the program.

There is no personnel to place in the new Eagle Butte Manor.

Manor aides should be allowed a cost-of-living raise.

Because of the increased need for nursing home care for some of our elderly, there is a great need for one to be established here on the reservation.

We are talking here about the manor aides that are taking care of the elderly. They have not had an increase. They have not asked for it, but they have not had an increase in 2 years.

Senator CLARK. Would it be safe to summarize your testimony, then, primarily as saying that, as you see it, the greatest need on the reservation there now is the nursing homes? You need people who would be able to stay there with them who speak their own language, with their own friends, and who would come to visit them.

Mr. CLAYMORE. Yes.

Senator CLARK. Second, and very importantly, transportation. You have already got a hot meals program, but it is serving a little more than half the people. And, of course, housing needs.

Mr. CLAYMORE. Yes.

Senator CLARK. Thank you very much, Jack, for your testimony. We appreciate it.

Mr. CLAYMORE. If I could have another moment here, this is Irene Gronau, the chairwoman of the Tribal Community Services Board.

Senator CLARK. Would you stand up, please? We are very pleased to have you here.

Mr. CLAYMORE. She has testimony here.

Senator CLARK. Yes. I wish you would give that to the reporter so it can be made a part of the record as if given.

Thank you, Jack.

[The statement follows:]

PREPARED STATEMENT OF IRENE GRONAU, CHAIRWOMAN, TRIBAL HUMAN SERVICES BOARD, SISSETON, S. DAK.

Tribal senior citizens of the Lake Traverse Reservation have been retarded in developing a comprehensive and progressive tribal senior citizen organization because of several factors which exist in our community and State. Through the efforts of the northeast South Dakota community action program and other local agencies, we do have an integrated senior citizen program in Sisseton and in Waubay. But incidences have occurred in these programs that have made some of your tribal participants feel unwelcome. It takes only a minor incident to inflame latent feelings and to destroy all the hard work and the efforts that people in both the Indian and non-Indian communities have made. As a result, most of our tribal senior citizens remain unorganized into any program, while non-Indian senior citizens groups have sprung up all around us and are now flourishing.

Hence, the first need that we have identified is the need to develop a tribal senior citizen program that is staffed by tribal people, is responsive to the special needs and problems of Dakota senior citizens, and is well coordinated with other programs and priorities of the Sisseton-Wahpeton Sioux Tribe. We have inquired about developing a separate title 7 program for Dakota people but have learned that the State of South Dakota already has "too many" Title 7 programs. There has been some discussion of expanding the title 7 program that already exists in this community to cover five proposed tribal subsites among the seven tribal districts. Such a program could hire tribal members as staff to implement the program. However, tribal members are wary of a tribal program that would be under the supervision of an agency other than the Sisseton-Wahpeton Sioux Tribe.

In addition, we have applied for title 3 moneys for community services, but even if these are granted they could not provide the comprehensive senior citizen program we envision for our Dakota elderly people. At any rate, it would not provide for a meal a day, which is what our elderly people want.

A second major problem that our tribal senior citizen program is experiencing is a lack of continuity of staff to coordinate efforts to develop a comprehensive tribal senior citizen program. The Tribal Human Services Board is currently involved with trying to help the tribal senior citizens to get organized, but we can see the real need for there to be a full-time tribal senior citizens coordinator to

stay on top of all the title programs that are being developed and to develop proposals to tap into these programs. As a result of the lack of continuity we have had during this past year, we are very concerned about whether we are even going to have a senior citizens program during fiscal year 1977.

We are in agreement with the need identified at the Phoenix National Indian Conference on Aging that funding for all programs to serve native American elders through the Administration on Aging be granted for a minimum period of not less than 5 years. Those programs which have then demonstrated their effectiveness in serving native American elders should be continued to be funded on an ongoing basis.

A fourth major need of our Dakota elderly is adequate transportation. Our elderly people are geographically dispersed throughout the seven rural tribal districts on the Lake Traverse Reservation. There is a need for a transportation system to be developed that would facilitate senior citizens being able to shop, visit the doctor, go to church, and participate in senior citizen and recreational programs. We have written a proposal for an additional senior citizens van; but unless we have money to operate the vehicle, we will not even receive the grant to purchase it with.

Another obstacle that we have encountered in our efforts to tap into State Older Americans Act funds (and others) is our lack of matching capital. Our lack of capital is a real handicap when dealing with State programs.

INDIAN LIFE EXPECTANCY SHORT

Another problem that we have identified is with the regulation in title 7 and some of the other programs under the Older Americans Act which defines a "senior citizen" as a person who is 60 years of age or older. It is well known that the life expectancy of Indian people is shorter than that of the average American population. The National Indian Conference on Aging held in Phoenix in June 1976, went on record to lower the age requirement for Indian participants to 45 years of age. On the Lake Traverse Reservation we are envisioning a program that would include persons who are 50 years and older.

We have two HUD units in our community that are designed specifically for elderly people. We identify the need for other such units in our community—perhaps in some of the other tribal districts. Such units make it possible for tribal senior citizens to remain in their communities and near their families while at the same time providing for their comfort and special needs.

We have identified a need for a congregate meals program on the Lake Traverse Reservation. We think the Indian participants will benefit socially as well as nutritionally from such a program. We hope that we can receive funding for such a program.

We identify a need for an in-service orientation to be provided for staff persons working with tribal senior citizens to inform them about all the benefits that are available for senior citizens and to explain to them how to tap into these programs. These staff persons should be given an opportunity to develop and practice organizing skills (through role-playing sessions and group discussions) so that they will have a better idea of how to go about getting the senior citizens organized and operating efficiently.

There is a need to mobilize existing community resources to benefit tribal senior citizens. We need to make resource people aware of the needs of our tribal elderly and to make our tribal elderly aware of the existence of these services so they will make use of them. We further identify a need for expansion of existing homemaker aide services, nursing services, legal services, and other outreach services.

Please note that all of our testimony relates back to our need to have a tribal senior citizen program. At the National Indian Conference on Aging, held in Phoenix in June 1976, it was recommended that the Congress of the United States be petitioned to amend the Older Americans Act to provide for direct funding of programs to Indian tribes. We think that there is a definite need for such a legislative change. But in the meantime, we want to see our tribal senior citizens benefitting from existing programs.

The welfare of our tribal senior citizens has been a primary concern to the tribal human services board and to the Sisseton-Wahpeton Sioux Tribe in general. We have appreciated the opportunity to have the Sisseton-Wahpeton Sioux Tribe give testimony at this hearing about the needs of our Dakota elderly.

The Sisseton-Wahpeton Sioux Department of Vital Statistics has furnished the following data concerning Sisseton-Wahpeton Sioux Tribal members who are 60 years old or older:

Date of birth:	Number	Date of birth—Cont.	Number
1916 -----	21	1906 -----	8
1915 -----	20	1905 -----	10
1914 -----	26	1904 -----	12
1913 -----	16	1903 -----	10
1912 -----	16	1902 -----	18
1911 -----	19	1901 -----	14
1910 -----	28	1900 -----	9
1909 -----	9	Before 1900 -----	113
1908 -----	17		
1907 -----	16	Total -----	382

Senator CLARK. The next panel is on senior organizations and it is made up of Pete Gregor, president of the South Dakota Congress of Senior Organizations and South Dakota Association of Senior Citizen Centers, Winner, S. Dak.; Eunice Anderson, vice president of Mountain Plains Congress of Senior Organizations, Sioux Falls, S. Dak.; and Don Daughettee, State coordinator, South Dakota Congress of Senior Organizations, Pierre, S. Dak. It seems to me that there was to be one other person as well. Dr. Robert Hayes is also accompanying the panel.

Now this panel is going to speak, as I said, on senior organizations. Each of them have a prepared statement—some of them may not. Please try to limit your statements to about 4 or 5 minutes and then we will have some questions.

Let's start with Pete Gregor.

STATEMENT OF PETER GREGOR, PRESIDENT, SOUTH DAKOTA CONGRESS OF SENIOR ORGANIZATIONS AND SOUTH DAKOTA ASSOCIATION OF SENIOR CITIZEN CENTERS, WINNER, S. DAK.

Mr. GREGOR. Senator Clark, ladies and gentlemen, my name is Pete Gregor. I am the president of the South Dakota Congress of Senior Organizations. I am honored to have the privilege of offering testimony to your distinguished committee.

Senator Clark, you are to be commended for your concern for our elderly. The topic I would like to discuss is difficulties in the delivery of health services in rural South Dakota as it affects both Indian and non-Indian people. The foremost hardship for the elderly is the serious shortage of physicians and professional health personnel in rural areas. It is especially difficult or impossible for the Indian and non-Indian elderly who are no longer able to drive or cannot afford a vehicle because they live on fixed social security incomes. In many instances, living in a rural area means driving 50 to 70 miles one way to get medical attention.

We have proposed some solutions. About 2 years ago Dr. Robert Hayes, who was then secretary of the South Dakota Department of Health, recognized the serious shortage of physicians. He organized a physicians extender program and was successful in getting the State legislature to appropriate funds for a pilot program. To date, Dr. Hayes has placed and oversees four physician extenders in four of South Dakota's more isolated communities. The program is work-

ing very well, but it falls far short of covering the many more rural areas in need. We desperately need Federal assistance to expand this type of program and to provide more widespread health care coverage.

In my area near Winner, Mission, and White River, 12 to 13 percent of the population are Indians. Under Dr. Hayes' program, both Indian and non-Indians get health care indiscriminately. Mr. Oriol has asked me to invite Dr. Hayes to this meeting to tell us more about this program and now I yield to Dr. Hayes.

Thank you, Senator Clark.

Senator CLARK. Thank you.

We are particularly pleased to have Dr. Hayes here. You may proceed in any way you think appropriate.

STATEMENT OF ROBERT H. HAYES, M.D., UNIVERSITY OF SOUTH DAKOTA MEDICAL SCHOOL, WALL, S. DAK.

Dr. HAYES. Thank you, Senator Clark, and staff.

I came from Iowa and was educated there and migrated to South Dakota back in the fifties and have been here ever since.

I am sure our problems in South Dakota and Iowa are somewhat similar. Iowa certainly has made great strides in terms of what it is doing in terms of health care for its populations. Most of you folks here know the University of South Dakota School of Medicine has just gotten started. We now have our first class of senior medical students in a 4-year program and we are certain that that will at least ease this burden. Certainly in Iowa you have done a great deal about serving the needs of the people in rural areas.

The lack of health services is acute, as Mr. Gregor has mentioned. I am pleased to say that we didn't really have much trouble with our legislature in asking for funds and getting them. I have a great many friends there who are very interested in the program. Our administration, our Governor and his staff, and our legislature provided the means, and we are now doing that. I won't go into that in great detail.

I might say that what it amounts to is that we did pass the physicians' extender law. I should explain that term because most people don't know what that means. We have young people in the health field now who are nurse-practitioners and physician assistants. These folks help the doctors, they do certain amounts of work the doctors once did and they do it quite well. They have been trained very thoroughly to do it. It requires a physician like myself to work with those folks, to visit them each week, and to work with them each week.

For example, I have a little circuit and I guess I am called a circuit-rider now because I go from the little town in which I now live, Wall, S. Dak., to Murdo, S. Dak., to White River, and over to Martin, and back up. It makes kind of a circle. Most of you know it covers about four different counties. We do take care of a lot of people. I will have a detailed report for our State legislature as we meet with them later on in the year.

I quickly tried to get some figures to show you, however, of what can be done and how it can work, for example, in the little town of Wall which is less than 1,000 people. This is just one of our sites in our project.

Senator CLARK. I believe we have all been to Wall.

Dr. HAYES. I am now from Wall. So far, for example, this year—and we have been in operation there in our clinic since November—we have had 3,010 patient visits. We have done pretty well. In other words, those visits run somewhere in the neighborhood of 10 to 20 a day. A person can get into our office and get the basic things done. If, for example, we cannot do what that patient needs, we refer him to a physician in the nearest town and that is 52 miles one way, 45 miles another, and 36 another, so the distances that other people have alluded to are about the same everywhere. It is a "fur piece."

Really, I think we have something to offer. We don't have the final outcome of it yet; we don't know which, exactly, will be the best way to use these folks. The model we have is one of the models. Certainly our medical school took on a big task when it did try to do this because it had enough troubles getting a medical school started without this. Our dean, Dr. Karl Wegner, I think made a very lonesome decision and a very important one—he decided to do it. I am certainly pleased to work for the school and for him and to try to do this for our folks in South Dakota.

I don't have anything else to say at this time.

[The prepared statement of Dr. Hayes follows:]

PHYSICIAN EXTENDER PROGRAM

The State of South Dakota has the lowest physician-to-population ratio in the United States. Medical care and health facilities are located, for the most part, in the larger cities of the State with little emphasis on the rural areas.

In attempting to provide the rural areas of the State of South Dakota with primary health care, the 1974 South Dakota State Legislature, by legislative mandate, charged the University of South Dakota School of Medicine with the task of developing and implementing a 4-year degree granting medical school that would place emphasis on family practice.

The first third-year class began training May 12, 1975, and will be the program's first graduates in the spring of 1977.

Further concern for providing health care to the rural areas of the State of South Dakota prompted the 1975 legislators, upon recommendation of the joint committee on appropriations to appropriate \$60,000 for the development and the implementation of a program for physician extenders.

The legislative mandate or charge was given to the University of South Dakota School of Medicine to develop such a program. The initial budget appropriation is to be used to initiate a service program using physician extenders in a health service shortage area and to attract additional physician extenders to locate in South Dakota. These additional physician extenders would be placed with cooperating physicians in service shortage areas throughout the State.

Since funding became available on July 1, 1975, the school of medicine was unable to pursue financial commitments prior to that date.

Dr. Robert Hayes, former Secretary of Health, was employed as the program director. Meetings and conferences followed with the faculty as well as with the president of the university. From these studies, meetings, and deliberations, the following program proposal has evolved for your consideration. Original proposals have been modified because of budget limits, problems concerning possible duplication of physician extender educational programs, malpractice insurance requirements and concerns regarding physician acceptance of these people.

A rural site near one of the potential modules of the medical school is suggested as the base of operation for the physician extender program. This has the potential of bringing the school of medicine into a community without a physician and also has the potential of being near the communities which are likely to have no doctors and would, therefore, be an appropriate site for physician extender use. The obvious support of the community is needed as well, but in most cases this would be anticipated.

ESTABLISH SCHOOL

It is proposed that Dr. Hayes, the program director, move to the selected doctorless community and establish the school of medicine physician extender office there. It is felt that the program should eventually consist of five or more physician extenders in rural communities in the western part of the State. This would require up to four communities/counties to employ physician extenders (either nurse practitioners or physician's assistants) who would then be assigned by written agreement to Dr. Hayes, and other physicians, if necessary, for direction and technical supervision, in compliance with existing State statutes which limit assignment of physician assistants to two per physician. Dr. Hayes would work with the physician extenders and assist them with their patients in a teaching-service model. The project could consider such communities as Wall, Murdo, White River, and Edgemont. This selection of communities for the project would be on the basis of established health service shortage area designation criteria. These criteria include the geographic area to be served, population, demonstration of need, relationship to other health services in the area, anticipated cost and benefit, attitudes of community, county, and area residents as well as nearest physician(s) availability and manner of financing, demonstrated commitment for immediate and continuing support by the community, and management and professional capability of the organization or governmental unit sponsoring the proposed service (physician extender.)

Dr. Hayes would be available to area solo physicians for locum tenens relief if desired. These physicians would be those who are alone in communities with hospitals and nursing homes. This would allow the medical school to accomplish the all important function of extending itself to help the local doctor "hold the line" until new doctors graduate from our medical school and complete the several additional years of training necessary before they can begin practicing medicine.

Dr. Hayes, living in the selected community, would be on call by telephone and/or radio to back-up physician extenders in the selected sites. He would visit and work with the extenders in these sites on a rotating basis of 2 to 3 weeks. If he is relieving one of the area physicians, he could carry out the same functions of telephonic and/or radio back-up from that community.

In addition to the above, the volunteer ambulance services of the selected local communities could be assisted by Dr. Hayes. This would provide support for the developing emergency medical services program and should be of benefit to those communities in the creation of a medical evacuation system.

Fees which are collected for patient services would be collected by the sponsoring governmental unit and would be turned over to a community health fund and its board or to the county health fund and the county commissioners. These moneys would help defray the cost to the local communities/counties for the physician extender and her/his office.

Several possibilities exist for the provision of physician back-up of the program director during vacations, sick leave, etc. These include support by a physician from the State department of health, participation by faculty from the school of medicine or assistance by area physicians in private practice. The best of these alternatives, and perhaps others, will be explored and implemented to the fullest extent of available resources.

An important function of the program director will be to provide a liaison function between the demand for and supply of physician extenders. The possibility of availability of physician extenders will be explored with existing educational programs. The responsibility of the project director will be to establish communication between those schools and possible user-communities and physicians. Time has been allocated for the project director to carry out this additional other major function of the physician extender office.

Malpractice insurance has been a problem as indicated in the July 18, 1975 report. However, it has been resolved, and Dr. Hayes will be covered by the St. Paul Insurance Co. The individual physician extenders are to be covered through their own employers (the counties or communities) by a company of the sponsoring communities' choice.

In summary, the medical school proposes a teaching service model for its physician extender program. The model will have a rural ambulatory care center (RACC) as well as physician extenders to deliver service to rural communities, to educate physician extenders, and to assist local volunteer ambu-

lance services. An important aspect of this program will be the development of a rural center through which it may become possible to rotate medical students for some portion of their training. This would have the dual advantages of exposure to a rural setting and the opportunity for medical students to work with physician extenders, thus facilitating their understanding of and confidence in this new type of health manpower.

Senator CLARK. I have some questions, but I will now call on Eunice Anderson.

STATEMENT OF EUNICE ANDERSON, MOUNTAIN PLAINS CONGRESS OF SENIOR ORGANIZATIONS, INC., SIOUX FALLS, S. DAK.

Mrs. ANDERSON. Thank you, Senator.

Senator CLARK. Eunice is vice president of the Mountain Plains Congress of Senior Organizations here in Sioux Falls, I think.

Mrs. ANDERSON. No, that is not right. The Mountain Plains Congress of Senior Organizations have two representatives from each of the 6 States in region 8: South Dakota, North Dakota, Wyoming, Colorado, Utah, and Montana.

Senator CLARK. Where are you from?

Mrs. ANDERSON. I am from Sioux Falls. I am one of the two representatives. We are an advocacy group, the Mountain Plains. This is a very new concept. I don't think there is anything like it in the United States. We all have common problems. We are mostly rural. I am very happy to have been at this hearing and I am going to make good use of this because the material that we have gathered here we will use and bring forth in all of our States. We have found that it is useful to find out what they do in other States. I am going to skip some of my remarks because it has been covered.

We had discussions at our annual conference in South Dakota of the White House Conference on Aging. By the way, we had the largest number of people at our White House conference forums by population of the whole United States. So our people are very interested in each other, thank goodness, and also meetings of the South Dakota Association of Senior Citizens. We all agreed that social, recreational, and educational opportunities are absolutely necessary for the well-being of the aged.

So I am coming to the conclusion that everybody else does, the fact that we need transportation; the lack of mobility is so tremendously important. Actually the infirmities of age, if there were a certain amount of mobility, would not be so important whether they live in nursing homes, foster homes, or with relatives. So transportation is related to everything—nutrition, health care, religious and social activities.

Senator McGovern recently has proposed a national Meals-on-Wheels Act—and I am not sure whether this has been changed since I read it—which includes information referral services and a demonstration project which would mail a week's supply of food to the home-bound elderly. The proposal also contains a training cost for those who would implement the problem.

I have been considering the problems of the rural aged, especially their lack of transportation and resulting difficulties in obtaining the bare essentials for existence. Jack, over here, and I have often talked

about this on the Indian reservations. I would like to propose an alternate to Senator McGovern's Meals-on-Wheels Act which, I would think, would serve far better for the needy elderly and could be administered under the existing title III program.

MOBILE GROCERY SERVICE

I have spent some time in rural Sweden, and I have observed how they have solved some problems relating to the lack of mobility. I propose using mobile vans or units which carry groceries, staples like bread, milk, eggs, frozen meals on wheels, aspirin, mineral oil, stamps, thread, a rotating library of books, magazines, and in addition to the driver, an outreach worker.

Senator CLARK. Rather than hot meals?

Mrs. ANDERSON. Well, if you realize as I do—I have been on the Governor's Council on Aging for 12 years. The difficulties in small towns right now is with the cost of gasoline. Several of the little towns have had to give up meals-on-wheels because of the cost of gas. We have trouble with the insurance with the drivers; we have not been able to clarify that.

Senator CLARK. In other words, you think the availability of groceries is a greater problem than the hot meals?

Mrs. ANDERSON. Yes. You can have both. I could see the possibility in some concentrated little town—I am thinking about Crooks, S. Dak.—a little town out here.

Senator CLARK. How big is Crooks?

Mr. ANDERSON. Oh, 100 or 150.

Senator CLARK. I see.

Mrs. ANDERSON. They are getting bigger when they get close to Sioux Falls because they have built more houses. There is no place too big. Those people no longer can drive; they cannot get driver's licenses. The cost, even of a short distance—we have many of these little towns in this area, and when I speak of rural, I am talking about this mobile unit. I can see them going from that which they did in Sweden, although they did serve others besides. In Sweden, it is still more difficult with cars, automobiles, and transportation, although they have mass transportation buses, but then they go into outreach.

For instance, the outreach worker could contact these people by telephone. I think this is one of the tremendously necessary things. Every old person, of course, should have a phone so that they have a little idea of what they are going to have. The outreach worker and the personal contact is a necessary part except nowadays we have in our neighborhood a lot of others. We have milk-vans going around the country, but these older people need that personal contact—somebody coming in. They don't have to stay 3 minutes, at least, to see that they are all right or bring them what they need. There are problems.

Senator CLARK. That is an interesting idea of what you say they are doing in Sweden. I don't know whether they did this around here, but in Iowa we had grocery routes like for everything. As a matter of fact, I remember that my father, in the thirties, owned a small general grocery store and he would go out in a different direction every day with that panel truck and it would be filled with everything imaginable. He

would go to every farm, come back, and go out in a different direction the next day. He would cover an area of about 20 miles. Now those were farmers and the elderly.

You are talking about going to small towns. Why is it that nobody does that any more? Isn't it profitable?

OUTREACH WORKERS "ON A CIRCUIT"

Mrs. ANDERSON. Every so often you have to get an idea. In the old days I could see why it would not cost so much. I am a florist; I know what it costs to deliver a bunch of flowers. These are expensive things to deliver. However, we have to look for some funding from the Federal Government. We are using a lot of these outreach workers who are very necessary and I can just see them riding a circuit. I think that there are some problems which I wrote down here, and you would understand, that would have to be discovered—the use of food stamps. You would have to evaluate the rural grocery store—medicaid, volunteers. I think this can be worked out in the community. Possibly we could not do it under title III.

Senator CLARK. So your whole point is really that the problem is mobility—transportation—to get services to people in rural areas.

Mrs. ANDERSON. That is right. I can see on the Indian reservation—I have never talked to Jack about that but I can see the possibility of Cherry Creek. I don't know how far that is from Eagle Butte, but they have been carrying meals-on-wheels out there—hot. Well, this is really not very practical. Cherry Creek now, I think, has a grocery store. I think it is a tremendous difference, but they didn't have it. With a mobile unit they could suggest what they need. It could be used on the reservations.

Senator CLARK. There are a lot of people. I don't want to keep your testimony going on, but—

Mrs. ANDERSON. That is not where I would start it. I would start it in an area like this where you don't have the great distances.

Senator CLARK. I was just thinking, the people who are beneficiaries of meals-on-wheels, they probably can't fix the meal if you provided the groceries.

Mrs. ANDERSON. See, the meals-on-wheels are not in our area. We have, I think, 60, 70—maybe more than that—meals-on-wheels a day. They are from Wyoming and would never have been interfered with. Neither would it be wherever you could make it preferable, but I can see that some of these frozen meals could be adjusted to other people that really are not now. If you look at the cost of them, they are not so particularly expensive. I can see some old person having a bunch of these just like TV dinners coming out on this truck, especially even made for diabetics. The fact of the matter is the diabetic diet or older person's diet is similar.

Senator CLARK. We appreciate your testimony.

Mrs. ANDERSON. I have one more thing to say.

Senator CLARK. I am sorry.

Mrs. ANDERSON. About 7 years ago, the aged of Wyoming—I was, at the time, the administrator, and we started through title III. It lasted until they demolished that part of the building. I think this is

one of the most important things that we could do, the establishment of day-care centers for the elderly. They should be in the health-care facilities like this nursing home or the small hospitals, and these people are not served ordinarily as senior citizens.

They have handicaps, they are in wheelchairs, and so forth. They need their medication supervised. That is one of them. Then there is another thing that I would like to say, and that is that we need a nutritional thrust outside of title VII. The rules are wrong for title VII for a small town that maybe could have two hot meals a day that cannot afford the whole setup of the administration.

Another thing is the law that exists in many States which specifies that not more than two unrelated persons can live together in a home. I know Colorado has tried to change the law. Here is a woman who has a home and she cannot afford to heat it; it is too big. She might have three or four friends that would like to move in with her but it is against the law—they cannot do it. They could team up. They could eat better, they could have one car, have each other's company. If they did a little fighting, what of it? They would at least have some human contact. There are many ways we can help decrease the isolation of the rural elderly and make their lives more meaningful.

That is the end of my testimony.

Senator CLARK. Thank you very much.

Now we are going to hear from Don Daughetee.

STATEMENT OF DON DAUGHETEE, STATE COORDINATOR, SOUTH DAKOTA CONGRESS OF SENIOR ORGANIZATIONS, PIERRE, S. DAK.

Mr. DAUGHETEE. Thank you, Senator.

Senator CLARK. I notice that you have a rather long statement. The whole statement will be put in the record as if read, but we would like to have you summarize your views from it.

Mr. DAUGHETEE. Senator Clark, I will make my remarks brief.

I direct your attention to the program operating in the State of Washington which is called the Senior Citizens Services Act which provides a very innovative approach to the delivery of services. I think this is an area that deserves our attention in rural areas.

Housing is a very, very important problem which needs more attention from the Department of Housing and Urban Development, as is the problem of an alternative to nursing home care in our State. The availability of units is of prime importance to people who would like to stay in the rural areas but cannot find housing.

Similarly, I think one of the summary issues of this whole hearing is the fact that one of the greatest problems that the rural elderly face is from their designation of "rural." Many Federal programs define "urban" as a central city population of 50,000, the standard metropolitan area. There is only one town in South Dakota that big and we are here in Sioux Falls today. Everything else is either suburban or rural.

URBAN REGULATIONS INAPPLICABLE

At least population figures define categories into rural/farm and rural/nonfarm. It is rather difficult to implement a Federal program

in a town of 500 in South Dakota using the same regulations and guidelines required of a city in California of 35,000. One example of this is the Administration on Aging rules which requires multipurpose senior centers to have a paid director and operate 30 hours a week to qualify, yet the majority of the 230 centers within South Dakota cannot afford to have a full-time director, or even a part-time director—let alone operate those 30 hours a week.

Another example would be with the Housing and Community Development Act of 1974, essentially an urban program which allocates 80 percent of the available funding to metropolitan areas. The remaining 20 percent of the funding is available to units of local government for community development to improve housing, environment, and essential services. Of the acceptable eligibility criteria for projects under the law, a fortunate elderly applicant group might be able to secure some funding for acquisition of a facility or to remove restrictive architectural barriers for elderly and handicapped individuals.

In actuality, the decay and deterioration affecting urban centers which this law attempts to remedy are exactly the same problems that rural small towns and communities suffer. Yet, the latter are to attempt solutions with less funding. Somehow, in trying to achieve economies of scale in our Federal programs, we have cut out a substantial portion of the population—and if economies of scale are valid, then no one has told our small family farmers who represent some of the most productive farming units in the world.

Examples of Federal regulations and rules that discriminate against rural areas exist in many Federal agencies and bodies. Recently a local rural project was turned down because it “lacked sufficient visibility” for the Department of Housing and Urban Development.

Senator CLARK. You mean turned that down simply because it did not have enough visibility?

Mr. DAUGHETTEE. Yes; that was the case with one local project. I think Shirley Overland can elaborate on that more fully.

Senator CLARK. We would be happy to have her elaborate on it in writing for the record.¹ That seems sort of ridiculous.

Mr. DAUGHETTEE. Finally, energy policy has been getting increased attention with continued inflation, rising costs of labor, and construction of generating plants. Electric utility rates have increased like everything else; in some areas of South Dakota they have gone up by from 60 to 80 percent. This would not be so bad if individuals were consuming the same amount of electricity, but in many instances consumption is below preoil-embargo days, yet the costs have more than doubled. There is an upper limit as to what older persons on fixed incomes, pensions, or retirement benefits can continue to pay.

The phrase “The more you use, the cheaper rate you pay” is no longer a wise policy, rational practice, or justifiable means to deal with our dwindling resources. Persons who use more should pay more. Electricity is no longer a luxury but, rather, a necessity and all consumers should be provided with a basic amount of electric energy for a minimum rate and service charge. This is called a “lifeline” rate.

I think, in terms of lifeline, that no longer can residential consumers afford to subsidize commercial and industrial users by paying a higher rate for less consumption.

¹ See appendix 1, item 1, p. 311.

Thank you very much.

Senator CLARK. Thank you very much for an excellent statement. I wish that we had more time, but I know that this room has to be vacated and we have another witness. I am going to just thank you very much for your testimony and anything additionally that you would like to supply we would be happy to have.

[The prepared statement follows:]

PREPARED STATEMENT OF DON DAUGHETEE

Senator Clark and members of the committee, as State coordinator for the South Dakota Congress of Senior Organizations, I am honored to be able to submit testimony on "The Nations Rural Elderly."

Significant changes are affecting the rural elderly in South Dakota. With approximately 115,000 persons 60 years of age and older out of a total of 665,000, our State ranks seventh in the Nation in the proportion of our older population. They live in small towns and cities throughout this State—many of which have populations under 1,000. As our percentage of older persons increases, it becomes increasingly important to have alternative living opportunities and options available to individuals if they are to live with any degree of self-reliance, dignity, and independence.

The State of Washington provided an innovative approach to alternative service delivery. They have recently implemented a far-reaching program called the Senior Citizens Services Act which will provide a wide range of services and the freedom to select from a variety of services. The services include:

- (1) Access services, including transportation, information and referral, outreach, and counseling.
- (2) Day care with nursing, rehabilitation, nutritional, and other services.
- (3) Night services with therapeutic programs.
- (4) In-home care, including basic health care, performance of household tasks, other necessary chores.
- (5) Death counseling for the terminally ill.
- (6) Health services designed to avoid institutionalization and including geriatric screening.
- (7) Nutritious meals either in social settings or delivered to homes.
- (8) Minor home repairs.
- (9) Certain legal services.

Those with sufficient resources will pay fees according to their income while other elderly persons without resources will receive the services free. These achievements deserve to be studied further to assess the feasibility and costs of implementation of similar services in areas which are complicated by rural distances, availability of and transportation to commercial and professional services, and sufficient dollars.

A paramount alternative to nursing home care is in housing: single-family homes, units in quality rooming houses, and retirement communities and villages, in addition to publicly financed apartment complexes. Our zoning laws preclude more than two unrelated individuals living in the same house, yet widowed friends could use the companionship, shared living expenses, and security of a shared facility for those not requiring institutionalization nor needing a supervised living environment. For a person to be able to continue to live in their own home as they grow older, assistance is needed to cope with the chores and problems of maintaining a house. Surveys show that many of the older homes that were built in the twenties, thirties, and forties are substandard—lacking conveniences which today are classified as necessities such as indoor plumbing, electricity, and running water. As well, many of these homes are not adequately insulated or winterized. Program efforts thus far, although commendable, have barely scratched the surface of older homes in need of better insulation. Likewise, low-rent elderly housing units are available in far too few communities. Where they are available, there is usually a waiting list for accommodations. In July 1975, there were only 363 low-rent public housing units for the elderly on reservations and 1,558 units located in other communities throughout the State out of a total of 5,362 units statewide. Similarly, less than 7 percent of all insured housing projects in the State were for elderly persons. Of the 5,985 units of insured housing in July 1975, only 409 were designated as elderly units. Clearly, providing housing is a more desirable and viable alternative to institutionalizing individuals that do not need or require supervised care.

FEDERAL REGULATIONS DISCRIMINATORY

The rural elderly's greatest problem stems from the designation of "rural." Most Federal programs define "urban" as a central city population of 50,000, the standard metropolitan area. Anything below that number is either suburban or rural. Population figures at least break down the categories to "rural farm" and "rural nonfarm." It is rather difficult to implement a program in a town of 500 in South Dakota following the same rules and regulations required of a city in California with a population of 35,000, yet both can be called rural. Administration on Aging regulations require that a multipurpose senior center have a paid director and operate 30 hours per week to qualify as a center, yet a majority of the 230 senior citizen centers and clubs in South Dakota cannot afford to pay a full-time or even part-time center director, let alone operate 30 hours a week.

Another example could be drawn from the Housing and Community Development Act of 1974, essentially an urban program which allocates 80 percent of the available funding to metropolitan areas. The remaining 20 percent of the funding is available to units of local government for community development to improve housing, environment, and essential services. Of the acceptable eligibility criteria for projects under the law, a fortunate elderly applicant group might be able to secure some funding for acquisition of a facility or to remove restrictive architectural barriers for elderly and handicapped individuals. In actuality, the decay and deterioration affecting urban centers which this law attempts to remedy are exactly the same problems that rural small towns and communities suffer. Yet, the latter are to attempt solutions with less funding. Somehow, in trying to achieve economies of scale in our Federal programs, we have cut out a substantial portion of the population—and if economies of scale are valid, then no one has told our small family farmers who represent some of the most productive farming units in the world.

Examples of Federal regulations and rules that discriminate against rural areas exist in many Federal agencies and bodies. Recently a local rural project was turned down because it "lacked sufficient visibility" for the Department of Housing and Urban Development.

Finally, energy policy has been getting increased attention with continued inflation, rising costs of labor, and construction of generating plants. Electric utility rates have increased like everything else, in some areas of South Dakota they have gone up by from 60 to 80 percent. This would not be so bad if individuals were consuming the same amount of electricity but, in many instances, consumption is below pre-oil-embargo days, yet the costs have more than doubled. There is an upper limit as to what older persons on fixed incomes, pensions, or retirement benefits can continue to pay. The phrase, "The more you use, the cheaper rate you pay," is no longer a wise policy, rational practice, or a justifiable means to deal with our dwindling resources. Persons who use more should pay more. Electricity is no longer a luxury but, rather, a necessity, and all consumers should be provided with a basic amount of electric energy for a minimum rate and service charge. This is called a "lifeline" rate. Furthermore, there no longer is a rationale for residential consumers to subsidize industrial and commercial users by paying a higher rate when they consume less.

Senator Clark and members of the committee, thank you.

Senator CLARK. Our last witness is Dr. Edward Hogan, head of the geography department at South Dakota State University at Brookings.

STATEMENT OF EDWARD P. HOGAN, PH. D., HEAD, GEOGRAPHY DEPARTMENT, SOUTH DAKOTA STATE UNIVERSITY AT BROOKINGS, S. DAK.

Mr. HOGAN. Thank you, Senator.

Senator CLARK. Dr. Hogan, I have seen your statement and it is very comprehensive and complete. We are particularly happy to have it and it will be made a part of the record.

If you will give us about a 4- or 5-minute summary of that, we would appreciate it.

Mr. HOGAN. It is a pleasure to be here today, Senator Clark.

My statement deals basically with some of the characteristics, needs, and future trends of South Dakota as related to the older citizens. As we start out with the statement, we indicate that in 1970 we had a population in South Dakota of 84,000 individuals over the age of 65 and that, by 1990, this figure is projected to increase to about 97,000 people. We could go through some other demographic characteristics, but I would like to highlight some of the things I feel are important to mention.

One is that the number of older people could increase dramatically in the future because there could be changes in the future in the life-span or in the life expectancy of the older population. This could be brought about through medical change, through technology, or combinations of the two. If this occurs and the birth rate stays as low as it is now, the older population will become an even more important part of the State of South Dakota.

HEALTH CARE COSTS INCREASE

The majority of older people right now tend to be between 65 and 73 years of age. Some of the things that concern me the most in dealing with the older people are, first, the health cost. The older you get, the more subject you are to illness and disability. The problem with the older persons in this country is that as they get older and usually end up going to the hospital, they stay there longer. The average stay for a hospital visit is 12.2 days, and one of the things that concerns me about that is that from 1970 to 1973 the health care costs to the older person in the United States increased from \$791 in 1970 to \$1,052 in 1973. This is a pretty dramatic increase in a 3-year period of time.

Particularly important in the case of South Dakota, I think, is the elderly's income. In our State, over half the elderly population in 1970 had an income of under \$3,000 a year. In fact, 30 percent of the elderly had incomes under \$2,000 a year. Nationally, only 25 percent of the elderly had incomes of under \$3,000 a year. I think it is rather amazing in modern industrial America that one out of every five poor people in this country is over 65 years of age and many of these people could not continue working after they reached the age of 65 and were forced to retire as their health changed.

I think we have to realize that when a person becomes 65 years of age he does not automatically desire to become a hermit. Older individuals have relationships, as do the rest of the population, but society still tends to isolate these people or allow isolation to occur. I think we need to be concerned also with cultural and recreational activities of the elderly, just as we are concerned about these needs for the younger population.

I think the older citizens need good health, both physical and mental health. They also need nutritional programs to assure them of adequate diets. The older people need adequate housing in which to live. They need areas in which to walk, play, or just sit. They need

transportation to go places. They also need access to religion, because the younger people often forget this is a very vital part of the elderly's life and it is something we tend to overlook in terms of their activities and needs.

The older citizens need an adequate income and they need an advocacy system. I think the greatest need of the older citizen is the need to be needed. Fortunately in many families the older member stays a vital part of the family. In the case of South Dakota, we have a large amount of outmigration of younger people. In our situation, a lot of older people end up isolated or in homes. If the outmigration changes in the future, then this situation would change.

FUTURE TRENDS

I think we can look at some of the future trends as regards the elderly. If the low birth rate in the last 15 years continues for any significant period of time, South Dakota will continue to experience the significant increase in the older population. Second, new health techniques may reduce the aging process which could have an interesting effect, because now they are talking about the potential of having a lifespan of 180, where today 80 is normal. This would be a big change. We would not need any children for a long time.

Senator CLARK. We better do away with mandatory retirement.

Mr. HOGAN. Yes; we would have to do away with a lot of things. We also see dramatic changes, I think, in the sex ratio of the State. We are going to have a situation by the year 2000 where there are a lot more older women than older men. Even now this is a serious situation, but it is going to become even more critical. In the case of South Dakota I think it is important to mention the nursing homes, too, because the nursing home has become the main reason for the continued existence of some communities in this State.

As they lost the schools to reorganization, the schools were replaced by nursing homes. At the present time 7 percent of our population is in nursing homes. I believe the goal of the Government is to reduce this to 2.5 percent. As long as young people keep leaving South Dakota and the older population stays in the State, we are going to have a large number in nursing homes. Even if the situation changes somewhat in the future, we can probably expect this level to be maintained.

We also have to be aware that the educational level of the older people is going to change as time goes on. More and more of these people are going to be high school graduates and they are going to be making more demands and not willing to give up work. They are not going to be as content to sit back as they are doing now, as regards some things. We are already seeing more demands by some of the groups that are active in more militant aspects of the situation today.

I think we can say that we are going to see some future attempts that are going to have to be made to break down the barriers of isolation and to keep people in the community. We must keep them as an active part of the community. I think this could be done in communities in small rural areas like we have in South Dakota and might

well serve as a model for programs which would provide residential services and companionship protection for older citizens within a community and, at the same time, offer them access to medical services when needed.

I think there is one other thing we can say, in conclusion here, and that is basically that the greatest need of the older person, whether South Dakota or anywhere else in this Nation, is the need to be needed. Too many of the things that have been done in the past and so much of the direction our society is taking tends to take this need away from the person, and they tend to become isolated and alone.

Senator CLARK. Thank you very much.

Just a couple of brief questions. Did you give the percentage of people in South Dakota who were over 60 or 65?

Mr. HOGAN. Over 65—one out of every eight South Dakotans.

Senator CLARK. One out of every eight.

Mr. HOGAN. Yes. Nationally it is 1 out of 10.

Senator CLARK. I see. So there is a higher concentration in South Dakota than in the Nation as a whole.

Mr. HOGAN. Yes, sir.

Senator CLARK. Second, do you know what percentage live in non-metropolitan areas, or in rural areas?

Mr. HOGAN. I don't have that right offhand, but I would imagine probably about 60 percent if you took the small towns and the rural areas combined.

Senator CLARK. I know it would be high. I would have guessed something around 50 percent.

You have given us some very valuable testimony. In looking at your testimony, there is a good deal more that we didn't have time to cover. We are very appreciative. We are glad to have you here. Thank you.

Mr. HOGAN. Thank you.

[The prepared statement follows:]

PREPARED STATEMENT OF DR. EDWARD HOGAN, GEOGRAPHY DEPARTMENT, AND DR. ROBERT WAGNER, RURAL SOCIOLOGY DEPARTMENT, SOUTH DAKOTA STATE UNIVERSITY

THE CHARACTERISTICS, NEEDS, AND FUTURE TRENDS OF SOUTH DAKOTA'S OLDER CITIZENS

Characteristics

One out of every eight South Dakotans is 65 years of age or older. The older South Dakotans numbered over 84,000 individuals in 1975. Projections for the future estimate the 1980 and 1990 older populations of the State to be 89,000 people and 97,000 people, respectively.

Half of the older citizens are between 65 and 73 years of age. The other half are over 73 years and include an estimated 310 people over 100 years of age. Future trends in regard to the age of the older population are difficult to project. The age composition could change drastically in the future with a reduction in aging processes, an increase in the lifespan and/or technological changes.

In South Dakota, like the rest of the world, the majority of older people are women. In 1970, there were 83 males 65 years of age and older for every 100 females. While this is presently more favorable than the sex ratio of the elderly in the Nation, substantial change is expected in the future. By 1990 the sex ratio estimates indicate that South Dakota will have 68 men over 65 years of age for every 100 women in that same age group.

The health of the older South Dakotan is generally good. Over 91 percent of them rate their health as varying from average to very good. Only 6 percent of the older South Dakotans are bedridden. It should be noted that about three-

fourths of the elderly in the State believe that their health is superior to that of other people their age.

The problem, of course, for the elderly is that they are more subject to illness and disability than younger age groups. Older citizens average 6.5 physician visits per person per year. One out of six of them will be hospitalized during the year and once in, they will average a 12.2-day stay. Estimated annual health care costs for the elderly have increased from \$791 in 1970 to \$1,052 in 1973. This is a 24.8 percent increase in 3 years. At the same time, the older citizens share of health costs increased from 32.5 percent in 1970 to 35.1 percent in 1973. Present trends indicated continued increases in health care costs and unless major changes occur in government coverage, one can anticipate that the older citizens share of health costs will also continue to increase.

SHRINKING INCOME

In South Dakota, the older citizens have less than 50 percent of the income of the younger population. About half the older South Dakotans in 1970 had incomes of under \$3,000 a year. In fact, almost 30 percent of the old South Dakotans had incomes of less than \$2,000 a year. Unfortunately, over 1 percent exist on incomes of less than \$500 per year.

It is amazing to think that in modern, industrial America, one out of every five poor people is 65 years of age or older. Unfortunately, many of these individuals became poor upon reaching age 65 through forced retirement, or as a result of health problems.

The income of the elderly population will become increasingly important. Should price increases continue, their purchasing power will become increasingly less. Also should earlier retirement ages come about, we will experience a substantial increase in the number of elderly poor.

The older citizens spend a greater percentage of their income on food, shelter, and medical services and care than younger individuals. They often have a great deal of difficulty finding basic needs, such as clothing in shopping areas. In other cases, the older citizen does not buy other items or luxuries because they simply cannot afford to purchase them or is unaware of available aid. In fact, in 1970 only 6 percent of the older South Dakotans were using food stamps. Fortunately through the use of the State Tie-Line and other services, the State has done an excellent job of attempting to extend this service to the people.

In 1974, about 14 percent of the older Americans were still in the labor force. Some 19.3 percent of the older male workers are employed in agricultural jobs which tend to be lower paying. This is an important factor to be aware of in South Dakota, for the older citizens in this State have some additional employment opportunities available to them in agriculture which are not available to older urban citizens.

About 61 percent of the old South Dakotans never completed elementary school. Some 14.5 percent attended less than 4 years of high school. It is interesting to note that over 10 percent attended college and that over 4 percent were college graduates or more.

While older South Dakotans had a median formal education of almost 9 years in 1970 future estimates indicate a significant increase in median school years completed in the future. By 1990 the older citizens will have a median formal education of almost 12.4 years. In other words, over half the elderly in the State will have completed high school. The effect of this change can be very significant since better educated citizens will place different and additional demands on government, business, and society.

Some 53 percent of the older South Dakotans are married, according to the 1970 census. It is important to note, however, that while almost 70 percent of the older males in the State are married, only about 40 percent of the females in that age category are married. Men are more favored in terms of living with a spouse in later years, particularly because society allows them to reach down and have second marriages with senior sweethearts who are younger than they. This disparity will have implications for housing needs, the incidence of personal isolation, family relationships and income among the elderly in the next 15 years. Most older men will be married and over 80 percent of the older women will be widowed and/or unmarried.

Over 63 percent of the older South Dakotans live as families. Nearly 30 percent live alone or with nonrelatives, and over 7 percent are in institutions. Over three times as many older women than men live alone or with nonrelatives.

In South Dakota over one-fourth of the older citizens live alone. Most of these individuals are active and able to take part in community life, but thousands do live in isolation. Almost 16 percent of the aged in the State do not receive one telephone call a week. Over 10 percent of the older citizens are not visited by another person at least once a week.

Fortunately, the State, the Federal Government, and citizens groups are working to end isolation through programs providing: transportation, senior centers, nutrition programs, telephone reassurance, friendly visiting, and other services.

In the period from 1960 to 1970, a significant shift took place among older South Dakotans. They tended to move into small towns and especially the urban areas of over 10,000 population. Among the reasons for this movement are: a greater concentration of medical services, increasing availability of low-income housing, the opportunity to be closer to others, better transportation, and more recreational activities.

In South Dakota today, 18.9 percent of all registered voters in the State are 65 years of age or over. Presently there is no significant evidence to indicate that older citizens vote as a block. They tend to either follow their own traditional party lines or vote independently, as they have for so many years of their lives.

Needs

At age 65 years and over, one does not automatically desire to become a hermit. Older South Dakotans have the same needs for familial and social relationships as the rest of the population. Unfortunately, society tends to isolate or allow the isolation of a large number of aged individuals.

The older citizen needs cultural and recreational activities, just as members of the younger generation do. Some of these needs can be met through senior centers. Other recreational needs can be met through community recreation programs, clubs and organizations, and family participation.

Like all people, the older citizen needs good health, both physical and mental. They need access to good medical care. They also need nutritional programs to assure an adequate diet.

They need to be able to afford the food necessary for health, as well as the clothing necessary for warmth and protection. One would think that with a market of about 22 million older Americans, some clothing company would be able to provide them with fashionable, protective clothing at a reasonable price.

Older South Dakotans also need adequate housing if they are to live as they should. It should provide adequate space, necessities, comfort, and be attractive. They need good access to utilities and repair services at reasonable costs. Their residential areas should be safe and adequately protected by police and fire departments.

The older citizen needs areas to walk in, play in, or to just sit. They need transportation from their residence to areas of activity within the community, for example to stores, doctors' offices, parks, and senior centers. They also need means of getting to church when they desire to attend. Too often younger individuals fail to recognize the importance of religion in the daily life of the older person.

The older citizens need an adequate income on which to live. As mentioned previously, most of the elderly poor in this Nation were not poor until they had to retire and their income was cut off. If they must live on a substandard income, they must not be expected to carry the same tax burdens as those individuals still employed. They also need tax reform on real estate taxes and estate taxes, since they should not be taxed out of their home or estate.

For those 7 percent of the older South Dakotans who receive institutional care, there is the need to be visited, the need to be treated as individuals, and the need for help. Just placing an older person in a nursing home or extended care facility does not end one's responsibility to a mother or father or aunt or uncle. Those people living in institutions still have wants, needs, and desires. Try as they may, the institutions cannot meet all of them, for family love and involvement are essential needs of the older citizens, whether at home or in an institution.

The older South Dakotan also needs an advocacy system. In many cases they need someone to help them and do not know where to go. They need: legal advice, help getting better housing, better health care, work, recreation, house-keeping services, rehabilitation services, and other people. They need advocates in these areas and information on how to get help with these needs.

The greatest need of the older citizen is the need to be needed. Fortunately in many families the older members are needed and actively involved as long as they live. In other cases, individuals are healthy or involved enough that they are always needed. But for some older citizens, the need to be needed was lost with the arrival of retirement or illness.

For these people, the State and Federal Governments, senior centers, care facilities, schools, groups, and individuals, are becoming increasingly active and creatively involved in developing and implementing ways in which the older citizen can realize their need to be needed. The South Dakota Office on Aging develops, sponsors, and assists communities in the implementation of programs such as: meals-on-wheels, senior centers, telephone reassurance, retired senior volunteer program, foster grandparents, in-house services, and many others. These programs and others have been developed in communities across the State and Nation. The State of South Dakota has introduced the Tie-Line (1-800-592-1865) to put the older South Dakotan and others in contact with individuals and agencies who can answer their questions and assist in solving their problems. Organizations such as the congress of senior organizations, the South Dakota Association of Health Care Facilities, and others are working for the interests of older South Dakotans in relation to their service areas. Gerontology Association for Training and Education (GATE) is a statewide consortium of education, statewide older American organizations, and others working together to inform and assist the older citizen.

The State and Federal Governments, each of these organizations, and interested individuals have as their purpose to provide the older citizen opportunities to utilize their ideas, knowledge, and talents for benefit of others—to fulfill—the need to be needed.

Future trends and implications

(1) If the low birth rate of the last 15 years continues for an extended period of time, South Dakota will experience a significant increase in the number of older citizens. This increase could be even more spectacular by an increase in the life expectancy and lifespan of the population.

(2) New health technology may reduce or slow the aging process and therefore increase the median age, the life expectancy, and the number of older citizens. This would require substantial increases in demands for services to that segment of the population.

(3) New health technology may expand life expectancy so that societal substitutes for dying may have to be found that operate in the same way retirement serves to substitute for death in industrialized societies, creating opportunities for younger cohorts advancing in age.

(4) The increase in the absolute number of elderly residents in South Dakota will generate need for additional services from both public and private sectors. Although proportional pressures on the active working population to support the elderly in the State will not increase, elderly residents may seek a greater allocation of State resources and demand more expensive programs in their behalf.

(5) The dramatic changes in the sex ratio and the decline in the proportion of elderly married women will increase feelings of isolation and cause further "anomia," especially for those women who locate their personal status in the status of a husband. New forms of polygynous marriage, or formalized living arrangement may become socially legitimated among and for the elderly.

(6) Health care for the elderly will become more centralized in larger South Dakota communities where a variety of medical services and specialties are available.

(7) The nursing home will continue to be the main reason for the existence of several small South Dakota communities. One cannot anticipate a significant decline in the number of older citizens in these facilities until out-migration of the young is reduced significantly.

(8) The rising costs of health care will bring about increased pressures on government to pick up a larger share of medical costs for the aged. This pressure will come not only for the elderly but also the children of the aged.

(9) Technological change is progressing at such a rapid rate that increased numbers of individuals will be forced to leave the labor market at younger ages. This would result in a change in the senior population since retirement could begin at 55 or 60 years of age. To accomplish this would likely require a guaranteed annual income.

(10) At the same time, one must also be aware of the fact that future senior South Dakotans share environmental histories that provided more educational opportunities, associated higher occupational and income statuses and exposure to an era of expanding public welfarism may mean that they will be less inclined to accept reduced status positions within the larger society than are the elderly today. A number of factors will help contribute to this:

(a) During periods when larger numbers of children enter adulthood, the availability of surplus but recently trained young adults tends to make the labors of older citizens obsolete and unvalued. The fact that the number of children now born who are advancing toward young adulthood is lower than for previous decades will mollify this obsolescence and devaluing.

(b) Higher completed education levels among the elderly may fortify their legitimate feelings that they have "wisdom" strengthened by experience which ought not be disregarded. From the knowledge and skill perspective, old age and status may become positively related.

(c) Nostalgia may replace scientism and technology as a fundamental American value. If so, the elderly will have an advantage.

(d) Previously, two aspects of retirement explain in part the perceived loss of status by the elderly. At retirement a person not only severs his connection with an organization, but he also relinquishes his occupational location in society. Without these two affiliations, the retiree usually becomes a person of unknown and uncertain achievement. Elderly in the next decades may not be so willing to relinquish their status locations, especially when they share higher educational levels within a leisure oriented society where work opportunities for all age groups are few.

(11) Due to changes in environmental histories, the elderly of tomorrow will insist even more persuasively that relative poverty and lack of access to employment are not necessary concomitants of aging, but are the consequence of educational shortcomings and insufficient retraining. Demands for continuing education for the elderly and developmentally oriented learning opportunities will increase.

(12) Continued attempts will be made by government and concerned groups to break down the barriers of isolation. One such attempt could well be the development of service careers which cater to the total needs of the isolated or confined individual.

(13) Programs will be called for and developed to provide residential services, companionship protection, etc., for older citizens within a community environment. The emphasis will be to keep the individual out of the extended core center and in the community as long as possible. Small rural South Dakota communities might well serve as the test models for such programs.

(14) The changes in the magnitude of out-migration from South Dakota will reduce isolation and feelings of relative deprivation among the elderly as younger kinfolk remain in their locality. More sophisticated technology in communication and transportation services will further inter- and intragenerational interaction, as the machine substitutes for interfacial contact. The advent of new childbearing patterns, whereby the having and rearing of children is not conditional upon female fecundity, may delay parenthood until later years. In this event, a societal norm may assign child bearing and rearing responsibilities to the aged.

(15) Future voting impact of the older citizen will not become especially significant unless their number increases dramatically or they begin to vote as a block. As of yet there is little indication that either will occur. However, serious economic or health problems could bring about a change in these habits.

CONCLUSION

Today, one out of every eight people in South Dakota is 65 years of age and over. The people of South Dakota and the Nation must understand that most of the older Americans are individuals who have worked hard during their lifetimes, only to be retired by society when they reach 65 years of age. The elderly will play more significant roles in South Dakota and the Nation in the future. A consequence will be the expansion of human services for senior citizens and possible modifications in governmental and social policy and programs. We must remember through all this that the greatest need of the older citizen is the need to be needed.

Senator CLARK. Now I do want to say that we have some forms back on the table which are provided for any of you who would like to make

further comments or anyone who would like to submit any information for the record. It will be put in the printed record as if presented here. It simply says: "Dear Senator Clark: If there had been time for everyone to speak at the hearing in Sioux Falls, S. Dak., on August 18, 1976, on 'The Nation's Rural Elderly,' I would have said," and then you write your remarks, sign your name, and so forth. You may take these home if you like and mail them to me. Our record will be open for about 30 days. We have to receive it within 30 days in order to have it printed.

Incidentally, anyone that would like a printed copy of these hearings, or the others that we are holding around the Midwest, please just give us your name and address and we would be happy to provide that for you, too, or give it to the center here and I am sure they will pass it on.

We have about 2 minutes. I would like to try to take any questions or comments from the floor. I wish we had more time, but I know that this room has to be used.

Let me just say that it has been very valuable to us; it has been very useful to us. I think we have had a great number of witnesses today and I think what we have seen, if I can just summarize it in 20 seconds, is that the unique problems, really of rural areas, have a great deal to do with mobility—with transportation. It does not make much difference if you have a hospital, a doctor, or some kind of health facility if you cannot possibly get to it. So transportation seems to emerge, at least out of this hearing, as being enormously important.

Also, the problems of health care. As we heard from one of the last panels, the problem is really one of getting some kind of extender—some kind of health care. It may not be a doctor, but some kind of health care must be made available in the smallest of communities, and we must have some kind of satellites around, at any rate, from the larger communities so that people could at least have the basics of health care. We have heard a good bit about nutrition programs, about how valuable they are, and the fact that they need to be extended. We have heard something about the problem of employment, particularly the Green Thumb program and how important that is—how valuable it is on reservations and in other parts of the State.

So I think we have had some good testimony, some testimony, in fact, that we really had not received before in either Iowa or Nebraska. So we are very pleased that you came and very pleased that you gave this testimony.

The hearing is recessed. We are going to Canton.

[Whereupon, at 11:45 p.m., the hearing was recessed.]

BUS TRIP TO CANTON, S. DAK.

[The following comments took place on the bus ride to Canton, S. Dak., in RSVP vehicle.]

Senator CLARK. How big is Canton?

ANSWER. 2,600. It has been 2,600 for a good many years.

Senator CLARK. How far are you from Iowa?

ANSWER. Half a mile.

Senator CLARK. How many of the people are over, say 60 or 65 in Canton?

ANSWER. 600.

Senator CLARK. What kind of program do you think you ought to have that you don't have?

ANSWER. I think we should have just about everything except I will tell you—

Senator CLARK. What most do you think you should have?

ANSWER. What most? I will tell you one thing that we do not have that I think is quite essential. We have many, many people who might have \$5,000 in a savings account. They cannot live on their social security and yet they are not eligible for SSI or food stamps because of that \$5,000 in the savings account.

Senator CLARK. I see.

ANSWER. What is \$5,000 today?

Senator CLARK. It is nothing.

ANSWER. You can be in the hospital 10 days and it is gone. We all need just a little security like \$5,000 in a savings account which is very little, but it is security for a lot of people. They cannot live on social security or the interest off that, and they are not eligible for SSI as long as they have \$5,000. Why can't they have \$20,000 or \$50,000? Why can't we work and make all the money we possibly can to build our own social security? We pay into that.

Senator CLARK. Yes.

ANSWER. There is a group of people in between SSI and the people that have more money and that is the people that are just over the edge, they have a little bit too much to get SSI and they are the ones that are hurting because they have to pay for all their own medications and all that. If they are on SSI, this is worth \$1 million because they have all their doctor bills paid and all their hospital bills paid. Up until just now they could get glasses. They really have it made. But the people that have just a little bit over what they need to get on SSI are the ones that are really hurting, they are the ones I feel sorry for right now.

Senator CLARK. Tell me the reasons that a person would be on SSI rather than social security.

ANSWER. Well, there are a lot of them that never paid into social security, or probably very little. I was on the SSI alert and I ran out. Many people were living on a \$78 social security check.

Senator CLARK. So the only reason you would be on SSI is that you either paid nothing or too little into social security, and therefore can't qualify.

ANSWER. That is right. A lot of these people are 85 or 90 years old, and their husbands were farmers. The farmers were not allowed to pay into social security, so they never paid anything.

Senator CLARK. Will the day come when there will be no SSI—everybody will be covered by social security?

ANSWER. I don't know. SSI is the supplement, and I don't know. Do you know what the maximum is if you have not paid in?

Senator CLARK. It is about \$100.

ANSWER. Seventy-seven dollars.

Senator CLARK. If you have not paid in.

HOUSING. SHORTAGE

What about housing for older people in Canton? How is that? Is it good or bad?

ANSWER. We need more. What we have is excellent. I live in Government supplemental housing.

Senator CLARK. How many units are there?

ANSWER. Twenty-four.

Senator CLARK. Is that all there is in the whole town?

ANSWER. We have another one with 20 units.

Senator CLARK. Twenty.

ANSWER. So that is 44.

Senator CLARK. I notice there was the Lincoln County border. Notice the air—you can tell it when we came across that county line.

ANSWER. Everybody take a deep breath. That was a barnyard you smelled.

Senator CLARK. I will tell you, that corn does not look too bad. It is not too tall though, is it?

ANSWER. The ears don't have any kernels on them.

Senator CLARK. I see. Then you do need some additional housing units? There is a demand for more?

ANSWER. Yes.

Senator CLARK. One of the big problems, of course, is just having adequate income to be able to afford the things you need.

ANSWER. That is right. I have social security and I have a very small bank account. On my social security it is pretty hard to feed myself and keep my car. I live 10 or 12 blocks—close to town.

Government supplement—I pay \$135 a month.

Senator CLARK. Those of you who live in housing that has been built in part by Government funds, would they have a rent supplement program so that you don't have to pay more than a quarter of your income in rent?

ANSWER. Yes.

Senator CLARK. I think that would be helpful.

ANSWER. Low-income housing. I live in low-rent housing.

Senator CLARK. If we had any more money to distribute or we could increase the appropriations, what would you like to see occur in the kinds of programs you have? Nutrition, health care, transportation, green thumb employment, some other employment—what would you like to see? What do you think the need will be next year?

EFFECT OF MANDATORY RETIREMENT

ANSWER. I wonder if employment would not be the best help. Our administrator is a man—how old, 72? How old is Bob? He was sick and almost disabled until he got a job with the green thumb program for 3 days a week. He has to get up in the morning 3 days a week, get dressed, and go to work. He is a different man.

Senator CLARK. Isn't that something!

ANSWER. Otherwise, he was sick in bed every day. At least 3 days a week. It is not only the money, but having to get up and be somewhere at a certain time.

ANSWER. I think that is the answer.

Senator CLARK. In my judgment, and I know there are a lot of people who disagree with me—we got into an argument yesterday at the hearing, but I think the worst thing we have ever done in this country for older people is to have mandatory retirement.

ANSWER. That is right.

Senator CLARK. That, to me, does not make any sense. If at age 65 I am an excellent Senator, I don't see why I should not continue. If I am an excellent doctor, I don't see why I should not continue. If I am an excellent laborer or farmer or whatever—I think anybody ought to be able to retire at 60 or 62 or 65, but it ought to be their choice.

ANSWER. That is right.

Senator CLARK. I don't see why you have to force them.

ANSWER. That is a different thing if you are working for yourself. This Bob owned his own business and he got sick. Now because he has a boss, he has to be at work at a certain time and he is there. When he was on his own, he was tired. We have farmers like that who retire because, probably, they are not able to farm so they retire at an early age and are absolutely not much good. But if they do get a job and have to be there, they are in better shape healthwise.

Senator CLARK. I know, of course, the other problem that is tough is the problem of inflation. I had a great uncle who retired on the farm in about 1938 and is still living. He retired probably at 60, something like that, and sold his farm for \$10,000. Well, he thought he had all the money in the world he would ever need in 1938 with \$10,000. He didn't see any reason in the world not to retire. Now, of course, he has lived on far beyond what anybody ever assumed, but he was broke at the end of the war and that money was gone. That was all there was to it.

It is just hard to understand how much inflation you can have in a very brief period of time. You retire, and 10 years later you have got what may not be worth half as much, and 13 or 14 years later it is not worth that much.

ANSWER. I don't think that our elderly should have to live below the poverty level. There are many, many of them who are able to work, and they should be able to.

The reason for social security was to create more jobs. If you still work after that, at the same time you are not allowed to create any more jobs. That was the main idea—for more employment.

Senator CLARK. Yes.

Has the drought out here been pretty serious in your area?

ANSWER. It has been bad. See the corn—now there is not much there.

Senator CLARK. It is pretty small, isn't it?

ANSWER. No ears, just the stalk.

Senator CLARK. What about small grain—oats?

ANSWER. If we have a fair crop, I will be surprised.

Senator CLARK. Is there much wheat grown in this area?

ANSWER. Not much. Very little wheat.

Senator CLARK. Are beans standard, a little bit more than corn?

ANSWER. Yes; here is a 1,100-acre farm right here.

Senator CLARK. Land now is selling at \$2,400 an acre.

Well, did you enjoy the hearing?

ANSWER. Very much.

What do you think about this van situation?

Senator CLARK. It is kind of interesting. I never thought about it before, but it is kind of interesting.

ANSWER. You think that is a pretty good idea?

Senator CLARK. Might be.

ANSWER. You would think they could make money out of it where they could go out to a town and sell the thing out, and then go on to another town.

ANSWER. The price of gas is high.

Senator CLARK. My Dad used to do that—go out to the country. He had an old panel truck. This was in the 1930's. He did it until the war, I suppose—in 1940, 1941, 1942.

ANSWER. It sounds interesting.

Senator CLARK. You had a small town that had no grocery store.

ANSWER. I would think it would be almost a necessity in the western part of the State.

Our transportation is a problem.

Senator CLARK. You have smaller towns between towns.

ANSWER. Yes.

Senator CLARK. How big is Fairview?

ANSWER. I am sure they have neighbors to drive them in, but it is not too good.

Senator CLARK. I think I would be that way, too. I mean you would not mind doing it sometimes, but you would hate to do it all the time.

How many of you here no longer drive?

ANSWER. Everybody drives.

Senator CLARK. Everybody drives.

When did you get this bus?

ANSWER. Three years ago.

Senator CLARK. It is quite a bus.

ANSWER. Yes, we think it is pretty nice. This helps us. We can visit relatives in town.

Miss Mae had to take the bus today. You cannot trust the senior citizens. They say they will go to a meeting and they will not show up. Mae takes them and makes sure they go.

Senator CLARK. She knows she has a load. Is she kind of a slave driver?

ANSWER. Mae, are you a slave driver?

Senator CLARK. I know she is the busdriver.

ANSWER. She is not a slave driver, but she is an inspirer. You understand that word.

Senator CLARK. I do.

ANSWER. She makes us all feel guilty if we don't do something good every day.

Senator CLARK. Good enough. Would it be all right if we take her where she is badly needed?

ANSWER. You don't take her.

Senator CLARK. We need a little inspiration in Washington, you know.

ANSWER. No, don't take Mae to Washington. She could do us a lot of good there, too. The town she lives in is not the size of Canton.

Senator CLARK. That is why she is so darn good. It is not by accident that you are praising somebody who lives in Iowa. [Laughter.]

ANSWER. I was born in Iowa.

Senator CLARK. Where?

ANSWER. Marcus.

Senator CLARK. I know where Marcus is: I have been in Marcus. I went to a centennial in Marcus.

ANSWER. Did you go to it?

Senator CLARK. Yes. I walked in the parade.

Mr. STENGLE. My wife was born in North Dakota in a sod house.

Senator CLARK. In a sod house?

Mrs. STENGLE. Yes.

Senator CLARK. How long ago was this?

Mrs. STENGLE. My parents went there.

Senator CLARK. Do you know what year they went to North Dakota?

Mrs. STENGLE. 1906—well, 1905.

Senator CLARK. They lived in a sod house. Did you ever read this book by Willa Cather called *Oh Pioneers*? You ought to get it. Do you have a library in Canton? I tell you, it is a great book because she lived in about that same time. She is dead now. She lived in a sod house out in Frisco, and it is either in Nebraska or Kansas—I think Nebraska—and wrote all about life at that time. It is a novel, but it is based on her own life when she was a young girl living in a sod house. You would like it.

Mrs. STENGLE. The sod house that my father built for my mother—they homesteaded on 72 quarters. They were married and they built a two-room sod house with an attic. The roof of our house and the walls were plastered with gumbo.

Senator CLARK. Gumbo.

Mrs. STENGLE. Yes.

Aung Aggie, the pastor, and the traders that came along made it their home. They would sleep in our attic.

Senator CLARK. How long did you live there?

Mrs. STENGLE. I was 9 years old when they moved.

Senator CLARK. So you remember it.

Mrs. STENGLE. Yes. My father was responsible for one of the first consolidation schools. I went 4 miles.

Senator CLARK. You walked 4 miles?

Mrs. STENGLE. No, no.

Senator CLARK. You rode 4 miles.

Mrs. STENGLE. We would have high school students.

Mr. STENGLE. Transportation was not a problem then, they walked.

Mrs. STENGLE. We rode horse and buggy.

Senator CLARK. You drove the horse and buggy to school. Now what years would that have been?

Mrs. STENGLE. Well, I was born in 1908.

Senator CLARK. So it was during the First World War.

Mrs. STENGLE. Yes, because we moved down here in 1917.

Senator CLARK. It was a sod house. Was most of it below the ground, or was it all above?

Mrs. STENGLE. This was all above. They had dugouts, but the house was above ground.

Senator CLARK. What was the dugout for?

Mrs. STENGLE. To store our crops and our potatoes.

Senator CLARK. Kind of a cellar.

Mrs. STENGLE. Cellar, yes.

Senator CLARK. Did you do a lot of canning in those days?

Mrs. STENGLE. Yes.

Senator CLARK. Would you can meat?

Mrs. STENGLE. Oh, yes, and I remember jackrabbits.

Senator CLARK. Shoot jackrabbits and can them?

Mr. STENGLE. Yes.

Mrs. STENGLE. We didn't always have that. Of course, that was fresh meat.

Senator CLARK. Canned jackrabbit. I have never eaten that. Are there still a lot of jackrabbits out around here?

Mr. STENGLE. No.

Senator CLARK. What happened to them?

Mr. STENGLE. Too many hunting them.

Senator CLARK. Is hunting good out here any more?

Mr. STENGLE. More deer.

Senator CLARK. What is the closest town in Iowa to Canton?

Mr. STENGLE. Inwood.

Senator CLARK. I am going over and start a hearing at 2 o'clock this afternoon near Mason City about 180 miles from here.

Mr. STENGLE. Where is the plane?

Senator CLARK. The plane is in Sioux Falls.

Mr. STENGLE. Mr. Oriol is following us.

Senator CLARK. Bill does all the work.

I have never ridden on one of these buses.

Mrs. STENGLE. This is one of the old type roads.

Mr. STENGLE. This is about the first paved road they put in.

Senator CLARK. When was that?

Mr. STENGLE. 1927.

Senator CLARK. 1927. It has held up pretty well. That is 50 years next year.

Mr. STENGLE. It was put in before I was married and that was 49 years.

Senator CLARK. Mr. Stengle says it was put in 49 years ago, in 1927.

Mr. STENGLE. We would go to town sometimes and get stuck along here.

Senator CLARK. Really.

Mr. STENGLE. Yes.

Senator CLARK. Where did you teach?

Mrs. STENGLE. Around the corner back there.

Senator CLARK. How did you learn to be a teacher?

Mrs. STENGLE. Normal.

Senator CLARK. Normal school.

Mrs. STENGLE. Yes.

Senator CLARK. Did you do that in your last 2 years of high school?

Mrs. STENGLE. Part of it the last 2 years of high school.

Senator CLARK. How old were you when you started teaching school?

Mrs. STENGLE. Nineteen.

Senator CLARK. Country school.

Mrs. STENGLE. Yes.

Senator CLARK. How many years did you teach?

Mrs. STENGLE. Five.

Senator CLARK. Five years.

Mr. STENGLE. She is still teaching.

Senator CLARK. Teaching you and others?

Mr. STENGLE. That is what I mean.

Senator CLARK. Is she a good lecturer?

Mr. STENGLE. Certainly is.

Senator CLARK. How long have you been married?

Mrs. STENGLE. Forty-three years.

Senator CLARK. I say "Kant-n," I notice several of you say "Kan-ton."

ANSWER. This area was settled by Norwegians. There were other nationalities.

Do you want to go to the Senior Citizens Center?

Senator CLARK. Yes. Can we do that?

ANSWER. Yes.

Senator CLARK. I think that is where they were going to meet us.

ANSWER. I think they are following us.

You will see our little housing unit on the right as we go by.

Senator CLARK. You point it out to me.

Who built this, the Farmers Home Administration?

ANSWER. I don't know.

There they are, and they are beautiful.

Senator CLARK. Very nice.

ANSWER. That is the community building where they have parties and washers and dryers.

Senator CLARK. I think this would be great.

ANSWER. It is a beautiful center.

Senator CLARK. That is about as nice as I have ever seen.

ANSWER. You will get to see the other one, too, the Elms. That is the other elderly housing unit.

I think the next time, Mae, we better all drive our cars and meet you.

Now isn't this a beautiful town?

Senator CLARK. It certainly is. There's the courthouse.

[Whereupon, at 12:45 p.m., the bus ride concluded.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY WITNESSES

ITEM 1. LETTER FROM SHIRLEY OVERLAND¹ TO SENATOR DICK CLARK, DATED AUGUST 20, 1976

DEAR SENATOR CLARK: Transportation was expressed as the No. 1 need for South Dakota. I agree. However, I am firmly convinced that our ministry needs to be to the total person. This includes meals, shopping trips, volunteer opportunities, lifelong learning, recreation, opportunity for spiritual growth, to mention only a few. I have been in communities where a meal was provided, a nutrition movie viewed, and people moved silently to their bus for a ride home. Multipurpose senior centers can exist with volunteers. Seniors and others even in the smallest communities can be motivated to serve their fellow human beings. I've seen it happen and know it can be done in a nonthreatening way.

Title XX Means Test for Transportation: I request that group eligibility be declared for elderly transportation. After going through the means test twice since February (because of social security raise) we find 85 percent of our riders are eligible to ride without making a copayment. There is also a segment that will not fill in the forms. They are back home, isolated. They are too proud to reveal their income. The time of administering the means test (because we cannot afford to hire two extra employees) has taken away from our home care and outreach calls.

Senator McGovern's meals-on-wheels: I feel a grave concern for this approach unless it can be administered with some human caring and person-to-person involvement. It should be incorporated into a title VII or title III program. If this is not possible, then some caring group must, of necessity, be responsible. People eat because they desire to live and care about themselves as persons. Without human contact the costly program will be unsuccessful in accomplishing the intended goal.

In response to a statement made at Sioux Falls, S. Dak. Hearing: Our Huron Area Senior Center was declared "not visible" for a \$450,000 section 202 HUD loan. The statement was made from Washington HUD that it was a lot of money to go into a rural area that wasn't visible. If the Denver office (John Otto) would have had input, they would have realized the total situation. HUD loans have been made to Huron College and no payments made for several years. The Denver Office looked upon this proposal as a life saver for the college and a chance for HUD to recoup some of their funds. The decision however, was a political one and was made in Washington.

Senior center facilities: Senior centers exist in old creameries, hatcheries, and condemned buildings, yet we continue to build fine schools, library facilities, parks, etc. "Senior citizens take the hand-me-downs of their communities," according to William Pothier, speaker at the 1975 NCOA convention.

Joseph Jordon, also at the 1975 NCOA convention, stated "The quality of the senior center building equates what the community thinks of its older population." Jordon also stated that "Someday every community will have an adequate service providing center as natural as a school for the kids."

Nursing homes in South Dakota: 7 percent are in nursing homes in South Dakota. This could be reduced to 3 percent if adequate rural multipurpose senior

¹ See statement, p. 292.

centers were provided. Hon. Morris Udall at the 1975 NCOA convention asked, "Is it proper for the Federal Government to allow elderly folks to be placed in nursing homes for profit and reduce the services that could keep them in their own home or apartment?" He continued by saying that the cost is \$7 billion a year to give nursing homes a profit. That's a lot of money, isn't it?

Alcoholism in the elderly: There is a marked increase in this disease among the elder American. NCOA is presently studying the problem and will be reporting at the 1976 convention. Dr. Johnson of the Johnson Institute (a nonprofit foundation in Minneapolis that deals with this problem) states that the increased numbers, particularly in the Minneapolis high-rise apartments, is most alarming. This is also true in other communities. I personally know one practicing alcoholic that remains sober because he has a daily title VII meal. If he misses this meal he is in trouble and back in the hospital. For him the meal and the fellowship really pays off. What about those that no one ever sees or cares about? They die. The Alcoholics Anonymous program assists many, but a knowledgeable outreach worker could help to "bring up the bottom."

SHIRLEY OVERLAND.

ITEM 2. POETRY SUBMITTED BY SHIRLEY OVERLAND

MY VIEWS AS A SENIOR CITIZEN

(By Nell Kuestermeyer, 1976)

We are senior citizens
 Of which we are very proud.
 We have so much fun
 Being with the crowd.
 A simple greeting
 When we meet
 Makes us feel good.
 A pleasant smile
 For you and me
 And all will know
 We are doing what's worthwhile.

We enjoy everything we do
 Because we are together.
 When things seem dull and blue,
 We think of senior center.
 We don't have
 To sit and fret
 And worry all the time,
 There are so many things to do
 Some are work,
 Some are play,
 Yet all are doing what's worthwhile.

One of the things I like the most
 Is to dance—which is just grand.
 Then comes Thursday with Shirley,
 The leader of our band.
 She points that stick
 And we all know
 We'd better pay attention.
 Cause she's working very hard
 To relieve our hypertension.

Come on out and join us!
 You'll be glad you did.
 You will meet old friends
 And make new ones,
 Of this there is no end.

Yes, we are senior citizens,
 Taking one step at a time.
 Live for today, not tomorrow!
 Because with God's help
 You will know
 Each one of us,
 Because our faces really shine.

"BELONGING"

(By Shirley Overland, December 1972)

Strolling down the sidewalk can be lonely,
 Walking along as I reach
 The grocer,
 The coffee shop,
 The dime store,
 Where people I can see.

They chat and laugh in little groups
 And seem to have such fun,
 And I feel
 Lonely.

Many times I walked along the sidewalk
 Past a place called "Huron Senior Center."
 I sneaked a glance
 Through the windows
 And saw
 People.

They chat and laugh in little groups
 And seem to have such fun,
 And I feel
 Lonely.

I thought about that place many times
 And walked along the street,
 And peered into those
 Big, friendly rooms.

I thought, "I'll know no one."
 "I'll not know what to say."
 And then one day
 I opened wide the door
 And someone said, "Hello,
 Come on in."

My heart leaped
 As I made that step—
 To be greeted by
 A friendly voice,
 A great big smile.

Now, I no longer walk the streets.
 I've found new friends.
 I keep busy with games and visiting,
 And I've learned a thing or two.
 I've gone on some trips
 And found that someone cares
 For me and you.

Now I chat and laugh in little groups
 And have such fun.
 And I no longer
 Feel
 Lonely.

ITEM 3. "DARE" PROGRAM PROPOSAL, SUBMITTED BY SHIRLEY OVERLAND

DEVELOPING ADULT RESOURCES THROUGH EDUCATION (DARE)

A unified delivery system for educational services to older Americans in the city of Huron

Name of primary agencies: Huron College Community Learning Center, and the Huron Area Senior Center.

Name of cooperating organizations and institutions: Retired Teachers Association; National Association of Retired Federal Employees; Community Counseling; CMA colleges; Briar Cliff, Buena Vista, Dakota Wesleyan University, Dordt, Mount Marty, Northwestern, Sioux Falls, Westmar, Yankton.

Project director: Shirley M. Overland, director, Huron Area Senior Center, Inc.

THE COMMUNITY PROBLEM

Older persons and continuing education.—There is a great national concern about "lifelong learning" and providing educational services to older Americans. Colleges and universities, partly due to declining enrollments of younger students, have identified retired persons as a new potential clientele. These institutions have generally taken two steps to recruit older persons as students. The first has been to lower fees for traditional courses. The second has been to create a curriculum of activities that younger educators have decided older Americans want: arts, crafts, estate planning, knitting, etc. Both these approaches tend to force the older American into a younger framework and stereotype their educational activities.

Many of these programs have failed in three respects: (1) Colleges have not acted to adapt the traditional liberal arts disciplines to the particular needs of older persons or trained their facilities to do so; (2) They have failed to adequately consult with the older persons themselves as to their educational needs and desires; (3) Finally, they have ended up as just one more agency competing for the attentions, time and dollars of older persons. They have failed to provide a comprehensive educational program utilizing all the resources of the communities in which older persons reside.

The Need—A unified delivery system.—The way to solve the above problems is to devise mechanisms whereby older persons are carefully consulted in planning educational programs and the resources of the entire community are utilized to serve them. In many communities, the senior center is the best catalyst for this unified system, although few centers perform the function. In communities where there is an institution of higher education, the opportunity exists to utilize the senior center as a focal point for the continuing education program with the assistance of the professional educators. That dual sponsorship furnishes an ideal foundation for a unified system:

Huron—An ideal laboratory for a unified system.—Huron and vicinity has a very high population of older persons. While one in eight in South Dakota is a senior citizen, in the Huron area one-fourth of the population is 55 years of age and older. The Huron Area Senior Center has over 700 members and is one of the most successful centers in the State. Huron College, Presbyterian related, has 356 students and a new community learning center office concerned with adult education.

(1) The senior center educational program: In late 1974, Shirley Overland, director of the Huron Area Senior Center, called together representatives of various community organizations and agencies, including Huron College. She later held a series of sharing meetings with senior center representatives. As a result, the center launched its first educational programs, which included first aid, defensive driving, tips for shoppers, and modified home nursing.

(2) The liberal arts for older Americans program:¹ In fall of 1974, Huron College proposed (and was funded under title I) a liberal arts for older Ameri-

¹ Please note that the new proposal herein is not a request to continue the LAOA program. The original LAOA program was narrow in scope and, while the DARE proposal contains components of LAOA and builds on its findings, the new proposal attacks a larger and different problem—the construction of an integrated delivery system for educational services.

cans program. This program was designed to identify the particular learning needs of older persons and attempt to adapt traditional liberal arts disciplines to those needs. This process of planning and conducting nine courses was designed to train faculty members and produce guidelines for planning future learning experiences. This program was instituted in summer, 1975, and 45 older persons participated in the first four courses. Three more courses were begun on October 7 (with 55 participants) and three more are planned for the coming calendar year.

(3) The Huron College "live-n-learn" senior center proposal: Discussions have been proceeding for approximately 6 months between Huron College and the Huron Area Senior Center as to the possibility of converting a large college residence hall, McDougall Hall, into a senior center and living quarters for older persons. The importance of this proposal to future educational programs is obvious. A senior "live-n-learn" center would have potential for educational activities unique to the State of South Dakota and found in few locations in the Nation.

(4) Interaction thus far: Huron College personnel participated in the center's initial planning of its educational program, and its members and director serve on the steering committee for LAOA. There has been a trend toward more unified direction of all the learning experiences available within the community with the focus at the senior center and with the college furnishing staff and administrative assistance for the liberal arts portion of the program. However, to this point, these efforts have continued to have fragmented and overlapping administration.

The establishment of the community learning center at Huron College this fall completes the authority structure that would make possible a workable unified system. The time has come to merge programs in a community that has demonstrated the leadership to develop a unified educational system for older persons.

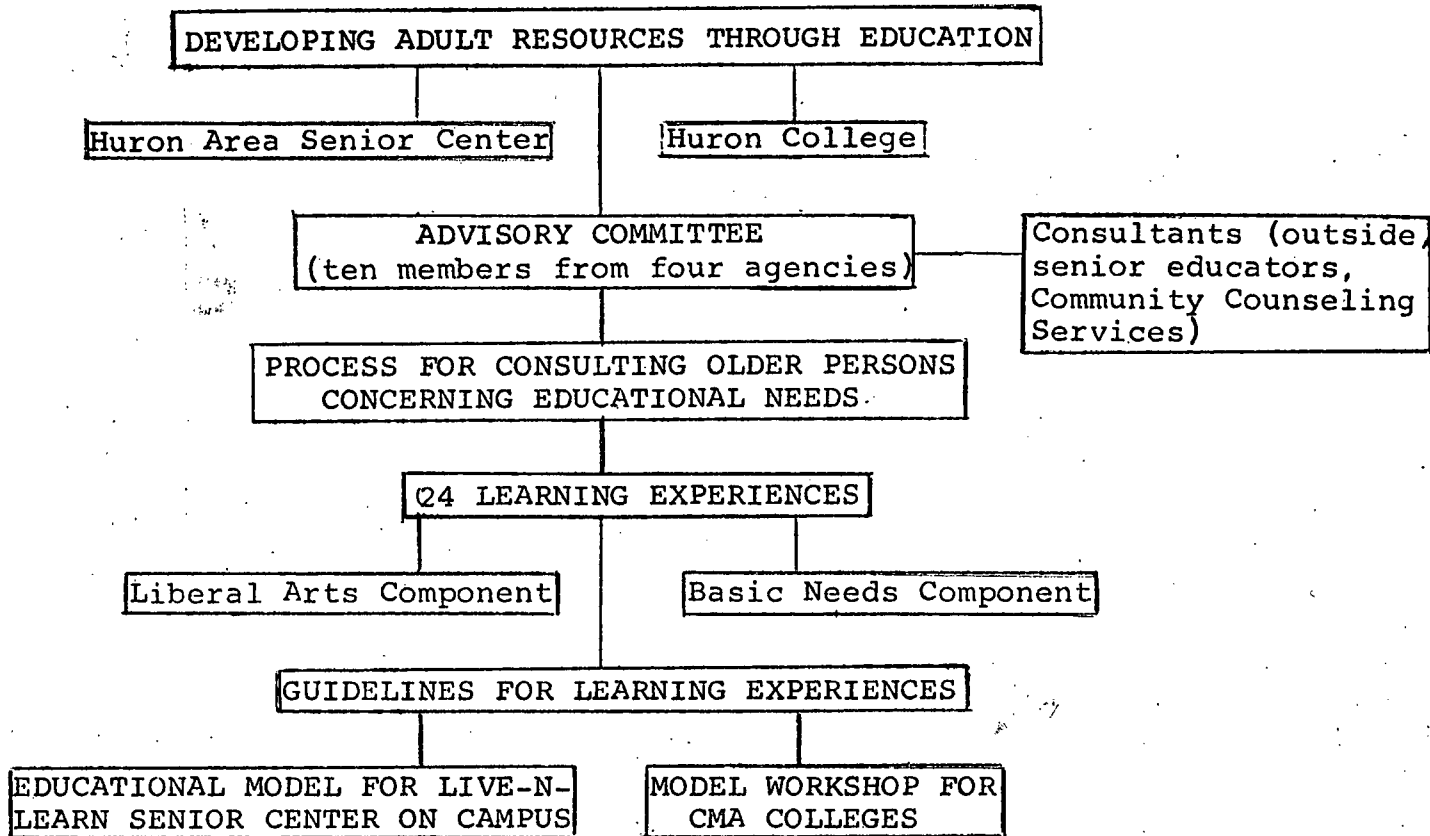
The DARE program and the State plan for community service and continuing education.—The State plan calls for a "unified delivery system for continuing education," and that is precisely what the Huron College Community Learning Center is attempting to develop in Huron and the vicinity. The DARE program is intended as one component in a comprehensive program designed, in the words of the amendment to "make a fuller and better use of existing resources of traditional postsecondary institutions" and to "provide access for greater numbers of citizens to postsecondary continuing education, including a broader range in age and socioeconomic levels."

The amendment places special emphasis on the educational needs of older persons, describing their need for better delivery systems as "one of South Dakota's crucial social needs." On page 6, the amendment devotes considerable space to the problem of "improving access in educational opportunities for older Americans."

Huron College has been in the vanguard of the attempt to improve that access. The LAOA program has been successful. The institution acted this past spring to reduce tuition for older persons. The offer of McDougall Hall as a possible senior center for Huron residents is indicative of the college's commitment to better education for older persons in the region.

Direction of the program.—Toward rural problems.

Objective.—To develop a unified delivery system for educational services to older persons in Huron.



NARRATIVE REPORT

The goals of the DARE program.—The DARE program is designed to produce the following results:

- (1) Provide a mechanism for unifying existing and future educational programs for older persons in the Huron area;
- (2) Furnish additional on the educational needs of older persons; and
- (3) Utilize the educational resources of the entire Huron community to meet the needs of older persons.

Specific objectives of the DARE program.—The DARE program is intended to produce these results:

- (1) A minimum of 24 short noncredit learning experiences for older persons.
 - (a) To be offered in four phases beginning September 1976, January 1976, April 1976, and June 1976.
 - (b) Each learning experience to normally last an equivalent of 10 contact hours (continuing education unit equivalent).
 - (c) Precise subjects and formats to be decided by the director in consultation with the advisory committee and older persons involved the process for consulting them.
 - (d) To include a liberal arts component (9 courses) and a basic needs component (15 courses).
 - (e) To be taught by a combination of Huron College faculty and community resource persons.
- (2) A process for regular consultation with older persons on their educational needs, thereby developing a model workable for other communities.
- (3) A unified planning, organizing, and publicity system for the learning program, supervised by Huron Area Senior Center staff and with educational and administrative assistance from the Huron College Community Learning Center.
- (4) A training process for Huron College faculty centered on the planning of the liberal arts component of the learning program.
- (5) A refined set of guidelines for planning learning experiences for older persons.
- (6) An educational model to be utilized in the event that the "live-n-learn" senior center becomes a reality in McDougall Hall on the Huron College campus.
- (7) A 1-day model workshop designed by the Huron College Community Learning Center to be shared with participating institutions in the colleges of mid-America consortium for the purpose of helping these institutions develop their own programs for older persons. Workshops to be presented during 1977-78.

Procedures for achieving the DARE objectives.—The DARE program will employ:

- (1) An advisory committee consisting of 10 members, including 3 senior center members, and the director, 2 Huron College faculty, and 2 representatives each from the Retired Teacher's Association and the National Association for Retired Federal Employees.
- (2) Five educator-senior consultants—persons who have been educators and are older persons. They are:

Dr. Phillip Mergler, former dean of Huron College;
 Mr. Frank Smith, former Huron College dean and economics professor;
 Miss Gladys Pyle, former public school teacher;
 Miss Bea Koch, former college professor;
 Miss Leta James, former public school teacher.

- (3) Two outside consultants on aging and education (via telephonic consultation):

C. B. Lord, associate director, Georgia Center for Continuing Education.
 James Peterson, liaison officer between the Ethel Percy Gerontology Center, University of Southern California, and the NRTA-AARP, Los Angeles, Calif.

- (4) The consultant services of Central South Dakota Community Counseling Services.

- (5) The administrative and educational assistance of the Huron College Community Learning Center and the college's support offices, including public information, academic affairs, and the business office.

Calendar for the DARE program.—DARE activities are tentatively planned on the following timetable:

July 1976:

- Organize advisory committee.
- Plan meeting for consulting older persons.
- Telephonic consultations, consult with community counseling services.
- Plan first six learning experiences.
- Orient staff for learning experiences.
- Develop first draft of guidelines.

August 1976:

- Evaluate process for consulting older persons.
- Meet the senior consultants.

September 1976:

- Consult older persons.
- Implement phase I learning experiences.
- Meet with senior consultants.

October 1976:

- Evaluate phase I learning experiences.
- Revise guidelines and consulting process.

November-December 1976:

- Plan phase II learning experiences.
- Consult older persons.
- Work on educational model for new senior center.
- First draft of model workshop.

January 1977:

- Implement phase II learning experiences.
- Continue work on educational model.

February 1977:

- Evaluate phase II learning experiences and consulting process.
- Use data to modify educational model for center.
- Use data to modify workshop model.

March 1977:

- Plan phase III learning experiences.
- Consult older persons.

April-May 1977:

- Evaluate phase III and consulting process.
- Finalize guidelines for learning experiences.
- Finalize educational model.
- Plan phase IV learning experiences.

June 1977:

- Implement and evaluate phase IV learning experiences.
- Finalize workshop model.
- Evaluate entire DARE program.
- Set guidelines for future operation of the program.

Instructor resources.—The following persons will have assisted in or taught classes involving older persons:

- Marilyn Hill, instructor in sociology.
- Philip Wyse, instructor in music.
- Bruce Woodruff, instructor in drama.
- Kenneth Meyer, director of institutional research.
- Gene Denison, associate professor of political science.
- Frank Smith, professor of economics.
- Joyce Povlacs, professor of English.
- David Nichols, associate professor of history.
- Trudy Felix, YWCA director.
- Paul Felix, director, community counseling services.
- Matilda Tschetter, retired teacher.
- Lillian Wintle, retired teacher.
- Ted Kneebone, Huron public librarian.
- Newton Staley, retired Federal employee.
- Judy Schwartz, registered nurse.
- Ardis Gatons, Beadle County extension agent.

Competencies of the agencies to carry out the DARE program.—Huron College has manifested a growing competency in continuing education activities. This year, the community learning center was established with three staff members and the mandate to develop a comprehensive community service and adult education program. Dr. Keith H. Orr has taken educational services to churches and schools in the South Dakota region since 1972. Dr. David Nichols has administered adult education programs under five grants from the South Dakota Committee on the Humanities and is currently supervising the liberal arts for older Americans program, funded under title I.

The Huron Area Senior Center, Inc., is known as one of the finest in the State, with approximately 700 members. Under the direction of Shirley M. Overland, the center has grown and currently maintains a variety of activities that touch on health, welfare, educational needs of older persons in Huron and vicinity. The center supervises a number of Federal grant programs as well as funds furnished by the city of Huron and Beadle County.

Proposed commencement date of program.—July 1, 1976. Proposed completion date: June 30, 1977.

Governmental units, private organizations, and community agencies cooperating in the program.—Retired Teachers Association; National Association of Retired Federal Employees; community counseling; CMA Colleges: Briar Cliff, Buena Vista, Dakota Wesleyan University, Dordt, Mount Marty, Northwestern, Sioux Falls, Westmar, and Yankton.

Population to be served.—Older persons (55 years of age and older) in Huron and vicinity.

Geographic location.—Primarily in Huron at the Huron Area Senior Center and at Huron College.

SIGNIFICANCE AND UNIQUENESS OF THE PROGRAM

The significance of the DARE program is that:

(a) There is only one other program in South Dakota that approaches its comprehensiveness in an attempt to have a unified educational delivery system.

(b) It has the potential for producing a workable model of program development and cooperation that can work for other communities.

(c) The possibility of developing, as part of the DARE program, an educational program to be utilized in a college residence hall—senior center at Huron College is unique to South Dakota.

Evaluation procedures.—The DARE program will employ the following types of evaluation:

(1) Continuous monitoring:

(a) By the advisory committee.

(b) By community counseling services.

(c) Through evaluations by the older persons served in learning experiences.

(2) Final evaluation:

(a) By the advisory committee.

(b) By two outside evaluators to be selected by the advisory committee.

PROJECT COSTS

Method of financing:

Appropriations, 66 $\frac{2}{3}$ percent.

Institutional funds, 33 $\frac{1}{3}$ percent (including in-kind matching).

Funds: Huron College, \$16,227 Federal; \$8,657 Matching; \$24,934 Total; cost per participant, \$33.

BUDGET FOR DEVELOPING ADULT RESOURCES THROUGH EDUCATION PROGRAM

Personnel	Requested	Matching	Total
Project director: Estimated 240 hours at \$10 per hour.....	\$1,500	\$900	\$2,400
Faculty planning time: Equivalent of 4 days at \$100 per day for 9 persons.....	2,700	900	3,600
24 course instructors:			
9 professionals at \$500 per course.....	4,500		4,500
15 nonprofessionals at \$200 per course.....	1,500	1,500	3,000
Advisory committee: 6 days at \$50 per day for 9 persons.....	1,800	900	2,700
Consultants (telephonic).....	150		150
Consultant services, community counseling services: 8 days at \$100 per day.....	500	300	800
Senior-Educator consultants: 1 day at \$100 per day for 5 persons.....	500		500
Outside evaluators: 2 persons at \$100 per day for 2 days plus travel and per diem.....	600		600
Secretarial and office (including community learning center services, public information services, etc.).....	700	1,000	1,700
Materials and publicity.....	1,000		1,000
Equipment rental: Estimated rental for mimeograph machine and typewriter for 12 mo.....	100		100
Other.....	727		727
Indirect costs, 15 percent.....		3,157	3,157
Total.....	16,277	8,657	24,934

ITEM 4. "KARE" PROGRAM PROPOSAL OF HURON COLLEGE,
SUBMITTED BY SHIRLEY OVERLAND

MISSION STATEMENT

Be it resolved, That the Huron College Board of Trustees commits Huron College to becoming the lifelong learning center for all ages in central South Dakota.

This is a new thrust in Huron College history, and the trustees intend that it shall encompass the operations of the entire college.

The new program stands for redefinition of our historic Christian mission, expressing through education the reconciling love that is in Christ Jesus. Therefore, we welcome not only all ages, but all faiths to a reconciling community where every person is treasured for what he or she can contribute to learning.

At the same time, the lifelong learning center stands for practical education in a world where people will have many careers and must develop stable values to cope with life's uncertainties. To that end, Huron College's lifelong learning program will stand for excellence and commitment to fundamentals (reading, writing, speaking, and critical thinking) that will continue to be needed.

We intend Huron College to become one of the distinctive colleges in the Midwest.

Adopted by Board of Trustees, July 9, 1976.

STATEMENT OF DAVID A. NICHOLS, HURON COLLEGE, HURON, S. DAK.

THE PROPOSAL: THE "KARE" PROGRAM (KINSHIP OF THE AGES THROUGH RECONCILING EDUCATION)

Huron College proposes to establish a cross-generational learning community on its campus. This will be a demonstration model for what colleges must do to meet the needs of "the learning society" in the last quarter of this century. The project will be based on a cooperative effort with the Huron Area Senior Center, the foundation of which will be the conversion of a residence hall to a "live-n-learn" senior center featuring both living quarters and public activity space.

On this foundation, Huron College will develop an educational program unique in scope and conception. The college will seek to meet the educational needs of a large senior population, utilize older persons as educational resources for the young, and construct a cross-generational framework for lifelong educational renewal for an entire rural community and its environs.

This model program will produce a unique laboratory for social and educational gerontology, new curricular models for small colleges across the Nation, and contribute to a cross-generational redefinition of liberal arts education.

THE LEARNING SOCIETY: THE FUTURE IS HERE IN HURON

America is becoming an older society. Demographers predict that one in two persons will be above the age of 50 by the year 2000. This development will profoundly affect every American institution, including higher education. Colleges, if they are to survive and be worth saving, must become lifelong learning centers in a "learning society" (Hesburgh et al., *Patterns for Lifelong Learning*, 1973, p. 4).

South Dakota is already far advanced in this demographic revolution. One in eight South Dakotans is 65 years of age, compared to 1 in 10 nationally. The State ranks seventh in the Nation in the proportion of its population in this age group. From 1960 to 1970, the proportion of older Americans in South Dakota increased 11.1 percent. Sixty percent of South Dakota's older persons never completed elementary school and only 10 percent attended college, with 4 percent completing a college degree. These are persons with needs accentuated by the isolation and lack of services common to a low-income rural region.

These characteristics are even more sharply focused in the Huron area. In Beadle County, 17.2 percent of the population is 65 years of age and older and 25 percent are 55. The Huron area is a microcosm of 21st century America with all the problems and opportunities therein. It is an ideal laboratory for testing models for the learning society of the future adapted to the special needs of rural areas.

THE YOUTH-CENTERED COLLEGE: A FAILURE FOR YOUNG AND OLD

For the past generation, colleges and universities have generally operated as "youth ghettos." Their programs, policies, and practices have been geared to high school graduates. Older persons rarely entered college programs and, when they did, they were forced into youth-oriented molds.

The recent interest in older American education has not broken the youth-centered paradigm around which institutions plan and operate their programs. With few exceptions, these colleges and universities have taken two courses of action: (1) They have set up segregated educational programs, conceived by younger professionals for older persons; (2) They have attempted to lure elders into the regular academic program. Most of the latter have not been very successful because older persons find themselves forced into programs and institutional environments geared primarily to prepare young people for the job market.

These programs fail to adequately meet the educational needs of older persons. They fail to utilize the older person's experience and wisdom as an educational resource for younger persons. They deprive younger persons of cross-generational social competencies necessary to effective functioning in a cross-generational work world. Finally, they accept a narrow definition of liberal arts education as an exposure to a variety of subjects. The learning society of the future demands something more.

NEED FOR THE LEARNING SOCIETY: A NEW IDEA OF A COLLEGE

The surrogate extended family concept—The learning society will demand that educational institutions reincarnate the cross-generational learning environment once furnished by the extended family. Ours is a society in which individuals and family units have become increasingly isolated. That isolation has been psychologically destructive for older persons and it has deprived the young of the experience, wisdom, and familial roots essential to healthy development.

Huron College proposes to integrate a surrogate extended family factor into its educational program through the establishment of a cross-generational learning community where both age groups have support systems adequate to encourage interaction.

Redefining the liberal arts—The cross-generational concept demands a broadening of the liberal arts definition to include exposure to a variety of people and ages. In other words, people learn from one another, not just books or teachers. A liberating education is not adequately provided in a marriage and the family class containing only young people who have never raised a family. It is insufficient to have business classes without experienced business persons as resources. Experience and knowledge are inseparable and an awareness of the life cycle should inform all subjects in the curriculum.

This redefinition is essential for the new kind of college. It will create the comfortable environment whereby older persons can profit from higher education in an atmosphere of respect for their worth as educational resource persons. It will also enable the young to benefit from the experience and wisdom of the aged. This interaction factor will be mandatory for education that claims to be liberating for any age group in the learning society. It will have impact on both content and teaching methods in the college classroom.

FOUNDATION FOR THE PROGRAM: THE McDUGALL HALL PROPOSAL

For 6 months, Huron College and the Huron Area Senior Center, Inc., have been involved in negotiations concerning the possible lease or sale of a large residence hall, McDougall Hall. The senior center, with its 700 members, has outgrown its present facility. The need for additional space, the shortage of additional low-income housing for older persons, and the success of the DARE program all encouraged consideration of the residence hall.

The Huron College trustees, at their December 11, 1975, meeting, decided to sell the building if funds could be secured. The Huron Area Senior Center then applied to the Department of Housing and Urban Development for renovation and purchase funds. The plan calls for the creation of from 23-28 low-income housing units for older persons and public space for senior center activities. The building and lot, while owned by the center, would function as an integral part of the campus and center members could be provided with a wide variety of educational services. The senior center will hear on April 15 as to the disposition of the application.

Once established, the presence of this senior center and living quarters on the campus will provide the basis for the rest of the KARE program, an ideal laboratory for gerontology and lifelong educational services for the learning society. It will also furnish a support system for older persons that will provide the requisite security for participating in the broader campus life.

THE HURON AREA SENIOR CENTER

The uniqueness of the proposed project rests on the excellence of the Huron Area Senior Center, Inc. In a 4-year period, the center has grown from 75 to over 700 members. The leadership projects a potential membership of 1,500 members. Its range of services include home care, nutrition, RSVP, meals-on-wheels, and many others. The center has an extensive transportation program and is involved in servicing 400 additional senior center members in five satellite centers in Beadle County. The Huron Area Center, under the leadership of Director Shirley Overland, has gained a reputation as the finest operation of its kind in the State and region.

HURON COLLEGE AND THE COMMUNITY LEARNING CENTER

Huron College is a 4-year, liberal arts college associated with the Presbyterian Church. Established in 1883, the college presently has 360 students. In 1975, the college community declared its commitment to Christian principles in education—in particular, the principle of reconciliation. That statement includes the following:

"In working for reconciliation, we include people of many backgrounds, interests, ages, abilities, and beliefs. We seek to learn from the culture and heritage of many, particularly those who are indigenous to our area—rural and urban, young and old. . . ."

"We have a special commitment outside our campus to the area we live in, serving as a catalyst for reconciliation and a center of learning and culture for central South Dakota and beyond. Interaction among students, faculty and members of the larger community helps free us all from limited knowledge and narrow attitudes.

"We encourage lifelong learning and careers that involve people's whole lives. . . ."

To these ends, the college established an office called the community learning center. This office is intended to go beyond the extension educational services normally associated with colleges and universities. The community learning center provides a variety of educational services (workshops, programs, courses) for adults in South Dakota. It has been involved in attempts to institutionalize a

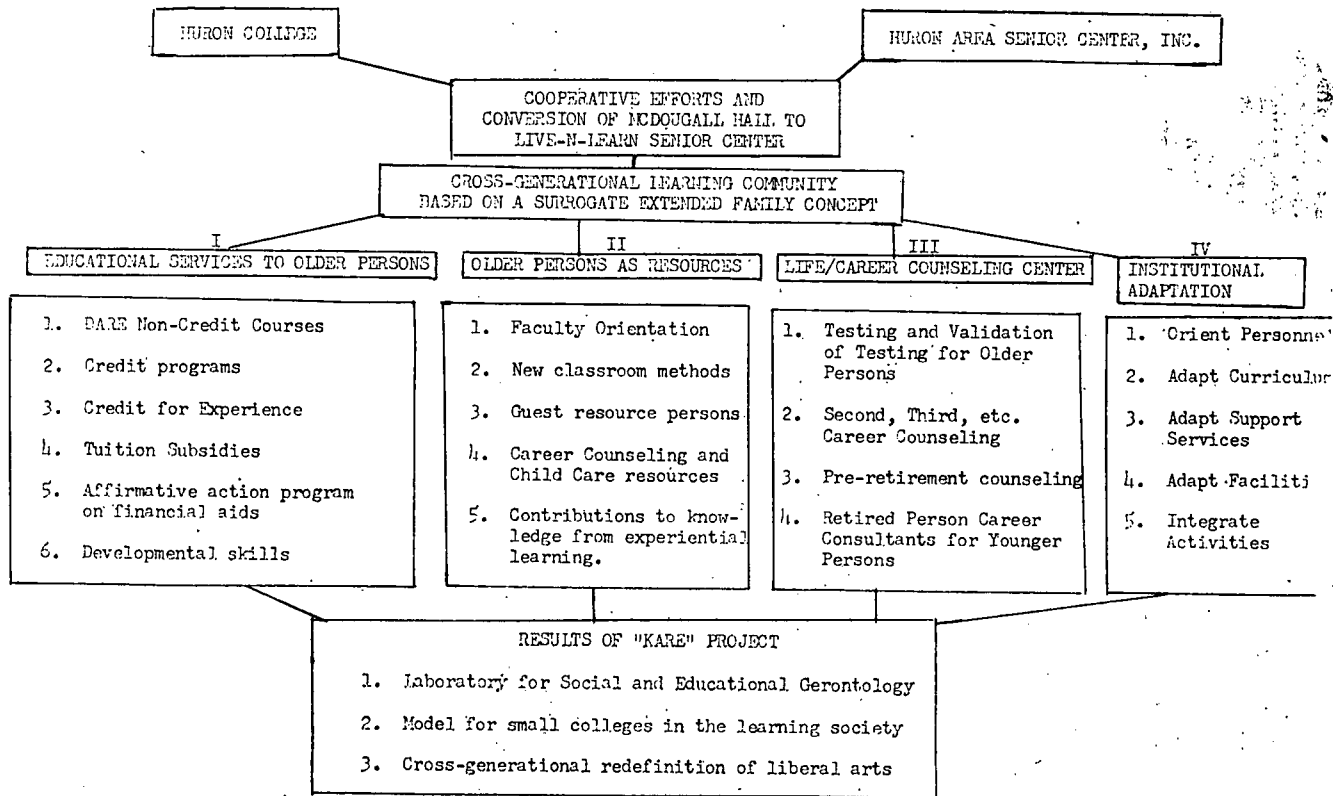
cross-generational learning community on the campus by developing programs and policies designed to serve mature adults in the regular academic program. As a result, students above the age of 25 number one in four of Huron College students. In addition, the learning center has furnished a number of noncredit learning experiences, involving a cumulative total of over 300 senior citizens in short, noncredit courses in the past 8 months.

Under the codirection of Dr. Keith Orr and Dr. David Nichols, the center is developing a comprehensive plan for community education for Huron and the region. The community learning center's 5-year plan calls for a reorientation of all college personnel, programs and policies to serve lifelong learning needs. This program is an unprecedented attempt to make the entire institution into a community learning center, a source of lifelong educational renewal for the Huron community and the region it serves. If successful, the Huron College program will become a model program for post-secondary education in the learning society. The KARE program is therefore the centerpiece of a larger comprehensive community education program.

SPECIFIC OBJECTIVES OF THE KARE PROGRAM

- (1) To encourage constructive attitudes toward and knowledge of the life cycle among all age groups in the college community.
- (2) To eliminate agism in college social and intellectual life.
- (3) To serve the special educational needs (both basic survival needs and enrichment needs) of older persons.
- (4) To utilize older persons as resources for learning and counseling, cultivating the intellectual circle of young and old.
- (5) To foster surrogate extended family relationships among young and old.
- (6) To reorient college personnel, policies, and programs to the needs of older persons.
- (7) To redesign disciplinary and professional fields of study to include aging components and educational methods utilizing older persons as resource persons.
- (8) To assist younger students in acquiring cross-generational competencies for effective service in the learning society of the future.
- (9) To provide counseling to meet cross-generational needs in planning first careers, second careers, and retirement.
- (10) To utilize the young-old educational framework as the grounding for servicing the lifelong learning needs of older age groups between youth and the aged.
- (11) To establish a living laboratory for social and educational gerontology to benefit preprofessionals and professionals.
- (12) To demonstrate the utility of redefining the liberal arts to include an exposure to a variety of persons and age groups.

9. DIAGRAM OF THE "KARE" PROGRAM



WHAT WE INTEND TO DO: COMPONENTS OF THE KARE PROJECT

Component No. 1: Educational Services to Older Persons

(1) *What Huron is already doing—The DARE program of noncredit courses.*—In 1975, the community learning center received title I funding in the amount of \$19,099 for a program entitled, "Liberal Arts for Older Americans." The premise of this program was that many educational programs aimed at senior citizens either focused them into educational molds conceived for young persons or provided segregated, paternalistic, and trivial learning experience designed by younger persons and based on myths concerning the learning capacities and interests of older persons.

The "DARE" program (developing adult resources through education), as it was eventually renamed, is predicated on the idea that older persons can and do value learning in traditional liberal arts disciplines, provided those disciplines and teaching methods are adapted to their special needs. The DARE program has become, therefore, a vehicle for faculty members to adapt their disciplines' content and methods to senior needs.

This program has been popular and successful. As it has developed, the advisory committee has moved to integrate learning experiences designed to meet basic needs (consumer education, defensive driving, estate planning, etc.) with the liberal arts offerings, an integrated delivery system for educational services. This integrated system was recognized with a second title I grant of \$24,934 in January 1976 (funds to be released during fiscal 1977).

A major purpose of the DARE program has been to, where possible, encourage cross-generational learning activities. A sociology of leisure class (summer 1975) was successful in involving persons with an age range of 19 to 80. Most recently, a January term course, "Myths of Aging," involved younger students at the College in a balanced program of study and field experience and cross-generational social activities with members of the Huron Area Senior Center. This class was one of the most successful January term courses in the recent history of the college. It demonstrated the utility of the integrative principle that underlies the proposal to establish a "live-n-learn" senior center on campus as part of a cross-generational learning community.

A cumulative total of more than 300 older persons have been involved in the DARE program and its auxiliary activities. To this point, however, these programs have taken place mostly at the current senior center (which is located some distance from the campus) and have been only peripherally integrated with regular college study. It highlights Huron College's successful track record in educating older persons, and it demonstrates our capacity for implementing the more comprehensive KARE project.

(2) *What Huron College seeks to do: The regular academic program.*—Where most colleges have failed, Huron hopes to succeed in integrating older persons into the degree-granting curriculum. The following constitute important factors in this program:

- (a) The orientation of staff and faculty to serve older adults;
- (b) A credit for life experience program;
- (c) Tuition subsidies;
- (d) An affirmative action program to guarantee older persons equal access to all financial aids; and
- (e) A developmental skills program to assist older persons in adjusting to college-level academic work.

The orientation of staff and faculty will be covered more thoroughly below, but it is essential to integrating older persons into course work. The redefinition of liberal arts described above will assist in this because it treats older persons not merely as students but as resource persons.

The credit for life experience program is already in operation at Huron College, but there has been insufficient personnel time available to go through the process of applying it to senior citizens. The college needs additional funds to hire personnel to accredit experiential learning properly.

Huron College has taken steps to open all financial aids to adult students and some younger adults have taken advantage of this program. However, older Americans need special attention and help in putting together Federal family financial need statements necessary to receive basic opportunity grants, work-study funds, low-interest loans, and other aids.

These aids will not be sufficient for some older persons on low incomes. Huron College currently charges \$99 per unit (40 percent of the regular tuition) for credit and \$25 for audit (50 percent of the regular fee) for senior citizens. As a small private college, Huron cannot afford to cut these fees further and needs tuition subsidies to help provide educational services to older persons.

Finally, one of the great concerns for older persons entering college work centers on their study skills. A major objective will be to validate the McGraw-Hill basic skills, writing, reading, and vocabulary tests, and the Brown-Carlson listening comprehension test with older persons and adapt them to their needs. At the same time, in line with the cross-generational emphasis, the Huron College study skills clinic will attempt to utilize older persons as developmental skills assistants in working with younger students needing assistance.

Component No. 2: Older Americans as Educational Resources

Fundamental to the KARE program is the idea that utilizing older persons as educational resource persons enriches both the learning of younger students and provides the foundation for comfortable entry of seniors into degree-granting college programs. Older persons have experience, wisdom and perspective to bring to learning experiences which they can profit from the fresh ideas of younger persons.

Huron College seeks to systematically utilize the elder educational resources that will be so readily available due to the establishment of the senior center adjacent to the campus. Specifically, Huron will seek to:

- (1) Orient faculty to the valuable resource in older American experience;
- (2) Develop classroom methods to effectively utilize older persons who enroll in the academic program;
- (3) Establish a program of paid guest-resource persons drawn from the senior population;
- (4) Develop a program utilizing the professional experience of retired persons in career counseling (see the life/career counseling component below);
- (5) Identify, utilize, and preserve the contributions to knowledge that can be obtained from older adult experiential learning (e.g., oral history, etc.); and
- (6) Utilize the child care competencies of older persons in a child care program integrated with educational programs and serving younger single parents-students with child care needs.

Component No. 3: A Life/Career Counseling Center

South Dakota has no sophisticated career counseling center for any age group in the State. Persons can expect to change vocations as many as five times prior to retirement. Huron College proposes to meet the need by establishing a unique cross-generational counseling center. A feature of this center will be the utilization of retired professionals as career consultants. At the same time, an effort will be made to provide second career counseling (or beyond second careers) and preretirement counseling.

The counseling center will be predicated on a recognition of the inevitability of career changes. It will assist persons all along the age spectrum in achieving positive perceptions of the life cycle and avoid the "on the shelf" syndrome for older persons.

Younger students (including mature adults planning a second career) will go through the following steps:

- (1) Interview with a career counseling clinician;
- (2) Take interest and personality tests;
- (3) Have test battery results evaluated by the clinician;
- (4) Interview with a retired professional career counselor (an older person experienced in law, business, medicine, etc.);
- (5) Have a composite evaluation prepared by the clinician and the retired person; and
- (6) Have a conference for sharing evaluation results.

The older person-consultant will be involved in steps four and five. These persons will be hired on a consultant basis.

In counseling older persons, a major concern of the center will be appropriate testing procedures. At present, no comprehensive set of tests are available that are appropriate to the needs of older persons.

The Huron College Counseling Center, under the leadership of Dr. Tyra Talley, will attempt to validate instruments and establish fresh norms to assist older persons. The following instruments will be utilized:

- (1) The Minnesota Multiphasic Personality Inventory;
- (2) Dr. Grace Kent's Emergency "D" scale to assist in sorting out persons not suited to academic work and identify different interests;
- (3) The general aptitude test battery to establish criteria for over-all expectations; and
- (4) The Strong vocational inventory test (would be useful in identifying areas of critical interest for alert and aggressive older persons).

The counseling center staff will attempt (in cooperation with the developmental skills program utilizing the McGraw-Hill study skills tests) to adapt these instruments to the needs of older persons and provide a model career and retirement counseling program for the region.

Component No. 4: Institutional Adaptation to the Cross-Generational Learning Community

(1) *Orienting personnel:* Huron College seeks to orient all personnel (both teaching and nonteaching) to the needs, value, and roles of older persons who will be connected with the senior center on campus. All other plans cannot be operationalized without adequate orientation of staff. To this end, Huron College will:

- (a) Hold not less than four staff workshops on aging and the needs of older persons during 1976-77;
- (b) Employ consultants to meet with every administrative and academic unit in the college to assist in adapting policies and programs to the new situation; and
- (c) Involve faculty in planning (both released time, summer and January term) for the adaptation of their subject areas to the needs of a cross-generational student clientele.

Fundamental to this reorientation process will be strict requirements that staff provide visible evidence (in the form of written plans, active performance, course plans, etc.) that they have, in fact, adapted and internalized new knowledge concerning older persons and the aging process.

(2) *Adaptation of the curriculum.*—Related to the orientation of teaching staff will be a process for implementing the study of aging in the curriculum. This will be done through:

- (a) Specialized social and educational gerontology courses;
- (b) Design of gerontology modules for utilization in existing disciplines; and
- (c) Design of workshops and noncredit offering that can be provided both on and off campus.

The college will seek consultant assistance in this program and is negotiating with the University of Michigan Gerontology Institute concerning a possible consultant relationship with that institute. Dr. Howard C. McCulsky has already consulted with Huron College personnel and will be visiting the campus later this spring in that capacity.

In this program of curricular adaptation, Huron College hopes to provide a model for other small private colleges. We anticipate that no discipline or professional field will be left untouched by an aging factor. Specific examples may include:

- (a) *History:* An increased emphasis on preserving the oral history of the region and the eye-witness accounts of 20th century events that can only be provided by the persons who lived through them.
- (b) *Sociology:* An emphasis on personification of the life cycle, drawing on the expertise of older persons in family matters, career and retirement problems, etc.
- (c) *Psychology:* An increased emphasis on longitudinal studies of human behavior and the impact of aging on human psychology and intelligence.
- (d) *Physical education:* A move away from sports emphasis to increased focus on recreation and lifelong physical fitness, with personification of particular problems and field experience for recreation directors of the future.
- (e) *Music:* Adaptation of music education methods to the needs of older persons. In the DARE program, one Huron College professor already has adapted the famous Carl Orff music education method to senior citizens on

the premise that music educators of the future must be able to educate all ages.

(f) *Education*: As a prominent teacher-training institution, Huron College will adapt its methods and theory courses to the realities of a lifelong learning society and the need to produce educators with the competencies for teaching all ages.

These are only a few examples of the curricular adaptation process that must take place at Huron College. There are obviously others, especially in the sciences. This will require staff time, consultant help, and careful consultation with older persons themselves.

(3) *Adaptation of support services*.—Huron College plans to offer, beyond the sale of McDougall Hall, a range of support services to Huron Area Senior Center members. These will include:

- (a) Free access to the college library and development of library holdings in gerontology and senior services;
- (b) Free access to college activities;
- (c) Free access to college recreational facilities, including the swimming pool;
- (d) Free access to services in the Huron College Campus Center;
- (e) Food service;
- (f) Public information office services;
- (g) Business office services; and
- (h) Health care services (campus nurse).

These services are costly and the college must seek outside funding in order to provide them. Their provision is fundamental to the establishment of the cross-generational learning community envisioned in the KARE project.

(4) *Adaptation of facilities*.—Huron College has facilities other than McDougall Hall which older persons will utilize and which require modification for safety and adequate service. Specifically, the college needs to:

- (a) Build ramps and handrails at a variety of locations on the campus;
- (b) Remodel the gymnasium and swimming pool area to remove safety hazards;
- (c) Install an elevator in Voorhees administrative and classroom building and elevator ramps in the library and campus center; and
- (d) Install a closed-circuit cable television production system of educational service to shut-ins.

SPECIAL MECHANISMS FOR IMPLEMENTING THE "KARE" PROGRAM

Huron College will utilize the following mechanisms in implementing the KARE program:

- (1) An educational needs assessment process for older persons (the DARE program has produced one significant survey and developed some informal consultation processes);
- (2) A cross-generational advisory committee representing both elder and younger student interests and community leadership, to number 12 persons; and
- (3) Working alliances with the South Dakota Office on Aging and other State social agencies, senior organizations (including the Retired Teachers Association, Retired Federal Employees, etc.), the Gerontology Association for Training and Education of South Dakota (GATE), and consultant personnel from the University of Michigan Gerontology Institute and other such institutions.

CALENDAR FOR IMPLEMENTATION

The calendar for implementation is currently in preparation. It is dependent, in part, on word from the Department of Housing and Urban Development concerning the purchase of McDougall Hall. That approval is expected on April 15, 1976. Thereafter, negotiations will be completed and a timetable for renovation of the building can be established. The following is therefore quite tentative. The assumption of the proposal is that KARE activities can begin in the fall of 1976. The activities for 1976-77 include:

- Orientation of staff (workshops and travel),
- Renovation of campus facilities,
- Employment of project director and counseling director,

Pilot credit, tuition and skills development activities,
 Pilot utilization of support services,
 Introduce gerontology into the curriculum,
 Establishment of advisory bodies, and
 Pilot use of older persons as educational resources.

The second year will be concerned with :

Expansion of the counseling staff,
 Completed adaptation of curriculum units,
 Expansion of services to satellite senior centers,
 Employment of an assistant project director,
 Development of pilot workshops, teaching modules, and
 Integrated activities of every kind.

The third year will focus on services outside the campus, including :

Expanded services to professionals serving seniors,
 Educational services to nursing homes and their personnel,
 Dissemination of project results through workshops, seminars, teaching
 modules,

Expanded services to satellite senior centers, and
 Production of literature and scholarship on aging.

In general, the implementation pattern will call for an emphasis on orientation, planning and pilot projects the first year, institutionalization of the full-blown program the second year, and dissemination of information and service beyond the campus the third year.

IMPLICATIONS OF THE KARE PROJECT BEYOND THE CAMPUS

The program will eventually have an impact beyond the college campus. Huron has two sizeable nursing homes and eventually both the professional personnel and the residents of those homes will be served by the Huron College program. The Huron Area Senior Center assists five Beadle County satellite centers and they will benefit from the cooperative relationship with Huron College.

Huron College participates in GATE (Gerontology Association for Training and Education), the State organization, and the Huron program will be a significant component in the statewide gerontology program. The GATE organization will become the major vehicle for disseminating knowledge and program skills gained through the KARE project.

PLANS FOR DISSEMINATING KNOWLEDGE AND PROGRAM SKILLS

Through the community learning center, Huron College has the competent personnel, experience, and means for disseminating information about aging and service programs for elders. This will be done through the development of workshops for both public school and post-secondary educators and seminars for social service, nursing home, and senior center professional personnel.

The GATE organization, with its connections with institutions of higher learning and senior organizations, will be a major channel for the dissemination of information.

Huron College will attempt to share knowledge through provision for visits and research by scholars, programs on the campus, and articles for journals. The college will also attempt to package teaching modules on aging that can be a major channel for the dissemination of information.

Huron College will attempt to share knowledge through provision for visits and research by scholars, programs on the campus, and articles for journals. The college will also attempt to package teaching modules on aging that can be utilized by organizations and educators.

EVALUATION OF THE KARE PROJECT

The KARE project will utilize an outside evaluator process, drawing evaluators from the South Dakota Office on Aging, the University of Michigan Gerontology Institute, and the GATE consortium. These consultants will assist in the identification or construction of evaluative instruments for each of the four components of the program.

Internal evaluation will be conducted by the cross-generational advisory committee and each administrative unit in the program. Older persons themselves will be given opportunity to evaluate the program at all points.

A major component of the first year's program will be concerned with developing adequate evaluative instruments.

NATIONAL SIGNIFICANCE OF THE KARE PROJECT

At present, three private colleges (to our knowledge) have or are planning to establish living quarters for elders on their campuses. These are Bucknell in Pennsylvania, St. Benedict's in Minnesota, and Fair Haven (the "bridge" program) in Washington State. The University of Syracuse also has living quarters for seniors and a number of other institutions are considering utilizing empty residence halls for housing. A few community colleges have helped to start senior centers as part of their operation.

To our knowledge, none of these situations envision a cross-generational learning community of the type described above. None of them involve a senior center with the range of services, membership, or reputation for excellence associated with the Huron Area Senior Center. None are seeking to so fundamentally alter the operating assumptions of higher education in redefining the liberal arts. Huron College is, in the words of consultant Howard McClusky (University of Michigan Gerontology Institute) "changing the rules of the game."

The project is highly significant for the low-income rural region that is central South Dakota. The life/career counseling component, when operational, will provide the only sophisticated career counseling available in the entire State. There is nothing like the KARE counseling conception closer than Minneapolis, Minn. (United Theological Seminary), and that program does not utilize retired professionals as counseling resources.

Finally, the Huron College project will provide a unique laboratory for social and educational gerontological field study in a rural State where educational innovation has been rare. It will be a model for rural educational development for small private colleges and the communities they serve. The density of its senior population makes it a demonstration model of education for the learning society of the future. In the KARE program, the future has already arrived at Huron College.

ITEM 5. MEMORANDUM FROM BETTY J. CLAYMORE, CLINICAL SOCIAL WORKER, PUBLIC HEALTH SERVICE, EAGLE BUTTE, S. DAK.; TO JACK CLAYMORE,¹ DATED AUGUST 16, 1976

There is a need for an intermediate care facility on the Cheyenne River Reservation so that residents with deteriorating health will not have to move to a foreign environment in their last years. The closest nursing home is 70 miles away in Gettysburg. Mobridge and Pierre nursing homes are about 90 to 95 miles.

Our office is now involved with social services to 12 Indian patients residing in off reservation nursing homes. I am sure that there are that many again with whom we have no contact in addition to that many non-Indians from Eagle Butte who would also prefer to remain in this community.

One of the problems we are constantly dealing with is elderly in the Manor apartments whose health is deteriorating to the point where they can no longer be unattended.

We cannot find live-in homemakers willing to work 24 hours per day and if we did find two or three homemakers willing to do shift work there would still be no funding under supplemental security income which is the primary income of most of our recipients.

Many of our people prefer to speak Lakota and, when they are in non-Indian facilities, seldom communicate with staff and other patients due to the language difference. Relatives seldom visit because of the distance and cost involved and patients become depressed quickly and refuse to eat, resulting in early demise.

BETTY J. CLAYMORE.

¹ See statement, p. 278.

ITEM 6. STATEMENT OF IYONNE GARREAU, NUTRITION PROGRAM PROJECT DIRECTOR, CHEYENNE RIVER SIOUX RESERVATION; SUBMITTED BY JACK CLAYMORE

At the present time, the nutrition program for the elderly—the home site, located in Eagle Butte—is serving three communities on a daily basis. Twice a week, we serve two other communities, located on the far west end of the reservation. Funding is through title VII funds.

The Cheyenne River Sioux Tribal Council has, by resolutions, indicated its support by authorizing the use of tribal government revenue sharing funds to open and maintain a meals site for the elderly at the far east end of the reservation. This site provides a noon meal daily to two communities.

This year, through supplement title VII funds, we will be able to provide daily meals, home delivered, to the two communities on the west end, and also contract with the BIA school to provide a noon meal to another community on the west end.

Our goals and objectives are to reach out to the five remaining communities.

In order to accomplish this goal, we need adequate transportation. At the present time, we are operating with three buses and the use of private vehicles to pick up and deliver participants to the congregate site and home deliver the noon meal.

Transportation is at the top of our priority list. We have a total of 420 enrolled eligible elderly persons within the Cheyenne River Reservation.

ITEM 7. MEMORANDUM FROM DOROTHY CLARK, SOCIAL SERVICES REPRESENTATIVE, PUBLIC HEALTH SERVICE; TO JACK CLAYMORE, DATED AUGUST 11, 1976

Some of the needs for the Elderly needed on the reservation are:

- (1) More homemaker services—to give services such as cleaning, helping with meals, and general housework.
- (2) Transportation getting to places of business, such as shopping for groceries, etc., is still a problem.
- (3) Protection services from other family members who are intoxicated and run the elderly out of their own homes.
- (4) More workers to haul wood, fuel, and water.
- (5) More money for home improvement.

Thank you.

ITEM 8. LETTER FROM SANDRA LE BEAU AND BLAINE CLOWN, SR., CHEYENNE RIVER SIOUX TRIBE; TO NANCY SNYDER, DIRECTOR, FOOD STAMP DIVISION, U.S. DEPARTMENT OF AGRICULTURE, DATED JULY 22, 1976; SUBMITTED BY JACK CLAYMORE

DEAR Ms. SNYDER: Pursuant to our telephone conversation earlier this month concerning the expiration date for the food distribution program on Indian reservations, I contacted four of our local programs who are directly involved with persons who receive commodities to get their comments. Copies of their comments are enclosed for your information.

I believe it is obvious by the four memorandums that these programs are frightened by the aspect of going totally to a food stamp program. Economic factors alone, which involve the cost of hiring a car to come to a town that has a store runs around \$20. The average income for our people on this reservation is \$2,300, and for our elderly people it is substantially lower. Other factors such as time, distance, limited availability of the stamps, lack of staff for the program, etc., all enter into the picture.

We have had the food stamp people present a workshop to our tribal council concerning their program. I believe it was the general concensus of the council and others who work with the poor and elderly that, given the right education

on the food stamp program, the younger people would gradually accept it, and at some time in the future the people themselves would make the switch from commodities to food stamps. It was also the concensus of our people that if the commodity program is terminated our people will go hungry, especially the elderly.

I do not feel it is the intent of the Federal Government to deny services to those in need, and I sincerely hope we can work with your office to work out a solution to this problem. As I stated on the phone, we extend an invitation for you to come to Cheyenne River Sioux Reservation at your convenience. I believe if you could visit Bridger or Red Scaffold you would understand more the hardship terminating the commodity program would cause our people.

I am also enclosing a copy of our Tribal Resolution 40-76-CR and a map of Cheyenne River Reservation for your information. If we can assist you in any way, please let us know.

ITEM 9. RESEARCH PAPER PREPARED BY EDWARD P. HOGAN,¹ Ph. D.,
DEPARTMENT OF GEOGRAPHY, SOUTH DAKOTA STATE UNIVERSITY

EVERY EIGHTH SOUTH DAKOTAN

INTRODUCTION

In the U.S. "Census of Population: 1970," statistics on the age composition of the national population indicate that every tenth person is an older American—age 65 years and older. According to the U.S. Department of Health, Education, and Welfare, the older Americans in 1975 numbered almost 22 million people and comprised over 10 percent of the Nation's total population.

America has experienced a significant change in the age composition of its population during the last 70 years. In 1900, only 4 percent of the total population, or 3 million individuals, were 65 years of age and over. The increase during the last 75 years of some 19 million people more is due to a number of factors. Among them are: increased population, increased life expectancy, improved health services, a higher standard of living, and various other factors.

The U.S. "Census of Population: 1970" for South Dakota showed even more significant data concerning the older American in that State. While nationally every 10th American is 65 years of age and older, every 8th South Dakotan is an older American. In other words, some 12.1 percent of the people in South Dakota are 65 years of age and older. Recent projections by Robert T. Wagner² of the Department of Rural Sociology at South Dakota State University estimate that in 1975 older Americans comprised over 12.3 percent of the population of South Dakota.

Herman B. Brotman, Assistant to the Commissioner of the Administration on Aging of the U.S. Department of Health, Education, and Welfare, prepared a paper entitled "Every Tenth American." It described the characteristics of the older American in 1970. This paper, "Every Eighth South Dakotan," is designed to provide the reader with a summary of the characteristics of the older South Dakotan. In this manner, the reader will be able to see what the older population in South Dakota is like, especially in comparison to the older American population in general.

The older South Dakotan will be examined in relation to: number, age, sex, health, life expectancy, income, expenditures, education, marital status, living arrangements, mobility, isolation, voting, and various other major problems. Some conclusions and recommendations will also be included at the end of this paper.

NUMBER

From 1900 to 1970, the population of the State of South Dakota increased 66 percent. During that same 70-year period, the total population of the United States increased almost 300 percent. It can, therefore, be seen that the population of South Dakota has grown at a far slower rate than the Nation as a whole.

The number of people in South Dakota in 1970 65 years of age and over has increased to 6.27 times its size in 1900. In comparison, the national older popula-

¹ See statement, p. 294.

² See p. 297.

tion has increased in size almost seven times since 1900. Therefore, the increase in the older population in the State has almost equalled the percentage increase in the Nation. However, the increase in the older population of South Dakota is even more significant when one considers that the Nation grew about four times faster than the State.

From 1960 to 1970, the older South Dakotans increased in number from 71,513 to 80,434 people, or an increase of 11.1 percent. This figure is very significant when compared to the State's total population, which decreased 2.2 percent during the same 10-year period. This, of course, also reflects the fact that the younger populations are much more likely to out-migrate. In comparison, the number of older Americans increased 21 percent from 1960 to 1970. The total population of the Nation as a whole increased 13.3 percent during that same 10-year time span.

This growth trend continued into the seventies. From 1970 to 1975, the U.S. Census Bureau estimates that the number of South Dakotans increased 2.2 percent to 682,000 people. During that same 5-year period, Wagner estimates the population of older South Dakotans as increasing 4.4 percent to over 84,000 people. Thus, even with growth in the total population of the State, the older population continues to increase in number at a more rapid rate.

In the last 15 years, the older population in the United States has increased in number at a faster rate than the population under 65 years of age. During that same period, South Dakota's older population grew at an even more impressive rate than the Nation, considering the State's overall loss of population and slow reversal of that loss.

AGE

In regard to the age of the older South Dakotans, the majority are under 75 years of age. Half of the older South Dakotans are under 73 years of age and 31.3 percent are under 70 years. In 1970, some 6,709 South Dakotans were 85 years of age and older. It should also be noted that some 299 South Dakotans were 100 years of age and over.

In the Nation as a whole, the age comparison of the older American is similar to that of the older South Dakotan. The majority of the older Americans are under 75 years of age. Half are under 73 years of age and a third are under 70 years old. Some 1.5 million or 7.5 percent of the elderly are 85 years or older.

There is relatively little difference in the age of the older American and the older South Dakotan. However, while 7.5 percent of the older Americans are 85 and older, some 8.3 percent of the aged in South Dakota are in that group.

SEX

Most of the older citizens in South Dakota are women. In 1970 there were 43,966 women 65 years of age and over, compared to 36,518 males in the same age group. In South Dakota there are 120.3 females 65 years of age and over for every 100 males in the same age group. The ratio of females per 100 males increases as the age gets older. From age 65 to 69 years, there are 109.8 females per 100 males. At ages 70 to 74 years, there are 123.3 women in South Dakota for every 100 men of the same ages. For those individuals 85 years of age and over, there are 151.9 women for every 100 men.

Nationally, the sex ratio for older Americans as a group is even greater. Of the 22 million older Americans, over 13 million are women. In the Nation, for the total population 65 years of age and over, there are about 139 women per 100 men. The ratio, in fact, increases from 124 per 100 men from 65 to 69 years of age to 179 females per 100 males at age 85 years and older.

In comparison then, it can be said that the sex ratio of the older citizen in South Dakota is more favorable than in the Nation as a whole.

HEALTH

In regard to the health of the older South Dakotan, a survey entitled "Social Indicators for the Aged in South Dakota" was conducted by the Business Research Bureau of the University of South Dakota in 1971. The survey conducted in cooperation with the older Americans program of the South Dakota Department of Health provides some interesting facts concerning the health of the older South Dakotans.

In general, the health of the older South Dakotan is such that over 91 percent of them rate it as varying from average to very good. Some 57 percent have no

chronic conditions, disease, or impairments of any kind. In fact, over 81 percent indicated that bad health only prevents them from doing everything they want once in a while.

Some 90 percent or more of the older South Dakotans indicated that they have no difficulty feeding themselves, watching TV, eating solid food, dressing, or putting on shoes. Over 85 percent of South Dakota's elderly found that they had no difficulty getting around the house, washing and bathing, getting out of the house, or hearing over the telephone. About 75 percent of them stated that they had no difficulty cutting their toenails. Lastly, over 67 percent of the older South Dakotans indicated that they do not encounter problems when going up or down stairs.

The health of the older South Dakotan is such that 80 percent of those surveyed indicated that they had not been sick in the month preceding the survey. In fact, over 90 percent indicated that they were ill less than 7 days that month. Only 6 percent of those surveyed were bedridden.

Some 64 percent of the older South Dakotans have undergone a physical exam in the last year. About three-fourths of the elderly believe that their health is superior to that of other people their age. Only about 4 percent of the older South Dakotans believe that they have a health problem that is not currently being treated.

In comparison with the national population, 81 percent of the older Americans get along well on their own. Surprisingly, only 14 percent of the elderly do not have any chronic conditions, impairments, or diseases of any type. However, the vast majority of the older Americans can and still do manage by themselves.

According to HEW, in 1973 some 38 percent of the older persons were limited in their major activities due to chronic conditions. A 1972 study by that department indicated that 18 percent of the older Americans face mobility problems due to chronic conditions. Some 6 percent need help to get around, another 7 percent needed mechanical aids, and 5 percent were essentially limited to their home.

One of the major health problems of the older South Dakotan or American is the fact that they are more subject to illness and disability than younger age groups. In 1973 older Americans averaged 6.5 physician visits per person per year. One out of six of them will be hospitalized during the year. Once in the hospital, they will average a 12.2-day stay.

Some 92 percent of the older Americans wear eyeglasses or contact lenses. About 5 percent of them use hearing aids. However, the elderly do not seem to utilize dental care on the same scale. Over half of the older Americans have either never visited a dentist nor had a dental checkup in the last 5 years.

In 1970 the per capita health care costs for the elderly was \$791. Some \$534 of that bill was paid by governmental programs. However, operating with their limited incomes, the elderly citizen still had to pay \$257 of the bill. It should be noted that medicare only paid 42 percent of the medical health costs of the elderly.

By 1973 about \$22.5 billion was spent on personal health care for the Nation's older citizens. This amounts to a per capita health care cost for the elderly of \$1,052, over 2.5 times the costs for younger Americans. Some \$682 of the bill was paid by governmental programs. However, the elderly individuals share of their health care cost increased to \$370. This is a 43 percent increase over a 3-year period and far exceeded increases due to inflation during that same period.

It is important to note that the vast majority of older Americans and South Dakotans get along well on their own. The older South Dakotans are perhaps in better health than the average older American, since a larger percent of the elderly in the State do not suffer chronic conditions, impairments, or diseases.

LIFE EXPECTANCY

The life expectancy or length of life a person can expect to attain varies according to year of birth, specific age, and sex. A child born in 1900 had a life expectancy of 47 years. A child born in 1973 has an expectancy of 71 years. This is an increase of 24 years in life expectancy of the American child since the turn of the century. If that child is a male, his life expectancy is 67 years. However, if the child is a female, her length of life expectancy is over 74 years or over 7 years longer than the male. In other words, women have a significantly longer life expectancy than men.

In regard to the older citizen, whether they be in South Dakota or in the Nation, at age 65 they have a life expectancy of another 15 years. Males at 65 years of age can expect to live another 13 years, and females at that age over 17 years. At age 75 the life expectancy is another 9 years, 8 for males and 10 for females. For those citizens reaching the age of 85, life expectancy is another 5 years.

If the Nation does not experience any significant change in the present death rates, 80 percent of the female children and 65 percent of the male children will live to attain the age of 65 years. Once a person reaches the age of 65 years, they have a 50-50 chance of living to be 80 years old. At age 85 they have a 50 percent chance of living to be 90 years of age.

INCOME

In the United States in 1970, the total aggregate income of the older population was over \$60 billion a year. Some 52 percent of that total came from retirement and welfare programs which serve this population. Another 29 percent of the total aggregate income of the elderly came from employment. The remaining 19 percent is returns from investments and contributions.

In South Dakota, the older citizens have less than 50 percent of the income of the younger population. About half of the older South Dakotans have incomes of under \$3,000 a year. In fact, almost 30 percent of the older South Dakotans have incomes of less than \$2,000 a year. Unfortunately, over 1 percent exist on incomes of less than \$500 per year.

In the Nation as a whole in 1970, some 50 percent of the families headed by older Americans had incomes of less than \$5,053. The older American living alone or with nonrelatives had a median income of \$1,951. Nationally, one-fourth or 5 million older Americans were living on incomes of less than \$3,000 a year, or \$58 a week.

A 1973 study by the U.S. Department of Health, Education, and Welfare indicated that some married older Americans were well off. Almost 1.2 million older couples had incomes of over \$10,000 that year. However, over half that number also had incomes of less than \$3,000 a year. HEW also found that almost 1 million older persons living alone or with nonrelatives had annual incomes of less than \$1,500 a year, or \$29 a week.

It is amazing to think that in modern, industrial America one out of every five poor people is 65 years of age or older. Unfortunately, many of these individuals became poor upon reaching age 65 through forced retirement or health problems.

It is important to note that about half of the older South Dakotans have incomes below \$3,000, while only one-fourth of the older Americans are in the same economic position. This is due to a variety of factors. Among them are:

- (1) South Dakota as a whole has a lower median income than the Nation.
- (2) Since it is a predominantly agricultural State, it is significant to note that farm income is lower than income in industrial areas.
- (3) The State has open shops so that the economic impact of unionization has yet to be experienced on a significant scale.
- (4) Most retirement programs in the State are several years behind comparable programs in eastern areas of the United States.

EXPENDITURES

The older citizen, whether in South Dakota or in the Nation, spends a greater percentage of his income on food, shelter, and medical services and care than younger individuals. They often have a great deal of difficulty finding basic needs, such as clothing in shopping areas. In other cases, the older citizen does not buy other items or luxuries because they simply cannot afford to purchase them.

In South Dakota, the older citizen is, as mentioned previously, in a tighter economic position than in the Nation as a whole. Yet, many of them fail to realize this fact. Interestingly enough, some 65 percent of the older South Dakotans see themselves as being in the same economic situation as others their age. Less than 9 percent indicated that their income does not meet their present needs. However, over 26 percent anticipated future economic problems with their present incomes.

Unfortunately, in a State with half of its older population in 1970 below the poverty line in incomes, less than 6 percent of the older people used food stamps.

The older South Dakotans do not make use of food stamps because of a variety of factors. Among them are: not eligible; a dislike for welfare or charity; a lack of knowledge about what they are or where to get them; and some people are simply embarrassed to use them. Nationally, many older Americans fail to utilize food stamps for similar reasons.

In the last 5 years, many of the problems which prevented older citizens from using food stamps have been overcome. Inflation has forced more older South Dakotans to use them whether they wanted to or not. The development of the State Tie-Line (1-800-583-1865) phone system has enabled older citizens to obtain information on food stamps and related programs at no cost. The government itself has done a better job of bringing needed information and help to the needy.

EMPLOYMENT

In 1974, about 14 percent of the older Americans were still in the labor force. This equals 2.9 million people or 3.1 percent of the Nation's labor force. Of those employed or actively seeking work, 1.9 million were males and 1 million were females. Some 3.4 percent of the older Americans in the labor force were unemployed.

It is interesting to note that 19.3 percent of the older male workers are employed in agricultural jobs which tend to be lower paying. It is also important to note that only 5.5 percent of the males in the Nation's labor force are employed in agriculture. This is an important factor to be aware of in South Dakota, for the older citizens in this State have some additional employment opportunities available to them in Agriculture which are not available to older urban citizens.

The number of older males in the labor force has decreased steadily from 66 percent in 1900 to only 20 percent in 1974. The older female participation rate in the labor force for 1900 and 1974 were essentially the same, about 8 percent.

EDUCATION

Almost 61 percent of the older South Dakotans never completed elementary school. Some 14.5 percent attended less than 4 years of high school, and less than 10 percent graduated from high school. It is interesting to note that over 10 percent attended college and that over 4 percent were college graduates or more.

Among older Americans, almost half never completed elementary school, while over 6 percent of the elderly are college graduates. It is important to note that over 3 million older Americans have had less than 5 years of schooling and are functionally illiterate.

In comparison, South Dakota has a significantly greater percentage of its older citizens who did not complete grade school. It also has a smaller percentage of elderly college graduates than the Nation as a whole.

MARITAL STATUS

Some 53 percent of the older South Dakotans are married according to the 1970 census. It is important to note, however, that while almost 70 percent of the older males in the State are married, only about 40 percent of the females in that age category are married. About one-third of the older males in the State have wives under 65 years of age. Most of the older women in South Dakota are widowed. In fact, there are four times as many widows in the State as widowers.

National findings are somewhat different, since in this country most older men are married and most older women are widows. In 1974, some 79 percent of the older males in America were married, while only 39 percent of the females in that age category were married. Some 52 percent of the older women in the United States are widows. There are over five widows in the Nation for every widower.

It is estimated that during the course of a year, some 35,000 older men and over 16,000 older women in this country marry. In approximately 14,000 marriages, both the bride and groom are 65 years of age or over. Some 22,000 older grooms marry women under 65 years of age, while only 2,000 older brides marry men under 65 years of age. In the case of 70 percent of the brides and 67 percent of the grooms, these older Americans were previously widowed and were remarrying.

LIVING ARRANGEMENTS

Over 63 percent of the older South Dakotans live as families. Nearly 30 percent live alone or with nonrelatives, and over 7 percent are in institutions. Almost 70 percent of the older males live in families which include their wives. However, only about 40 percent of the older women live in families which include their husbands. Over three times as many older women than men live alone or with nonrelatives.

Among the older Americans, over 6 out of every 10 individuals live in families. Over one-third are living alone or with nonrelatives. Only 5 percent of the older citizens of this Nation live in an institution. Nationally, one-third of the older women live in families that include their husbands, while two-thirds of the older men live with their spouses. In the Nation as a whole, 2½ times as many older women live alone or with nonrelatives as do older men.

ISOLATION

In South Dakota over one-fourth of the older citizens live alone. Most of these individuals are active and able to take part in community life. But thousands do live in isolation. Almost 16 percent of the aged in South Dakota do not receive one telephone call a week. Over 10 percent of the State's older citizens are not visited by another person at least once a week. Some 40 percent of the elderly do not attend even one meeting a month and over 6 percent consider themselves to be quite lonely.

Nationally, some 5 million older Americans live alone. Like most of the older South Dakotans, they are active and able to participate in and enjoy life. However, hundreds of thousands of them are isolated. There are no phone calls or visitors. No easy or affordable transportation and, unfortunately, no help or care programs are available to them in their communities. In some cases, these people live in such personal isolation that they are difficult to reach even when programs to break down the loneliness exist in their communities.

The State and Federal Governments are working to end isolation through programs providing transportation, senior centers, nutrition programs, telephone reassurance, friendly visiting, in-home services, opportunities to serve, and out-reach services.

MOBILITY

In the period from 1960 to 1970, a significant shift took place among the older South Dakotans. The number of people in the 65 to 69 year age group decreased 3.4 percent. At the same time, the population of the 70 to 74 year age group increased 2.9 percent, and the 75 years and over group increased 37.9 percent.

During that same period, significant changes occurred in the areas in which the older South Dakotans live. The number of older people living in urban areas in the State increased over 20 percent. A similar increase of over 22 percent occurred in rural nonfarm areas. At the same time, the number of older South Dakotans living in rural farm territory decreased about 9 percent.

Thus, what has been occurring is a movement into the cities and towns of the State. This can be seen in the fact that the older population in urban places of 10,000 or more has increased almost 30 percent in the last 10 years. In urban places of 2,500 to 10,000 people, the increase in number of older individuals was only 6 percent. In towns of over 1,000 population, there was a 15 percent increase in the number of elderly. In rural towns of less than 1,000 people, there was a 5 percent increase.

So the movement of South Dakota's older citizens tends to be to the small towns and especially the urban areas of over 10,000 population. Among the reasons for this movement are: a greater concentration of medical services; increasing availability of low-income housing; the opportunity to be closer to others; better transportation; and recreational activities.

Among older Americans in 1970, some 8.6 percent moved from one house to another. Some 6 percent of the older citizens moved to another house in the same county, while 1.6 percent moved to a different county in the same State. Only 1 percent of the older Americans out-migrated to another State.

VOTING

In South Dakota today, 18.9 percent of all the registered voters in the State are 65 years of age or over. So potentially, one out of almost every five voters could be an older citizen.

Nationally, 57 percent of all the older Americans voted during the 1970 elections. Some 17 percent of all votes cast in this country that year were by people 65 years of age or older.

Presently, there is no significant evidence to indicate that the older American or South Dakotan votes as a block. They tend to either follow their own traditional party lines or vote independently, as they have for so many years of their lives.

SUMMARY

Today, one out of every eight people in South Dakota is 65 years of age and over. The people of South Dakota must understand that most of the older citizens are individuals who have worked hard during their lifetimes, only to be retired by society when they reach 65 years of age. They must also remember that the vast majority of the older citizens have likes and dislikes, wants and desires, needs, and the need to be needed.

NEEDS

At age 65 years and over, one does not automatically desire to become a hermit. Older citizens have the same needs for familial and social relationships as the rest of the population. Unfortunately, society tends to isolate or allow the isolation of some 5 million older Americans. Fortunately, the State and Federal Governments and some individuals realize this and have started a number of programs, including senior centers, meals-on-wheels, telephone reassurance, friendly visiting, and others, and are doing something to end isolation and meet the needs of the elderly.

The older citizen needs cultural and recreational activities, just as members of the younger generation do. Some of these needs can be met through the over 1,200 senior centers in this Nation. Other recreational needs can be met through community recreation programs, clubs and organizations, and family participation.

Like all Americans, the older American needs good health, both physical and mental. They need access to good medical care. They also need nutritional programs to assure an adequate diet.

They need to be able to afford the foods necessary for health, as well as the clothing necessary for warmth and protection. One would think that with a market of about 22 million older Americans, some clothing company would be able to provide them with fashionable, protective clothing at a reasonable price.

Older Americans also need adequate housing if they are to live as they should. It should provide adequate space, necessities, comfort, and be attractive. They need good access to utilities and repair services at reasonable costs. Their residential areas should be safe and adequately protected by police and fire departments.

The older citizen needs areas to walk in, play in, or to just sit. They need transportation from their residence to areas of activity within the community, for example to stores, doctors offices, parks, and senior centers. They also need means of getting to church when they desire to attend. Too often younger individuals fail to recognize the importance of religion in the daily life of the older American.

The older citizens need an adequate income on which to live. As mentioned previously, most of the elderly poor in this Nation were not poor until they had to retire and their income was cut off. If they must live on a substandard income, they must not be expected to carry the same tax burdens as those individuals still employed. They also need tax reform on real estate taxes and estate taxes, since they should not be taxed out of their home or estate.

For those 5 to 8 percent of the older citizens who receive institutional care, there is the need to be visited, the need to be treated as individuals, and the need for help. Just placing an older person in a nursing home or extended care facility does not end one's responsibility to a mother or father or aunt or uncle. Those people living in institutions still have wants, needs and desires. Try as they may, the institutions can not meet all of them. For family love and involvement are essential needs of the older citizens, whether at home or in an institution.

The older American also needs an advocacy system. In many cases they need someone to help them and do not know where to go. They need: legal advice;

help getting better housing; better health care; work; recreation; housekeeping services; rehabilitation services; and other people. They need advocates in these areas and information on how to get help with these needs.

THE NEED TO BE NEEDED

The greatest need of the older citizen is the need to be needed. Fortunately in many families the older members are needed and actively involved as long as they live. In other cases, individuals are healthy or involved enough that they are always needed. But for some older citizens, the need to be needed was lost with the arrival of retirement or illness.

For these people, the State and Federal Government, senior centers, care facilities, schools, groups and individuals, are becoming increasingly active and creatively involved in developing and implementing ways in which the older citizen can realize their need to be needed. The South Dakota Office on Aging develops, sponsors, and assists communities in the implementation of programs such as: meals-on-wheels; senior centers; telephone reassurance; retired senior volunteer program; foster grandparents; in-house services; and many others. These programs and others have been developed in communities across the State and Nation. The State of South Dakota has introduced the Tie-Line (1-800-592-1865) to put the older South Dakotan and others in contact with individuals and agencies who can answer their questions and assist in solving their problems. Organizations such as the Congress of Senior Organizations, the South Dakota Association of Health Care Facilities, and others, are working for the interest of older South Dakotans in relation to their service areas. Gerontology Association for Training and Education (GATE) is a statewide consortium of education, statewide older American organizations and others working together to inform and assist the older citizen.

The State and Federal Governments, each of these organizations, and interested individuals have as their purpose to provide the older citizen opportunities to utilize their ideas, knowledge, and talents for benefit of others—to fulfill—the need to be needed.

SOUTH DAKOTA'S SENIOR POPULATION: 1980 AND BEYOND¹

INTRODUCTION

Suppose during this 1976 election year you were running for State office in South Dakota, and to save time you arranged to gather all residents over 65 years of age in one place so you could shake hands with each and talk to them for no more than 1 minute. At 60 senior citizens an hour, working at the task 8 hours daily, Monday through Friday, you would begin shaking hands January 2 and finish August 31. Even then, better be prepared to return after Labor Day and shake more hands for another day and one-half: during the 34 weeks you stood shaking hands an additional 666 residents would have joined those age 65 and over. For fact, the number of senior citizens in South Dakota is growing.²

GROWTH IN NUMBER

The number of senior citizens has grown since 1889, the advent of Statehood for South Dakota. In 1890 the number of residents 65 and over was 7,843, representing 2.4 percent of the total population. In 1960 this figure was 71,513, or 10.5 percent of the total. By 1970 the number increased to 80,484, 12 percent of the total.

Projection models for South Dakota³ estimate the numbers of senior residents in 1975, 1980, 1985, and 1990 to be 84,000, 89,000, 93,500, and 97,000, respectively. Extrapolating this trend gives a 2010 population of 117,000 senior citizens assuming no change in life expectancy.

¹ By Dr. Robert T. Wagner, Department of Rural Sociology, South Dakota State University, Brookings, S. Dak. A discussion paper presented to the Gerontology Association for Training and Education, Spring, 1976.

² For a national parallel, cf., Herman B. Brotman, *Who Are the Aged: A Demographic View*. Ann Arbor, Mich.: Institute of Gerontology, U. of Michigan, November, 1968.

³ Robert T. Wagner, Eugene T. Butler, Jr., and Karen A. McComish, *Population Projection Models for South Dakota: 1980, 1985 and 1990*. Brookings: South Dakota State University, Agricultural Experiment Station, Rural Sociology Department, Bulletin 631, May, 1975.

AGED DEPENDENCY

A past trend has been the steady increase in age dependency ratios for South Dakota from 1890 to 1960, an increase from 5 to nearly 19 (table 1). This steady increase stabilized from 1960 to 1970, attaining 21 in 1970. Projected age dependency ratios for 1980 and 1990 are 18.1 and 19.9 respectively, reflecting continued stabilization.

TABLE 1.—*South Dakota age dependency ratios: 1900-90.*

Year:	Ratio
1900	5.5
1910	5.3
1920	6.6
1930	8.6
1940	10.6
1950	13.6
1960	18.8
1970	20.8
1980	18.1
1990	19.9

The aged dependency ratio is a refined, although somewhat arbitrary measure, expressing the extent to which aged groups in an area are dependent upon the productive efforts of the 15 to 64 years old labor force.

Although dependency ratios have increased, the extent to which the active labor group must anticipate major increases in the dependent aged group has leveled since 1960 and will continue so the next 20 years.

SEX RATIOS

One dramatic shift in the composition of the senior population in the State from 1970 to 1990 will be in the sex ratio, or the number of men of a given age in proportion to the number of women. Table 2 reports the sex ratios for the population 65 and over and 75 and over in 1970 and projected to 1990.

TABLE 2.—*Number males per 100 females, senior age groups, 1970 and 1990*

Age cohorts:	
65-plus:	
1970	83
1990	68
75-plus:	
1970	75
1990	50

Sex ratios have real implications for the aged, for the high number of widows becomes as key a determinant as age regarding social, economic, family, and living statuses. When the sex ratios are examined in terms of nuptiality for any representative group of 100 South Dakotans 75 years and older, the number of each sex married and unmarried varies dramatically (table 3). In 1970 the proportion of unmarried females 75 and over was 2.5 times greater than for their male counterparts: in 1990 it will be 3.75 times.

TABLE 3.—*Number married men and women, 75 and over, 1970 and 1990*

1970:		
Men:		
Married	25	
Unmarried	18	
Women:		
Married	12	
Unmarried	45	
1990:		
Men:		
Married	19	
Unmarried	14	
Women:		
Married	13	
Unmarried	55	

Men are more favored in terms of living with a spouse in later years, particularly because society allows them to reach down and have second marriages with senior sweethearts who are younger than they. Obviously, this increasing disparity will have implications for housing needs and the incidence of personal isolation among elderly in the next 15 years.⁴

LIFE EXPECTANCY

All of the preceding assume that changes in the size and composition of senior South Dakotans will not be affected by changes in life expectancy from age 65 onward. However, changes may well occur due to technological advances that have the capacity to double average years lived beyond age 65.

Biologists appear confident today that major breakthroughs will occur in immediate years that will affect the life expectancy of the elderly. This confidence is supported by:

- (1) Discoveries regarding the viability of human cells and culture.
- (2) Awareness of the known variabilities in ages among species, whereby extreme cases double or triple the accepted life expectancy.
- (3) Knowledge regarding the years added to life through the conquest of communicable disease and the predicted conquest of degenerative.
- (4) Indicators that health can be viably maintained by rigorous changes in diet, exercise, etc.
- (5) Evidence that the use of vitamins, hormone therapy, blood transfusion, and organ replacement may extend life.
- (6) Current replacement of worn parts with nylon arteries, silver pins, and hip hinges, ear trumpets, heart pumps, etc.⁵

With this kind of technology, at age 75 life expectancy which currently averages about 9 years, could be increased. Table 4 gives the anticipated increases in life expectancy for persons 75 years old if technology could eliminate deaths due to specified causes.

TABLE 4.—Increased life expectancy at age 75 due to elimination of selected causes of death

Elimination of death due to	Increase
Malignant neoplasm.....	8 mos.
Vascular lesions.....	13 mos.
Heart disease.....	3 yrs., 10 mos.
Cardiovascular-renal disease.....	8 yrs., 8 mos.

ENVIRONMENTAL HISTORIES

Perhaps the most important demographic insight relative to the aged in South Dakota is the recognition that different age cohorts represent different "environmental histories."⁶ That is, contemporary senior citizens share different life experiences than those who will be 65 and over in 1990 or 2110. Nowhere is this fact more dramatically illustrated than when comparing the years of formal schooling completed by those 65 and over in 1970 and those 65 and over in 1990.

TABLE 5.—Median school years completed by South Dakotans 65 and over, 1970 and 1990

Age:		
65-69	1970.....	9.2
	1990.....	12.5
70-74	1970.....	8.8
	1990.....	12.3
75 (+)	1970.....	8.6
	1990.....	11.9

⁴ Brotman *op. cit.*

⁵ Belle Boone Beard, "Demographic Characteristics of the Aged: The Relation of Sociological and Biological Research in Gerontology," *Geriatrics*, 44, October, 1959; Brotman, *op. cit.*

⁶ Wilbert E. Moore "Aging and the Social System," *Aging and Social Policy*, John C. McKinney and Frank T. deYver, eds. New York: Appleton-Century-Crofts, 1966.

The shift is even more dramatic when one realizes that even with a median formal education level of almost nine for 1970, 61 percent of older South Dakotans had not completed grade school and less than 10 percent graduated from high school. By contrast, Bureau of the Census projections indicate that by 1990 49 percent of those 65 years of age and over will have completed high school.⁷

MIGRATION

Whereas the out-migration of young adults from South Dakota has been a pervasive pattern since 1930, current indicators suggest a substantial reduction in net out-migration from the State, and even imply a possible shift to low levels of net in-migration in the future. Census Bureau estimates for 1975 number South Dakota's population at 682,000, an increase from 1970.⁸ Although it remains to know whether this turn-about is more than a short-term reaction to lessened economic activities in the Nation, the long-range forecast favors some optimism regarding retainage of our young adult population and potential in-migration. Should the return-to-the-country movement, now visible in countries surrounding metropolitan areas in other States, eventuate in the western corn belt and eastern wheat belt of the upper Great Plains, South Dakota can anticipate increased retainage of resident population and possible net in-migration.

CONCLUSIONS

The demographic data support the following conclusions :

1. The absolute number of persons 65 years and over in South Dakota has grown and will continue to grow over the next 25 years although the relative proportions and dependency ratios for the aged will stabilize. This will be particularly true when the baby boom of the 1950's becomes the gerontology boom of 2010.
2. The number of men to women will decline, increasing the disparity between the proportion of elderly married men and women, especially for those 75 and over.
3. Life expectancy for those age 65 will increase somewhat, perhaps even dramatically.
4. Median years of completed formal education will increase to 12 years and more.
5. Out-migration of young adults from the State will decline during the next 15 years, especially as the number of young people entering adult status in subsequent years declines, a consequence of lowered fertility since 1966.

IMPLICATIONS

1. The increase in the absolute number of elderly residents in South Dakota will generate need for additional services from both public and private sectors. Although proportional pressures on the active working population to support the elderly in the State will not increase, elderly residents may seek a greater allocation of State resources and demand more expensive programs in their behalf.
2. The dramatic changes in the sex ratio and the decline in the proportion of elderly married women will increase feelings of isolation and cause further "anomia," especially for those women who locate their personal status in the status of a husband. New forms of polygynous marriage, or formalized living arrangement may become socially legitimated among and for the elderly.
3. New health technology may expand life expectancy so that societal substitutes for dying may have to be found that operate in the same way retirement serves to substitute for death in industrialized societies, creating opportunities for younger cohorts advancing in age.
4. The fact that future senior South Dakotans share environmental histories that provided more educational opportunities, associated higher occupational and income statuses and exposure to an era of expanding public welfarism may mean that they will be less inclined to accept reduced status positions within the larger society than are the elderly today. A number of factors will help contribute to this :

⁷ U.S. Bureau of the Census, "Democratic Projections for the United States," *Current Population Reports, Series P-25, No. 476*, Feb., 1972.

⁸ The Bureau of the Census, "Federal-State Cooperation Program for Population Estimates," *Current Population Reports, Series P-26, No. 101*, April 1975.

(a) During periods when larger numbers of children enter adulthood, the availability of surplus but recently trained young adults tends to make the labors of older citizens obsolete and unvalued. The fact that the number of children now born who are advancing toward young adulthood is lower than for previous decades will mollify this obsolescence and devaluing.

(b) Higher completed education levels among the elderly may fortify their legitimate feelings that they have "wisdom" strengthened by experience which ought not be disregarded. From the knowledge and skill perspective, old age and status may become positively related.

(c) Nostalgia may replace scientism and technology as a fundamental American value. If so, the elderly will have an advantage.

(d) Previously, two aspects of retirement explain in part the perceived loss of status by the elderly. At retirement a person not only severs his connection with an organization, but he also relinquishes his occupational location in society. Without these two affiliations, the retiree usually becomes a person of unknown and uncertain achievement.

Elderly in the next decades may not be so willing to relinquish their status locations, especially when they share higher educational levels within a leisure oriented society where work opportunities for all age groups are few.

5. The changes in the magnitude of out-migration from South Dakota will reduce isolation and feelings of relative deprivation among the elderly as younger kinfolk remain in their locality. More sophisticated technology in communication and transportation services will further inter- and intra-governmental interaction, as the machine substitutes for interfacial contact. The advent of new childbearing patterns, whereby the having and rearing of children is not conditional upon female fecundity, may delay parenthood until later years. In this event, a societal norm may assign child bearing and rearing responsibilities to the aged.

6. Due to changes in environmental histories, the elderly of tomorrow will insist even more persuasively that relative poverty and lack of access to employment are not necessary concomitants of aging, but are the consequence of educational shortcomings and insufficient retraining. Demands for continuing education for the elderly and developmentally oriented learning opportunities will increase.

SUMMARY

The elderly will play more significant roles in South Dakota in the future, both numerically and positionally. A consequence will be the expansion of human services with senior citizens and possible modifications in both policy and program.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM WINNIE LEE, OUTREACH WORKER, AGING SERVICES CENTER, SIOUX FALLS, S. DAK.; TO SENATOR DICK CLARK, DATED AUGUST 18, 1976

DEAR SENATOR CLARK: I am an outreach worker for the aging services center and, although I contact elderly in the city of Sioux Falls, I believe the problems these people face are much the same as those faced by the elderly in their neighboring rural areas.

Lack of adequate transportation keeps many older people confined to their homes. The Red Cross does furnish rides to a limited number of aging for medical purposes (rides to a doctor, etc). Older people wishing to eat at the senior citizens center at noon contact the center for a bus ride, if such is needed. Residents of some housing projects may take a senior citizens center bus to specified grocery stores at specified times. But in most cases older people who do not live near a city bus route, cannot stand on a corner (with no shelter from wind, rain, and snow), or cannot climb up into the old-style bus are at the mercy of relatives, friends, and (in some cases) churches for rides. One 86-year-old lady recently told me, "Our church started running a bus on Sunday mornings about a month ago, and I've been to services every Sunday lately. I didn't get there Easter because I didn't want to ask anyone to take me."

We outreach workers have long been concerned about the welfare of the elderly during the cold winters in South Dakota—and the cost of fuel to keep these people comfortable. I was interested in learning this week that in Ohio a \$7,500 trial grant from the Federal Community Services Administration is providing "energy stamps" in order that needy people, many of them elderly, in Lorain County, largely rural and agricultural, will be able to pay their fuel bills. If this energy stamp program works, I would suggest that it be expanded to help people in other States.

In some cases, I believe that older people are more lost and invisible in Sioux Falls than in small towns or on farms. If the older person has moved here late in life, or even if he has lived here but his children (if any) have left, due to the mobility common to our life style, he can easily get lost in the shuffle. E.g., at a party at the senior citizens center last week, a lady I did not know said to me: "Winnie Lee, I know you are an outreach worker and you called on Jane Doe once a while ago. I wish you'd go back. She is a very independent person and probably told you she was fine, that her children were taking care of her. Actually, she has scarcely enough to get along on. Our church has been helping her with food, and she is losing her eyesight fast. I wish you'd visit her on a regular basis and get her the services she needs—be an advocate for her."

There are woefully few of us outreach workers in Sioux Falls. I am employed part-time. I feel that it usually takes me two or three visits to gain the older person's trust and begin to discover what his real needs are. In the meantime, other elderly people in the community should be called on but aren't.

The depression and other problems connected with mental health that I see so often in older people are usually not taken care of by RSVP, churches, or neighbors; at least, that has been my observation. Maybe we should not try to "cure" these people, but should listen to them more closely. If, for instance, they are depressed because of their forced retirement—because of the upper age barrier—let us get laws passed to prohibit discrimination in employment for those over 65 (or whatever), regardless of the individual's ability to do the job. Our legislators are needed to help us with this task. Keeping people in the mainstream

of society and getting them back in are certainly two worthwhile (and much neglected) goals for programs on aging in this country. I, myself, would like to learn about how to do these.

As president of the NAACP, Sioux Falls Branch, I see many needs of both blacks and Indians of all ages. However, I believe we have plenty of laws. What we need is a better understanding of each other. I am familiar with groups that are attempting this on a local and State-basis. I would recommend that the Federal Government do more to understand and help the Indians of South Dakota.

ITEM 2. LETTER FROM ELAINE M. TOBIN, DIRECTOR, SPINK COUNTY SENIOR CITIZENS, INC., REDFIELD, S. DAK.; TO PHILIP CORWIN, STAFF MEMBER, SENATE COMMITTEE ON AGING, DATED AUGUST 20, 1976

DEAR MR. CORWIN: Though I was unable to attend the hearing in Sioux Falls on August 18, 1976, I would like to make some statements concerning the problems we find every day as we work with the elderly in South Dakota.

One of the most pressing concerns is that of sufficient income. Senior citizens once past the retirement age, whether forced or voluntary, have problems in maintaining an income sufficient to meet their minimum needs. If one should save and have even \$2,000, which is \$500 over allowance for assets under SSI, then that person is dropped from that program to struggle once again on a little over \$90 a month until their assets once again meet the standards required. How are the elderly to help themselves if they are not allowed to do so? Of course there is a limit, but is \$2,000 too much for one who does not have life insurance or resources to cover nursing home expenses should the need become a reality? We all know that the answer is no. Under the present limits you are forcing persons to be dishonest in order to survive. I ask that careful consideration be given to the adjustment of the allowance made for social security and SSI so as to bring some balance to the increasing problem of poverty among the elderly.

Another priority in the rural areas is that of transportation. We find not only a problem in general transportation because of the distances involved, but also a special need for transportation in relation to medical attention and facilities. This brings to light another concern, that of medical care for the elderly.

Though much has been done in South Dakota to see that periodic geriatric clinics, including vision and hearing clinics be made available, the medical problem seems to stem from the inability of persons in need of medical care to receive the care when needed. This happens even when the person is covered under the medicare program. Instead of decreasing the anxiety of the elderly concerning their health problems, the anxiety is increased because of the lack of cooperation among clinics and medical staff. I suggest that appraisal of the situation be made and recommendation for correction be issued through the proper channels.

Revenue sharing funds have played an important role in the growth and development of senior citizens programs in South Dakota. Continuance of this funding is vital to rural areas and to the field of aging. We in Redfield could not support the county-wide program and offer the services or facilities we do without the help of revenue sharing funds.

Forced retirement is another problem that begets others as a result of its discrimination due to age. Income maintenance then becomes a problem as well as the self-image and pride of the individual, as they find themselves dependent after years of struggling to become self-sufficient and independent.

Nursing home care for the elderly is an ever present problem, though Redfield itself is fortunate in having facilities available. It has, however, been brought to my attention that there is a definite lack of nursing home facilities on the reservations and that the cultural shock of being transplanted outside their natural environmental surroundings is detrimental both mentally and physically to the Indian people. This should be investigated so to provide the Indian people with the same opportunity that we in other communities have in staying close to home in spite of the fact that we must have nursing home care.

The remarks above do not in any way complete the ever growing list of concerns found in working with the elderly in the rural areas. It does however put a priority on some of the need which I feel need immediate evaluation and attention.

We invite anyone interested in what the needs are in rural areas to come and visit our centers and talk to the people face to face, giving them a chance to speak for themselves as well as give detailed accounts concerning some of the problems mentioned.

Your time and effort in behalf of the older American and their needs is greatly appreciated.

ITEM 3. LETTER FROM RAY B. FLEMING, PRESIDENT, REDFIELD (S. DAK.) CHAPTER SENIOR CITIZENS CLUB; TO PHILIP CORWIN, DATED AUGUST 20, 1976

DEAR MR. CORWIN: There are many of our senior citizens in our community who at times need medical aid at the moment, and because of our doctor's setup they are not able to make an appointment for an examination. This is not an unusual situation, but rather one of chronic proportions. This has been called to the attention of our doctors, but it seems they either disregard the problem or do not care to take care of these people. Social security should be informed of this problem from the top so it may be appraised and corrected.

There are those in this area that are taking advantage of the food stamp program and welfare aid. Some are desperately in need of these programs and cannot take advantage of them for reasons of transportation or are uninformed of the qualifications. On the other hand, there are those who take advantage of these programs who are not qualified because of laziness, lack of initiative to work when offered, and will not keep a job when they have a few dollars in their pocket. Our aged people should have preference and be informed of the right to participate.

Housing and tax relief for the senior member of our society is not being made available in many areas of our State. Our Indians are, for the most part, very poor and need some low-rent housing and good supervision in the care of same.

Our State is of a peculiar nature in its agriculture. Intensive farming takes precedence in eastern South Dakota on ranching and large operations in the western part. One may say that Highway 281 (American Legion Memorial Highway) is the dividing line between the two types of farming. Many of the small communities have no low-rent housing and must travel miles to receive this accommodation. Information on tax relief should be more actively pursued for the elderly.

The above problems are humbly submitted and should be made top priority from your committee.

ITEM 4. LETTER FROM DAVID A. NICHOLS, ASSISTANT TO THE PRESIDENT, HURON COLLEGE, HURON, S. DAK.; TO SENATOR DICK CLARK, DATED SEPTEMBER 13, 1976

DEAR SENATOR CLARK: Thank you for the opportunity to present testimony to the committee concerning the significance of the cooperative project between Huron College and the Huron Area Senior Center. I know that you have been adequately briefed by center personnel on their program and needs. Therefore, we will focus on the educational program we hope to build on the foundation of the McDougall Hall project. We call this program KARE (Kinship of the Ages through Reconciling Education).¹

Through this program, we intend to do nothing less than provide a model for what small rural colleges must do in the last quarter of the 20th century. Our society is getting older and colleges must serve that older population and, even more important, develop new educational models for helping the generations live and learn and work together.

Even without outside help, heroic efforts are being made to realize this dream in Huron. The senior center has leased McDougall Hall and is implementing its program as best it can despite the desperate need for Federal funds.

The Huron College Board of Trustees adopted a new mission statement on July 9 in conjunction with the signing of that lease that commits Huron College

¹ See also appendix 1, item 5, p. 330.

to becoming a lifelong learning center for our region. A copy of that new mission statement is attached. The implementation of our new mission statement resulted in my appointment as assistant to the president for lifelong learning—a position unique to any college in the region.

All this reflects the comprehensive nature of our program. We seek a cross-generational learning community that will serve all ages in superior fashion.

That is the uniqueness of our project. It is cross-generational and not segregated as is the case with most other programs. It aims at a comprehensiveness in college programs that is not envisioned by most institutions involved in senior educational activities. Finally, you will look far to find any college-senior center cooperative project that involves a senior center with the excellence and range of services furnished by the Huron Area Senior Center.

Something significant is happening in central South Dakota. We have a vision of the future that will serve the Nation as we become an older society. On Tuesday, September 14, the senior center will move its operations to our campus. That event demonstrates our determination to realize the dream regardless of financial difficulties. But we need your help, not only with the HUD money, but with other Federal fund sources so that the entire KARE educational program can become a reality. The Congress could make no finer investment.

Thank you for the opportunity to testify.

ITEM 5. LETTER AND ENCLOSURES FROM ROD KRANZLER, ADMINISTRATIVE ASSISTANT, SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES; TO PHILIP CORWIN, STAFF MEMBER, SENATE COMMITTEE ON AGING, DATED AUGUST 13, 1976

DEAR PHIL: Although you had asked persons preparing testimony for the South Dakota hearing next week to submit their testimony to you in care of the Sioux Falls Senior Citizen Center by today, Friday, August 13, 1976, we are unable to do so.

To substitute for our failing on this part we have enclosed a complete first draft of the unsummarized version of our testimony on South Dakota's rural elderly.

A shortened, summarized version, which will be presented orally at the hearing, will be sent to you in care of the Sioux Falls center before the hearing. Please accept our apologies for not being able to comply with your request. We hope that the longer draft version is an acceptable substitute for you in your preparation for the hearing.

P.S.—An attachment to the long version of the testimony dealing with Indian aging programs is also enclosed in complete form.

[Enclosures.]

THE OLDER POPULATION: DATA AND CHARACTERISTICS

NUMBER AND DISTRIBUTION

South Dakota covers an area of 77,047 square miles on which reside the total population of 682,900 inhabitants of all ages, 115,000 (17 percent) of whom are 60 or older. This represents a population ratio of 8.86 inhabitants per square mile (compared to a national average of 57.5 persons per square mile) and 1.5 persons over age 60 per square mile.

South Dakota remains predominantly rural, with 55 percent of the population remaining on farms and in smaller towns and 45 percent located in communities of 2,500 or more inhabitants. There are only 26 towns throughout the State with a population of 2,500 or more.

Average county population of persons age 60 and over is 1,724 persons. Forty-four of the sixty-seven counties, or 66 percent, have older populations which fall below the 1,724 State average. In those counties the average falls to 859 persons. Twenty counties have 700 or fewer persons in that age category.

American Indians comprise 2.3 percent (10 times the national average) of the State's population age 60 and over. Approximately 8,400 square miles, or 11 percent, of South Dakota is designated as Indian reservation. The nine reservations vary in size, population, economics, ethnicity, and politics and are interspersed

among nonreservation counties in each quadrant of the State. Indian and white lands and population are intermixed and some of the boundaries are uncertain. Indian populations comprise 90 percent of the minority groupings in the State and are located in all counties, but the majority of the 32,365 American Indians reside on reservations.

ECONOMICS AND NEEDS

According to "Poverty in South Dakota," a study made by the South Dakota Economic Opportunity Office in July 1975, there are "a total of 119,543 persons living below poverty level in South Dakota" (19 percent of total population).

Currently, 30,423 persons, or 26 percent of the State's population age 60 and over have incomes below poverty level.

Average per capita income in South Dakota is \$4,980, compared to a national average of \$5,834. South Dakota ranks 36th in the Nation (only 13 States have per capita incomes lower than South Dakota) in per capita income (1975).

Lack of employment opportunity is fundamental among the multiple causes of poverty in the State. The prime industries of agriculture and tourism do little to meet the demand of the unemployed or underemployed. This problem is compounded for elderly persons. Only 5.6 percent of the South Dakota work force is age 65 or older according to the South Dakota Department of Labor.

As of July 1976, the percentage of unemployed persons in South Dakota was 4.7 percent—State average. This compares to an average of almost 46 percent for the State's nine Indian reservations (the lowest being 21 percent and the highest 66 percent), according to the South Dakota Office of Indian Affairs.

"Housing remains the paramount problem of poor and elderly persons," according to the "Poverty In South Dakota" study. "Inadequate and dilapidated housing is about all financially disadvantaged persons can afford. Blighted housing conditions contribute to the physical, mental, and social instability of their occupants."

Unemployment, rising energy and food costs, and inadequate housing all pose serious problems for elderly persons, especially those with fixed incomes.

"Whether viewed in terms of access to employment, food, health and medical care, or simple church attendance, social or recreational opportunities, it is clear that transportation is vital, especially in a predominantly rural environment," the study says. "For those not able to afford an automobile and its increasingly higher operational and maintenance costs, the dilemma of distance is great. Thus, the logical alternative is public transit." But public transportation is greatly inadequate in the State; only the largest city has intracity service.

Age discrimination and mandatory retirement also contribute to income levels of elderly persons. Social security and supplemental security income benefits do not keep pace with inflation and cost-of-living increases which confront unemployed elderly persons.

Beyond income needs are unresolved problems relating to social isolation, transportation, recreation, nutrition, mental health, and home health services, any or all of which may be of critical importance to an older person trying to maintain his independence.

DISTANCE AS A PROBLEM IN RURAL SERVICE ACCESS AND DELIVERY

Even in urbanized areas of the State, lack of transportation keeps many elderly, disabled, and poor persons from getting to vital services. "Thirty-eight percent of the elderly population (South Dakota) walk, take a taxi, or ride as a passenger" in someone else's vehicle. This fact and an analysis of other data in "A Household Transportation Needs Assessment" prepared by the South Dakota Economic Opportunity Office, March 1, 1976, indicate that "there is a significant transportation problem in rural South Dakota. It affects low-income and elderly more severely than the general population."

It was the consensus of the 1971 White House Conference on Aging that distance is a major problem in delivery of Older Americans Act programs and services in rural areas. This is also true of most social services provided by other programs in South Dakota.

A key means to confronting the problems which distance poses to rural service access and delivery is transportation services for the elderly. A local or community social service agency such as a senior citizen center may provide one or more of a number of services for the elderly in the locality. In all areas of the State the service agency must overcome a number of obstacles in order to provide its services.

The first of these is distance between various recipients or potential recipients of services. If the service agency is providing homemaker or outreach services, for example, the workers must have a means for getting from one recipient to another. In addition to the costs of operating and maintaining vehicles, time at driving 55 miles per hour is costly. Persons most in need of services are usually most isolated because of distance from their homes to the service agency. This usually necessitates location of homemakers or outreach workers in each of the communities of the agency's service area. Thus, most homemaker service or outreach agencies are community-based.

If the service agency is providing transportation services for the elderly that agency may find that distances between recipients of services are also great, especially in the sparser portions of the State, particularly if attempt is made to include rural residents. Usually, the agency has a number of pickup points at various locations, or one major pickup point at the local senior center. But then persons who wish to benefit from the service must find means to get to the pickup locations. This is difficult, if not impossible, for handicapped or disabled persons, who have the greatest need for such service.

The success of nutrition programs for the elderly is crucially dependent upon efficient provision of supportive services such as transportation, outreach, escort, nutrition education, health and welfare counseling, shopping assistance, information and referral, and recreation services. Provision of these services means that problems or distance unique to each of these services must be dealt with.

To aid in overcoming these obstacles of distance, a sizable amount of title III moneys are spent on transportation systems and services for the elderly. Other methods of service delivery are also being used more effectively than in past years (see next section below). A complex system of direct telephone lines to various communities and a State WATS line supplement service delivery. Careful planning of staff travel also helps, as do location of four outstationed coordinators, and effective newsletter and public information activity.

Next to transportation systems, communication is another means to overcoming the obstacle of distance. Communications with communities, service providers and projects, other State agencies, local governments, and senior citizens themselves are ongoing processes. A network of senior organizations composed of the State's over 225 senior citizen centers and clubs, the Congress of Senior Organizations, the Association of Senior Citizen Centers, as well as many other organizations, are of critical importance in provision of services in both community and rural localities.

South Dakota is indeed a "land of infinite variety" that is sometimes reflected in the pride of its people, although this is also the source of one of its major problems. Congress assistance could consist of facilitating development of special transportation systems especially applicable to rural areas.

NATURE OF THE HUMAN SERVICE DELIVERY SYSTEM IN SOUTH DAKOTA

SENIOR CITIZEN CENTERS AND ACTIVITIES

The State's 225 senior citizen centers and clubs, mostly located in rural communities, are perhaps the most significant focal point for delivery of social services to the elderly. The programs and services that these centers can provide are potentially unrestricted, barring limited resources of manpower, community involvement, and funding.

More and more senior citizen centers are becoming multipurpose senior service centers, providing a broad spectrum of services beyond recreation. Such services include information and referral and outreach, nutrition and nutrition education, home-delivered meals, education and life enrichment, health services, volunteer services, counseling and assistance on social security, SSI, sales tax relief, medicaid and medicare, and other problems.

For many older people a real sense of belonging, involvement, and life enrichment are provided by these senior citizen service centers. Most of them have developed directly or indirectly through efforts of Older Americans Act programs or grants, and nearly all of them today are locally funded and operated.

Under new regulations the definition of a multipurpose senior center means being open to constituents 30 hours per week and having a full-time director. If a center must meet these requirements to be eligible for Federal support, it may deny benefits to people in sparsely populated areas. This would have impact

on senior centers statewide in South Dakota. Thus, exceptions to this regulation should be allowed where elderly populations are small.

For many of South Dakota's small communities a location for a senior citizen center is a prerequisite for successful senior center services and activities. Many of these small towns have acquired unused or older buildings in need of repair for their senior center.

However, these buildings were not designed for senior center purposes, most having been places of business or large old houses, and are inadequate without repair, alteration, or renovation. Thus, the availability of Older Americans Act title V funds for acquisition, alteration, or renovation of these buildings is a welcome resource to the senior citizens of these small towns who need to improve their centers but have limited financial resources.

Administration of title V funds is being carried out directly between prospective applicants and the Administration on Aging in Washington, D.C., though State units on aging have been called upon by AoA to assist in dissemination of information and application materials. However, time for submission of applications is much too short in terms of time needed to disseminate this information and information about the application process has been late in arriving at State units on aging, leaving very little time for applicants to prepare their applications. In fact, the final version of the application materials to be used had not arrived even 2 weeks before submission of applications was due.

The result has been frustration for applicants and an unnecessary burden on the State unit on aging, having been called upon to provide technical assistance, coordination, and manpower for this purpose.

NUTRITION PROJECTS AND SITES

There are 12 title VII nutrition projects operating in South Dakota with a total of 35 sites (one in North Dakota) serving congregate meals to elderly. Mentioned above, each of these sites are required to provide a continuum of supportive service enabling elderly persons to benefit from the nutrition services.

Many of these projects also provide home-delivered meals programs using volunteers to deliver meals. There are school lunch programs in the State serving meals to elderly persons, as well as a network of locally supported home-delivered meals programs.

TRANSPORTATION

Transportation poses a problem for all elderly, particularly rural elderly, and ranks as the primary concern among all sources of public need input in preparation of the annual State plan on aging. "Transportation on reservations is still imperative. Federal and State departments of transportation should continue their priorities for stronger emphasis on rural transportation," with consideration of disadvantaged persons such as "elderly, handicapped, low- and middle-income." These are recommendations made at the Bicentennial Governor's Conference on Aging, May 1976.

"Thirty-eight percent of the elderly population walk, take a taxi, or ride as a passenger." This fact and an analysis of other data collected in "A Household Transportation Needs Assessment" prepared by the South Dakota Economic Opportunity Office, March 1976, indicates that "there is a significant transportation problem in rural South Dakota. It affects low-income and elderly more severely than the general population."

During fiscal year 1975, of the \$158,000 available to South Dakota under section 16(2) (B) of the Urban Mass Transportation Act, only \$66,000 was used throughout the State. By contrast, of the \$166,000 made available under this act as of July 1, 1976, grant applications totaling in excess of \$100,000 are in process to date (July 28, 1976). These funds are to be used for capital expenditures only; operating expense moneys must be obtained from local resources, Older Americans Act, or other Federal grants.

This trend toward better utilization of available Federal dollars through generation of local matching funds is encouraging, but deserves further impetus by appropriate title III funding.

Through the use of volunteer drivers and local funding sources, local support of transportation is being increased. Yet cost per passenger mile and distances are great. The minibus is fast becoming a permanent and essential part of community transportation service delivery systems. Such transportation provides rides for many older persons to senior citizen centers and nutrition

projects, medical care, shopping, and other essential services. "South Dakota Department of Transportation Statewide Public Transportation Inventory, 1976" indicates that 134 senior citizen centers or other local organizations now have transportation services available for the elderly.

South Dakota has made a real start in development of effective transportation programs for older people, although Federal laws on transportation lag behind the proven benefits of the minibus transportation system and rural transportation needs.

The Senate and House committees on transportation should take a good look at what is working and providing rural older South Dakotans with efficient and needed transportation. Such transportation combats isolation and loneliness while tapping the resources of older people in volunteer and senior center programs. 1975 Older Americans Act amendments making transportation a national priority service is a needed impetus for expansion of such services.

OUTREACH SERVICES

Basic needs of older citizens are not unlike those of the general population, but accessing appropriate services to meet those needs is much more difficult for older persons, particularly disadvantaged, low-income elderly. A mechanism for linking these persons with needed, helpful services is outreach.

Outreach workers can detect problems an older person may have with health, nutrition, transportation, housing, food stamps, and other needs and provide appropriate referral and followup to get the services for the older person.

Without the personal, one-to-one contact the outreach worker can provide, many older persons fail to benefit from a number of services eligible to them. The Office on Aging, through its grantees, has provided outreach services for an estimated 5,800 of the approximately 116,00 persons age 60 and over in the State.

Because of the role outreach plays in getting services to people, outreach services are vital, especially in very sparsely populated portions of the State.

INFORMATION AND REFERRAL AND TIE-LINE

Similar to outreach, but less personal than outreach in its approach, is information and referral. In July 1975 a statewide information and referral service called Tie-Line was implemented to provide toll-free access to all citizens with more than 6,500 public, private, local, State, and Federal agencies that can help them. The Office on Aging supports, through funding and technical assistance, the special efforts of Tie-Line to reach more older persons with needed information and referral.

Through training and conferences, the Office on Aging has linked up the State's existing network of outreach workers and community information and referral centers to expand services to rural older persons, decreasing the impact of distance is delivery of services to older persons.

TRAINING

An important part of service delivery is training. Through title IV-A and other funding, consultants and experts in the field of aging and gerontology have been organized to conduct training sessions on a wide variety of topics geared to increasing the expertise of service providers and the capacity of older persons to serve themselves.

Gerontology Association for Training and Education (GATE) provides for joint planning, cooperation, and funding from the Office on Aging to carry out such training and education, developing and tapping resources of the States' educational institutions to support and stimulate increased and better services for older persons. Continuing and increased Federal aid to education of this sort is needed to help service providers and elderly overcome problems of service access and delivery.

PROGRAM DEVELOPMENT AND COORDINATION BY THE OFFICE ON AGING

The Office on Aging annually develops and administers a plan on aging and awards grants serving older persons in all counties. Efforts continue to build the capacity of comprehensive and coordinated programs for older persons

throughout the statewide planning and service area. The Office on Aging responds to a variety of functions:

(1) Promotion of good working relationships with State, local, public, and private service and consumer agencies through (a) establishment of an inter-annual Governor's Conference on Aging; (b) annual Governor's Conference on Aging; (c) support of local aging groups in approaching local government; (d) bimonthly meetings of the South Dakota Advisory Council on Aging; and (e) bimonthly publication of the office newsletter, 3,600 copies per edition.

By functioning directly with local programs the Office on Aging is strengthened for its work with legislative and executive agencies. These relationships have led to valuable input, policy analysis, and statutory inroads into State processes such as permissive legislation for senior use of school buses, school lunch facilities, county and city mill levies, and an increased awareness of needed legislation benefiting elderly citizens.

(2) Through the legislative consultation on aging sessions, composed of senior organizations, needs have been prioritized for joint planning and advocacy of increased supplemental security income, property tax relief, and amelioration of utility rate structures for the elderly.

(3) The State office and field coordinators gather and update information about social services resources throughout the State. Data exchange is emphasized by the various interagency working agreements now in force. This flow of resource continues. For example, updating and enlarging Tie-Line's list of more than 6,500 resources.

(4) Older Americans Act grantees are also encouraged to utilize objective setting and monitoring processes similar to that used by the Office on Aging. Training and technical assistance has been and continues to be provided for this purpose. Benefits include improved planning, grant applications, and grantee program administration in delivery of services.

(5) During fiscal year 1976 negotiations were undertaken with 20 separate agencies which could benefit the lives of older citizens; seven agreements were signed, including a title XX agreement.

(6) The Office on Aging is in a unique position to coordinate delivery of existing services and pool untapped resources.

(a) Being located in the department of social services, the State's title XX agency, it is able to provide prompt input to affiliated State level staff regarding needs of the services for the elderly.

(b) Four outstationed field coordinators and central office staff promote coordinated planning and development of services and resources among senior organizations, agencies, and State and local governments.

(c) Current title III and title VII grants provide services to 64 of the 67 counties. The remaining three counties also have senior citizen activities and access to State training, public information, technical assistance, and information and referral.

(d) All school districts have been canvassed to determine potential for increasing the number of school lunch programs serving the elderly. Fiscal year 1977 State plan on aging goal is to increase this number from 20 to 26.

(e) Senior service centers have increased from 157 in fiscal year 1975 to 172 in fiscal year 1976.

(f) Establishment of a statewide consortium of public and private colleges and interested organizations in Gerontology Association for Training and Education (GATE) has been facilitated by the Office on Aging.

(g) Resources other than title III and title VII have increased 69 percent from \$815,994 in fiscal year 1976 to \$1,375,459 in fiscal year 1977.

(7) Assessment and other site visits made of each activity include views of participants. Conferences, task forces, and training events elicit additional participant comment. During fiscal year 1976, a review of 7 major and 29 ancillary I & R sites was conducted. The Office on Aging requires that participant evaluations be an integral part of all training and education activities supported by title IV-A, title III, and title VII grants.

(8) The Office on Aging conducted and/or approved conduct of five, instead of the required one, public hearings on the fiscal year 1977 State plan on aging. A field survey to determine user satisfaction with Tie-Line is planned. Professional staff make frequent site visits and are on hand for public appearances at meetings to listen and respond to questions and to record testimony and statements of need. The annual Governor's Conference on Aging also serves this purpose.

(9) Requests for data by Federal and State agencies and the general public are satisfied through periodic updating of reports and data on file and flowing into the Office on Aging or by special survey, as needed. Plans are underway to review report documents in light of revision of the Administration on Aging quarterly report. Standardized data collection instruments will result. Information on needs is reported publicly to service organizations.

(10) This vital function is assured by the activities of our entire professional staff, particularly those of four field coordinators, and through workshops, training sessions, aid dissemination of written information. Frequent phone contact and site visits provide year-round responsiveness to technical assistance needs. Semiannual title III and quarterly title VII assessment schedules will assure even greater onsite availability for technical assistance in conjunction with assessment findings.

(11) The Office on Aging has encouraged existing legal services for elderly and low-income persons, and special participation by the University of South Dakota Law School. The fiscal year 1977 State plan includes a separate legal services objective. Application will be made for title III section 308 funds, per AoA-PI-76-31, dated June 23, 1976.

(12) The responsibilities of one full-time professional staff person include close coordination with the Federal ACTION agency and its related nine retired senior volunteer program (RSVP) and two foster grandparent program (FGP) projects in South Dakota. The Office on Aging assisted an application for an ACTION senior companion program (SCP), which narrowly missed approval at the regional level, during fiscal year 1976. State offices on resource development and children and youth have been contacted about service opportunities.

(13) The South Dakota Advisory Council on Aging, conforming to the criteria in Older Americans Act regulations, has been very active for many years.

(14) The views of recipients of services are solicited at every opportunity by the State office and field staff from on-site face-to-face contact, through such means as telephone contact, public hearings, workshops throughout the State, field studies, newsletter of the Office on Aging articles requesting specific or general input, letters to organizations, and the previously mentioned hard-working and very vocal task force sessions at the annual Governor's Conference on Aging.

While the 1975 Older Americans Act Amendments did increase the amount of administration funds for small States like South Dakota to \$200,000, that has been consumed by the effects of inflation. The 1976 and transitional quarter appropriations have given more than a 50 percent increase in programs funds, but only a 10 percent (\$20,000) increase for administration over the 1973-74 level.

The Older Americans Act is the only federally funded program where State Administration is not related to the total amount of funds allocated to the State to administer. If Congress does not move to increase funding of the Older Americans Act to the funding level projected in the authorizing legislation, small State's, including South Dakota, will have difficulty administering title III, part of IV, title V, and title VII.

OLDER INDIAN PROGRAMS IN SOUTH DAKOTA

In 1972, not a single program for elderly Indians was administered by any Indian reservation in South Dakota, and most older Indians were not benefiting from the many other Federal programs available such as social security, food stamps, and others.

Since that time, however, the Office on Aging has made a major effort to develop older Indian programs, working with Indian tribes on reservations, and providing technical assistance and Federal funds.

Older Indians comprise 2.34 percent of the State's population age 60 and over; 10 times the national average.

Allocation of resources to reservations is based on three factors of need: absence of tax base, lack of employment opportunity, and high incidence of poverty.

During fiscal year 1976, 24 percent of title III moneys were awarded to tribal organizations. Sixty percent of model project moneys were granted to Indian tribes (including four grants for a special supplemental security income outreach project on reservations). Twenty percent of title VII moneys were awarded to tribal organizations for nutrition and allied transportation and supportive services.

The South Dakota Advisory Council on Aging and Office on Aging staff have made substantial efforts to achieve better understanding of problems facing older people on the State's nine reservations. Council members and Office on Aging staff have made visits to reservations to see for themselves the problems which must be confronted.

The Coordinator of the Office of Indian Affairs has permanent membership on the South Dakota Advisory Council on Aging, and tribal chairman and planners are included in planning activities.

At the Bicentennial Governor's Conference on Aging, May 1976, a Task Force on Indian Affairs was convened to discuss needs of older Indians. Recommendations of this group reaffirmed the continuing need for transportation services and alternative care and homemaker services. The desire for location of skilled nursing facilities on reservations is undiminished. Planning grants, funding of an aging coordinator for each reservation, a special session with the South Dakota Advisory Council on Aging regarding Indian/reservation concerns, and information and training in grantsmanship were also recommended.

Because Indian reservations occupy the least desirable and least productive areas of South Dakota, unemployment is high, averaging almost 46 percent. Transportation is nearly negligible, and distances are measured in hours of travel rather than blocks or miles.

See attached summary of services and programs for Indians prepared by Theda Olson, Office on Aging.

SPECIAL CONCERNS

SPEECH AND HEARING PROBLEMS

The Office on Aging has made two grants to two colleges, the University of South Dakota and Northern State College, to carry out speech and hearing screening and communications disorder education programs in the northeastern and southeastern portions of the State, respectively.

These two projects have resulted in data that is almost certain to change the approach to speech and hearing problems of older people and approaches to dealing with older people. Although there has been some research in this area, the bulk of colleges and universities offer graduate programs in speech and hearing which focus practically all of their energies and resources on school aged children. Older persons' problems with speech and hearing have been relegated to the attention of hearing aid manufacturers and dealers and a few doctors.

However, even with adequate screening and instruction, only one-third (approximately) of older persons benefit significantly from hearing aids alone. Hearing and/or speech losses are much more prevalent among older people. National health surveys indicate that this is true of older people in nursing homes, senior centers, and the community.

Most people do not admit that they have a hearing loss, or they are unaware of a growing hearing loss of the years. Secondly, most hearing screening now being done is what is called pure tone screening or testing. Hearing and understanding is much more than simply hearing a sequence of tones and, as a result, many people with hearing losses are not identified by this type of testing.

Because of many factors—brain cell damage or deterioration with age, mild or severe strokes or arteriosclerosis, psychological confusion, noise damage, infections, cumulative hearing loss, and slower reaction time—many older persons hear the tone but fail to understand the instructions of their doctor, or the details of social security, medicare, and other benefits, activities at the senior center, conversations with family and friends, etc. Others often mistakenly react to the person with such problems as if senility were encroaching, or that the person can no longer care for himself.

In a very limited experiment, costing about \$90,000 for both projects, teams from both schools, including audiologists and speech clinicians, went to nursing homes, senior citizen centers, community events, and other activities where elderly were present to perform comprehensive testing.

The testing including pure tone, comprehension, inner ear and bone tests, and speech testing. Results indicated that a very high percentage of persons in nursing homes (90 percent) have speech and/or hearing problems of significance, and that in the senior centers, nutrition projects, and other community gatherings of older persons, 70 percent of the persons had significant hearing or speech losses.

Since speech problems tend to complicate hearing, problems of disengagement, irritability, isolation, and interpersonal relationships often result.

Fortunately, effective techniques have been developed that can restore effective communication for 70 to 90 percent of the people with losses. Some need medical treatment, others need hearing aids, but all need information about the nature of their hearing or speech losses. Information and counseling about hearing and speech losses and use of hearing aids is also useful.

Thus, treatment of speech or hearing losses is comprised of several important elements. One is communications disorder education for persons with losses and the family, relatives, or associates of that person. Such education includes practical aids to communication such as looking directly at the person with the loss, enunciating clearly, and eliminating background noises.

Training in speech or lip reading is effective for those who cannot benefit from a hearing aid, as well as speech therapy.

Mobile equipment and traveling educational and therapy teams have proved the feasibility of communication disorder screening and education in the many small communities and rural areas of the State. The results of such screening and education have significant impact upon independence of older persons. Hearing or speech losses often mean the difference between independence and dependence.

MENTAL HEALTH OF OLDER PERSONS

Isolation, physical problems, death of loved ones, family problems, economic worries, psychosomatic illnesses, and other problems confront the older person. Ways in which mental health services can be provided to older persons are greatly needed.

Despite efforts, little progress has been made to link mental health clinic services to the needs of older citizens, especially rural South Dakotans. Older persons are often fearful of mental health clinics, fearing that they will be labeled as senile and be committed to an institution.

Older people often do not see these clinics as relevant to their problems. They do not understand the terminology used. They may not get much help where the mental health clinics are staffed with persons who are trained and oriented to work with younger persons.

SOUTH DAKOTA OFFICE ON AGING: SUMMARY OF INDIAN AGING PROGRAMS, APRIL 15, 1976

(Prepared by Theda M. Olson, Indian Affairs, Office on Aging)

LOWER BRULE SIOUX TRIBE

The tribe has been operating a title VII nutrition program since December of 1973. The unduplicated number of people served has been 50. Approximately 25 meals are served per day. Transportation is provided by a minibus purchased with tribal funds and operating expenses paid out of title VII funds. Regularly scheduled trips are made to Chamberlain for grocery shopping, food stamps, and other needs. The CETA (Comprehensive Employment Training Act) program is providing the bus driver and cook's helper. Title VII pays for a project director, assistant director, and cook. Nutrition education is provided by two extension persons once or twice a month. The home economics class from the local high school is planning to have the students visit the elderly shut-ins. A nutrition and history project with the participants is also being discussed.

This has been an interesting project to observe. In the beginning, the senior citizens were very quiet and were not interested in any activities other than the meals. Now they have a birthday party once a month and crown a king and queen for the day. Bingos and dances are a big hit. The women are involved in quilting and the men have requested an arts and crafts project where they make knick-knacks out of bottles, egg cartons, etc.

The tribe is very supportive of this project. The interest is evident in that out of a total of six CETA slots for the reservation, two are employed by the nutrition program. A building has been donated by a member of the tribal council for use by the senior citizens until their new center is completed. The tribe donates vegetables such as squash, corn, and potatoes from the tribal truck garden. Meat is donated from the hog farm and buffalo herd.

Fundraising activities have been held to purchase a slide and movie projector, and other items needed at the center.

There is excellent coordination between the nutrition program and other agencies and programs such as Indian Health Service, Bureau of Indian Affairs, and

the extension office. Persons from these agencies are represented on the nutrition project council.

CROW CREEK SIOUX TRIBE

A meals-on-wheels project is funded under title III of the Older Americans Act and is nearing completion of their second year of funding.

The center of activity is located at Ft. Thompson. The meals are purchased from the tribal restaurant at a cost of \$1.60 per meal. The meals are then transported to 40 people in town and the surrounding area. A building is being renovated for use by the senior citizens and, upon completion, the meals will be prepared and served there. By having a congregate meal site, more elderly will be able to participate in the meals program.

A minibus was purchased with title III funds and operating expenses are provided from title III also. Approximately 100 elderly people take advantage of the transportation program.

The director is the only staff person paid with title III funds. Other staff, an assistant driver, and secretary/bookkeeper is provided by the tribe. Trips are made on a regular basis to Chamberlain for shopping, food stamps, etc.

The Tribal Office of Management and Planning has been delegated to supervise the meals-on-wheels project. Their office acts as an information and referral center for the elderly. They have been assisting the senior citizens in making application for the South Dakota tax relief for the elderly. SSI outreach is an ongoing activity of the project.

The project requested a waiver of the declining match ratio due to a lack of local funds. They have been funded at 75-25 for both years.

SISSETON-WAHPETON SIOUX TRIBE

A center and transportation project was funded with title III funds direct to the tribe. They are nearing the end of their first year of funding. The Sisseton-Wahpeton Senior Center is located in the town of Sisseton three to four blocks from the Sisseton Senior Center.

The tribe has donated a building for the center and has provided tribal funds and labor for renovation and minor repairs. Three and one-half full-time people are employed through CETA and Green Thumb. The center is open 8 to 5, 5 days a week. Older people from the outlying areas, when in town for shopping, use it as a place to rest and relax. The tribe donates \$125 a month for coffee and snacks, and once a week a meal is served to approximately 20 people.

A minibus was purchased with title III funds, and transportation is provided to bring people to the center for meals, to obtain medical services, shopping, food stamps and commodities, to the tribal office for business, and several other activities.

The Area IV Senior Citizens Advisory Council, Inc., administers a title VII nutrition site at the Sisseton Senior Center. The Indian elderly comprise 2 percent of the aging population in Sisseton; 24 percent of the participants are American Indian.

ROSEBUD SIOUX TRIBE

"Services for senior citizens" is funded under title III with meals being served in four sites: Parmalee, St. Francis, Mission (Antelope Community), and Rosebud. Parmalee has a center component and Rosebud a transportation component. Approximately 120 meals are served per day, 5 days a week. During warm weather the count is higher. Three positions are paid from the title III grant. Other personnel is furnished by the tribe.

The St. Francis site (Owl Bonnet Senior Center) is the newest of the sites. The community built the building and completely furnished it with couches, chairs, lamps, TV, stereo, freezer, refrigerator, stove, and a three-compartment sink. A small apartment is included for the caretaker/cook. This site has an ample number of volunteers as well as donations of food, etc. This center is active in quilting, bingo, arts, and crafts. The St. Francis community was the first Indian community in the Nation to receive a bicentennial designation by the American Revolution Bicentennial Committee. They were also the first community in South Dakota to merit a bicentennial designation. The Owl Bonnet Center group will participate in the bicentennial celebration by serving a traditional Indian meal to the tourists and by having an arts and crafts display at the center. The profits from these two activities will go to the senior citizens programs.

The Parmalee Center is active in bingo, quilting, arts, and crafts. This center is unique in that the elderly participants in the meals program do not wish to be served soup. They want chicken, turkey, roast beef, etc. They feel they eat enough soup at home. In all the other meal sites in South Dakota, the elderly participants want more soup on their menus. The elderly have taken quite an interest in this program and are very vocal in letting their needs be known.

The meal site at Mission (Antelope Community) was the first meal site on the Rosebud Reservation. They've been serving meals for 2 years. Approximately 40 meals per day are served. Almost half of the participants are non-Indians. They have been trying for a year now to get the county commissioners interested enough to put moneys into their project. To date, they have been unsuccessful.

Recently the tribe has given a total of \$8,000 to the four sites for equipment, such as steam tables, and any items the individual sites feel they need. Additional moneys were given to the program for travel expense. The tribe has donated buffalo meat and fresh grown vegetables to the sites and individuals as well. The Corn Creek and Norris communities were given moneys by the tribe to build a center. Labor to be provided by CETA and \$2,000 for equipment. During the 2 years of operation, this project has generated a lot of community support. Recently the tribe passed a resolution allowing free tribal fishing licenses to anyone on the reservation over age 65.

PINE RIDGE RESERVATION

The Office of Native Americans Programs in Pine Ridge is funded for a reservationwide transportation project. The first year the title III funds were used to purchase three minibuses. A special grant from ONAP in Denver provided two more minibuses plus drivers and operating expenses. The second-year funding from the Office on Aging provided \$6,000 for operating expenses. Approximately 885 people have used the transportation system. The minibuses are stationed at Martin, Kyle, Red Shirt Table, and two in Pine Ridge. The buses in Pine Ridge assist the nutrition program with transportation.

The Pine Ridge Village Council was awarded the title VII nutrition grant. Meal service was initiated a week prior to the grant with funds provided by the village council. Approximately 80 meals per day are served. This project does get a lot of volunteer help. Transportation is provided by the title III program. The project is relatively new so not much data is available at this time.

The Kyle Village Council was awarded a title III grant for a meals program on July 1, 1973. For 2 years they prepared the meals on site; July of 1975 they began contracting with the school for \$1 per meal. Approximately 20 to 30 meals are served per day. Transportation is coordinated with the title III project at Pine Ridge.

STANDING ROCK SIOUX TRIBE

On February 6, 1976, the Standing Rock Sioux Tribal Council accepted the nutrition for the elderly program. A project director, two cooks, two cooks' aides, two bus drivers, and two janitors were hired. The only staff paid from title VII funds is the project director. All other positions are CETA slots.

The North Dakota site is located at Cannonball in the St. James Church Community Building and, in South Dakota, Bullhead has their own building. Twenty-five meals per day are projected at both sites. The tribe purchased a minibus for the Bullhead site and a bus is furnished by a church group at Cannonball. Meals are not in service as of this date. A target date of 2 weeks is projected.

This project is unique in that the South Dakota Department of Social Services and the North Dakota Social Services Board entered into a joint funding agreement. South Dakota has been delegated lead agency. The North Dakota board sends the grant moneys to South Dakota to administer.

This will be the first aging program to be implemented on the Standing Rock Reservation other than the special SSI outreach project.

CHEYENNE RIVER SIOUX TRIBE

The transportation project on the Cheyenne River Reservation consists of three vans. One was purchased with title III funds, two with tribal funds. The title III bus coordinates closely with the nutrition program. Approximately 12 people per day are transported from the Bear Creek and Dupree communities.

Thirteen food trays are also delivered to those communities. In the town of Eagle Butte, 50 to 60 people are transported daily to the meal site. The minibus is also used for wakes and funerals, shopping trips to Pierre, Rapid City, Gettysburg, and several in-town trips. The operating expenses for these buses were converted from title III to title VII on April 1, 1976.

The home supportive service workers of the Cheyenne River Reservation are stationed in the elderly manors in Timber Lake, Isabel, Dupree, and Eagle Butte. Many of the elderly in these manors should really be in a nursing home, but they do not want to leave the reservation. The supportive service workers assist the elderly with house cleaning chores, cooking, and taking their medicine. They also provide limited transportation for the seniors in the manors. They have been given the same training as the CHR's (community health representatives). This has been a very worthwhile project. The staff turnover is practically nil. In the 2 years of operation, only one person quite, and this was due to a knee injury. Funding has been sought from several different agencies for this project; to date, none has been obtained.

The title VII nutrition grant to the Cheyenne River Sioux Tribe was the first direct grant to a reservation in South Dakota. It was also one of the first projects in South Dakota to begin operation. They are in their third year of funding. Approximately 170 meals are served per day at Eagle Butte and Swift Bird. Meals are delivered to Cherry Creek on Tuesdays and Thursdays. This project coordinates with the Indian Health Service, Bureau of Indian Affairs, community action agency, county extension, SSA, and several other agencies. The tribe is building a new senior citizens center in Eagle Butte and equipping it with a kitchen large enough to accommodate the nutrition program. The interest of the tribal council in the elderly is great and the elderly seem to be a high priority on the Cheyenne River.

This summary deals with the current grants of Older Americans Act funds awarded by the Office on Aging. Under preparation is a history of aging grants on the reservations. This report does not include the off-reservation projects that are serving American Indians.

OLDER AMERICAN INDIAN PROGRAMS, APRIL 15, 1976

Grantee: Lower Brule Sioux Tribe.

Project: Title VII nutrition program.

Project director: Judy Whitney.

Project period: August 1, 1975 to June 30, 1976, third year.

Title VII funds: \$33,877.

Total budget: \$42,388.

Grantee: Crow Creek Sioux Tribe.

Project: Meals-on-wheels.

Project director: Paul Harrison, Sr.

Project period: July 1, 1975 to June 30, 1976, second year.

Title III funds: \$30,120.

Total budget: \$40,160.

Grantee: Sisseton/Wahpeton Sioux Tribe.

Project: Senior center and transportation.

Project director: Pansy Crawford.

Project period: April 1, 1975 to May 31, 1976, first year.

Title III funds: \$10,875.

Total budget: \$14,495.

Grantee: Rosebud Sioux Tribe.

Project: Services for senior citizens.

Project director: Olive Pretty Bird.

Project period: July 1, 1975 to June 30, 1976, second year.

Title III funds: \$54,662.

Total budget: \$77,506.

Grantee: Office of Native Americans.

Project: Older American Indian Busing System.

Project director: Michael White.

Project period: July 1, 1975 to June 30, 1976, second year.

Title III funds: \$6,000.

Total budget: \$21,000.

- Grantee: Pine Ridge Village Council.
 Project: Meals for the elderly.
 Project director: Elizabeth Roubideaux.
 Project period: January 19, 1976 to June 30, 1976, first year.
 Title VII funds: \$20,774.
 Total budget: \$27,164.
- Grantee: Standing Rock Sioux Tribe.
 Project: Nutrition for the elderly.
 Project director: Basil Mentz.
 Project period: January 26, 1976 to January 25, 1977, first year.
 Title VII funds: \$21,899 N.D. share. \$21,899 S.D. share.
 Total budget: \$75,238.
- Grantee: Cheyenne River Sioux Tribe.
 Project: Home supportive service workers.
 Project director: Jack Claymore.
 Project period: August 1, 1975 to July 31, 1976, second year.
 Title III funds: \$47,250.
 Total budget: \$52,500.
- Grantee: Cheyenne River Sioux Tribe.
 Project: Meals program for the elderly.
 Project director: Iyonne Garreau.
 Project period: August 1, 1975 to June 30, 1976, third year.
 Title VII funds: \$89,863.
 Total budget: \$91,331.
- Grantee: Kyle Village Council.
 Project: Meals for the elderly.
 Project director: Lillian Ralston.
 Project period: July 1, 1975 to June 30, 1976, third year.
 Title III funds: \$7,000.
 Total budget:

SUMMARY: OFF-RESERVATION AREAS SERVING OLDER AMERICAN INDIANS

- Grantee: Bennett County Senior Citizens Center, Inc.
 Project: Meals for the elderly.
 Project director: Edison Ward.
 Project period: August 1, 1975 to June 30, 1976, third year.
 Title VII funds: \$50,490.
 Total budget: \$71,832.

The nutrition project at Martin serves approximately 66 meals per day. Forty-two percent of the meals are served to American Indians. The project director is an enrolled member of the Oglala Sioux Tribe on the Pine Ridge Reservation. This center is most interesting to visit because of the unique activities they have initiated, but mainly because the Indians and non-Indians have a true caring for one another. There is no racial tension in this center. The recreation program is an active one including TV, pool playing, painting lessons by a local artist, nutrition education lectures and demonstrations. This project has generated a lot of support from the county, city, and local merchants. The volunteer effort is to be commended because of the number of volunteers as well as their reliability. The project director, bus driver, and secretary are paid with title VII funds. Effective March 31, 1976, the title III transportation was converted to title VII. A mini-bus, operating expenses, and driver are now paid from title VII funds. The transportation project operates solely within the nutrition project. This provides participants transportation to the meals, shopping, doctor and dentist appointments, bank, post office, social security office, etc.

- Grantee: South Central Community Action Program, Inc.
 Project: Outreach and coordination.
 Project director: Dee Brown.
 Project period: January 1, 1976 to June 30, 1976, second year.
 Title III funds: \$36,858.
 Total budget: \$61,451.

This project has contacted approximately 150 Indian aged and has assisted them in filling out the forms for the tax relief for the elderly. A staff of seven

perform the outreach and coordination activities. None are Indian but recently they've been coordinating with a job services' person who is Indian. He works mainly with the Indian elderly. According to the 1970 census, the Indian aging population comprise .01 percent of the total elderly population. There are four Indian representatives on the SCCAP board.

Grantee: South Central Community Action Program, Inc.

Project: Transportation.

Project director: Winnie Jo Jons.

Project period: April 1, 1975 to March 31, 1976.

Title III funds: \$10,295.

Total budget: \$20,590.

The transportation program employs a director and bus driver. One minibus operates solely with the nutrition project. Twenty percent of the passengers are Indian. Transportation is provided in the towns of Wagner and Lake Andes.

Grantee: South Central Community Action Program, Inc.

Project: Nutrition program for the elderly.

Project director: Fern Sondgeroth.

Project period: August 1, 1975 to June 30, 1976, third year.

Title VII funds: \$92,241.

Total budget: \$122,986.

Five sites are operating at Lake Andes, Wagner, Herrick, Burke, and White Lake. An average of 25 meals are served per day at Lake Andes; 34 percent of the meals are served to American Indians. At Wagner, 39 meals are served per day with an average of 12 meals served to Indians. During the first year of operation, a site was opened in the tribal office at Greenwood. It closed 9 months later because of a lack of participation. The elderly are transported to Lake Andes and Wagner for meals by the community health representatives. Six people are employed by the nutrition program. The site manager at Wagner is of Indian descent. Indians are represented on the site councils as well as the project council.

Grantee: Rapid City Indian Service Council.

Project: Minneluzahan Senior Center.

Project director: Margie Twiss.

Project period: August 1, 1975 to July 31, 1976, first year.

Title III funds: \$20,562.

Total budget: \$27,416.

This center has been in operation for almost a year. The city has given them a building to use until their new senior center is completed. This is considered an Indian project but they serve a large number of non-Indian elderly. The community, city, and county commissioners are very supportive of this program. A meal is served once a day to approximately 30 people. The seniors are active in arts and crafts and are making chair pillows to sell at the Governor's conference. Staff is provided through title III, Green Thumb, and the county welfare office. They are hoping to have a title VII site when the new center is completed. A seven-passenger Volkswagen bus was purchased with donations and city funds. Transportation is provided for shopping needs, doctor and dental appointments, banking, food stamps, and other needs as required by the senior citizens.

Grantee: Western South Dakota Community Action Agency.

Project: Meals program for the elderly.

Project director: Marie Rogers.

Project period: August 1, 1975 to June 30, 1976, second year.

Title VII funds: \$73,302.

Total budget: \$122,242.

The meals program was funded under title III for 3 years. Two years ago, they converted to title VII. The project director is Indian. There are three sites in Rapid City, one in Keystone, and one in Hill City. The central kitchen, located at 804 Chicago, is considered the Indian site; and 46 percent of their meals are served to non-Indians. The meals are prepared there and transported across town to the two meal sites. For the month of March, they averaged 225 meals per day. This project has generated support from the community, city, and county commissioners, church groups, and other interested individuals. The working relationship between the project director and four site managers is excellent.

Grantee: Northeast South Dakota Community Action Program.

Project: District IV Vista.

Project director: Bruce Miller, acting director.

Project period: July 1, 1975 to June 30, 1976, second year.

Title III Funds: \$4,756.

Total budget: \$11,260.

This project has 15 volunteer Vista workers, two are American Indians. They have contacted approximately 200 elderly Indians to assist them with the tax relief forms, and encourage them to attend health screening clinics and educational functions. Indians are represented on the senior citizens advisory committee and boards. The CAP agency coordinates and involves Indian people in all of their activities.

Grantee: Northeast South Dakota Community Action Program.

Project: Multipurpose senior centers.

Project director: Carol Seurer.

Project period: March 1, 1975 to May 29, 1976, third year.

Title III funds: \$4,325.

Total budget: \$8,650.

The outreach worker for this program has contacted 150 to 200 elderly Indians. She has a good working relationship with the elderly. She makes home visits and tends to their needs.

The winterization program funded through NESDCAP repaired at least 25 homes of Indian people. The CAP agency coordinates with the tribal gardens project, the tribal senior center, and provides publicity for the cannery which is owned by the tribe. Of course, they are involved in many other activities too numerous to mention.

Grantee: Area IV Senior Citizens Planning Council, Inc.

Project: Area IV Senior Citizens Nutrition Project.

Project director: Mildred Anaka.

Project period: August 1, 1975 to June 30, 1976, third year.

Title VII funds: \$112,287.

Total budget: \$174,209.

This project has three sites located at Sisseton, Huron, and Waubay. Sisseton serves approximately 115 meals per day; of those, 24 percent are served to Indian elderly. Waubay serves an average of 23 meals per day, and 15 percent are served to American Indians. Older Indians also participate in the supportive services such as transportation, nutrition education, and health care. At Sisseton a staff of five has two Indian members, one a cook and the other a bus driver. Waubay employs two people, and both are non-Indian. Indian people did not apply for these positions.

Grantee: Greater Missouri Community Development Corp.

Project: Greater Missouri Nutrition Project.

Project director: Ardrle Hermes.

Project period: August 1, 1975 to June 30, 1976, first year.

Title VII Funds: \$45,000.

Total budget: \$61,866.

Sites are operating at Timber Lake and Isabel. The total meals served per day is 10. Of these, 17 percent are served to American Indians. The project personnel consists of two non-Indians, two Indians and one Hawaiian. The Indian elderly participate in the supportive activities offered by the project.

Greater Missouri Community Development Corp. also has an outreach grant. There is one outreach aide, an American Indian, for all of Walworth County.

Inter-Lakes community action program in Madison does serve a few Indian people in Flandreau and surrounding areas. However, the number of elderly Indian people is very small.

REPORT OF STATUS OF GRANTS/CONTRACTS TO MINORITY INDIVIDUALS UNDER
APPROVED AREA PLANS ON AGING AS OF JUNE 30, 1975

PSA No.: NA; total population in PSA: 666,236; number and percent of total population which is minority: 32,365 (4.86 percent); area plan budget: \$527,639,⁷

⁷ 24 percent of title III moneys were awarded to Indian tribes.

\$140,000;⁸ total number of grants/contracts under area plans: 42, 12; number and percent of grants/contracts awarded to minority individuals: 6 (14 percent), 7 (58 percent); total amount of funds awarded to minority individuals: \$128,431, \$85,250.

REPORT ON STATUS OF GRANTS/CONTRACTS TO MINORITY INDIVIDUALS UNDER THE TITLE VII NUTRITION PROGRAM AS OF JUNE 30, 1975

Total State population 60 or over: 109,677; number and percent of minority population 60 or over: 2,561 (2.34 percent); number of population 60 or over designated as eligible for title VII: 109,677; number and percent of minority population 60 or over designated as eligible for title VII: 2,561 (2.34 percent); total number of grants/contracts (including subgrants/subcontracts) under title VII: 8; number of grants/contracts and amount of funds awarded to minority individuals: 2 (\$99,969).⁹

Report of grants/contracts to Indian tribes under titles III, VII, and Model Projects as of June 30, 1975

Title III:

Crow Creek Sioux Tribe, Fort Thompson:	
Meals-on-wheels	\$15, 000
Transportation	15, 120
Rosebud Sioux Tribe, Rosebud:	
Meals program, Mission	29, 097
Senior center, Parmalee	11, 175
Transportation, Rosebud	12, 825
Cheyenne River Sioux Tribe, Eagle Butte: Transportation	6, 222
Oglala Sioux Tribe, Pine Ridge: Transportation	17, 807
Kyle Village Council, Pine Ridge Reservation: Meals program	10, 310
Sisseton Wahpeton Sioux Tribe, Sisseton:	
Senior center and transportation	10, 875

Title VII:

Lower Brule Sioux Tribe, Lower Brule	36, 989
Cheyenne River Sioux Tribe, Eagle Butte	62, 980
Model projects: Oglala Sioux Tribe, Pine Ridge: Bilingual information and referral	10, 000
<i>Cheyenne River Sioux Tribe, Eagle Butte</i>	
Home repair	\$18, 000
Home supportive service workers	47, 250

Four special outreach for SSI grants are presently being negotiated with the tribes. Approximately \$20,067.92 will be used for this purpose. The reservations to receive the grants are: Sisseton-Wahpeton Sioux Tribe, Crow Creek Sioux Tribe, Standing Rock Sioux Tribe, and Rosebud Sioux Tribe.

This report does not include the grants to nonminority agencies which are serving a large percentage of American Indians.

27 percent of all Older Americans Act moneys are going to reservations.

A title III grant was made to the Rapid City Indian Service Council for a center program with outreach, education, and transportation components in the amount of \$20,562. The project period began on August 1, 1975.

ITEM 6. STATEMENT BY EUGENE L. ROWEN, OFFICE SUPERVISOR, AND FRANK COURNOYER, MANAGER, OFFICE OF TRANSPORTATION PLANNING, SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION

PUBLIC TRANSPORTATION FOR THE ELDERLY IN SOUTH DAKOTA

The urban areas (5,000 or more in population) are served by scheduled motor coach lines, and the smaller areas on the bus routes are also served. The levels of service are far more adequate, but we cannot afford to pay the fares that would be required to provide the desired levels of service.

⁸ 60 percent of model projects moneys were granted to Indian tribes. This includes four grants for the special SSI outreach project on reservations.

⁹ This constitutes 20 percent of the title VII moneys awarded.

Section 16(b) (2) of the Urban Mass Transportation Act, which provides capital assistance to private nonprofit organizations to procure vehicles to transport the elderly and handicapped, was initiated in South Dakota in 1975. The first vehicles were obtained in early 1976. The chart on the following page gives pertinent information on the present program. An additional application was submitted to UMTA in August 1976 for 18 vehicles to serve 14 nonprofit organizations in providing transportation for their clients.

An inventory of all types of public transportation services in South Dakota was recently completed, and a copy of the report is attached. There are more than 200 senior citizen centers in the State, and more than half of the centers have some transportation service available even though it is insufficient or inappropriate in many cases. These services are briefly described in the inventory report.

Federal programs are very categorical, so no single program can meet our transportation needs. The categorical nature of these programs also makes it difficult to combine the programs to meet the transportation needs and still not violate the sets of guidelines governing the programs. Section 16(b) (2) is a capital grants program limited to providing transportation for the elderly and the handicapped; social services programs which can provide operating funds for transportation are not limited to clientele who are elderly or handicapped, so there is a reluctance to fund a project which does not provide a complete service for all eligible clients. Each Federal agency normally requires an audit on all funds, so bookkeeping and ridership records are difficult to maintain under combined Federal programs.

At least 2 years ago, a "new federalism" was being discussed. Under this concept, many Federal sources of funds could be programed into a single project and, after approval by the funding agencies, the funds would be combined into a single budget. There would be only one audit of the project, and each funding agency would only need to be assured that programed work was accomplished. It would appear that Federal block grants to States, based on an allocation formula, would be easier to program and administer.

School buses cannot be effectively used to transport the rural elderly for the following reasons:

- (1) Standard seating arrangement for school children is not suitable for adults.
- (2) A period from 8 a.m. to 6 p.m. should be scheduled to transport the rural elderly to and from shopping and social and medical services.
- (3) Better heating and air conditioning is required on buses used to transport the elderly.
- (4) The elderly are reluctant to board a school bus.

The transportation needs of the rural elderly in South Dakota are more costly per person because of longer trips to services in our low-density population. They need transportation to and from shopping, doctor appointments, social and recreation purposes. Private automobiles and senior citizen buses are the main modes of transportation for the elderly. If neither mode is available, the elderly person is denied his basic needs.

The elderly require transportation on an average of once every 2 weeks to meet their minimum needs for shopping, doctor appointments and social and recreation purposes. Their minimum need to take advantage of hot meals served at some senior centers would be 5 days a week.

The elderly Indian living on-reservation is in a serious situation. Nearly all persons in this category are living on a monthly income that is less than one-half of the poverty level (monthly basis) Transportation is available on a for-hire basis, but the average cost per trip is approximately \$20. On this basis, a trip even once in a month is a luxury. By the end of fiscal year 1977, it is in the overall State program to have transportation to serve the elderly on all nine of the reservation areas.

**ITEM 7. STATEMENT OF MICHAEL G. GOODROAD, DIRECTOR,
SOUTH DAKOTA TIE-LINE, PIERRE, S. DAK.**

Senator Clark and members of the committee, as director of Tie-Line, South Dakota's statewide information and referral service, I am honored to be able to submit this written testimony, and regret that I was not able to give an oral statement at the hearing in Sioux Falls.

Tie-Line, South Dakota's statewide information and referral system, has been operational since July 1, 1975. Tie-Line serves as a central information center and provides South Dakotans with a toll-free service that offers direct and immediate access to over 8,500 public and private service providers.

In its first year of operation, Tie-Line received approximately 38,830 calls. Of that number, 2,547 calls, or 6.71 percent of the total number of calls, were placed by or on behalf of senior citizens. The range of the types of requests made by senior citizens generally reflects those of the rest of the population, but there are special problem areas.

The most complicated and frustrating problems arise in dealing with social security benefit guidelines. The case of one elderly couple will serve as a good example. The husband was receiving social security retirement benefits and his wife, who has a respiratory disease, was receiving SSI benefits, which paid for her oxygen supply. The husband received a \$3.40 raise in his monthly retirement benefits, which increased their total family income to \$1.70 over the maximum limit allowed for SSI eligibility. As a result of this \$3.40 raise, the wife lost vitally needed SSI and medicaid benefits which, up until that time, had amounted to \$293 per month. The husband tried to refuse the increase but was told that he did not have the option to do so.

This is not just an isolated case. Tie-Line's information and referral specialists have encountered several similar situations which are the direct result of the inflexibility incorporated within social security guidelines and regulations. Other case examples are available upon request. There is a definite need to provide a certain amount of flexibility within the guidelines which would allow each case to be judged on its own merits and extenuating circumstances taken into consideration.

A corollary of the aforementioned problem is the appeals process a person encounters when his or her claim for benefits is denied. An individual making an appeal is faced with a bureaucratic system which at times seems to be working against the client, when it should be facilitating the process. An individual appealing a judgment is often hampered by his own ignorance of the appeals process, and is usually not able to obtain sufficient counseling from social security office personnel on the best way to proceed in building a strong argument for the appeal.

Serious consideration should be given to the implementation of a system of citizen advocates, which would be independent of the Social Security Administration. The function of an advocate would be to facilitate the appeals process for the individual who could not afford to retain the services of a private lawyer. The duties of a citizen advocate would include:

- (1) Making the client aware of his rights, options, and obligations in the appeals process;
- (2) Aiding the client in the construction of the best possible argument for the appeal; and
- (3) Appearing as the client's representative, if necessary, when the case comes before the appeals judge.

Tie-Line staff have encountered several complicated social security problems which have ultimately gone through the appeals process. In the effort to find assistance for those persons making appeals, Tie-Line has located only two citizen advocates of the type described above, but only one of these is able to serve as the client's legal counsel when the case comes before the judge. Considering that Tie-Line has been able to locate only two advocates for all of South Dakota, implementation of a system of citizen advocates would do much to alleviate a serious service gap in this area.

One final point relating to the appeals process involves the waiting period between initiation of the appeals process and the actual hearing of the appeal. It is not uncommon for an individual to have to wait for 6 months before his appeal is heard by the judge. The individual may well be awarded back benefits if the decision is favorable, but he is often left without any financial resources whatsoever during the waiting period, unduly increasing both the economic and emotional pressure on the individual.

Since the lengthy waiting period is usually a function of the heavy caseload carried by the appeals judge, consideration should be given to either increasing the number of appeals judges within the area, or reducing the size of the geographic area for which each judge is responsible.

In addition to the need for citizen advocates, Tie-Line's information and referral specialists have encountered several other service gaps in senior citizen needs.

A major service gap occurs in the area of dental services for senior citizens. There are several public programs which provide financial aid for dental services to several different target groups within the State. Unfortunately, the elderly is not one of these target groups. A senior citizen living on a fixed monthly income does not usually have the resources necessary to pay for extensive dental work, such as the construction of a set of dentures. If a person cannot afford to pay for dental services, he or she will usually learn to do without it, but the impact of foregoing needed dental work can be very damaging, not only from a nutritional aspect, but also from one of maintaining self-respect and dignity. Tie-Line is sometimes able to obtain aid for a senior citizen by contacting a local fraternal or charitable organization, but funds allocated for such purposes are usually limited and available only in a few areas. There is a definite need for some type of comprehensive dental services plan for senior citizens.

There are several service gaps which are ramifications of the rural nature of the State. Isolatedness of rural communities, subsequent transportation problems, and lack of sufficient numbers of outreach personnel all contribute to the lack of onsite service delivery programs (meals-on-wheels, homemaker services, etc.) in some areas, or serious problems with extant programs. Programs like these are important because they provide the elderly with services that permit them to maintain an independent and dignified life style.

Tie-Line is able, to a certain extent, to negate the effects of isolation by providing senior citizens in rural areas direct and immediate access to service providers. The information and referral specialists are able to act as coordinators/facilitators in making senior citizens aware of what services are available to them and then, by working with service providers, making sure the needed service is delivered.

In summary, the problems facing the rural elderly in South Dakota tend to be exacerbated by the very nature of a rural environment, which promotes a physical isolation of the rural elderly from those providing needed services. However, an equally important problem lies in educating the elderly as to exactly what services are available to them, and then constructing viable service delivery systems which will be to deliver those services on a compassionate and individualized basis.

Senator Clark and members of the committee, thank you.

ITEM 8. STATEMENT OF DAVID A. KEMPER, DIRECTOR, SOUTHEASTERN HUMAN DEVELOPMENT PROGRAM, SIOUX FALLS, S. DAK.

My name is Dave Kemper and I am the director of the southeastern human development program, a community action program which serves a six-county area in the southeastern corner of South Dakota.

I will keep my remarks very brief because I realize you are here to listen to testimony from our older citizens and I also realize that those older persons get tired of younger people attempting to speak for them.

Naturally, serving in my position, I am very concerned about services to the poor. Unfortunately, many of our elderly people fall into that economic classification with no hope of escape. They are either unable to work or find employment because of their age.

The elderly poor, and especially the rural elderly poor, need to be given special attention when drafting and implementing older American's legislation. It troubles me that many of the past beneficiaries of programs funded under the Older Americans Act of 1965, and subsequent amendments, have not been poor. I cannot offer you accurate data to substantiate this statement. However, after being involved with elderly programing in two States, I am convinced that a special effort needs to be made to reach those people who truly need those services. Indeed, I believe if you will think back to all of the contacts you have had with senior citizen groups and programs, you may come to the same realization. The poor are not involved as they should be.

Please, do not misunderstand me. I believe senior citizen organizations and centers serve a very worthwhile purpose. I have also found that the people involved in older American programs are concerned and usually make every effort to reach the elderly poor. Nevertheless, I would urge your committee to consider ways of assuring that services intended for the elderly are designed to reach the elderly poor. This may be done by mandating that each grantee address the problem in their funding proposals. Another possibility is to concentrate on those services which are most likely to reach the rural elderly poor, such as: outreach programs, home care services, viable legal services and/or ombudsman programs, rural transportation services, as well as others.

I realize that some of these services I have mentioned are national priorities already and I also realize that resources are limited. Unfortunately, I don't have any easy answers. I do hope you will consider the issue I have raised and I am sure there are smarter people than myself who can find some answers.

I would like to briefly make two other points while I have the opportunity. First of all, I want to emphasize the need for outreach services in rural areas. We are fortunate to have the aging services center in this area, which we work with in our own outreach effort. In other areas of the State, as over much of America, these services are provided by community action agencies which provide services to the poor. Since 1965 CAA's have, in many areas of our country, taken the lead in developing services for the elderly. In fact, in most rural areas the CAA is probably the only viable service delivery mechanism in existence. These agencies must continue if the rural elderly are ever going to be served adequately.

Second, in considering the needs of rural as well as urban elderly, don't overlook the administrative complexities which keep many elderly people from achieving an adequate income and proper nutrition. Programs such as social security, social security disability, food stamps, and SSI need to be simplified and streamlined. Far too many persons are not taking part in these programs, even though the need exists, merely because of the bother or humiliation involved in applying. We have several case studies which we would be happy to make available to the committee if they might be of benefit to you.

Thank you for your time.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the committee to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR CLARK: If there had been time for everyone to speak at the hearing in Sioux Falls, S. Dak., on August 18, 1976, concerning "The Nation's Rural Elderly," I would have said:

The following replies were received:

RAY A. BAGLEY, MADISON, S. DAK.

Small towns need more transportation. South Dakota had a very bad drought. It would be very good to have work programs such as Green Thumb expanded for the elderly. That would have to do for the elderly. I also thought that some grocery delivery service sounded pretty good. There could be room for expanding for school help, transportation, and nutrition. I enjoyed the meeting at Sioux Falls.

HAZEL M. BOEHLER, CANTON, S. DAK.

Transportation is a big need in this State, but if the elderly had the money, the transportation would be available.

The young mothers on aid to dependent children are well taken care of and lack for nothing, but the grandmothers and grandfathers are sadly in great need. At election time the elderly are taken to the polls and votes are solicited, but at any other time they are not important.

DORTHY BROWN, LAKE ANDES, S. DAK.

As a service provider, I probably consider needs of the rural elderly in a somewhat different light than others would do. The following points are based upon personal convictions, as well as upon observation of certain Federal programs. These points are not prioritized, nor are they purely restricted to the Nation's elderly.

Outreach efforts within a rural setting are of utmost importance. These outreach efforts conducted within a nonurban area must include elements which are not usually identifiable with the term, for the common term usually implies that a staff-clientele basis is ordinary on a one-to-one basis. However, the feasibility of applying this same type of concept to rural living and keeping it monetarily effective is absolutely impossible. Rural outreach efforts must embrace two approaches: the traditional and the group basis. Rural elderly persons and urban elderly persons may at some time need assistance in meeting needs or problems; however, few of them know where to go. Other factors coupling the difficulty of finding results, especially for the rural elderly, are transportation and communications. If one must travel somewhat for consultation or to obtain direct assistance, the elderly usually can't manage it for a multitude of reasons. Communications of available opportunities and/or services are not particularly easy to get for a locality if one must rely on a small town newspaper. News of the human services do not, unfortunately, often travel that route.

As a service provider, different efforts and measures must be used. This is where the rural outreach worker steps in. It must be allowed, and I dare say encouraged, to function both on the one-to-one basis and the group basis. These persons must not only work on the individual's need, but also be involved with establishing and/or strengthening the middleman approach. If, for instance, a local volunteer or a senior citizen center becomes involved with this "middleman" approach, then total generation efforts may have the multiplier effect. I truly believe that this type of multiplier effect is the only possible approach one may use when trying to serve thousands of rural elderly persons scattered over thousands of square miles, as we are trying to do.

Federal program requirements, primarily designed to be of service either directly or indirectly to rural elderly persons, are many times inappropriate to available resources and the realities of rural living.

Example 1. Social Security Act's title XX programs mandate a lengthy, complex certification process. If these types of programs are to be of service in rural America, the harsh realities of geography and proper staffing are continuously undermining the best of intentions and efforts.

Example 2. Requirements of medicare and medicaid of having a physician review each resident or patient each few weeks or requiring institutions of this type having diets checked by a licensed dietitian. Rural areas don't usually have an abundance of professional persons lying around unoccupied, yet the programs are in essence negatively differentiating between the professional haves and the professional have-nots.

In closing national programs are to be just that, national programs. However, elderly persons in rural South Dakota are of need as is the elderly New Yorker. As a service provider, I must again stress that rural South Dakota is trying to assist its elderly persons and we, in turn, expect our governmental officials to return the compliment. Remember: I have to travel 72 miles to see a traffic-signal light in South Dakota.

MAE MULLINX, CANTON, S. DAK.

Thank you for the privilege of meeting you and taking you for a ride in our van.

Everyone really enjoyed it. I finally got ahold of a picture from the office on aging in Sioux Falls, so I put an article in our local newspaper. Thought you might like a copy.

J. F. SMITH, SIOUX FALLS, S. DAK.

Please have the States reduce their taxes on homes of the elderly and do something about the schools always wanting more and more. They say South Dakota doesn't pay its teachers as well as other States. Why then are there so many teachers from other States teaching here?

We have lived here for 28 years and our taxes have gone up every year. My husband has retired from Morrel and his pension is \$214 a month. After 28 years of work and \$433 social security, the rate things are going we will have to give up our home because, when we do get a social security raise, by the time we get it everything is higher and we worry more. They always have millions for foreign countries, but never for us.