

EVALUATION OF ADMINISTRATION ON AGING AND CONDUCT OF WHITE HOUSE CONFERENCE ON AGING

HEARINGS BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE NINETY-SECOND CONGRESS FIRST SESSION

PART 6—ORLANDO, FLA.

MAY 10, 1971



Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1971

60-215

SPECIAL COMMITTEE ON AGING

FRANK CHURCH, Idaho, *Chairman*

HARRISON A. WILLIAMS, Jr., New Jersey	WINSTON PROUTY, Vermont
ALAN BIBLE, Nevada	HIRAM L. FONG, Hawaii
JENNINGS RANDOLPH, West Virginia	JACK MILLER, Iowa
EDMUND S. MUSKIE, Maine	CLIFFORD P. HANSEN, Wyoming
FRANK E. MOSS, Utah	PAUL J. FANNIN, Arizona
EDWARD M. KENNEDY, Massachusetts	EDWARD J. GURNEY, Florida
WALTER F. MONDALE, Minnesota	WILLIAM B. SAXBE, Ohio
VANCE HARTKE, Indiana	EDWARD W. BROOKE, Massachusetts
CLAIBORNE PELL, Rhode Island	CHARLES H. PERCY, Illinois
THOMAS F. EAGLETON, Missouri	

WILLIAM E. ORIOL, *Staff Director*

DAVID A. AFFELDT, *Counsel*

JOHN GUY MILLER, *Minority Staff Director*

- Part 1. Washington, D.C., March 25, 1971
- Part 2. Washington, D.C., March 29, 1971
- Part 3. Washington, D.C., March 30, 1971
- Part 4. Washington, D.C., March 31, 1971
- Part 5. Washington, D.C., April 27, 1971
- Part 6. Orlando, Fla., May 10, 1971
- Part 7. Des Moines, Iowa, May 13, 1971
- Part 8. Boise, Idaho, May 28, 1971
- Part 9. Casper, Wyo., August 13, 1971

CONTENTS

	Page
Opening statement by Senator Edward J. Gurney, presiding-----	353

CHRONOLOGICAL LIST OF WITNESSES

Perdue, Dr. Jean Jones, chairman, Florida Task Force on Health and Mental Health of the Aging-----	355
Pruitt, Dr. Charles W., Jr., president, Florida Council on Aging; executive director, Cathedral Foundation, Jacksonville-----	359
Osterbind, Dr. Carter C., chairman, Florida State Advisory Committee on Aging; director, Bureau of Economic and Business Research, University of Florida-----	364
Rehm, Mayor Gerald S., Dunedin, Fla.; and president, Experience Unlimited, Inc-----	367
Glisson, J. Floyd, managing trustee, Eckerd Foundation-----	369
Fowler, William, chairman, Florida Transportation—Aging Task Force; chief, Bureau of Research and Development, Division of Mass Operations, Florida State Department of Transportation-----	372
Toms, Reverend M. Fred, president, Aldersgate Retirement Center, Kissimmee, Fla-----	378
Griner, Charles, administrator, Magnolia Towers, Orlando, Fla-----	379
Goodman, Ann, Orlando, Fla-----	380
Perry, Robert, executive director, Presbyterian Homes of Florida-----	380
Brock, Jeanne, Adult Education Section, Florida Department of Education, Tallahassee, Fla-----	381
Finnigan, Catherine, chairman, AARP Legislature, Suncoast County, Fla-----	381
Richardson, Paul, executive director, Volusia County Citizens Advisory Council on Aging-----	382
Turlington, Ed, Gainesville, Fla-----	382

APPENDIXES

Appendix 1—Additional Information from Witnesses :	
Item 1. Draft policy proposals or position statements related to health; submitted by Dr. Jean Jones Perdue-----	385
Item 2. Prepared statement of Dr. Carter C. Osterbind, Gainesville, Fla., chairman, Florida State Advisory Committee on Aging; director, Bureau of Economic and Business Research, University of Florida-----	388
Item 3. Exchange of letters between Mr. Robert D. Moran, administrator, U.S. Department of Labor and Mr. G. S. Rehm, president, Experience Unlimited, Inc-----	388
Appendix 2—Prepared statement of Mrs. Grace H. Stewart, chairman, Task Force on Income, Florida Area Conference-----	392
Appendix 3—Age Wise, official publication of Florida Council on Aging, May, 1971-----	393
Last Event in Series-----	393
Report on Area Community—White House Conferences :	
Area I—Panama City-----	394
Area II—Gainesville-----	397
Area III—Tampa-----	400
Area IV—Ft. Lauderdale-----	404

EVALUATION OF ADMINISTRATION ON AGING AND CONDUCT OF WHITE HOUSE CONFERENCE ON AGING

MONDAY, MAY 10, 1971

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Orlando, Fla.

The committee met at 10 a.m., pursuant to call, in the ballroom of the Park Plaza Hotel, Senator Edward J. Gurney, presiding.

Present: Senator Gurney.

Also present: John Guy Miller, minority staff director; Gerald D. Strickler, printing assistant; and Elaine Mallette, clerk.

OPENING STATEMENT BY SENATOR EDWARD J. GURNEY, PRESIDING

Senator GURNEY. Will the meeting come to order, please? On behalf of the Senate Committee on Aging, I would like to welcome the witnesses and our guests here this morning. This is an official hearing of the U.S. Senate Special Committee on Aging. A record of all the testimony heard will be made and distributed to Members of the Senate for their information.

Individuals may request copies of the hearing proceedings by writing to the Special Committee on Aging, U.S. Senate, Washington, D.C.

Now, this hearing is concerned with the 1971 White House Conference on Aging called by President Nixon and scheduled to meet in Washington during the week of November 28th of this year. It is our intention to have a special review of the situation among older people here in Florida. For this reason this hearing was scheduled for the day before the Florida State White House Conference.

Other committee hearings will be held in conjunction with State conferences on aging in other States, and as such they are a continuation of a series on "The Evaluation of Administration on Aging and Conduct of White House Conference on Aging," which began with hearings in Washington in March of this year.

It is most appropriate, since Florida has the highest percentage of persons past 65 of any State in the Union, that this hearing in Orlando should be the first of the committee's field hearings related to the several State conferences on aging.

President Nixon, as we know, has issued a proclamation designating this month as Senior Citizens Month, and let me quote a portion of that proclamation:

The generation of Americans over sixty-five have lived through a particularly challenging time in world history. The fact that our country has come through the first two-thirds of the Twentieth Century as a strong and growing nation is the direct result of their devotion and their resourcefulness. We owe them a great deal—not only for what they have done in the past but also for what they are continuing to do today. Perhaps the greatest error which younger Americans make in dealing with the elderly is to underestimate the energy and skill which they can still contribute to their country. During the last year, several hundred thousand older people wrote to officials of the federal government and told us in their own words—some sad, some hopeful—about what they need and what they desire. We learned once again that what they seek most of all is a continuing role in shaping the destiny of their society. We must find new ways for helping them play such a role—an undertaking which will require a basic change in the attitudes of many Americans who are not yet elderly.

And that was President Nixon speaking in his proclamation. Last week, on the Senate floor, I made some remarks about Senior Citizens' Month in which I contrasted two sets of figures. There are, as we know, approximately 20 million persons in America today over the age of 65. There are, by way of contrast, approximately 7 million college students in all our colleges and universities. That includes full-time and part-time students, junior and senior colleges. So we have roughly three senior citizens for every one college student. You would never know that looking at the coverage these two groups receive in our media. The attention that is lavished on our young people is in sorry contrast with the neglect of our older citizens. We should, by all means, pay attention to the legitimate needs and interests of our college-age youngsters. But simple justice demands that we pay appropriate attention to the needs and interests of a group, perhaps not as vocal, but a group that is in sheer numbers three times as large.

I might point out here, departing from my prepared statement, that last week in Washington was an exercise in the difference, perhaps, of these two groups. I don't judge all young people by what occurred in Washington last week, but as far as I'm concerned, what occurred was a national disgrace, inexcusable. I might point out that there weren't any senior citizens marching around Washington and disrupting traffic and harassing the Government, throwing park benches down into the high-speed traffic lanes running into the city. For that matter, I don't recall any like kind of demonstration as far as elderly citizens are concerned in all the time I've been in Washington. They are a responsible group. They have needs just as much as any group of our society, but they present them responsibly through their organizations. They're the kind of citizens that I must say that I appreciate very much as a public official.

This sorry tale of neglect of older people is changing, perhaps not swiftly enough, but changing nevertheless. I am proud of the contributions made by our Senate Special Committee on Aging. I am encouraged by the administration's recognition of this need in this year's White House Conference on Aging. I am encouraged by the activities of our own Department of Health and Rehabilitation Services. I am encouraged by the Florida State Conference on Aging which begins right here in Orlando tomorrow morning.

We have an enormous task ahead of us redirecting the national attention to this vital area. We have to reexamine Government policies and programs devised in a piecemeal basis a generation ago to make them conform to today's realities.

Older Americans today are vital and bustling individuals. For the most part, they are not content with a life of enforced idleness, which can be and often is a death warrant. They want an opportunity to live in dignity and with self-respect.

It must be the function of Government to make these opportunities available, to provide the climate in which older Americans can flourish and continue to lead their lives with dignity and with the respect that we, as a society, owe them. Before we can provide the remedies, however, we must know the nature of the problems; that is why we are here today.

There are six scheduled witnesses for today's hearing. After the completion of their testimony, an opportunity will be given—as long as time permits—to hear from members of the audience.

Any person whom we are not able to hear, and who has a comment or observation he or she would like to make, may write out a statement on the forms we have prepared for this purpose and mail it to me in Washington.

Now, we have scheduled here as witnesses this morning, and I'm calling them in the way they're listed: Dr. John Bax of Tallahassee, who is secretary of the Florida State Department of Health and Rehabilitative Services. I am informed Dr. Bax will be here later.

Dr. Jean Jones Perdue of Miami, who is chairman of the Florida Task Force on Health and Mental Health of the Aging.

Mr. Charles W. Pruitt of Jacksonville, who is the president, Florida Council on Aging; executive director, Cathedral Foundation.

Mr. William Fowler, Tallahassee, chairman of the Florida Transportation-Aging Task Force; chief, Bureau of Research and Development, Division of Mass Operations, Florida State Department of Transportation.

Mr. Gerald Rehm, Largo, director, Experiences Unlimited.

Dr. Carter C. Osterbind of Gainesville, chairman of the Florida State Advisory Committee on Aging; director, Bureau of Economic and Business Research, University of Florida.

We will begin with Dr. Jean Jones Perdue of Miami, who is chairman of the Florida Task Force on Health and Mental Health of the Aging. I welcome you here, Dr. Perdue, this morning, as well as the other witnesses, and will you bring your testimony?

STATEMENT BY DR. JEAN JONES PERDUE, CHAIRMAN, FLORIDA TASK FORCE ON HEALTH AND MENTAL HEALTH OF THE AGING

Dr. PERDUE. Senator Gurney, I'm Jean Jones Perdue, Miami, Fla., medical director, Continuing Patient Care, Jackson Memorial Hospital.

Senator Gurney has introduced me, and I am chairman of the task force on health and mental health, and have been practicing medicine in Florida for 37 years, and have been the medical director for a program which is providing a home care program and a nursing home program for indigent in Dade County for the last 10 years.

The welfare of our Nation depends upon the health of its people (in body, mind, and soul), and with all the know-how of the people in America, good health should be purchaseable. However, certainly at this time it is not being delivered. How then do we make the plans to deliver this, and how do we implement these plans?

Today we are particularly interested in one segment of our people, our older Americans, of whom there are at least 20 million in our country, and in Florida over 11 percent of our population. Also in Florida we have a more transient population; therefore, more of our older citizens have lost their family ties.

In over 35 years of practicing medicine, I have come to know that it makes no difference whether you're rich or poor, unless someone cares what kind of service you get, you will not get good service. The very fact that you're here today signifies to me that you care and that our Federal Government will join hands with our State and local governments and voluntary agencies to coordinate programs that will bring good health to our people.

Our particular task force for the White House Conference is concerned primarily with maintaining good physical and mental health, but we know that nutrition, income, housing, environment, spiritual well-being, education, transportation, employment, and retirement roles and activities all play a part in producing good health. We will leave these discussions to other task forces.

Our workbook, so ably prepared by Dr. Austin Chinn, for preparation of the White House Conference defines health as, "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." To be physically well so that one may participate in, enjoy, and make contributions to life should be the personal goal of all. To make it possible for the aged to remain healthy and independent is worth everything it may cost society, but we all have to be realistic and make each dollar and the manpower available be put to its best use.

The aged have less acute illness than other groups, but when they occur, it takes longer to recover. Chronic conditions exist in 9 out of 10 of elderly, and limit their normal activity. Chronic illness demands the team approach of the patient, family, physician, nurse, social worker, and many allied professions.

Chronic illness also requires many services at different stages of the illness. To have these services available and used properly so that the patient is in the right facility at the right time is the goal we would all like to reach.

To remain in their own homes as long as possible is the wish of most people. Preventive and health maintenance programs are essential to make this possible.

Senior centers with their activities of health maintenance programs and meals, also help to maintain good health. Recently Senator Pepper introduced a bill to provide nutritious meals for the elderly, and there has been another bill introduced to see that social services also are provided. These are very important bills. Recently, in 1971, a bill has been introduced to make it possible to have congregate living in low-income projects with three meals a day. This is extremely important to keep people well, and we welcome these bills and hope that they will pass.

However, when illness strikes, there are many services needed to provide such as those of the home health agencies with physicians, nursing, physical therapy, occupational therapy, speech therapy, and other services needed. Home health aids, homemaker services, and "meals on wheels" often make it possible for people to stay in their own homes.

However, when it is necessary, the proper hospital bed, ECF, and nursing home with quality care paid for are essential, but only 5 percent of the elderly need institutional care. How will these services be provided and paid for? Medicare has been disappointing with its fragmentation of services and Medicaid with varied services in each State has been more than disappointing. Health costs are rising, requiring that much imagination in comprehensive planning for delivery of needed services be used.

Many of the services have been cut. We were promised many services under the ECF. Today it is almost impossible for a patient to be qualified as an ECF patient. With ECF being brought into being, it made many of the different organizations begin building ECF facilities for profitmaking, and these are throughout the country a great problem because there are no available local people to deal with to try to see that necessary services are provided.

Recently there came down a mandate that a physician's nursing home visit could only be paid for under Medicare once a month, and this is a followup office call. This is going to do a great deal to prevent physicians going into nursing homes when needed, although a provision is made that they can make other visits if the necessity is well documented. This places honest physicians in a position of vulnerability with regard to being questioned by peer committees for having provided services genuinely needed by the sick. Until the physicians recognize nursing home care as a continuum of good medical care, this care will not be preferred, and so this will go a long way in throwing back again poor care in the nursing homes. This has really caused a great concern both to families, patients, physicians, and administrators of nursing homes.

In Dade County we have found that the best way to improve the care in nursing homes is to get good physician care in that nursing home, so they can keep good nurses, and this work will all be thrown out the window now.

So many physicians on the peer group do not understand that nursing home cases need good physician care. This is, I guess why I feel so badly about it, because I have spent 10 years building up physician care in the nursing homes, and now this is being curtailed and it's a great distress to me.

Also, the rulings from Social Security that have prevented the payment for many of the services provided by the home health agencies, because they feel they are not for acute care, but for health maintenance care. This makes it difficult again to keep the patient at home under a home care program. I don't know that the Senate and Congress are aware of these mandates that come down, but I think that your committee should look into them.

Also, when these services are cut, the programs which the Senate has fought so long and hard to properly provide are in jeopardy and the things that have been accomplished are going out of the window.

The task force recommendations to be discussed have come in from the four areas of Florida and I think that you would be interested in hearing them. We have copies of them here. We were given seven issues from Washington to discuss, and issue No. 1 was: "Should health services for the aged be singled out for special consideration and action or should they remain inseparable from services for all adults, as at present?"

The policy proposals and statements from area four were: "If there are going to be special programs for anyone, then there should be special programs for the aged, also."

"When their needs parallel other needs, then no special consideration is necessary. When there are special problems then there should be special consideration and representation and health delivery service."

From area two: "Health services for the aged should be emphasized for planning purposes and the delivery of health services should be integrated with other health services, recognizing that the aged require supplemental resources as opposed to separate resources."

From area one: "Health services should be amended to specialized services for the urban aged. However, for the elderly in rural areas health services should be provided by a general health agency."

And from area three: "Health services for the aged should be singled out for special consideration and action and be integrated with delivery systems for all adults."

Now I think today, all four of them are saying much the same, but in different words, and this will be discussed on this one issue tomorrow. Would you like all seven of these?

Senator GURNEY. I think what we can do, Dr. Perdue, if that is agreeable with you, is to put all those in the record.

Dr. PERDUE. Fine.

Senator GURNEY. They will be accepted and printed in the record in full.*

Dr. PERDUE. We all know that there are different bills coming out for different services, and I think we will be discussing these proposals tomorrow: The Mediredit plan from the AMA; the plans from the American Hospital Association; the Kentucky plan and so forth.

We know we have to have better delivery of services than that we have today to meet the needs of our people. Thank you.

Senator GURNEY. Well, thank you Dr. Perdue, for your very helpful and enlightening statement. I do want to tell you and to assure you and reassure you, that the comments you made on the ECF have been made by many people throughout the country at other hearings, and we do recognize that this is a problem. I certainly hope that we can get some decision made here because it is a most important thing that we do extend and amplify these facilities.

Dr. PERDUE. Senator Gurney, on the ECF, I think one of the reasons it has proved unworkable in its present state is the fact that ECF has been spelled out as meaning need for skilled nursing care, rather than extended care which is part of its very name. To me, ECF should be an intensive medically directed program. Social Security administrators have been interpreted as saying that unless the patient can be rehabilitated, Social Security will assume no financial responsibility. Yet as you all well know there are many kinds of terminal illness, including cancer, which requires extended care.

Senator GURNEY. Yes.

Dr. PERDUE. I think these interpretations that have been made by the different insurance carriers need to be straightened out. Certainly in hospitals most of the nursing is not done by the RN, and yet carriers

*See appendix 1, item 1, p. 385.

require that the patient need this in an ECF to get paid for it, and it just doesn't make any or much sense.

Senator GURNEY. No, it doesn't, and I think the present law, certainly, interpretation, is restricted to nonchronic conditions, and we certainly need to revise this if we're really going to perform a health service here.

What would you say were the one or two or three greatest priorities healthwise as far as elderly people are concerned? I know you've mentioned one. Do you have others you'd like to emphasize?

Dr. PERDUE. Well, preventive things, of course. I guess many people in this room have heard me say that when Medicare came in and did not provide for eye and teeth and hearing care, that it almost was making "the three monkeys," of the older people because they couldn't see, they couldn't talk, and they couldn't hear. So to me to include such things as this, to include preventive screening, to allow the services to be paid for, for the elderly to stay in their homes, and above all, to push congregate living with meals and some health services included, when needed, I think are very, very urgent.

Senator GURNEY. In other words, an ounce of prevention is worth a pound of cure?

Dr. PERDUE. That's right.

Senator GURNEY. Well, I think that's true. Well, thank you very much for your most enlightening statement.

Now our next witness is Dr. Charles W. Pruitt, Jr., of Jacksonville, who is president of the Florida Council on Aging; executive director of the Cathedral Foundation. Glad to have you with us this morning. We know you have done a great deal of work in this area.

STATEMENT BY DR. CHARLES W. PRUITT, JR., PRESIDENT, FLORIDA COUNCIL ON AGING; EXECUTIVE DIRECTOR, CATHEDRAL FOUNDATION, JACKSONVILLE

Dr. PRUITT. It is a pleasure and an honor to offer these remarks on the subject of housing for the elderly to the U.S. Senate Special Committee on Aging. I am pleased that the committee is in Florida and is seeking testimony concerning the needs of the older citizens of our State. Further, I am doubly pleased that Florida's senior Senator is a member of the Senate Special Committee on Aging and is chairing the hearing today.

Senator GURNEY. I might interject right there that your people got ahold of me in Jacksonville on Saturday, they did a real good sales job on housing. I'll tell you about it later.

Dr. PRUITT. Thank you, sir. No time in the history of Florida has more attention been given to our older citizens than during the past year as we have prepared for the 1971 White House Conference on Aging. I look forward to important recommendations and conclusions to result from the State White House Conference which will be held here tomorrow.

Concern for older persons is not a new phenomenon. However, the current intensity of interest and the growing awareness of the complex nature of dealing with the problems of older persons is comparatively new. The primary reason for this new interest is that it is generally recognized that contemporary American society has failed

to provide solutions to the evergrowing problems that our older citizens face.

American genius has increased the span of life by two-thirds since 1900, by itself, a remarkable and laudable achievement. However, although we have achieved this dramatic lengthening of the span of life, we have not yet determined how these added years can be meaningful and enjoyable.

Recognition of the differences among the aging population is an essential first step in dealing with the problems of older persons. These differences must be understood not only in terms of people as individuals, but also with regard to geographic, cultural, racial, and ethnic differences. Of all the problems older people face today, housing is often the core from which many other problems emanate. The living environment vitally affects the older persons' needs for transportation, health services, income, recreation, social activity and ability to maintain family contact.

The national task force on housing for the White House Conference on Aging has stated that in the ideal community older people would have the same choices that younger persons have as to where to live and how much to spend for their housing. These would be a broad range of housing opportunities from low-cost housing built with special features for the convenience and comfort for older persons to moderately priced group living situation for those of moderate incomes. In addition, there would be congregate housing for the frail elderly where group meals and personal care were offered. Older people, if they chose, could live in retirement developments where they would have the companionship of people their own age or they could continue to live in a community with neighbors of all ages.

Who could disagree with this ideal. However, few communities in Florida provide these choices and the availability of housing opportunities for older persons is haphazard at best. Some areas have almost too much of certain types, while in others there is no specially designed housing for the elderly at all. Therefore, I feel there is an urgent need for the development and execution of a comprehensive housing for the elderly program in Florida. Such a program will involve activities in communities throughout the State involving consideration of demographic factors, development of sponsors, and development of services specifically geared to the elderly.

DEMOGRAPHIC CHARACTERISTICS

The following affect planning for housing for the elderly in Florida:

1. Total population over age 65, 985,690; percent of all ages, 14.5 percent. Highest such ratio in the United States.

2. Female/male ratio. Florida follows the national trend of an increasing percentage of females in the over-65 population—females, 539,821; males, 445,969.

3. Increasing life span. The high percentage of over-65 persons and the increasing life span of each will result in a constantly expanding market for elderly housing.

4. Negro elderly. Although there are only 67,871 elderly Negroes in Florida (6.9 percent of all elderly) they represent a large percentage of the total elderly in some counties, particularly in north

Florida. This uneven distribution points out that special attention to the housing needs of elderly Negroes in certain counties.

5. County distribution. Eighty-five percent of the elderly live in urban areas; 44 percent live in three counties—Dade, Pinellas, and Broward.

6. Substandard housing. There are approximately 340,000 dilapidated and deteriorating living units occupied by elderly persons.

PLANNING FOR HOUSING FOR THE ELDERLY

Given this tremendous need for elderly housing, how are we going to find a solution? I feel the first step is community planning; the second is execution by knowledgeable sponsors; and third is positive and technical support by local, State, and Federal Government.

Community organization.—Some community agency must accept the responsibility of identifying and planning for the housing needs of the older persons living in the community. In Duval County, the Chamber of Commerce analyzed the housing needs of its elderly residents in 1967 and published a report which estimated that over 7,000 persons over age 65 would relocate to adequate rental housing if it were available at a price they could afford to pay. Under an Administration on Aging title III grant, the Duval County Community Planning Council established an aging committee in 1968 to survey the needs of its older citizens and to prepare a plan of action to meet these needs. Housing was one of the major problem areas documented. That aging committee published a directory of elderly housing opportunities which has been very helpful to elderly persons seeking housing information. A master plan for aging for the 1970's is now in progress, and a housing plan will be a major element of the final report which will be presented to the mayor of Jacksonville, this summer, for coordination and support. Every Florida community should do such planning if they wish to meet the housing needs of their elderly residents.

Execution.—The community plan should include the development of knowledgeable and responsible sponsors for elderly housing projects. Sponsors are of two types—nonprofit and proprietary; we need both.

Types of sponsors.—Nonprofit sponsors include church, civic, union, and benevolent organizations. Such groups are usually well motivated and are usually already involved in some form of community service. Nonprofit groups need information, seed money, and technical guidance and assistance. The development of a multimillion dollar elderly housing facility is a very complex undertaking and because the public's money is usually involved I emphasize that such sponsors should be knowledgeable and responsible. Design, site selection, and management are extremely important.

Proprietary sponsors are becoming increasingly interested in the elderly housing market. The FHA section 235 and section 236 programs provide for private developers to build housing for the elderly. However, just as nonprofits, the proprietary sponsor should be knowledgeable and responsive to the special factors which affect elderly persons. A Jacksonville builder has developed a FHA section 221(d)3 rent supplement project with approximately 400 units of which over 90 percent are occupied by elderly tenants. He is delighted with this

project and has actively sought technical advice on programs which his tenants have requested. Why is he so pleased? He tells us: They pay their rent and on time; they take pride in their apartment and continuously improve it; they work in their assigned yard space; and they stay put. I suggest that proprietary sponsors also need information and technical assistance.

Sponsor responsibilities.—I identify three criteria on which sponsors should document their abilities:

1. Knowledge of needs of older persons in the community;
2. Management capabilities; and
3. Program development capabilities in areas of health, recreation, and social needs of residents.

Government support.—Local, State and Federal support is essential to produce elderly housing. Examples of needed support:

1. Local government. Inclusion of elderly housing in urban renewal plans. Waiver of zoning regulations such as parking requirements. Development of elderly public housing and programs for the residents of public housing.

2. State government. Provision of seed money grants or loans to elderly housing sponsors. Passage of adequate laws which set standards for staffing, construction, and operation of elderly housing. Also, laws related to licensure of facilities and staff where appropriate. Provide funds to underwrite housing for recipients of Old Age Assistance. Fund demonstration grants to sponsors who are providing services to the elderly.

3. Federal Government. Provide financing mechanisms for construction of housing. Both for individual homeownership and for rental types. Set standards for construction and safety requirements. Assist State in funding Old Age Assistance to indigent elderly. Provide rent supplements for low-income elderly. Include elderly projects in Model Cities and other urban renewal programs. Fund research, demonstration, and education projects in areas related to elderly housing development and operation.

RECOMMENDATIONS

1. Fund FHA section 235 and section 236 programs with specially earmarked funds for elderly housing.

2. Restore the section 202 direct loan program which proved to be the most successful program HUD has developed for elderly housing.

3. Fund the Administration on Aging's title III and title IV grant programs at levels which will allow research, demonstration, and education projects to continue and expand into new program areas—particularly projects relating to housing for the elderly.

4. Request the President to increase the visibility of the Administration on Aging by changing its status in the Department of Health, Education, and Welfare.

5. Request increased funds for elderly public housing. Request recognition by local housing authorities of the need for service programs for elderly public housing tenants such as health maintenance services, recreation activities, and social services.

6. Request the Department of HUD set up technical assistance personnel in each FHA area office. Such offices should be staffed by per-

sons with special training and/or experience in the field of aging and elderly housing.

7. Request the Department of HUD to change their regulations to provide for program personnel in the operating budgets of projects constructed under the various FHA and PHA funding mechanisms.

8. Coordinate activities relating to the elderly in the various departments of the Federal Government.

9. Request the Administration on Aging take an activist role in providing a clearinghouse for information and assistance to sponsors of elderly housing.

10. Study the feasibility of development of community housing councils to plan and evaluate Government financed elderly housing projects. Such councils would operate similar to health planning councils and issue certificates of need before Government funds could be committed.

And last, we would request the Departments of HEW and HUD study the relationship of elderly housing to health facilities. There's a great deal of overlapping in the kinds of services that need the place where people need—and we need to define the level of services, what are required, and how a continuum of health care can be achieved.

It's been a real pleasure and honor to offer these remarks to you, and I'll be very happy to answer any questions that you might have.

Senator GURNEY. Well, thank you, Dr. Pruitt. You certainly gave the committee a lot of meat to chew on. I'm delighted. Fine, practical suggestions that I'm sure we can examine in Washington and hopefully could do something about. I'd like to comment on and compliment what the church groups have done here in Florida in housing for elderly. I know they've only scratched the surface in satisfying the needs. I'm well aware of that, but I also am aware that they have made a tremendous contribution, as I pointed out when we began.

I was in your housing project in Jacksonville last Saturday looking it over from top to bottom. I can say a great deal about it, but I think one of the things that perhaps impresses me more than anything else in elderly housing as it's been done by church groups in this country is the contrast between it and public housing. You know, public housing hasn't worked too well in a lot of our cities. We don't have any time to go into that, but it just hasn't. One of the reasons why it hasn't is because people, after they have gotten into some of these housing projects, just really haven't taken care of them. They haven't had the pride to do it or the willingness, or haven't been properly motivated, but I don't know of a single example of elderly housing in the State of Florida where, when you go in, you don't find a really top-flight operation. And one of the reasons you do is because the elderly take pride in their housing. They're very grateful for it. They are responsible citizens. They are the kind of people that throughout the whole course of life, I think, have wanted to make a good contribution to society, and now in their elderly days they want to do it as far as their housing is concerned.

AVERAGE INCOME BELOW POVERTY LEVEL

I know in your project there in Jacksonville that the average income is somewhere between \$2,100 and \$2,300, as I recall.

Mr. PRUITT. Yes, sir.

Senator GURNEY. Which is below what everybody claims to be the poverty level in the United States, and yet you go into these homes and they're beautifully kept, the people in them are proud. They undertake projects on their own to raise a little extra money on the side to do extra things, for themselves like, perhaps, a pottery shop up there in your housing, or toolroom, or planting, as you mentioned, and other things, too. This is a real refreshing thing as far as someone in public office is concerned, and I think here is a wonderful example of where church groups, and hopefully other groups as you pointed out, can enter into a meaningful partnership with the Federal Government and really perform a useful contribution to society. We need to do a great deal more of this. There is just no question about it. I hope that we can.

I would like to point out this. I wish I had time to go into questions here with you, but, frankly, I think your statement hit on so many good things that perhaps I couldn't ask you any questions anyway to develop it further. But it is true that just last week Secretary Richardson of HEW announced his intention to appoint a special task force to look into this business of whether the Administration on Aging within his department is really doing the job it ought to do, and has the status it should. I might point out, too, that one of the reasons why they're going ahead with this is because the administration itself, the President, is anxious to make sure these problems do receive first priority. I rather think in the past the obvious aspects of health, education, and welfare received a higher priority within this department of the Government. I hope that the Secretary's task force will come up with a better way, perhaps, of serving the elderly. But I agree with you, housing, just like health, is a matter of priority and I hope we put more effort in it.

Mr. PRUITT. Thank you.

Senator GURNEY. Our next witness will be Dr. Carter Osterbind of Gainesville, who is chairman of the Florida State Advisory Committee on Aging. Also, director of the Bureau of Economic and Business Research, University of Florida. Welcome, Dr. Osterbind, and we're delighted to hear from you.

STATEMENT BY DR. CARTER C. OSTERBIND, CHAIRMAN, FLORIDA STATE ADVISORY COMMITTEE ON AGING; DIRECTOR, BUREAU OF ECONOMIC AND BUSINESS RESEARCH, UNIVERSITY OF FLORIDA

Dr. OSTERBIND. Thank you, Senator; it's a real pleasure to be here. I want to make a few brief observations because our time is slipping along, and I have a fuller statement I will make available to the committee.*

I think that the problem of providing adequate retirement income is a continuing challenge to the individual and to society and that given the national economic growth and social development we face the very critical question of what society and its individual members should seek to achieve in the way of providing an adequate income for

*See appendix 1, p. 888.

older people. In a sense we're saying, "What should we provide for ourselves?" because we're all in this aging process.

Adequacy of income is not just a matter of how much income is received, but it involves a consideration of the total environment in which it is received. So I think that we need to give increasing attention to the effective use of economic and social resources by older people as a part of the measurement of income. I want to endorse the testimony of the two people who have just testified and of others who will testify about some other approaches to meeting economic needs, because income is related to these things. If we do not provide the community services, if we do not provide a situation in which people can get things that they need, then it doesn't make any difference what their income level is, they will not be adequately served.

Service permeates everything. I think, also, that in the provision of adequate resources we need to properly evaluate the effective use of community resources, State resources, and Federal resources; that we need to achieve a balance based on what each can best contribute. To achieve this and to have good government at all levels, we must be informed. I think that at the present time we are becoming better informed. We are gaining knowledge here in Florida and the other States through hearings such as this and meetings with older people in their communities.

We have been engaged in a broad program of getting information by going out to local communities and talking with older people about their needs. We are setting up useful channels of communication, and we need to continue to keep these channels open. We need also to carry out systematic studies of need.

STUDY OF EXISTING PROGRAMS

For example, here in Florida, we plan to participate with the national program of the Administration on Aging using social indicators as a measure of need. Our State bureau on aging is in the process of making a study of the existing programs in the State that are designed to provide services to older people and to see how well they meet the needs.

I think, that as we continue in our studies, we will be in a position to communicate more effectively with your committee and provide you with better information.

As we consider the income situation in Florida, there is one particular concern that I would like to stress, and that relates to the large number of older women that we have in Florida. We now have a million people 65 and older in this State, and 55 percent, or 550,000 are elderly women. We are in the process of getting recent information on the incomes of these elderly women but the studies that have been carried out in the past reveal that this is the lowest income group in the Nation. The Social Security Administration has studied this group and has found, for example, that single or individual elderly women, 73 years of age and over, have a median income of \$1,115 a year. Now, you can see that this is very low and we know that in Florida these same conditions prevail.

Our past studies have clearly shown this, so I think we have a two-fold problem. One, of making sure that we are efficiently using community resources to serve elderly people, and at the same time, realisti-

cally looking at their income situation and doing something to improve it through national, State, and local programs.

I go around Florida quite a bit and I run into so many people whom I call noble citizens, people who have been teachers, who have been professional people, people who have been engaged in all kinds of worthwhile employment prior to coming to Florida some time ago to retire and I find many of them really up against it because of their relatively fixed small incomes. This group includes not just elderly women. We have 450,000 elderly men in the State and many of them have low incomes. In these groups are people who have committed their lives to the benefit of the country, people who have done the kind of things that we have always pointed out that one should aspire to do, become involved in important work and provide leadership. I see these people and they are proud. They are people who don't look for help, but I think that, as we examine this whole situation, we should keep these people in mind.

Now, I do not wish to speak further. Many of these people in the room are outstanding leaders in the field of aging and have worked around the State, and in this local area, so I'm going to conclude my remarks at this time so that they may be heard.

Senator GURNEY. Well, thank you, Doctor. I, of course, could not agree with you more as far as the need of supplementing the income of the elderly is concerned. I think one of the first times I really had it thrust home to me was when I served in the House of Representatives. I was down in Fort Pierce at this particular meeting with a group of people from my own party, and one of the elderly persons who attended the meeting came up to me and mentioned how much she enjoyed coming out to political gatherings like this, but that she wasn't able to do it too often. And I asked her why, and she said, "Well, I can't do it because, frankly, I can't afford the taxi fare to get down here." I think at that time she was talking about a fare that was the large sum of 50 cents, and I was really shocked, a person who really wanted to take part in government and the political process of our Nation had problems in attending a meeting of that sort simply because she lacked that small amount of money.

So I am aware of these problems and Congress is, as a whole, and we, of course, try to meet them. We don't meet them adequately; we realize that. We were able to raise the Social Security this past year a healthy hike from what it was, but we know, also, that that doesn't stretch too far either, so what you say certainly falls on sensitive ears, and I hope we can do more about it.

STRENGTHEN DEMONSTRATION PROJECTS

Dr. OSTERBLIND. I would like to make one comment in response to what you have said. I think that when Secretary Bax speaks he will comment on some of our community projects around the State, but I would like to make a strong pitch for the demonstration-type projects that have been carried on. I have observed these not only in Florida, but throughout the Nation, and I think that the moneys that we have expended in these projects, while they haven't always achieved the results that we want to achieve, have tended to bring to the local community innovative ways in which to provide community services, and it has had a wonderful effect here in Florida.

The teachers' aid program, I could give many, many illustrations of successful programs. I think some of us have tended to say, well, maybe demonstration projects are not useful, but I believe they are, and that we should extend the idea, strengthen it, and give it some more tests—because I think we are reaping benefits.

Senator GURNEY. Well, I think that's true, and let me give one other example. I find that a great many elderly people literally would give anything they could to work fruitfully and do something to earn some money, and they're darn good at it, too. Again, I refer back to some of my political campaigns. In every one of them we've had people in their seventies, particularly women, who come down to the office and, frankly, they do better work than a lot of the younger people do. They want to do it; they know how to do it; they can make a really tremendous contribution.

I feel, as you do, that we ought to find ways and means where we can harness this desire, this willingness, and this ability in making a contribution to society, and we need to do a lot more in this field. I'm afraid this country got off on a kick a short time ago here. It really began in our time that—"Oh, you put everybody out to pasture, and they peacefully graze for the rest of their lives." Obviously, that doesn't work. There isn't anything that pulls the pit out of the peach quicker than forced idleness. Again, I've seen a good bit of this when I used to practice law in this community, and people would retire from their active business life, and after they enjoyed the life of leisure for a few months, they wanted out of it.

So you have touched upon a subject that certainly we need to do a lot more with. Now, our next witness is Mr. Gerald Rehm of Largo, who is executive director of Experience Unlimited. Perhaps you can give us a little information on what we've been talking about? Good to have you here, Mr. Rehm.

**STATEMENT BY MAYOR GERALD S. REHM, DUNEDIN, FLA.; AND
PRESIDENT, EXPERIENCE UNLIMITED, INC.**

Mayor REHM. Senator Gurney, Mr. Miller, and Members of the U.S. Senate. I'd like to correct the titles, if I may, so my own local constituents won't run me out of town. I'm presently mayor of Dunedin. I'm president of Experience Unlimited, which is a nonprofit privately—private sponsor. It's a health service for people over the age of 50. I serve the older worker, coming with 10 years' background experience as an elected civic official and some 20 years as business manager. I certainly accept with great pleasure the opportunity to appear before this Senate Committee on Aging.

When I was commissioned by the Jack and Ruth Eckerd Foundation in November 1969 to develop a program for older workers we formed Experience Unlimited, Inc., a nonprofit, fully professional, temporary help service. For background information on the older worker program we elected to go to Washington, met with Senator Gurney and Staff Director John Miller on the aging problem in employment. The assistance and the knowledge gained was invaluable and is in a great way responsible for the success Experience Unlimited, Inc., has had to date.

My background of 10 years' experience as an appointed and elected municipal government official, as well as my 20 years of experience

in professional business management, qualified me to direct a program such as ours and to present this testimony. My testimony comes from the deliberations of many active and knowledgeable people in Florida involved in the employment and counseling of the older people. These people have deliberated during the many conferences held in Florida in preparation for the forthcoming White House Conference on Aging. This testimony basically is in the form of recommendations that, if adopted, would assist in seeking meaningful employment. They are as follows:

RECOMMENDATIONS TO THE WHCA

1. It is recommended that placement training and job assistance programs which are currently earmarked for youth and minority groups should be modified to include special provisions for older workers. It is recommended that older workers be categorized into two groups: (1) to cover the group between 40 and 55; and (2) for those over 55. In the 40/55 group it is recommended that specially funded aid be established for training in new careers. Counseling and placement services must also be provided. For those over 55, it is recommended that a specially funded grant-in-aid be established.

2. It is recommended that a new national manpower policy be adopted which would not entail any further restrictive legislation, but rather would provide incentives for private enterprise to utilize and to hire more older workers.

3. It is recommended that private enterprise be given every opportunity to shoulder the problems of employing the older worker, but that Government must recognize that it is the employer of last resort for those individuals who are unemployable in the regular work force due to reduced physical stamina, but who still have the desire to work.

4. It is recommended that the Government study the barriers which now exist against employment of older people due to civil service regulations and labor union policies.

5. It is recommended that the Government consider problems that will lead the way for the use of older Americans in part-time employment for peak periods of workload within the Federal Government and the State government activities.

6. It is recommended that consideration be given to the problem of compulsory vesting of all private pension plans to guarantee payment of such funds. Further that the portability of pension benefits be instituted so as to facilitate continuous employment.

7. It is recommended that the National Employment Service—which is the best there is—reconstitute the use of the older worker specialists for age 55-and-older persons. This will only be accomplished by specific allocations of money for this purpose.

8. Employment of older persons should not be hampered by the Social Security test and the Social Security test should be based according to the amount of Social Security benefits being received.

TEMPORARY HELP SERVICE

I speak from the experience of running a unique temporary help service sponsored by the private business sector. This business in 71

weeks of operation has proven to be the way to go for the older worker, in that the service provided to the individual provides them an opportunity to demonstrate their skills on a temporary assignment basis, and if they are acceptable have the opportunity to again become a permanent employee. The operation also permits them to remain as a temporary employee if their desire is to work only part time as a supplement to Social Security. In utilizing the temporary help service the businessman benefits because he is not required to assume any of the employment expenses as these are assumed by the temporary help service. The private businessman benefits in that he is only required to pay for that much labor that he needs, which has been proven to be the most efficient way to operate, rather than being saddled with full-time employees whose capabilities are not required on a full-time basis.

As proof of our success in this unique field, and I again indicate that we are the only temporary help service in America funded by a private businessman; the following statistics should speak for themselves:

1. Total hours worked to date—136,116.
2. Total individual employees put to work—722.
3. Total customers utilizing the services—232.
4. Total applicants to date—3,563.

We are pleased to have had the opportunity to have pursued this endeavor, and with our experiences, our business is now on the threshold of operating on a break-even basis.

Mr. Jack Eckerd, through the Eckerd Foundation, supplied approximately \$100,000 in capital to initiate the business with the mandate that at the end of this expenditure the business would break even. This will be achieved.

To supplement my testimony of today, I would like to introduce Mr. J. Floyd Glisson, who is the managing trustee of the Eckerd Foundation to present other testimony.

Senator GURNEY. Delighted to hear from him.

Mr. Glisson.

STATEMENT BY J. FLOYD GLISSON, MANAGING TRUSTEE, ECKERD FOUNDATION

Mr. GLISSON. Thank you. Senator Gurney, it's nice to see you again; Mr. Miller. Gentlemen, I really appreciate this opportunity to appear before you this morning. Senator Gurney, as you know, Mr. Eckerd has been involved for several years in the problems of the aged and he would have been here this morning had it not been for the fact that he was called out of town, but I think that most of the recommendations certainly have already been covered by these expert witnesses here, and I think, too, that there has been a lot of discussion concerning what we can do for the senior citizens, and we have found, as Mayor Rehm has pointed out in his report to you, that this has not been necessarily a case of what needs to be done for the mature citizens of the State, but rather ways and means of how they can help themselves.

We have found that these people who have come to work for us have certainly been very productive employees, and the only thing that they're asking for is an opportunity to continue as useful citizens of

this Nation. As an example, we felt that in many cases many of our people have told us that they do not wish to be treated as welfare cases, and I think that there has been instances, both in our Federal and State government, where this has been the case, and I think that it has been pointed out, particularly by Dr. Perdue and the others that we need more of the demonstration acts. We feel, also, that an increase could be provided in allowance earnings for a person that is on Social Security, and certainly this has been very well covered here this morning. This is one recommendation which we feel that we would like to see and that is to prevent one Federal agency particularly from interfering with our program.

As an example, when we were welcomed in Washington by Mr. Miller and yourself sometime ago with our program, we were advising of the need for an employment agency such as ours for the mature worker. We have now been advised that we're violating the law, that we cannot advertise or limit employment of people who are over the age of 55, because we are discriminating against the younger worker. May I assure you that we have told these people that we are going to continue to violate the law.

In summary, there are many agencies involved in these problems of the retirees, and concerted effort should be made to give the problems a little more recognition and status, both at the State and Federal level, and I'm sure that you will find the solution to some of these problems in your hearing. Thank you, Senator Gurney, for the opportunity to appear before you.

Senator GURNEY. Well, thank you, and before you go away, I would like to ask you a question. First of all, I'd like to tell the audience that both these gentlemen made a very great contribution to public life before.

Mr. Glisson, who just talked here and went with the Eckerd Corp., was for many years Pinellas County administrator, and previously was a very outstanding city manager in Florida.

I apologize, Mr. Rehm, for not recognizing your public service as mayor. I had my own start in this business as mayor, too, so I appreciate some of your problems and contributions. I am interested in your comment on this so-called discrimination. Now, go into that a little more. I'd like to know about that.

CITED AS BEING IN VIOLATION OF LAW

Mr. GLISSON. Well, Senator, we received a letter recently and, Jerry, do you remember the man's name?

MAYOR REHM. Yes; Mr. Robert D. Moran has cited us as being in violation of the law because we will not bring people age 40-to-50 into our organization for employment. Our position to him was that the "Secretary of Labor is induced to seek private sector participation in the solving of aging employment problems," and we feel we're following the guidelines in that act. Since we're a nonprofit organization, we do not think it's fair to compete with the profitmaking temporary help services who have no problem at all placing people from age 40-to-50. But when a man passes 50, they're not interested in him, and we feel that we're properly following the act by concerning ourselves with the rejects—those over age 55. Mr. Moran disagrees with us, however.

Senator GURNEY. This is part of the Department of Labor, I suppose, you're talking about.

Mayor REHM. Yes, sir.

Senator GURNEY. I wish you'd send a copy of that communication to the committee.*

Mayor REHM. Yes, sir; we certainly will. I'd like to submit the letter as part of our testimony.

Senator GURNEY. I think that would be fine. I wish you would. Thank you, Mr. Glisson.

Mr. GLISSON. Thank you very much, Senator.

Senator GURNEY. May I inquire, Mayor Rehm, if you could give us one or two examples of where and how private enterprise has been used to employ elderly people, particularly in connection with the Federal Government? This is an area that I've always been keenly interested in. I've often thought that in our job retraining and job training, we should make far greater use of the private enterprise than public programs, per se, and I wish you'd give one or two examples to put in the testimony.

Mayor REHM. In comparing our program to a governmental one we feel our object is to get people working, not to make reports. As a consequence, my staff is very small. All of our efforts are bent toward getting people working. Our counseling is not so much involved in determining many, many years of past unuseable knowledge, but determining what can this fellow do today. Once this information is obtained, we then proceed to match up this individual's talents with a going business and its needs.

I might add that in the Eckert Corp. we have been very successful in putting people who didn't previously feel they could lift a 10- or 15-pound box to work in a warehouse. We have them running inventory, we have them working on the line in manufacturing firms. The same people who couldn't get in the front door, couldn't get an interview because they were age 55-plus, are now performing very excellent services.

I might add that we took a retired top-level executive from the Budd Co. and made him the finance director of the City of Dunedin and he's already saved the city four times his salary. I have studied organizations all over the country who have worked using governmental funds, and in comparison I feel that we have been able to operate Experience Unlimited at about a third of the cost as compared to governmental programs doing the same task.

What the private businessman needs, though, is an incentive to duplicate our program. Just what this should be, we would leave to the wisdom of the Senate, but all of the records that we've got, all of the testimony that we've gathered certainly are yours, sir, for any further deliberations.

RETRAINING FOR NEW PROFESSIONS

Senator GURNEY. In other words, to summarize, I understand what you were saying, is that you seek out skills and put them to work, actively look for them, find them, and then made use of them. And in

*See appendix 1, item 3, p. 388.

addition to that, in some cases, do retraining yourself and develop skills that can be put to work.

Mayor REHM. Yes, sir; we've spent about a third of our money last year actually training people—retraining people, getting them into new professions. Our retraining is done by using existing programs of existing agencies. There are some very, very fine retraining programs created by the Department of Labor, and we've tried to use those. We worked with the local school systems and their excellent training programs. In essence we've used our management talents to help direct our people into these existing programs.

As an example we paid the full expense of a typing class of the Pinellas County School System, and we put 50 ladies through a typing course for some 13 weeks. One of our counselors attended these classes and as the ladies progressed along, we took them out of class and put them to work.

The object here was not to have them go to school, but to give them enough schooling so that we could get them to work.

Senator GURNEY. Thank you. I certainly appreciate your contributions, Mayor Rehm, in this area. I might also add that I certainly agree with you on this matter of penalizing, by loss of Social Security, those people who want to work. I've introduced bill after bill in Congress on this. I'd like to see the earnings test eliminated completely, but Congress isn't in the mood to do that, and I've introduced other bills and jointed with other concerned Senators and Members of the House of Representatives to increase the level of earning permitted before one is penalized by loss of Social Security benefits. I frankly consider it un-American to have any kind of retirement program tied into discouraging people from working. To me it just doesn't make any sense at all and never has made any sense, and I hope the day will come when perhaps we can eliminate it entirely. I think we should. Thank you.

Now, our next witness is Mr. William Fowler of Tallahassee, who is chairman of the Florida Transportation-Aging Task Force, chief of the Bureau of Research and Development, Division of Mass Transit operations for the Florida State Department of Transportation, and we're delighted to have you with us here, Mr. Fowler, to make your contribution here today also.

STATEMENT BY WILLIAM FOWLER, CHAIRMAN, FLORIDA TRANSPORTATION-AGING TASK FORCE; CHIEF, BUREAU OF RESEARCH AND DEVELOPMENT, DIVISION OF MASS OPERATIONS, FLORIDA STATE DEPARTMENT OF TRANSPORTATION

Mr. FOWLER. Thank you, Senator Gurney, Mr. Miller, other distinguished guests, ladies, and gentlemen. We had a transportation problem this morning. There's a little ground fog in Tallahassee, and unfortunately there's nothing anybody could do about that except wait.

Senator GURNEY. I wish it had been a little rain instead of fog.

Mr. FOWLER. So do I. This morning I would like to tell you a little bit about what we've been doing with the White House Conference on Aging in the area of transportation. I will be speaking to you from a background of general transportation knowledge, and particularly on mass transit, gained as a result of my work in the Florida Depart-

ment of Transportation. This general knowledge has been focused upon the special mobility problems of the aging by my participation in the White House Conference on Aging.

I would like to say at this time that the association between the Florida Department of Transportation and the Department of Health and Rehabilitative Services has been mutually beneficial. Concurrent planning and implementation of transportation projects as they apply to social service programs of the Department of Health and Rehabilitative Services will be easier in the future as a result of our participation in the White House Conference on Aging.

This morning I would like to summarize for you the results to date from the transportation needs area of the White House Conference on Aging. Then I will talk about Florida's problems and projects involving transportation and aging as I see them from my special vantage point. Finally, I will offer some comments on future prospects in Florida.

TRANSPORTATION: ONE OF THREE TOP CONCERNS

In September 1970, as a part of the White House Conference on Aging, 89 forums were held in municipalities throughout Florida. In most of these forums, transportation was cited as one of the top three areas of concern for older people. Issues brought up most frequently relative to the transportation problem were, No. 1, health.

The necessity for frequent medical-related trips was most often stated as the greatest transportation need. The suggestions in this area were: No. 1, include the cost of medical-related transportation in Medicare; No. 2, provide mobile medical and dental units for older people; and No. 3, increase number of medical personnel in low-density areas.

Now, related to this problem of health were two mechanisms or means by which people normally avail themselves of services. The first complaint was the lack of use of the private automobile by older people. Now the statistics of the situation are these: There is no car for about 45 percent of the households headed by people 65-and-older. In comparison, only 12 percent of the households headed by persons 25-to-55 lack a car. Older people who do own cars use them less than younger people. For instance, households headed by people 45-to-55 put about 16,000 miles on their car every year; households headed by people 65-to-75 drive about 5,000 miles a year; households headed by people 75 or older drive only about 2,000 miles per year.

Several causes for this lack of use of the private automobile were brought out in the forums. These causes are, No. 1, high acquisition costs exclude many older persons from ownership. Two, high and increasing cost of operating and maintaining a private automobile is beyond the means of many older people who must live on limited and fixed incomes. Three, the increase in automobile insurance policy premiums for older people and the frequent cancellation of these policies force many older people off the roads. Four, the physical and psychological inability of older people to deal with faster urban traffic reduces the viability of the private automobile as a means of transportation for many older people. And No. 5, Florida's new driver reexamination regulations will keep many older people from possessing a valid driver's license in the future.

This is what the older person says are problems with the private automobile. Now the other means of normally transporting oneself to services is mass or public transportation. Mass transit or public transportation systems in Florida are bus systems. These systems are used almost exclusively by captive riders, people with no alternative means of transportation. The typical ratio of captive-to-choice riders of transit is 90 to 10. Accurate figures for all Florida systems are not available, but I believe that the ratio of captive-to-choice riders is greater than 90 to 10 in our State. A large share of these captives in Florida are older persons.

DEFICIENT PUBLIC TRANSIT SYSTEMS

The persons participating in the community forums think that the public transit systems in Florida are deficient in the following ways. No. 1, vehicles are routed to serve the working population. Scheduling is not, in most cases, designed to serve the shopping, social, medical, and part-time employment needs of older persons.

No. 2, the facilities and equipment are not designed for older people. Buses are difficult to board, bus stops usually are without seats or shelter.

No. 3, relatively high fares are a significant cost item in the budgets of persons living on low-fixed incomes.

No. 4, the systems are unreliable. The one in Daytona stopped the day of the forum, leaving many older people stranded.

The most common suggestions for short range relief of the transportation problem of older persons follow two basic approaches: No. 1, redesign mass transit systems to use available system capacity to serve the needs of older people. This would involve rescheduling, using school buses and other transportation resources during off hours, and other operational techniques would extend mobility to older persons; and No. 2, provide financial aid for older people through direct subsidy, low-cost tokens, or other reduced fare schemes.

The Bureau on Aging with the Florida Department of Health and Rehabilitative Services has just conducted area community conferences, each of which produced position statements concerning the five issues presented by the White House Conference staff. Tomorrow we are meeting here in a statewide workshop to synthesize the results of these grassroots inputs to national policy on transportation and aging. I would like to read for you now a position statement on each issue which is a combination of all essential elements of each area position statement on the issue. These statements represent the feelings of Florida's older citizens who participated in the area conferences in Panama City, Gainesville, Tampa, and Fort Lauderdale, and generally reflect the feelings of the 12,000 persons attending the 89 earlier community forums. I will not read the issue since the position statement embodies the general idea.

The position statement on issue No. 1: The Federal, State, and local governments must adopt a policy designed to provide balanced transit systems based on the total community economic benefit. The policy should provide for rider subsidy for the elderly, the handicapped, the unemployed, and school-age children, and subsidized insurance where volunteer transportation service for the elderly and handicapped is provided.

Position statement No. 2: The Federal and State government should aid in the development of transportation systems and its services for all elements of our society with emphasis on the transportation needs of the elderly, the poor, the handicapped, and school-age children, and consideration of the service and vehicle design criteria.

Position statement No. 3: Federal and State and local governments should insure that transportation is an integral part of all social service programs. Objective should be to consider service needs of all elements of our society reliant upon public transportation.

Position statement on issue No. 4: The Federal Government should coordinate the development of all modes of transportation and the Federal, State, and local governments should vigorously develop transportation improvement programs for the entire population with priority given to the needs of the elderly, the poor, the handicapped, and school-age children for all phases of activities including interstate travel.

Position statement on issue No. 5: The Federal and State governments should support the development of programs designed to provide for the safety, comfort, and convenience of the elderly and handicapped as pedestrians, drivers, and users of transportation systems.

In view of these position statements I have just read, one could construct a summary combining the statement representing the feelings of the older Florida citizens as follows: The Federal, State, and local governments should adopt a cooperative policy for transportation and aging which includes financial aid to the user (a fare supplement), financial aid to the provider of service (capital grant), mandatory vehicle design and system service criteria to provide safety, comfort, and convenience to the user, and coordinated planning and implementation of the whole transportation network which considers total community economic and social benefits rather than narrow modal economic benefits alone.

OBSERVATIONS ON PROBLEMS AND PROJECTS

Now I've reported what the older citizen in Florida thinks, what constitutes his most vexing mobility problems. Now I would like to offer some personal observations on Florida's problems and projects.

Actually, Florida's problem types are typical of those in most other States except that we have a higher percentage of older persons in the population. This fact gives greater dimensions to the problem.

In order to better understand transportation problems of the older citizen in low-density areas in Florida, and to test some ideas, theories, and observations contained in reams of articles, papers, and books, the Florida Department of Transportation has embarked upon two experiments. The first demonstration was conducted cooperatively with the Bureau of Aging and local government in Fort Pierce. It has been completed and was an austere, low-budget project which used small refurbished school buses, attempted widearea coverage, charged high fares to give the experiment realism, and was advertised beforehand as a temporary test service. We certainly demonstrated that all of the complaints about transit are valid. Unsited equipment, high fares, long routes, and long headways discourage ridership by older citizens even though they claim to be desperate for transportation.

The second experiment is now in progress in the Clearwater area and is evaluating the other end of the service scale. New and modern air-conditioned buses are used, the fare is low, routes are short and specifically designed to serve the older person, headways are reasonable, drivers have been handpicked and trained to be courteous and sensitive to the requirements of older people, buses stop anywhere along the route, not just at designated stops.

SUBSIDY FOR SENIOR CITIZEN BUS LINE

The results so far are very encouraging and show that our bus service is truly a senior citizen busline. Despite the success of our experiment from a people and service standpoint, it is not an economic success from an operator's standpoint. It wasn't really designed to be.

Furthermore, I believe that the physical and economic constraints on a transportation system which serves a low-density, medium-to-low-income citizen market will keep that system from operating out of the fare box. The real message that I have, based upon actual experience, is that any such system must have financial aid, a subsidy, if you please.

A significant problem for me in administering transportation projects is the fact that current Federal and Florida statutes prohibit the payment of transit system operating costs. And when you talk to operators, these are the things they worry about. They don't worry as much about capital-type costs as they do about operating costs. I believe that this situation must change if transit systems ever are to serve the needs of communities. I feel that this can be done best by helping the operator through the rider, not directly. Aid for capital improvement should remain as it is now.

The problems of providing services to all citizens, irrespective of age, are related to population densities. The more spread out people are, the more expensive it is to provide utilities, transportation, and all of the other necessities and amenities which characterize the good life. The rub for service providers and elected officials is that people like to live in spread-out fashion. Urban sprawl with its dependence upon the automobile for transportation is popular. Population densities then are related to lifestyle, the lifestyle we see in Florida.

This situation seems to indicate one of two alternative courses of action. Either citizens must accept living in more densely populated areas with their lower service cost per person, or else they must be prepared to pay more per person for services. Since lifestyles aren't likely to change rapidly or easily the outlook is for costs of services to remain high and go higher. For those who can't afford the cost of such services, the only solution seems to be the allocation of more national, State, and local resources to the provision of services. Specifically, in my area of interest, more resources to transportation. What we really are talking about then is resource allocation and use which, in turn, is a function of national and local priorities among the various services which are competing for the available resources.

Now, just a quick glimpse into the future, and here again are my personal observations. They do not in any way necessarily represent an official position of any agency of the State of Florida. I believe that mobility must be and will be provided to older citizens. They will demand it. Aid must be and will be provided from public funds

to transit. The physical and economic forces against private enterprise are too strong in the transit situation. Transit will become a public service supported by public resources. Transit will be aided by a reversal of urban sprawl, I believe. Hopefully we'll continue to be able to afford living in a manner which is inefficient from a service providing standpoint. I think economics will eventually force us to live closer together and services will be easier to provide.

That concludes my remarks and my testimony. I'd like to take this opportunity to thank you for giving me the opportunity to appear before you and state facts and a couple of personal opinions based upon those facts. Thank you.

Senator GURNEY. Well, thank you, Mr. Fowler. Your statement was indeed very factual, and let me agree with you that the sleeper in this problem of aging is indeed transportation. Recently the committee has run into this again and again in our hearings, both in Washington, and also out in the field. I expect probably it is simply an adjunct to the fact that we have been an automobile-oriented society. Each person owning his own automobile, and obviously, we're going to have to change direction and overcome that and seek many ways of improving our transportation. Not only for the elderly, but for all people as well. But especially for the elderly who have the greater problems of finance and cost that you pointed out than do other segments of our society.

I wish we had time to go into your statement more thoroughly. It's sort of a new field and one that I'd be interested in getting more information in. However, I see that our time is going and I want to get to the audience and ask for their participation.

At this time we want to thank all of you distinguished members of the panel here who have come before us today and have testified on these many interesting, serious, very real problems affecting the elderly citizens. I'd like to perhaps sum up this part of the hearing by saying this:

As was pointed out here by several of the witnesses, we have in Florida the greatest percentage of aging in the United States. I think that poses a special burden for us, not only in solving problems, but also in providing leadership in this area, and we have leadership in Florida, no question about that, in solving these problems—very able leadership. I would expect that out of the input we can give of ourselves in Florida here in tackling our own problems and making them known to the rest of the Nation through a hearing like this or in Washington at the White House Conference on Aging, we can make a tremendous contribution in resolving problems for this very large percentage of our society. I want to particularly thank you for making a start here at this Florida White House Conference which begins tomorrow. I want to also particularly thank Dr. Carter Osterbind who is the chairman of the Florida White House Conference on Aging for helping set up this meeting, and also coordinating our activities to make sure that we do make our input from Florida at the conference later on in the year. Again to our witnesses—thank you very much. You are excused and then I'll turn to the audience.

I might also say that I want to thank at this time Miss Constance Walker and her staff. She's the acting chief of the Florida Bureau on Aging. I know her personally from many year's standing and

she's made a great contribution in this whole area and she also, and her staff, were responsible for setting up this very fine meeting, and I want to thank her.

Dr. Bax, secretary of the State Department of Health and Rehabilitative Services, was to be here, but I guess he had even worse transportation problems than Mr. Fowler because he isn't here yet.

Now, at this time I would like to turn to the audience because I know from my own personal experience and acquaintance with many of you that we have in this room a great many of the leaders of the elderly segment of our society in Florida, people who are very knowledgeable, and also who perform leadership roles and make great contributions in this whole area. For time purposes, because we do have a great many people, I would urge you to confine your statements to perhaps 2 or 3 minutes so that everybody will have an opportunity to talk who wants to.

I would also ask if you would come down and speak into the microphone here because it's the only one we have on the floor. We don't have a traveling microphone and it would be well to identify yourselves so we will have that for the record, also. Who wants to be first to volunteer? We have a gentleman over here.

STATEMENT BY REV. M. FRED TOMS, PRESIDENT, ALDERSGATE RETIREMENT CENTER, KISSIMMEE, FLA.

Rev. Toms. *Mr. Gurney, Mr. Miller;* I'm Reverend M. Fred Toms, Toms, president of the Aldersgate Retirement Center and director of a very successful retirement center in the city of Kissimmee, that is 2 miles southwest of the city of Orlando. On 255 acres of land we are building there, without Federal financing or without the help of any local agency, as far as the state of the community is concerned, a facility that has a very broad base.

We go from the mobile homes through the nursing home care, and we are chartered to build a hospital for the elderly if and when that is needed. We worked under the Federal Government programs, the 202, 231-236, especially the 202, but found that the need is so great that we wanted to try to set precedence for other nonprofit groups to follow. We are a nonprofit group. There are 14 men from various Christian denominations who are interested in the needs of the elderly and we have placed there at the very heart of it a community chapel where the people can attend if they care to. If not, we furnish transportation to them on Sunday mornings if they don't have a way to their own churches.

Simply stated, we provide mobile spaces, we provide mobile homes, and the small duplex mobile home apartments and provide efficiency, one bedroom, and two bedroom apartments. We have levels of care as far as the health care is concerned, rest home care for the ambulatory, and then all the way through to our skilled care in the nursing home facility.

Now there are many things to say and I don't want to take too much time, but we are encouraging, Senator Gurney, the churches to move into the area of caring for the elderly. I was amazed, and yet knew it, with other citizens that there are three times as many people, retired persons, in America than there are college students. While the churches are very active in setting up colleges across the land, as we

look to the Bible itself, the church was the first to establish old folks' home in the Book of Acts by looking after the widows, and certainly we are endeavoring to set an example. While it is a small group, we have shown what a small group can do.

The way we have financed this is through the sale of first mortgage bonds. Many churches across the land have financed their own facilities this way. The government has not financed the churches, and the parsonages, and many of the schools. They have financed their own, and by the sale of first mortgage bonds whereby we give the senior citizen a bona fide first mortgage on the property and facilities through a local bank, we are able to provide a protection and then rent back to them the facilities that they provide with their own money. Instead of them having to wait upon the government to form some sort of a subsidy for them, they use their own money and this way they stay respectable. One of the fallacies of some of the government programs is that they do require income levels, and many of these people have diverted their income, put them in trust funds or given it to their children ahead of time, and actually millionaires, I believe, are living in some of our low-cost housing in America.

We need to pull upon this generation of faith and let them paddle their own canoe, but the nonprofit groups can furnish the paddle by allowing a respectable way, a businesslike way for them to do this. We are advocating that retirement centers be established in rural areas rather than just advocating the urban solution is the answer to the problems of the elderly. The same formula of financing could be used on the old defunct downtown hotels, if we could find the nonprofit groups properly motivated or with motivation that needs to be strengthened so that they could adopt this kind of a plan.

Senator, we feel that by having the entire retirement project amalgamated into many types of facilities we can better satisfy their needs. We start with the community chapel to take care of their spiritual needs and then, of course, we go into the health care and providing the proper type of financial formula we can protect them with their limited incomes. We are actually providing rentals today that are comparable to that the Government has financed and without any Federal finance.

I don't want to take too much time, but let me say, sir, it can be done and we would be happy to have anyone visit.

Senator GURNEY. Well, thanks, Reverend Toms, and certainly that was a very clear outline in a short time of what your very significant contribution and effort is. I would remind the audience that speaker was Rev. M. Fred Toms of the Aldersgate Retirement Center in Kissimmee, in case some of you others might want to inquire further into his project and what his people are doing.

**STATEMENT BY CHARLES GRINER, ADMINISTRATOR,
MAGNOLIA TOWERS, ORLANDO, FLA.**

Mr. GREINER. May I have just a minute? My name is Charles Greiner. I am the administrator of Magnolia Towers. We have been operating Magnolia Towers for 5 years. This year it's a 202 project, and I would like to particularly emphasize to the Senator and his associates the continuance of the 202 project which has had a re-

markable record of success. Not a single failure in the country, and we would like to see that continued again. Thank you.

Senator GURNEY. Thank you, Mr. Greiner, and I can assure you that I've had nothing but unanimous support from people concerned with the sort of thing you're doing, that section 202 has worked and we need more of it.

Next speaker?

STATEMENT BY ANN GOODMAN, ORLANDO, FLA.

Miss GOODMAN. Senator Gurney, my name is Ann Goodman. I have been trying to get in contact with you for years, but was unable to.

Senator GURNEY. Here I am. You will never have a better opportunity.

Miss GOODMAN. I took it. Now, my questions are related to basic human rights of—when does the age of elderly begin? Is this now a Federal or is that a State level question? Apparently now, here was the testimony given the 15th of January 1971, in Federal court that Florida State has a right to do any surgery on any human being, especially a woman after the age of 40, that they do not need the consent of their husband, and they do not need to be informed.

Now, I wonder how many women here know about this law. If they have that law, let's let them know about it. Now is the place and time to let them know. Is there such a law? This is for all the underdogs that haven't got the right or haven't got the backbone to fight for the minority or the little people. They just suffer and cry, beg for help, but nobody listens. Now if we have such a law that after 40 you haven't got no right to survive, then the States have to look into—or whether President Nixon will have to look into this because I have addressed the same question to President Nixon.

Senator GURNEY. Let me say this. I'm not aware that we have such a law. I would suggest this, if I might. I think your questions probably could be better answered with our staff man, Mr. Miller, after we finish here.

Miss GOODMAN. OK. I'll be very grateful for it.

Senator GURNEY. And he will be here for that purpose. We want to go into these questions and I assure you whatever question you have, if we can ascertain an answer for it, we will.

Miss GOODMAN. Senator, for reasons we do have many older people in here, and I think if they're—then they should be informed of that law that after 40 you don't have a right. You don't need to have a consent or your husband need not be informed. Fine, maybe there is such laws and maybe there isn't, for if this is a governmental purpose for it, then let the people know about it. Thank you very much.

Senator GURNEY. Next gentleman?

STATEMENT BY ROBERT PERRY, EXECUTIVE DIRECTOR, PRESBYTERIAN HOMES OF FLORIDA

Mr. PERRY. Senator Gurney, I'm Robert Perry. I'm the executive director of the Presbyterian Homes of Florida. We operate Bradenton Manor in Bradenton—Jacksonville Regency House in Jacksonville. I would like to suggest that there are perhaps two generations of

aging. In fact, we now have sometimes mother and daughter in our homes. Where we have some women 65, and the mother 85 or 90.

My specific statement today regards the—nonprofit total care facilities in communities has been—almost—confiscatory ad valorem taxes. Since nonprofit homes for aging can be built and operated with—or no subsidies of any kind, as Reverend Toms has just told you, and as we have done, it would be in the public interest to consider Florida's antiquated tax structure as regards ad valorem taxes, \$50 to \$100 per capita per year revenue sharing, with the community providing the public services would immediately encourage the Florida Legislature to exempt nonprofit homes for the aging, in my opinion, and would encourage the structure of more total care facilities.

To my knowledge, with the exception of—projects there'd be only one—facilities in Florida since 1965. Thank you very much.

Senator GURNEY. Well, thank you, sir. Of course, I know of your own very fine project, Winter Park Towers, which is just a few blocks from where I live, and I congratulate the work your church has done in this area—I think your statement has merit. Thank you.

**STATEMENT BY JEANNE BROCK, ADULT EDUCATION SECTION,
FLORIDA DEPARTMENT OF EDUCATION, TALLAHASSEE, FLA.**

Mrs. BROCK. I'm Jeanne Brock from Tallahassee with the Adult Education Section of the Florida Department of Education. I would like to make a plea for expanding the Federal funding for the adult education acts of 1966. The median age for most of our seniors in a 65-and-older bracket is 8.5 years for the white senior citizen and approximately 5.8 years for the nonwhite. Many of these people do require adult basic education and high school completion courses which the act is supposed to complete at this point, but has not been funded.

The young dropouts in our State, as well as all over the Nation, are crowding our adult programs. This means that many of the seniors are not finding space for their educational requirements. There is a high need for education for retirees in our State who are literate and who would like to have a more mature level of education offered. Basic self-satisfying, creative activities, and we are fortunate that we have the minimum foundation program in Florida for these activities, but we would like very much to seek further Federal funding and more State support for the adult education program.

Senator GURNEY. Thank you, Mrs. Brock, for your contribution.

**STATEMENT BY CATHERINE FINNIGAN, CHAIRMAN,
AARP LEGISLATURE, SUNCOAST COUNTY, FLA.**

MISS FINNIGAN. Senator Gurney, my name is Catherine Finnigan. I'm chairman of the legislature for AARP for the Suncoast County. We understand that foster grandparents in the RSVP program are being switched to the new volunteer agency. We are concerned that this may downgrade the Administration on Aging. How do you feel about this, Senator Gurney?

Senator GURNEY. Well, I was asking our staff member what the latest status on that was and he tells me that we have recommended, which I know, to the Secretary of HEW that there would be no down-

grading of support in this area and have been assured that there will not be. I think, perhaps, the fear you express, certainly it is a serious one, may not be realized.

Miss FINNIGAN. We're certainly concerned because we consider these very important programs.

Senator GURNEY. Well, they are, indeed, and I certainly have taken notice of what you have said and I will promise to do this, also, that when I get back to Washington, I'll personally, myself, check with HEW and find out what's going on.

Miss FINNIGAN. Thank you.

Senator GURNEY. You're welcome.

**STATEMENT BY PAUL RICHARDSON, EXECUTIVE DIRECTOR,
VOLUSIA COUNTY CITIZENS ADVISORY COUNCIL ON AGING**

Mr. RICHARDSON. Senator Gurney, Mr. Miller, I'm Paul Richardson, the executive director for the Volusia County Citizens Advisory Council on Aging, and our council is deeply concerned about the information received from our State Bureau on Aging that the Federal funding for community programs which we're vitally interested in and working with these funds have been cut or will be cut drastically this year by 4 mills.

The Florida share for beginning fiscal year 1972 is approximately—the Federal share is \$155,000, and with the number of almost a million senior citizens we have in this State, that this bigger sum is wholly inadequate, and those of us who are involved in community programs under title III sort of find that we are in a very bleak future new to the municipalities under this 10 mill, and certainly with municipal problems that they have, I think many of our programs, not only in our State, but programs all over the United States, are going to go down the drain.

Senator GURNEY. Well, thank you, and again, Mr. Miller assures me, bringing this currently up to date, that this funding has been restored to last year's level and there is indication that there will be some increase. There will not be a cutback.

Mr. RICHARDSON. Thank you very much, Senator.

STATEMENT BY ED TURLINGTON, GAINESVILLE, FLA.

Mr. TURLINGTON. Ed Turlington from Gainesville. I am concerned that we are seeing our Federal programs with our low rent supplemented by our food stamps and other means which up to a certain level the housing available to people in this bracket—I am now with inflation hitting us so hard more concerned that we are not doing a little bit more for the bottom of what we might classify as the middle-income group. I would appreciate your looking into the fact that we were—I'm a school teacher by trade. When we have school teachers retire, often the pension is just a hair over what would qualify them in our low-rent housing, and I am thinking that it's time for us to consider that the funds that they do get through their pension would put them out of a bracket where they could get reasonable housing that would be security and the other features involved—I know this is a real trying question to you. I do appreciate all that is being done in this area, but I do think we need to consider this fact.

I know that the Federal Government has, in fact, raised it, I think, from 56 to 57 hundred now which is in the area, I think, is important, although States need to be encouraged there, too.

Senator GURNEY. Well, thank you, sir. I can only agree with you that so-called middle income these days seems to be becoming low income with the serious inflation problems we have and certainly the committee will take note of that.

Now I must say that 12 o'clock has arrived and I'm going to have to leave, but I do want to emphasize again that Mr. Miller of the committee, and he's been with the committee a long time and actually knows more about the nuts and bolts of the program than most members do, than I do, will continue here and receive any further statements that any of you want to make and be incorporated in the record.

I urge you to do it. Any ideas that we can get on the Federal level on this matter are most important to us and we want them. Again, I want to thank everybody for coming out. As I said prior to turning the questions over to the general audience, we have people who are leaders throughout the State of Florida in this whole area of the elderly and they can make their contributions and we want to have them. Thank you for coming out.

[Applause.]

The committee is in recess, subject to the call of the Chair.

(Whereupon, at 12 noon, the committee was recessed, to reconvene at the call of the chair.)

APPENDIXES

Appendix 1

ADDITIONAL INFORMATION FROM WITNESSES

ITEM 1. DRAFT POLICY PROPOSALS OR POSITION STATEMENTS RELATED TO HEALTH; SUBMITTED BY DR. JEAN JONES PERDUE

RECOMMENDATION REPORT SHEET

1971 WHITE HOUSE CONFERENCE ON AGING

ISSUE 1

Should health services for the aged be singled out for special consideration and action or should they remain inseparable from services for all adults as at present?

Policy Proposal or Position Statement

If there are going to be special programs for anyone, then there should be special programs for the aged also. When their needs parallel others needs, then no special consideration is necessary. When there are special problems, then there should be special consideration and representation in health delivery service.
Ft. Lauderdale, Florida

Health services for the aged should be emphasized for planning purposes and the delivery of health services should be integrated with other health services, recognizing that the aged require supplemental resources as opposed to separate resources.
Gainesville, Florida

Health services should be amended to specialized services for the urban aged, however, for the elderly in rural areas, health services should be provided by general health agencies.
Panama City, Florida

Health services for the aged should be singled out for special consideration and action and be integrated with delivery systems for all adults.
Tampa, Florida

ISSUE 2

Should a system of coordinated personal health service for both the short and long-term care of the physically and mentally ill aged be developed, legislated and financed? Or, should the uncoordinated, generally fragmented health services as now provided, be continued?

Policy Proposal or Position Statement

We agree with the positions of the technical committee on health to emphasize preventive therapeutic maintenance and rehabilitation services! We further agree this should be done under a coordinated delivery service. The essential ingredients are adequate manpower facilities, financing, and organization. We need to coordinate current facilities which will identify areas of unmet needs. These gaps can then be filled by new services. This system should be part of a larger system of health care. Younger people also require the same type of coordinated planning for chronic illness. Many of these facilities and services are already legislated and financed.
Ft. Lauderdale, Florida

A system of coordinated health services for both the short and long-term care of physically and mentally ill aged be developed, legislated, adequately financed and evaluated.
Gainesville, Florida

The apparent interrelationship of problems in physical and mental health should be recognized and operationalized through readily accessible coordinated health services for both short and long-term need of the elderly. In particular practice of integrated health services to be passed aggressively on behalf of elderly in rural areas where health facilities and manpower tend to be in short supply.
Panama City, Florida

A system of coordinated personal health service for both the short and long-term care of the physically and mentally ill aged should be studied and developed.
Tampa, Florida

ISSUE 3

Should Medicare and Medicaid legislation and financing be extended to include payment for other services not now provided in the continuum of health care? Or, should the complete range of health care services for the aged be financed through some other mechanism such as a National Health Insurance Program?

Policy Proposal or Position Statement

Existing legislation should be clarified and simplified with fewer technical barriers to reimbursement. The system also now doesn't meet need. It should be expanded to provide a continuation of total care for all health needs. The Medicare/Medicaid program should be uniform through the U.S.A.
Ft. Lauderdale, Florida

The complete range of health care for the aged should be financed through actually sound mechanism in view of apparent shortcomings of the Medicare and Medicaid programs.
Gainesville, Florida

An expanded range of adequate personal health services should be included as part of any projected National Health Insurance program with the assurance that such health services are provided to all aged without regard for income, race or other difference.
Panama City, Florida

Medicare legislation and financing should be extended to include payment for other services not now provided in the continuum of health cares. Since Medicaid has not been functioning satisfactorily in all states, it is recommended that Medicaid become a function and responsibility of the Federal Government in order to supplant local welfare health programs.
Tampa, Florida

ISSUE 4

Should responsibility for the entire spectrum of health services (physical and mental) for the aged be vested in the public sector of society? Or, should it be placed in the private sector? Or, in some intermix of the two? At what level should the responsibility be fixed—National, State, or local?

Policy Proposal or Position Statement

We agree that this is not an either/or situation. It requires adaptation of voluntary, private, and public sectors with national guidelines that have the flexibility to adapt to the individual features of the local community. It should be directed at improving the life style of everyone in the community. It should not commit the individual to a single kind of resource.
Ft. Lauderdale, Florida

Freedom of choice for the entire spectrum of health services (physical and mental) for the aged should be individual with financial responsibility in some way guaranteed by the public sector, should this become necessary.
Gainesville, Florida

That personal health services be provided to those impaired elderly who would be capable of remaining in the community if such services were extended and thus prevent unnecessary institutionalization. The responsibility of providing these services rests primarily with the public agencies who may provide such services either directly or through other means including contracts with voluntary agencies.
Panama City, Florida

Planning and coordination of the entire spectrum of health services, (physical and mental) should be delegated to the public sector with funding where necessary, along with coordination of various state and local governmental units, providers of services, and consumers.
Tampa, Florida

ISSUE 5

Should a continuing program of public education about the specific physical and mental changes associated with the process of aging and with diseases in the aged be provided on a national scale? Or, should such mass education be avoided because it is wasteful, ineffective and possibly hazardous?

Policy Proposal or Position Statement

The program should be in the form of national policy guidelines and assistance in curriculum preparation at all levels leaving development and implementation to the state and local levels. Voluntary agencies interested in the aged should be helped to bring their message to the public. Ft. Lauderdale, Florida

There should be a continuing comprehensive well-coordinated and evaluated program of health education including the aging and their specific needs to be implemented, utilizing the media of communication. Gainesville, Florida

A continuing program of public education about the specific physical and mental changes associated with the process of aging and with the onset of diseases in the aged be provided on a national scale, with emphasis on preventive measures. Panama City, Florida

A continuing health education program for the aged should begin during childhood and continue as a sequential type program throughout life by using available health resources. Tampa, Florida

ISSUE 6

Should effort be placed on including curricula or course content on physical and mental health problems of the elderly in undergraduate or graduate professional education and in-service training health workers? Or, should emphasis be placed on the development of geriatric and geropsychiatric specialists?

Policy Proposal or Position Statement

The individual professionals providing care for the aged need special training and recognition. The aged seem to be neglected if this is not the case. We do need geriatric and geropsychiatric specialists. We believe that research would be advanced more rapidly and effectively if there was greater specialization and visibility given to geriatrics as a field of study. Ft. Lauderdale, Florida

For the immediate future, the elderly would derive greater benefit if curricula or course content on physical and mental health problems were included in undergraduate and graduate education and in-service training of health workers due to the extreme shortage of such personnel. A recognized specialty in Geriatrics would be desirable and helpful. Tampa, Florida

ISSUE 7

In view of the critical need to provide much more direct services to the physically and mentally ill elderly, should all available funds be put into these services? Or, will the aged be better served in the long run if the available funds are apportioned among services, research and training of health manpower?

Policy Proposal or Position Statement

The funds should be apportioned among services, research, and training of health manpower specialists. All available funds should not be put into providing services since this would be harmful in the long run. We need more money in each area. In general, money spent now to create specialists will provide more spokesmen to help to get more funds for services. However, a basic level of services must be provided and whatever funds are introduced into research and education cannot be at the loss of funds to services being provided now which are already inadequate. Ft. Lauderdale, Florida

The aged will be better served in the long run if the available funds are apportioned among services, training of health manpower, and research.

Tampa, Florida

ITEM 2. PREPARED STATEMENT OF DR. CARTER C. OSTERBIND,
GAINESVILLE, FLA., CHAIRMAN, FLORIDA STATE ADVISORY COM-
MITTEE ON AGING; DIRECTOR, BUREAU OF ECONOMIC AND BUSI-
NESS RESEARCH, UNIVERSITY OF FLORIDA

INCOME NEEDS OF OLDER PEOPLE

The problem of providing adequate retirement income is a continuing challenge to the individual and to society. Given the nation's economic growth and social developments, what income goals should society and its individual members seek to achieve for older persons? Technological changes show signs of both threatening and aiding the economic position of older persons. Automation has continually reduced man-power requirements, and as the number of required positions has declined younger employees and their employers have found solutions to employment problems through the replacement of older workers. Efforts to improve the income status of retired individuals have brought about retirement plans based on fixed retirement ages. The widely accepted retirement age of 65 is gradually being lowered. Accompanying this is the lengthening of the average life span so that in recent years the length of time spent in retirement has greatly increased. Typically, the retired person is on a fixed income. This fixed income has tended to diminish in actual value as a result of inflationary price movements. All of the above factors are elements in the retirement income problem.

In Florida, there are now over a million people 65 years or older who account for 14.5 percent of the population. Fifty-five percent are females and 45 percent, males. The preponderance of females over males increases as the age increases. This large number of elderly females is a matter of major concern in Florida because studies have shown that this is the group experiencing the greatest economic difficulty. The Social Security Administration has estimated that in 1967 the median income of married couples in the nation aged 65 to 72 years was \$3,901, of couples aged 73 and over, \$2,818, of nonmarried persons aged 65 to 72, \$1,500, and of nonmarried persons 73 and over, \$1,224. Incomes of nonmarried elderly women were the lowest of all, \$1,401 for women aged 65 to 72, and \$1,115 for women of 73 years and over.

The 1970 *Census of Population* will provide information later in 1971 on the income status of Florida's elderly. Until then, a description of the financial resources and money income of Florida's older population rests on circumstantial evidence. National trends will surely be influential, and personal income per capita for Florida is below the national average. In 1968, only Broward, Dade, Brevard, Monroe, and Palm Beach counties exceeded the national average, although others were only slightly below. There is reason to believe that substantial numbers of older people in Florida are in need of income assistance.

Ability to pay is an important consideration in the provision of other services to the older population. Transportation within cities is the subject of current demonstration projects. Educational and recreational programs for the elderly require planning adapted to the known attributes of this population group. Housing for the elderly requires knowledge of the particular characteristics of the people for whom they are planned.

The common income difficulties of the aged make employment services particularly important. Innovative projects in obtaining temporary and part-time jobs for older people are now being carried forward. A private foundation in the Tampa-St. Petersburg area is finding that such a service is a feasible business venture. Research is supplying ideas for further incorporation of older people into the labor force.

All such research and its implementation demand an accurate knowledge of the characteristics of the potential beneficiaries, the older people. Some of this information is now being produced by federal agencies such as the Bureau of the Census, the Social Security Administration, the United States Department of Health, Education, and Welfare, and other agencies. State and local groups have a role in supplying particular information not available from a national network and in describing purely local conditions.

ITEM 3. EXCHANGE OF LETTERS BETWEEN MR. ROBERT D. MORAN,
ADMINISTRATOR, U.S. DEPARTMENT OF LABOR AND MR. G. S. REHM,
PRESIDENT, EXPERIENCE UNLIMITED, INC.

As requested by Senator Gurney, we are making part of our testimony the attached memorandums between myself and Mr. Robert D. Moran, Administrator,

U.S. Department of Labor. The memorandums reflect our request for special exemption from the Age Discrimination in Employment Act and Mr. Moran's memorandums denying this request.

[Enclosures.]

U.S. DEPARTMENT OF LABOR,
WORKPLACE STANDARDS ADMINISTRATION,
Washington, D.C., January 19, 1971.

Mr. G. S. REHM,
President, *Experience Unlimited, Inc.*
Clearwater, Florida.

DEAR MR. REHM: This is in further reference to your letter of October 22, 1970, with enclosures, requesting an administrative exemption from the prohibitions of the Age Discrimination in Employment Act.

You state that your organization is a non-profit temporary help service and that it works exclusively with people over 55. Age 55 was chosen as the minimum age because you believe it is at this point in employment that older workers find it extremely difficult to return to a permanent position.

We appreciate the fact that the primary purpose of your organization is to assist older people and to provide an employment opportunity program for the older worker. The Age Discrimination in Employment Act, as passed by the Congress, extends its protection to all workers in the 40-65 age bracket where the terms and provisions of the statute otherwise apply. Age 40 was chosen as the lower age limit because it was "* * * the age at which age discrimination in employment becomes evident. It is also the lower age limit found in most State statutes bearing on this subject." (House Report No. 805, October 23, 1967, p. 6.)

Other special programs, very similar to yours, have been brought to our attention from time to time since the effective date of the Act, accompanied by requests for administrative exemptions. Each such request was given most careful consideration, in recognition of the spirit in which it was asked, but a conclusion was reached that since the granting of a special exemption in such cases would set precedents authorizing the preference of one group of "older" workers over another group which is equally entitled to the protection of the law, the requests would have to be denied.

We do share your concern for the employment difficulties faced by middle-aged and older workers but, because of the reasons set forth above, are not in a position to accede to your request.

The material enclosed with your letter is returned herewith.

Sincerely,

ROBERT D. MORAN,
Administrator.

[Enclosures.]

FEBRUARY 2, 1971.

Mr. ROBERT D. MORAN,
Administrator, U.S. Department of Labor, Workplace Standards Administration, Washington, D.C.

DEAR MR. MORAN: Thank you for your letter of January 19, relative to our official request for an exemption from the prohibition of the Age Discrimination in Employment Act.

While I respect your position and acknowledge your jurisdiction, I do not concur with your negative decision in this matter as being a correct one. Quite possibly you have not understood the nature of the organization Experience Unlimited, Inc., or the significance of the financial backing involved.

Prior to the establishment of our organization the Jack Eckerd Foundation made an extensive study into the needs of the "older worker". Specifically meetings were held with numerous individuals who had knowledge in the field of the "older worker" and their problems, and it was from this consensus that we developed our organizational concept. (List of these individuals attached for your perusal.) In discussion with John Miller, a Counsel to the Senate Committee on Aging, details of the Age Discrimination Act were brought to my attention. Specifically I refer to Section 3.(a), sub-paragraph "3", in which the Secretary of Labor is induced to:

"foster through the public employment service system and through cooperative effort the development of facilities of public and private agencies for expanding the opportunities and potentials of older persons".

In essence, the point I am attempting to make is that Experience Unlimited, Inc., is the *first* non-profit business venture in America sponsored solely by private capital, for the purpose of assisting the "older worker". Experience Un-

limited, Inc., has combined private capital together with "private enterprise" type management procedures to create a *permanent* Temporary Help Service for the "older worker".

Referring again to the "consensus", it was generally conceded that it was at age 55, the "older worker" found it practically impossible to be seriously considered for a job despite Public Law 90-202. For this reason, we chose 55 as our minimum age, so that we would be doing something specific to solve the most acute aspect of the "older worker" problem without taking advantage of our non-profit position against existing Temporary Help Services. Based on our first year's experience and further knowledge of the "older worker" problem we have reduced our minimum age to 50.

In summary then, I believe your negative decision is incorrect, in that it denies private enterprise the right to assist government in solving the "older worker" problem in America. I further want to indicate that Experience Unlimited is going to continue operations-serving people between the ages of 50 and above, for we believe that our organizational concept and accomplishments to date are *not contrary* to Public Law 90-202.

Sincerely yours,

G. S. REHM,
President.

I. RESEARCH CONFERENCES

In an effort to survey existing programs for the older workers, many interviews were conducted. It is felt that discussions with this variety of people has given us a greater understanding of the older worker employment problem.

Individual conferences held with the following people :

Name, Position, Location

Adams, Tom ; Secy of St (Fla), Tallahassee.
 Altman, Ann ; Dir NYS Old. Wk Program, NYC.
 Armstrong, Arthur ; Chf Spec Prog-NBA, Washinton
 Barley, John ; Ex Dir Dept Lab, Tallahassee.
 Bauer, Dorothy ; Dir-NCOA, Washington.
 Baxter, Edw. ; Regional Admin. HUD, Atlanta.
 Baretti, Lucille, Mgr. Manpower Inc., St. Pette-Tampa.
 Brickfield, Cyril ; Ex. Dir. AARP, Washington.
 Cassidy, Diane ; Staff Asst.-Sen. Gurney, Washington.
 Church, Roberta ; Consultant-Aging-HEW, Washington.
 Cramer, Wm. ; Congressman, Washington.
 Eitrem, Irven, Chf. Prog. Dev-older Per-OEO, Washington.
 Felder, Millie ; Resource Consul.-Ofc. Aging, NYC.
 Fitch, Wm. ; Exec. Dir. NOCA ; NYC.
 Frey, Lewis E. ; Mgr. Clw. Ofc-Emp. Serv., Clearwater.
 Fuller, Jesse J. ; Ex. Dir Hillsboro City-Advis Cou., Tampa.
 Garniss, Arthur ; VP-Sr. Citizens Serv. Inc., Clearwater.
 Goldman, Harvey, Wkshp. Supv. FEG, NYC.
 Gurney, Edw. US Senate-Spec. Comm. Aging, Washington.
 Handelsman, Gene ; Dir. Foster Grandpar. Prog-HEW, Washington.
 Howenstine, Fred ; Proj. Ofcr. Manpower Dev. US Dep. Lab., Tampa.
 Hughes, Peter W. ; Leg. Rep. NRTA, Washington.
 Hutchins, Rev. Chas. ; Chaplain-Goodwill Indust. ; St. Pete.
 Jones, Donald L. R., Exec. Dir. (CAP Agcy), St. Pete.
 Leavitt, Pierce R., Coun. Aging Prog. Sr. Cit. Guid., St. Pete
 Leitch, Dana, Emp. Prog.-Fla. Emp. Serv., Tallahassee.
 Lodge, Myron B. ; supvr. Older Work. Dept. Labor, Washington.
 Loomis, Ormond ; Clw. Senior Citizen Serv. Inc., Clearwater.
 Manger, Chas. ; U.S. Senate-Spec. Asst., Washington.
 Martin, John B. ; Comm.-US Comm. Aging-HEW, Washington.
 Miller, John Guy ; Min. Council-Coun. to Senate Comm., Washington.
 Mills, Joe ; Dir. Adult Ed. Prog. Pin. Cty Sch., Clearwater.
 McCloud, Cliff ; Ex. Dir. Fla. Comm. on Aging, Tampa.
 Nicholson, Frank ; Regional Comm. on Aging ; Atlanta.
 Odell, Chas. ; Dir. Ofc. Systems Supp. US Dept. Lab., Washington.
 Osborne, Lt. Gov. Ray ; State of Fla., Tallahassee.
 Peebles, Willard ; Dir. Div. Labor, Dept. Commerce, Tallahassee.
 Phillips, Betty ; Older Worker Spec. Fla. Emp., St. Pete.

Phillips, Dr. Chas. ; Dir. Exp. & Dem. Prog. Dept. Lab., Washington.
 Ponzio, M. ; Librarian NCOA, NYC.
 Przelomski, Henry ; MP Admin. (Tampa Bay) Lab. Dept., Tampa.
 Pukach, Joe ; Asst. to Southard-Pin. Cty.-Schl., Clearwater.
 Rafferty, Tom ; Dist. Supvr. (Fla & GA) OEO, Atlanta.
 Rich, Dr. Thomas A. ; Dir. Inst. on Aging, Tampa.
 Richards, Henry ; OWS-Fla. Emp. Serv.-&F. Cou. Ag., Tallahassee.
 Schweiger, Kenneth ; Pol. Ex. Ind. Rel. Dep. NAM, NYC.
 Schafer, Elmer ; Clw. Sr. Citizens Serv., Clearwater.
 Schebele, L. ; Dir. Emp. Serv.-FES, Tallahassee.
 Southard, Dr. Tom ; Supt. Schools, Pinellas Cty., Clearwater.
 Spear, Mel, Dir.-HEW, Washington.
 Subotnik, Norman ; Chf. Public Inf. Of-Reh. HEW, Washington.
 Summers, Don ; Computer Prog. Mgr. FES, Tallahassee.
 Tannebaum, Raymond ; Pres. TEMPS, NYC.
 Taves, Dr. Martin ; Dir. Resear. & Dem. HEW, Washington.
 Thompson, Norman ; Dir. Tampa Bay Reg. Plan. Cou., St. Pete.
 Wynnick, John ; Mgr. Fla. St. Employ Serv., St. Pete.
 Zetkov, Tom ; Pres. Colonial Penn Group, NYC.

Appendix 2

PREPARED STATEMENT OF MRS. GRACE H. STEWART, CHAIRMAN, TASK FORCE ON INCOME, FLORIDA AREA CONFERENCE

In the more than eighty Forums held throughout Florida participated in by over 12,000 persons many areas of need were identified and discussed by the participants, the majority of whom were middle-aged and older. In every report from the Forums the lack of sufficient income for basic needs was either the first priority or listed near the top.

Reports from the Section on Income of each of the four Area Conferences were brought together for review and discussion by the State Task Force on Income, resulting in the following Recommendations to be presented to the State White House Conference on Aging, May 11, 1971:

Recommendation #1—The Federal Government should set a minimum income floor below which no aged person be permitted to live. The level recommended is the intermediate budget for a couple, as established by the U.S. Department of Labor. It is to carry an automatic cost-of-living escalation provision.

Recommendation #2—The financial security of an individual after retirement should be established primarily through his own efforts. Federal Government should encourage employers, employees and self-employed persons to provide and maintain a private retirement plan through such things as tax incentives to supplement other income. All pension plans should be vested with guarantee as to the continuance of the security of the fund and as to the transferability from one company to another.

Recommendation #3—Where private efforts fail to provide the basic floor of income this should be guaranteed by a mixture of Social Security and general revenue administered at the Federal level.

Recommendation #4—Mandatory participation should be required for everyone either in a health maintenance organization, a private health insurance program, or a National Health Insurance Program for all ages. Preventive care should be emphasized for all age groups. Where the needs of the individual are not met through private efforts the cost should be met from general revenue.

Recommendation #5—Since the recommended basic floor of income provides for adequate housing of a person's own choice, there should be no special subsidy of tax remission. In this way the older person would be carrying his fair share of community responsibility.

Appendix 3

AGE WISE, OFFICIAL PUBLICATION OF FLORIDA COUNCIL ON AGING, MAY 1971

LAST EVENT IN SERIES

CONSTANCE G. WALKER*
Jacksonville, Fla.

The state of Florida is now approaching the last in a series of events leading to the 1971 White House Conference on Aging.

Phase one, Community White House Forums provided a base for Conference deliberations. In the 89 forums held in the state, 12,000 of our older people alerted us to their needs and desires, and the problems they are experiencing because of their age and lack of public action. These included the need for sufficient incomes and/or work so that they may enjoy nutritious meals, better housing conditions, better transportation facilities and more health protection, and of prime importance was the expressed need to feel that they are wanted and are respected as useful members of society.

To reinforce these expressed needs, questionnaires were filled out by scores of older people in each of our 67 counties.

Reports from forums, questionnaires and the 1970 Governor's Conference were sent to Washington. Background papers and issues for conference use at all levels were determined by these reports. Phase two, Community Conferences has just been completed. A complete report on our four Area Conferences is also in this issue.

Phase Three, the State White House Conference is upon us. On May 11, the Park Plaza Hotel in Orlando will be the setting for final state conference activities. Invitations have now been issued to Task Force Members, Specialists and delegates from the four Area Conferences.

The delegates at our State Conference will be committed representatives drawn from all age groups, all geographical areas and all minority groups. Prior to the Conference, groups of citizens in Statewide Task Forces have been working to combine proposals from the Community Conferences and to word them as clearly as possible.

At this one day Conference, the needs voiced by older people, with the major issues outlined by professionals, will be weighed, balanced and evolved into recommended policies that will have impact and direction.

The major recommendations that grow out of these State discussions will be forwarded to Washington.

Phase Four, the National Conference will be held in Washington, D.C. at the Hilton Hotel the week beginning November 28, 1971. Approximately 3,000 delegates representing all states and territories and from national organizations will meet together during these days to draft a national policy on aging.

The last of the visible activities sponsored by the Bureau on Aging during this year will be a report to the Legislature on May 20 in an evening meeting in Tallahassee. Task Force Chairmen representing the nine needs areas and the five needs meeting areas will report on recommendations that will be forwarded to Washington. It is expected that some task forces will give reports and recommendations directed at state level implementation.

Phase Five is the Post Conference Year. After the Conference, a report of its recommendations will be presented to the President of the United States. In the following months, legislation will be prepared for submission at all levels of gov-

*Mrs. Walker is Acting Chief, Bureau on Aging, Division of Family Services, Department of Health and Rehabilitative Services, State of Florida.

ernment. However, this will be only the most visible effect of the Conference. Thousands of persons will have participated during the three years of Conference activity, but millions will have learned something about the lives of older people in America—their needs and their aspirations. Beginning with older people and bringing in others from all walks of life, all ages in a truly democratic process, the three years of the Conference will bring about other changes than those prescribed by law. As attitudes change, as officials listen, as Communities and states work out solutions, some needs will begin to be met even before that last phase of the Conference.

With limitations of staff and funds, your Florida Bureau on Aging is striving to do its part through Conference activities toward shaping a national policy on aging.

We are extremely grateful to the Florida Council on Aging for providing a cash gift to the Bureau on Aging to be used to pay expenses of State Conference delegates needing assistance.

REPORT ON AREA COMMUNITY—WHITE HOUSE CONFERENCES

AREA I—PANAMA CITY

Gulf Coast Junior College, April 8, Chairman: Dr. Andrew Hendrickson, Chief Recorder: Evelyn H. Overman, Reporter: Larry Reagan, Participants:

Middle aged and older consumers	58
Providers of service	37
Specialists	11
Decision makers	6
Youth	0
Total	120

On April 8, 1971 the attractive Gulf Coast Junior College reserved classrooms and conference areas for 120 workshop planners, assistants and conferees dedicated to working toward "A National Policy on Aging."

Conferees represented a cross section of lay and professional membership of varied races, creeds and color. About 50% of those participating were of senior citizen status, with younger representatives evident.

Area I comprises 18 counties from Escambia to Taylor and each county had participating representation.

Within the nine needs area workshops, the individual subject areas came in for varied and innovative treatment. One needs area group—Transportation—synthesized their several possible policy statements into one stipulated action proposal. Others such as Health and Mental Health found it difficult to contain themselves at six. At least one, Employment and Retirement, found it had time to consider only the employment phase of its task.

Some work groups felt restrained by guideline literature and developed areas not considered by the assistance source. Others groups were content to dwell within major guidelines as laid out in work book consideration. Sufficient to say, genuine brainstorming and give and take situations were the order of the day.

The following delegates were elected to attend the State Conference:

Mr. W. C. Miller—Income, Mr. Sam Poston—Housing, Mr. John Creel—Transportation, Mr. Burt Repive—Retirement Roles and Activities, Rev. James Moore—Spiritual Well-being, Dr. Fannie Fern Davis—Education, Mrs. Malinee McArthur—Health and Mental Health, Dr. Clinita Ford—Nutrition, Mr. Russell A. Keene—Employment and Retirement.

The following recommendations will be sent to the State Conference:

Income

(1) The Federal government should set a minimum floor below which no aged person be permitted to live. This income should provide a standard using the Current U.S. Labor Department Statistics which would provide an intermediate budget for a couple and a proportionate amount for a single person. This amount would be adjusted to the cost of living.

(2) There should be a Federal National Health Insurance Program for all ages. It should be mandatory for everyone to participate in it, a health maintenance organization or a private health insurance program. The cost of this in-

surance would be borne by the Federal government for those who could not meet the expense.

(3) Federal government should encourage employers, employees, and self-employed to provide and maintain a private retirement plan through tax incentives to supplement any other income including government administered programs.

(4) The basic floor of income should be provided by a mixture of Social Security and general revenue administered at the Federal level.

(5) Older persons should be assisted to remain in their own homes if possible. One way is remission of property tax at the state level. Other income and resources should be considered if remission of taxes is to be used.

Housing

(1) Money should be earmarked for the elderly provided the related services include comprehensive and continuing care. When the individual moves from one environment to another, he should be provided life supportive services to meet the total needs, which include spiritual, social and physical health. This should also include care of different age groups as the individual moves from one age group to another.

Division of Health: A state of complete physical and mental well-being and social welfare and not merely an absence of disease and infirmity.

(2) Tax relief on a sliding scale (based on income) should be enacted for all elderly living in either owned or rented homes, with decisions made on state or local levels.

Transportation

It is recommended that Federal, State and local government adopt a policy designed to establish interrelated, balanced county-wide mass transit systems based on total community economic benefit. Objectives should include service to all elements of our society but with particular emphasis placed upon the elderly, the poor, the handicapped, the unemployed and the young and ensuring transportation as an integral part of all programs.

Retirement Roles and Activities

(1) The government, volunteer and private agencies have a responsibility to help meet needs and develop already existing roles and activities for senior citizens and create new roles and opportunities for engaging in these roles.

(2) The Federal and State agencies should bear the brunt for overall leadership and responsibilities for funding creations of new roles and activities for senior citizens.

Their greatest efforts should be addressed to the needs of the neediest group, but so structured to be meaningful and satisfactory to those who wish to participate from the more advantaged of the senior citizens.

(3) We agree that society does have an obligation to help people prepare for retirement years—for example: prior to retirement, people should be encouraged to give serious thought to the changed circumstances they will face in retirement, such as (1) adjusting to reduced budget; (2) whether to keep their homes; (3) how to spend leisure time.

(4) We feel the need for the transvaluation of values with respect to seniors for too long. We have considered that the senior citizen is concerned only with the past and with the preservation of earned values. We affirm our commitment to the building of a new image of the senior citizen. One who shares the idealism of youth for building a more meaningful future.

Spiritual Well-Being

(1) Government agencies, private agencies and religious bodies should cooperate in evaluating and meeting the needs of the elderly for spiritual well-being.

(2) Due to the lack of knowledge of present program effects on the spiritual well-being of the elderly and others, an evaluation of the same should be undertaken by the administration for the elderly. Also a continuing system of evaluation should be developed.

(3) Policy should be left to the various religious organizations.

(4) Religious bodies in cooperation with other available groups should consider a Universal Statement of Spiritual Rights of the Aging.

Education

(1) The criterion of need is more valid than either the criterion of life expectancy or proportion of older people in the total population.

(2) More support should be given to education since educational processes are essential elements in alleviating social ills.

(3) The existing educational structure should be held responsible for education programs for older persons with inspiration, stimulation and seed money derived from other national, state and local sources.

(4) Programs should be planned and conducted on a personal preference and/or subject matter basis.

(5) Demonstration, research and innovation should be expanded but not at the expense of the expansion of successful on-going programs.

(6) Education should concentrate mainly on instruction in effective use of political processes on an individual basis.

(7) Without slighting "ready" participation, greater efforts should be made by program directors to reach "hidden" groups through the cooperation and assistance of other agencies and organizations.

(8) The potential participants should be considered by administrators as an indispensable resource in planning and conducting programs.

Health and Mental Health

(1) Health services should be augmented to specialized services for the urban aged, however, for the elderly in rural areas, health services should be provided by general health agencies.

(2) The apparent interrelationship of problems in physical and mental health should be recognized and operationalized through readily accessible coordinated health services for both short and long term need of the elderly. In particular practice of integrated health services to be passed aggressively on behalf of elderly in rural areas where health facilities and manpower tend to be in short supply.

(3) An expanded range of adequate personal health services should be included as part of any projected National Health Insurance program, with the assurance that such health services are provided to all aged without regard for income, race or other difference.

(4) That personal health services be provided to those impaired elderly who would be capable of remaining in the community if such services were extended and thus prevent unnecessary institutionalization.

The responsibility of providing these services rests primarily with the public agencies who may provide such services either directly or through other means including contracts with voluntary agencies.

(5) A continuing program of public education about the specific physical and mental changes associated with the process of aging and with the onset of diseases in the aged be provided on a national scale with emphasis on preventive measures.

Nutrition

(1) Government policy should provide that adequate suitable foods are available to all older persons regardless of their income or residential status (e.g. accuracy and reliability in packaging and labeling, safety, sanitation, nutrition, therapeutic diets).

The interest of the consumer can be best served by demanding a high level of performance of state government enforcement agencies where primary responsibility for regulation now lie.

(2) Substantial government resources shall be devoted, with priority to education of all consumers, especially the aged, in nutrition and the education of those who serve consumers, in professional and related capacities.

(3) Federal government shall contribute funds to insure that research on nutrition throughout the life span, with particular emphasis on the aged, is continued and expanded in existent programs. Provisions for new programs shall be made as the need arises.

Employment and Retirement

(1) Older workers should not be denied equal educational training and job placement opportunities. They should be able to compete on an equal basis.

(2) It should be the obligation of the government to intervene when necessary to restore competition among various categories of workers.

(3) The government should take the leadership role in providing employment for older workers and to encourage private enterprise to assume its responsibilities.

(4) Retirement information systems should be readily available to all persons through the medium of Federal government administration and in cooperation with management, labor, educational institutions and other voluntary agencies.

AREA II—GAINESVILLE

Reitz Union, University of Florida, April 12, Chairman: Dr. Harold Riker, Chief Recorder: Peter Briggs, Reporter: Charles W. Pruitt, Jr., Participants:

Middle Aged and Older Consumers -----	33
Providers of service -----	35
Specialists -----	37
Decision makers -----	16
Youth -----	1
Total -----	122

Reitz Union at the University of Florida provided a perfect setting for the Area II Conference. Individual classrooms were reserved for each of the nine workshops. The Conference was designed to provide a maximum of time for workshops to formulate policies.

Area II comprises 23 counties from Hamilton to Brevard. Each county in the area was represented by a delegate to the Conference. The following persons were elected as delegates to the state conference:

Mrs. Arnetta W. Allen—Income, Mr. Harold Costello—Transportation, Judy Stockman—Retirement Roles and Activities, Capt. Danny Morrow—Spiritual Well-Being, Mrs. Helen Kaechele—Education, Lisa Renner—Health and Mental Health, Shirley Courson—Nutrition, Sidney Knight—Employment and Retirement.

The following recommendations will be sent to the State Conference:

Income

(1) An adequate income for an older couple is a basic cash income to meet the needs of normal, healthy older people. The level recommended is the intermediate budget for an urban couple (one step above poverty) as evaluated by the U.S. Department of Labor. This level does not include an amount for health care and is to carry an automatic cost of living escalation provision.

(2) The basic floor of income be provided through a compulsory contributory system and that any deficit to meet this minimum level be provided by payment from general revenue.

(3) a. That efforts be directed toward encouraging private employers and self-employed persons who do not now provide adequate retirement insurance to do so. That the government foster increased coverage by every possible incentives such as tax incentives, etc.

b. All pension plans should be vested with guarantee as to the continuation of the security of the fund and as to the transferability from one company to another.

(4) Since the recommended basic floor of income provides for adequate housing of peoples' own choice, there should be no special subsidy or tax remission.

Housing

(1) Policy proposal is that a fixed proportion should be allocated to housing and services for the elderly.

(2) There should be no limit on income. Eligibility should be based on social and health needs. If a person is able to pay more, have him do so on a sliding scale proportionate to income.

(3) A uniform per capita basis throughout the county would be unfair. Information should be distributed and pressure groups should have access to it. There should be a master plan for each particular area provided there is assurance that the Federal government will provide the means by which state and local governments could distribute the money. Guidelines for effective selection for

leadership, decision making and programs should be established. There should not be a mandatory mental arrangement whereby the elderly are told they must move into this housing.

(4) Nursing homes should not continue to be the expected type of living arrangement for the elderly. This implies 24-hour nursing care and creates a climate of last-care and death. It would be better to provide day care centers or comprehensive and continuing in-and-out care. This care should be adjusted to the aging process of the individual. We should foster alternate type of innovations with emphasis on non-profit housing with convalescent and terminal care.

(5) Life-supportive services should be given when essential for a wholesome environment provided it is economically feasible and healthful.

(6) Ad valorem taxes should be based on income level.

Overall statement:

A fixed proportion of all government funds, Federal, state and local should be earmarked for housing and services for the elderly. Eligibility should be based on social and health needs rather than income. A uniform per capita basis for the production of housing is unfair, but we recommend that the Federal government provide guidelines and mechanisms through which state and local government could distribute money with aggressive efforts made to better inform local leaders. Ad valorem taxes should be based on income level. Life supportive services for the elderly should be made accessible as needed for wholesome and healthful living in all types of housing arrangements.

Recommend that programs on Aging in Florida be strengthened to meet the comprehensive needs of the aging segment of the population and that appropriate implementation be provided at all levels to meet this objective. There is a need for an immediate statewide survey or appropriate research or in depth study to up-date present data and new information is needed for comprehensive planning in all areas of needs of the elderly.

Transportation

(1) The Federal government should make available services for the elderly by subsidizing transportation systems.

(2) The Federal government should provide for the development of transportation systems and services for all users regardless of age.

(3) Greater accessibility to all services should be better promoted by community coordination of available transportation systems.

(4) The development of individualized, flexible transportation for the elderly which would provide increased access to shopping, religious, social, recreational, cultural, health and other activities and facilities, should be primarily the responsibility of private enterprise, volunteer community action, government at the state and local level with Federal government providing stimulation and imaginative leadership in such things as low cost insurance protection for volunteers while providing this service.

(5) The Federal government should support the development of programs designed to provide for the safety, comfort and convenience of the elderly as pedestrians, drivers and users of transportation systems.

Retirement Roles and Activities

(1) Both government and private agencies and organizations have a responsibility to develop roles and role opportunities and to actively encourage participation by senior citizens in society with full use of skills they have that might benefit others. Seniors should not be left on their own.

(2) We feel resources should and can be made available. There is risk involved in gearing programs to particular groups because people dislike being labelled "poor," "uneducated," etc. Programs should be developed to serve all groups which would include special need areas. Particular effort should be made to involve special need groups and their concerns.

(3) Society must develop a process of preparation for the complete life cycle. This must be an educational process of changing attitudes including public, private and religious institutions and their resources. We feel it should begin early in life and continue throughout life. We feel timing is important and people are especially receptive just prior to retirement. Re-emphasis should be made on this educational process at this time.

(4) Society should assume responsibility for providing older people with supportive services due to the mobility of our society and the increased psychological need for independence at all age levels.

(5) Public policy should reward and encourage a balance between expressions of personal aspirations and service to the community.

Retirement

(1) We encourage a policy toward a more flexible retirement age law. This should take into consideration individual capacities to function.

(2) There is a need for new national policies as well as for publicly and privately supported programs to help workers who are forced to retire before the normal retirement period because of health and/or employment problems.

(3) Society needs to assume greater responsibility for helping people prepare for retirement years through some form of pre-retirement education.

Spiritual Well-Being

(1) The spiritual well-being of elderly individuals is a community concern and responsibility. We recommend that government participate as a provider of funds to representative agencies who are providers of services that enhance the spiritual well-being of the elderly.

(2) We recommend that groups providing services and programs do so in conjunction with other age groups with a built-in flexibility to allow freedom and individual choices and needs.

(3) We recognize the right of each of the various religious bodies to determine their own spiritual philosophies and the right of every individual to choose his own philosophy in order to achieve individual spiritual satisfaction. These various philosophies should include efforts to improve the image of the elderly persons' role in society.

Education

(1) The existing educational structure should be held responsible for educational programs for older persons with inspiration, stimulation and seed money from national, state and local sources.

(2) The size of expenditures should be related to the expending proportion of older people in the total population and to the expanding needs of this group.

(3) Potential and active participants should be considered as indispensable resources by administrations in planning and conducting programs.

(4) Classes or programs should be planned and conducted specifically for educational needs of older persons on an individual preference basis.

(5) Highest priority should be given expansion and modification of programs having a demonstrated record of success.

(6) Education should concentrate on instruction in effective use of political processes on an individual and/or collective basis.

(7) Without slighting the ready participants, greatest efforts should be made by program directors to reach the "hidden" individuals through assistance of other agencies and organizations.

Health and Mental Health

(1) Health services for the aged should be emphasized for planning purposes and the delivery of health services should be integrated with other health services, recognizing that the aged require supplemental resources as opposed to separate resources.

(2) A system of coordinated health services for both the short and long-term care of physically and mentally ill aged be developed, legislated, adequately financed and evaluated.

(3) The complete range of health care for the aged should be financed through actually sound mechanisms in view of apparent shortcomings of the Medicare and Medicaid programs.

(4) Freedom of choice for the entire spectrum of health services (physical and mental) for the aged should be individual with financial responsibility in some way guaranteed by the public sector, should this become necessary.

(5) There should be a continuing comprehensive well coordinated and evaluated program of health education including the aging and their specific needs to be implemented, utilizing the media of communications.

Nutrition

(1) In order to insure the aging adequate nutrition, a program should be developed which will make available nutritious meals through cooperative and coordinated Federal state and community services such as:

- 1—Home delivered meals.
 - 2—Group feeding.
 - 3—Homemaker services.
 - 4—Central dining facilities in all Federal authority housing for senior citizens where feasible.
- (2) In order to assure the aging adequate nutrition, a program should be developed to encourage the food and related industries to provide suitable and adequate nutrition and information through:
- 1—Informative labeling.
 - 2—Smaller portions.
 - 3—Convenience foods and meals to meet the special needs of older persons.
- (3) In order to provide good nutritional health status throughout the life span, programs should be developed by:
- 1—Funding research by governmental agencies and private enterprises.
 - 2—Determining the basic human cellular nutritional needs.
 - 3—Encouraging university systems to engage in research relating to nutritional needs of senior citizens.
- (4) In order to assure the aging of adequate nutrition, programs should be developed which will provide a broad scope of authoritative nutrition education for all ages through:
- 1—All educational systems.
 - 2—Public and private agencies and institutions.
 - 3—Mass media.
 - 4—Private food and related industries.
 - 5—A vigorous recruitment program of students in professional and vocational training in foods and nutrition.

Employment and Retirement

- (1) Expansion of existing services within both the private and public sector for those who have difficulty finding jobs because of age, to develop selective training, retraining, job development, job counselling and placement programs by:
- 1—Using qualified senior citizens as staff.
 - 2—Providing special training for staff to work with top management.
 - 3—Utilizing trained senior citizen volunteers.
 - 4—Providing services for part-time work.
- (2) Established the right of retired senior citizens to supplement social security benefits without penalty.

AREA III—TAMPA

University of South Florida, April 13, Chairman: Dr. Robert Palmer, Chief Recorders: Mrs. Jean Gervais, Mr. Bob Roberts.

Participants:

Middle aged and older consumers-----	17
Providers of service-----	50
Specialists-----	18
Decision makers-----	16
Youth-----	7
Other-----	9
Total-----	117

The Area III Community Conference was held in the Social Sciences Building at the University of South Florida. Representatives from the 12 counties in the central part of state attended the one-day conference.

Staff and students in the masters program of the Institute on Aging at the University played a major role in planning and carrying out the conference.

The following persons were named delegates to the state conference:

Mr. William Noble—Income, Paula Matthews—Housing, Mr. Bill Trefz—Transportation, Mae S. Woodford—Retirement Roles and Activities, Rev. Ralph Acree—Spiritual Well-Being, Dr. Raymond Green—Education, Dr. Paul Kimberly—Health and Mental Health, Mrs. Barbara Palmer—Nutrition, Mr. Archie Mond—Employment and Retirement.

Recommendations:

Income

- (1) It is recommended that an income floor be established for older persons that would be based upon an intermediate level of income derived from such

standards as the "Standard Budgets" compiled by the Bureau of Labor Statistics. The use of such devices would be intended to permit, all older persons to have sufficient income exclusive of health needs from one base source to permit a way of life that retains the dignity of the individual.

(2) It is recommended that the source of payment include the general revenue inasmuch as all of society should be included in both the contributing as well as the receiving process.

(3) It is recommended that a floor at the intermediate level for income be provided by the government and that the options for additional income in old age be left to the discretion of the individual, to plan and reach for his own goals and dreams. A person should not be penalized for individual savings efforts by reducing his benefits because of income received.

(4) There should be developed a national insurance program that would provide basic health care to all segments of the population with funds derived from income and other taxes. The youth and the aged need these services most and are financially least capable of obtaining these services. If people would pay through taxes for a total lifespan, it would be more equitable for all.

(5) There should be resolved a method of equitable property taxes for the needs of the community.

Housing

(1) A fixed proportion of government funds should be allocated to housing and services for the elderly. It was suggested that funding be a community project and that funds be distributed at the discretion of the community without government jurisdiction.

(2) There should be no limit on income and no special grouping according to income. Eligibility should be based on social and health needs. If a person is able to pay more, have him do so on a sliding scale proportionate to income.

(3) A uniform per capita basis throughout the country would be unfair. Living costs vary in different parts of the country. Some local governments are socially opposed to 202 housing; it would not be advisable for them to distribute the money. Information should be distributed and the pressure groups should be allowed to get to it. There should be a master plan for each particular area provided there is assurance that the Federal government will provide the means by which state and local governments could distribute the money. There should not be a mandatory rental arrangement whereby the elderly are told they must move into this housing.

(4) Funds—Federal, state and local—should be made available for total care facilities that provide both shelter and life supportive services. Present legislation concerning apartment housing for the elderly should be amended so life supportive services can be provided without moving individuals from one facility to another. The focus should be on services rather than facilities.

(5) Funds—Federal, state and local—should be made available to provide services that will enable the elderly to maintain their own homes and retain their own life style as long as it is desired and possible. When this becomes impossible, facilities should be available to the elderly individual that will allow for maximization of independence but will provide necessary life supportive services. It should be recognized that different age groups and health statuses require varying degrees of attention. The advanced age group requires special consideration. A counselling service on housing, which would instruct the elderly about different types of housing available and refer them to the appropriate facility or agency, should be provided for the elderly on a community level.

(6) Tax reform should be instituted to alleviate the unique problem inflation imposes on the elderly home owner and renter.

Transportation

(1) As a general policy, federal funds must be made available to community and/or area-wide transportation organizations to provide mass transportation systems for all citizens with special consideration for the elderly. Also, these funds will be withdrawn where these special considerations for the elderly are not met.

(2) The Federal government should adopt a policy of increasing services for the elderly by subsidizing transportation systems.

(3) Transportation systems should be developed for all users regardless of age.

(4) Federal and state governments should require that transportation be an integral part of any social services program for the elderly supported by Federal or state funds.

(5) The Federal government should vigorously support the development of individualized flexible transportation for the elderly which would provide increased access to shopping, religious, social, recreational, and cultural activities.

(6) The Federal government should support development of programs designed to provide for the safety, comfort and convenience of the elderly as pedestrians, drivers and users of transportation systems.

(7) Federal funds should be provided through the Older Americans Act of 1965 to implement stop-gap transportation systems for the elderly in the social services areas.

(8) The Federal government should investigate and require insurance provisions for individuals who are assisting in volunteer transportation for the elderly so that the volunteer is protected in the insurance for himself, rider, and vehicle.

Retirement Roles and Activities

Position statement:

Recommend that programs be designed to reach all groups with special emphasis given to those areas of greatest need and that training from birth onward be given to prepare everyone for eventual retirement.

(1) American society and government at all levels should be invested with the responsibility for providing leadership in:

1—Developing expectations for older people in the form of positive status-giving roles.

2—Creating role opportunities.

3—Encouraging acceptance of them. And that adequate funding would be provided by government at all levels.

(2) It is recommended that programs be designed to reach all groups with special emphasis being given to the poor, sick and isolated; that is, those with the greatest need.

(3) Realizing that family ties probably represent the ideal personal relationship of older age, support should be given to any program which would encourage family relationships by providing supportive services.

(4) Efforts should be made to change the attitudes of both the public and senior citizens, so that the older people themselves realize they are a reservoir or pool of knowledge, experience, skills and talents to be tapped to the benefit of all involved. This should be extended to include part-time professional people who should be free to continue their professions on a limited time basis or on a restricted area basis.

Retirement

(1) Current pressures to retire below age 65 should be discouraged and restrictions should be removed on retirement by age.

(2) There is a need for new national policies and a review and revision of existing ones as well as for publicly and privately supported programs to help workers who are forced to retire before the normal retirement period because of health, disability, and/or employment problems.

Spiritual Well-Being

Position statement:

"Spiritual well-being" is the inner harmony with all life's experiences by integration of all aspects of the whole person (body and spirit) through meaningful and productive relationships. In order to achieve spiritual well-being, the basic needs of the aging, as listed in the other eight areas, must be met.

(1) The government, with its resources, should cooperate with religious bodies and other private agencies in a massive effort to achieve the spiritual well-being of the aging. Such spiritual well-being depends on cooperative efforts in meeting the other identified needs. Such cooperative efforts must include mutual responsibility within a framework of mutual trust.

(2) Efforts, through research, should be made to determine whether the spiritual well-being is best achieved through separate groups and programs or with other age groups. Such policy should be flexible in taking advantage of the findings of continuing research.

(3) Religious bodies, working together with other private agencies and groups with demonstrated concern for the aging, should determine and declare

the spiritual rights of aging. Such an effort would provide a common expression toward meeting the spiritual needs of aging.

Education

(1) To meet the needs of older persons, the Federal government, through HEW, should provide for education and training of persons 55 and over and allocate funds to each state according to the percent of U.S. population 55 and over.

(2) Adequate funds must be provided by the Federal government, through HEW, to State Departments of Education to assure the implementation of educational programs.

Health and Mental Health

(1) Health services for the aged should be singled out for special consideration and action and be integrated with delivery systems for all adults.

(2) A system of coordinated personal health service for both the short and long term care of the physically and mentally ill aged should be studied and developed.

(3) Medicare legislation and financing should be extended to include payment for other services not now provided in the continuum of health cares. Since Medicaid has not been functioning satisfactorily in all states, it is recommended that Medicaid become a function and responsibility of the Federal government in order to supplant local welfare health programs.

(4) Planning and coordination of the entire spectrum of health services (physical and mental) should be delegated to the public sector with funding where necessary, along with coordination of various state and local governmental units, providers of services, and consumers.

(5) A continuing health education program for the aged should begin during childhood and continue as a sequential type of program throughout life by using available health resources.

(6) For the immediate future, the elderly would derive greater benefit if curricula or course content on physical and mental health problems were included in undergraduate and graduate education and in-service training of health workers due to the extreme shortage of such personnel. A recognized specialty in geriatrics would be desirable and helpful.

(7) The aged will be better served in the long run if the available funds are apportioned among service, training of health manpower, and research.

Nutrition

(1) The Federal government shall contribute funds to ensure that research on nutrition throughout the life span with special emphasis on aging is continued and expanded in existing programs, with provisions for new programs to be instituted as the need arises.

Alternate policy proposal: Private industries shall be encouraged to initiate and to continue and strengthen their resource endeavors.

(2) Adequate suitable foods and services shall be made available to all age groups through utilization of public and private resources.

(3) Substantial national, state, local, and community resources shall be devoted to provide an on-going nutrition education program to all age groups: such programs to include specialized training for professionals and food service personnel.

Employment and Retirement

(1) It is recommended that workers, age 55 and older, have a specifically funded grant-in-aid program to assist them in re-entering the employment field. It is further recommended that for persons age 40-55 specially funded aid for specialized training in new careers, counselling and placement be provided.

(2) There should be no further legislation, but there should be an incentive program established for private enterprise (profit-seeking organizations) to obtain and utilize their older workers.

(3) It is recommended that private enterprise be given every opportunity to shoulder the problem of employing the older workers, but the government should be utilized as the "employer of last resort" for that group which is unemployable in the regular work force.

(4) It is recommended that the National Employment Service reconstitute the use of the Older Worker Specialists for age 55 and over persons with the referral services that go with it.

(5) It is recommended that consideration be given to the problem of compulsory vesting of all private pension plans to guarantee payment of such funds. Further, that portability of pension benefits be instituted so as to facilitate continuous employment.

(6) It is recommended that the government consider programs that lead the way in using older Americans for part-time employment at peak times of the year in Federal and state offices.

(7) The government should study barriers existing against employment of older people by Civil Service, labor unions, etc.

(8) Employment of older persons should not be hampered by the social security test and the social security test should be based according to the amount of social security benefits being received.

AREA IV—FT. LAUDERDALE

Nova University, April 15, Chairman: Dr. Jean Jones Perdue, Chief Recorder: Russell Hatch, Reporter: Catherine Fadgen.

Participants:

Middle aged and older consumers.....	97
Provider of services.....	53
Specialists	18
Decision makers.....	4
Youth	6
Total	140

The doors of beautiful facilities of Nova University were opened wide to the Area IV Conference. Due to excellent news coverage, more people were in attendance than had been anticipated. Group discussions were lively, and in one instance, actually heated. However, at the end of the day, policy recommendations were submitted as formulated by each group. Two minority reports were filed.

The following were elected as delegates to the State White House Conference:

Income—Samuel J. Gillott, Housing—Franklin S. Cuyler, Transportation—Max Sircjik, Retirement Roles and Activities—Charles Fichtner, Spiritual Well-Being—Dr. Douglas Holden, Education—Dominic Mainerie, Health and Mental Health—Mr. Underwood, Nutrition—Clifford W. McCloud, Employment and Retirement—Charles Spell.

Recommendations:

Income

(1) Senior citizens need \$3,000 annually to exist, a man and wife, \$5,000, exclusive of all medical and health expenses. Income should come from a source such as Social Security, and other sources to provide for this minimum income to those citizens who are not otherwise eligible to receive benefits from Social Security.

(2) The basic floor of income should be provided through Social Security and through another source such as general revenue funds for those senior citizens who do not qualify under the first program.

(3) In the event that a participant in a program such as Social Security had the necessary means of providing for himself exclusive of the benefits he would have derived from such a program as Social Security, consideration should be given to plan for returning his contribution plus interest in place of full benefits he would have otherwise, provided medical and health care is free of cost to every senior citizen regardless of income. The monies should be derived from income and other taxes, providing it is found that by returning said contribution plus interest, the amount is less than benefits that would have been ordinarily received.

(4) If a minimum of \$3,000 per individual and \$5,000 per couple is granted, it is recommended that no further assistance would be necessary for partial remission of property, taxes, etc.

Housing

(1) A fixed sum each year of all government funds—Federal, state and local—shall be allocated to housing and related services earmarked for the elderly with an assistant secretary directly responsible to the Secretary of HUD; however, the provision of such housing and related programs may be competitive with the housing needs of other age groups.

Benefits: (1) to provide the means for government and private sectors to competitively arrive at a solution for such programs; (2) to further clarify the competitive aspects, the funding for housing the elderly shall be placed in its own category and that fundings for other age groups be through other government agencies such as VA, FHA, etc.

(2) Income should be a factor but not the sole determining factor of eligibility for the benefits of publicly assisted low and moderate housing, related services, and programs for the elderly. Determination of income should be made on a local level.

(3) The Federal government should provide resources and guidelines to be implemented by state and local governments to produce suitable housing for the elderly who qualify on the basis of present and future social security regulations. The state should assume responsibility to commit a greater portion of their resources for developing statewide housing programs.

(4) Residentially oriented care settings should be provided for the elderly who need some level of assistance in daily living. Life supportive services should be provided to people who remain living independently in their own homes. Facilities for senior citizens should provide outreach services to the elderly in adjacent residential areas.

(5) The state and Federal government should provide financial incentive to give local property tax relief for the low and moderate income elderly. Consideration should be given to renters.

Transportation

(1) We strongly urge Federal government, by simplification of insurance policy wordage and by subsidizing transportation insurance, to alleviate the risks of hospitality and good Samaritan acts.

(2) The Federal government should develop a transportation system with the special needs of the elderly in mind, but not exclusively the elderly.

(3) Where public transportation does not exist, Federal and state government should provide for transportation needs as an integral part of any social service program for the elderly, and where public transportation does exist that does not fulfill needs of the elderly, social services programs should also have provisions for providing for needs.

(4) The Federal government should coordinate all phases and modes of transportation for the entire population, giving priority to the elderly, infirm and handicapped, for all phases of activities, including inter- as well as intra-state means of transportation.

Retirement Roles and Activities

(1) Opportunities and resources for new roles for older people should be made available on an optional, or voluntary basis.

(2) As greater resources become available, governmental attention should be directed to all segments of the elderly population.

(3) Government, business and industrial concerns as well as educational systems should be encouraged to develop programs for pre-retirement preparations and leisure time activities.

(4) Wherever possible, retirees themselves should be utilized in providing supportive services to the elderly.

Spiritual Well-Being

(1) The Federal government should cooperate with religious bodies and other agencies in order to help meet the expensive needs related to the spiritual well-being of the elderly.

(2) A continuous, coordinated system should be developed by the Federal government in order to properly evaluate the spiritual needs of present and proposed programs for the elderly and others. By "Coordinated System" it is meant the mutual efforts of all agencies involved in working with the elderly.

(3) Religious organizations can further promote spiritual well-being by including both religious and social needs of the elderly in their concerns.

(4) The Federal government should establish a commission including religious and secular leaders in order to determine, understand and meet the spiritual needs of the elderly. This should be done on an area-wide basis utilizing local community expertise.

Education

(1) The existing educational structure should be held responsible for initiating educational programs for older persons, by expanding the existing system with inspiration, stimulation and seed money from other national, state and local agencies.

(2) The existing educational structure should be held responsible for designing programs with expanded funds and authorized personnel specifically assigned to initiate, supervise, conduct and evaluate educational programs to meet the needs and interests of the aging. This should be in cooperation with other agencies and organizations.

Health and Mental Health

(1) If there are going to be special programs for anyone, then there should be special programs for the aged also. When their needs parallel others' needs, then no special consideration is necessary. When there are special problems, then there should be special consideration and representation in health delivery service.

(2) We agree with the positions of the technical committee on health to emphasize preventive therapeutic maintenance and rehabilitative services. We further agree this should be done under a coordinated delivery service. The essential ingredients are adequate manpower, facilities, financing, and organization. We need to coordinate current facilities which will identify areas of unmet needs. These gaps can then be filled by new services. This system should be part of a larger system of health care. Younger people also require the same type of coordinated planning for chronic illness. Many of these facilities and services are already legislated and financed.

(3) Existing legislation should be clarified and simplified with fewer technical barriers to reimbursement. The system also now does not meet seed money. Existing system should be expanded to provide a continuation of total care for all health needs. The Medicare/Medicaid program should be uniform throughout the United States.

(4) The entire spectrum of health services should be directed at improving the life style of everyone in a community. It should not commit the individual to a single kind of resource.

(5) A continuing program of public education should be in the form of national policy guidelines and assistance in curriculum preparation at all levels, leaving development and implementation to the state and local levels. Voluntary agencies interested in the aged should be helped to bring their message to the public.

(6) We believe that research would be advanced more rapidly and effectively if there were greater specialization and visibility given to geriatrics as a field of study. Geriatric and geropsychiatric specialists are needed.

(7) Funds should be apportioned among services, research and training of health manpower specialists. All available funds should not be put into providing services since this would be harmful in the long run. We need more money in each area. In general, money spent now to create specialists will provide more spokesmen to help to get more funds for services. However, a basic level of services must be provided and whatever funds are introduced into research and education cannot be at the loss of funds to services being provided now which are already inadequate.

Nutrition

(1) A concerted effort should be made to implement community food programs. (a) Support should be given to existing legislation, e.g. HR 17763 and Edward Kennedy's corresponding Senate bill. (b) Successful programs should be continued and expanded and new patterns of food delivery systems should be developed.

(2) Extend nutrition education to all people throughout the life span. (a) Educate the elderly concerning nutrition and optimum use of the food dollar. (b) Compulsory nutrition education for all personnel involved in food service to elderly. (c) Strengthen the nutritional component in the professional education of all health and social workers. (d) Expand and improve nutrition education in kindergarten through the twelfth grade.

(3) Determine nutritional needs of the aged through additional research. (a) Involvement of the food service industry in the development of nutritious

and acceptable food products. (b) Clinical research in nutritional needs of older people. (c) Community research to determine the demand for specific programs. (d) Develop techniques for successful motivation of persons toward optimum nutrition throughout life.

Employment

(1) Total manpower funds for programs and services should be increased in order to serve more older workers including those who are 60 and older.

Alternate policy proposal:

We recommend that the upper age restrictions at all governmental levels be eliminated.

(2) The nation is not willing to limit freedom of employer action in the labor market, therefore we recommend governmental control limiting factors now placed in the insurance company's hands that forces retirement of older employees, often against the company's desire.

(3) Even if the policies and programs deemed favorable to older workers' employment were adopted, they would not prove sufficient to solve the employment problem of the aging. We feel that the problem would be solved by governmental controls and programs on all levels—local, state and Federal. The government as a provider of services should assume the role of "employer of last resort."

