USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

HEARINGS

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

NINETIETH CONGRESS

SECOND SESSION

PART 2—SEATTLE, WASH.

OCTOBER 14, 1968

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Part 1—Washington, D.C., July 23, 1968.
Part 2—Seattle, Wash., October 14, 1968.
Part 3—Ogden, Utah, October 24, 1968.
Part 4—Syracuse, N.Y., December 9, 1968.
Part 5—Atlanta, Ga., December 11, 1968.

[1] Five vacancies in committee membership were caused by the departure from the Senate of Senators George A. Smathers (Democrat, Florida), Wayne Morse (Democrat, Oregon), Edward V. Long (Democrat, Missouri), Frank Carlson (Republican, Kansas), and Thurston B. Morton (Republican, Kentucky). With the adjustment early in 1969 of committee party ratio from 13-7 to 11-9, one Democratic vacancy existed and was filled by Senator Hartke. Senators Murphy, Fannin, Gurney and Saxbe were appointed to fill the remaining vacancies.

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USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

MONDAY, OCTOBER 14, 1968

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Seattle, Wash.

The committee met, pursuant to notice, at 1 p.m., Jefferson House Senior Center, Senator Frank E. Moss, presiding.

Present: Senator Moss.

Also present: William E. Oriol, staff director; John Guy Miller, minority staff director; and Patricia G. Slinkard, chief clerk.

Senator Moss. The hearing will come to order.

I am pleased to offer a statement for the record.

OPENING STATEMENT BY SENATOR MOSS, PRESIDING

Senator Moss. First, I would like to thank Senator Magnuson for the enthusiasm he has expressed about this hearing since I first discussed it with him. His obvious interest in the model cities program, and particularly your efforts in Seattle, has been a source of great satisfaction and assistance to me.

I would like to add that we have notified Senator Jackson and area Congressmen about today's hearing. They are, of course, welcome to submit statements for our hearing record if they cannot be here in person today.

My thanks also go to your fine mayor, the Honorable J. D. Braman. His staff has been exceptionally helpful, as have been the officials of your model cities program.

In fact, I would like to compliment the people of Seattle for the high level of participation that you have apparently achieved in your model cities effort. One of our reasons for selecting Seattle for our first field hearing is simply that the people of this city seem to have responded with a will and with hard work to the challenge presented by that program. It is a pleasure to be with you.

To provide a brief prolog to today's testimony, I will give you a few details about the Senate Committee on Aging and its special interest in the subject now before us.

The committee has 20 Members of the U.S. Senate as members. It was established in 1961 to continue the work begun by a subcommittee 2 years before. That subcommittee sounded an alarm about the older people of our Nation. In terms of health needs, financial insecurity, inadequate income, and other momentous daily problems, the elderly had become a problem group. So declared the subcommittee, and then the full committee went to work. It is a nonlegislative

body; it cannot report bills to the Senate floor. But it can hold hearings and issue reports. And that is exactly what it did, on everything from pension systems to nursing homes. The committee had a large role in creating the public awareness that led to enactment of medicare, the Older Americans Act of 1965, amendments to the social security law, more housing for the elderly, and, this year, a new law calling for a White House Conference on Aging in 1971.

Three years ago members of the committee became concerned about the war on poverty. They wondered whether it was serving the elderly as it should. This was no small consideration, because at that time probably 7 million persons past 65 were living below official poverty levels. As a result of committee hearings and reports, the Office of Economic Opportunity has offered several constructive new programs aimed at older Americans.

It was only natural that when the model cities program became law the committee should be similarly concerned about how it would serve the elderly. The committee chairman, Senator Harrison Williams of New Jersey, asked me to conduct a study to determine whether Federal and local officials are giving enough thought to the elderly.

High Priority for Problems of Elderly

Here again, this is no small consideration. We were told at our first hearing in Washington, D.C., on July 23 that almost one-half of the 75 cities funded in the first round of applications identified the problems of the elderly as one of their priority concerns. There is good reason to believe that there is a considerably higher concentration of older people in the model neighborhoods than the national average.

In terms of Federal investment, too, we are not talking about a minor effort. The first round of grants, for planning purposes alone, totaled about $11 million. Another $12 million or so is going to the 80 additional cities in the second round. The final investment, once planning is put into effect, will undoubtedly be in the billions of dollars, and it is imperative that this money be well spent to improve the quality of life for people in target areas even while it works physical changes that will make our cities better places in which to live.

As chairman of the Subcommittees on Housing and Long-Term Care in the Committee on Aging, I have a special interest in living arrangements for the elderly, including nursing home accommodations. I want to make it clear, however, that I regard the model cities program as going far beyond housing and better institutions.

Fundamentally, it must generate new spirit and enthusiasm about the future of our crowded central cities.

The model cities program must help us put old programs to better use in coordinated and imaginative ways.

The model cities program must reach the people it is meant to serve.

And, finally, the model cities program should generate new experiments. The use of supplemental funds available under the program for innovation should be put to good use.

I am sure that you here in Seattle will give us examples of direct, effective action on each of the goals listed above, and I invite your testimony now.

We have a number of witnesses who are prepared to testify today and I will call them in order. As I should point out, in these hearings, as I emphasized in my opening statement, our purpose is to make a record here that we can carry back to the full committee for careful study of the committee and the staff and then the committee, based on the record, will issue a report and make recommendations, which will then be sent to the Senate as a whole for consideration.

If those recommendations require legislative action, then one of the legislative committees in the Senate would take it up and introduce a bill to get legislative action. We don't know whether there will be any legislation growing out of this or not, because this is a factfinding matter here, this hearing today.

Those who are going to testify have been asked to prepare in advance a written statement of their testimony and in every instance that will be placed in the record in full, so any witness may realize that all he has prepared and put into writing is going to be in the record in full. Therefore, if he cares to summarize it or emphasize some part of it, he may do so without reading the whole statement in total. In that way we can enable all of our witnesses who we expect here to be heard in the time limit that we have.

I should point out, also, that we are beginning in Seattle but we are going to go to other cities and we will be getting testimony in many places, we will be in Ogden, Utah, and other various places, and all of this will go together in a printed volume that is printed up after the hearings are completed.

I should point out, also, that every person who testifies will automatically receive a copy of the record when it is printed, and any other person who would like to have a copy may leave his name and address here with Mr. Oriol, the staff director, who is seated on my right, and that person will be mailed a copy of the hearing record, if he so wishes to have it after the hearings have been completed.

We have had preliminary hearings in Washington already.

We will begin this afternoon very appropriately with the mayor of this great city of Seattle, the Honorable J. D. Braman. He will be accompanied by Mr. Charles V. Johnson, who is chairman of the advisory council of the model cities program.

If these gentlemen would come here and sit at this table where the microphones are, they can be heard very readily.

We are honored, indeed, to have the mayor of the city here and Mr. Johnson, and we will ask them to proceed at this time.

STATEMENT OF HON. J. D. BRAMAN, MAYOR, CITY OF SEATTLE, ACCOMPANIED BY CHARLES V. JOHNSON, CHAIRMAN, ADVISORY COUNCIL, MODEL CITIES PROGRAM

Mayor BRAMAN. Thank you, Senator Moss.

We are honored and pleased here in Seattle that you have chosen to hold your first field hearing here in Seattle. We do think we have an interesting program going and hope that your visit here will be helpful to you and that as a result of it we will all benefit in the future.

We have had programs going in Seattle that reach into this field, into our Seattle Housing Authority, for many years. I would like to say at this time we have been very fortunate in having an organiza-

tion such as the housing authority which has been able to produce such structures as the one we are occupying here now, and many others throughout the city under construction under the Turnkey program.

Our model cities program has, in my opinion, advanced very well. I have no way, nor would it be proper, for me to make a comparison between the progress we made in model cities and that made in other cities who have been favored with these programs throughout the Nation, but I do know that our model cities program, with the usual little problems that develop when you get into this extensive a program involving so many hundreds of people, can involve them directly in their daily lives, is always a difficult one to arrive at a consensus in, but I believe we are reaching that point.

I myself do not intend today to dwell at any length on the procedures and the accomplishments of our model cities program, since we do have, following me, people from that organization who will be able to tell you and respond to your questions.

The model cities program, as has been said, reaches into much more than many people believe. Many people believe it is nothing but a glorified urban renewal program, but this is not the case at all, as you will hear from the people who will testify for our group.

It is my pleasure at this time to introduce to you Mr. Charles V. Johnson, who is the chairman of the advisory committee of the model cities program, who will join with me in extending to you a most cordial welcome and expression of great appreciation for your coming.

Senator Moss. Thank you, Mayor.

We are most happy to have Mr. Johnson here.

Let me say, in your reference to this fine building in which we are holding the hearing, I did have the opportunity of briefly visiting one of the apartments in the building and I was very much impressed with the planning and arrangement for the apartments there, the adaptation to uses of elderly people. Oh, yes, the name of the lady whose apartment I visited was Mrs. Nan Heiden. She has a beautiful apartment and a view that I wish I could capture and carry back with me to wherever I happen to be living at any given time. It is a marvelous view over the harbor and down across the city. She has a chair in that corner window and has a pair of binoculars right by the chair, and I am sure she spends a lot ot time viewing this wonderful city, and I don't blame her. I would like to sit up there myself. The other features of the apartment that she so graciously showed me showed a good, sound planning and indicates that you here in Seattle have made some great strides in this area of housing for the elderly. So I am happy that we are holding the hearing here, and I look forward to a word from Mr. Johnson, who is chariman of the advisory council of the model cities program.

STATEMENT OF CHARLES V. JOHNSON, CHAIRMAN, ADVISORY COUNCIL, MODEL CITIES PROGRAM

Mr. JOHNSON. Thank you, Senator and committee.

Let me extend greetings to you on behalf of the model cities program here in Seattle.

The model cities program, from its very inception, took into consideration problems and ways of working out different programs for

the aged. There is quite a bit of emphasis throughout the United States on youth, youth programs where youth are involved in our total society, but we readily understood in the model cities program when the planning stages commenced that it was of utmost importance that the aged be taken into consideration.

We do have several task forces, and one of these task forces that does the planning for the model cities area in Seattle is called the welfare task force. One of the subdivisions thereof is a task force involving the aged. Later on today in this hearing you will hear people testifying from the model cities task force relative to the planning that has gone on up to this point in the model cities program here in Seattle.

We are extremely appreciative of the fact that you have chosen Seattle as a city to involve yourself with the model cities program. Let me assure you that I believe the model cities program that is being planned here in Seattle now will be one of the best planned model cities programs in this country. I have no doubts about that whatsoever.

The citizens' participation, as was indicated by the mayor, has caused some of the ripples that has been done, probably, in all of the model cities programs. But when the total plan is complete and it is presented in Washington, D.C., after having been approved on local levels, I am assured that it will contain each of the items that you mentioned in your opening statement as to what a good model cities program should take into consideration. I am convinced we have done it, and are doing it, and we will.

Again I extend to you greetings on behalf of model cities here in Seattle, Wash.

Thank you.

Senator Moss. Thank you, Mr. Johnson.

As I indicated earlier, we feel Seattle has been one of the leaders in stepping out to meet the problem and doing planning to achieve the objectives of the model cities program. We feel that the proper approach is the one that is being pursued, that is, planning should be done on the local level and it should be done by the local people and they must accommodate to conditions that are different in Seattle from what you would find in Los Angeles or you would find back in my home city of Salt Lake City. Every place is different, and so the plans must accommodate to what the local problems are and yet achieve the great overall programs for the benefit of the people who live in the model city and around the model city.

I do congratulate you on the way you are moving forward here in Seattle, and I congratulate the mayor in his leadership in this city for moving along with the program. We look forward to hearing from many knowledgeable people here this afternoon.

Thank you very much, gentlemen. We are happy to have you.

Mr. Johnson. Thank you.

Mayor Braman. Senator, just a little personal note. I might say it is very easy to understand my deep interest. I have enough years that I qualify in this area and, secondly, the way things are going in our city, I am aging very rapidly.

Senator Moss. Perhaps you detected I was speaking a little wistfully about that view from the corner window.

We next have coming before us really a panel of several experts on the needs of the elderly in Seattle. Mr. Morton Schwabacher, the chairman of the Seattle-King County Council on Aging, will be the leader of the panel.

I will ask that the panel take their places and then for Mr. Schwabacher to introduce the various ones, Mr. Adams, Mr. Lobe, Dr. Lehman, and Mr. Thibaudeau.

If you would introduce them, Mr. Schwabacher, and tell us what position each one holds, then we will proceed in whatever order the panel would like to go. Would you introduce them? I would like to make sure that the reporter knows who is sitting in what seat so she may make the record properly as we go along.

Mr. Schwabacher.

STATEMENT OF MORTON SCHWABACHER, CHAIRMAN, SEATTLE-KING COUNTY COUNCIL ON AGING, ACCOMPANIED BY J. R. ADAMS, EXECUTIVE DIRECTOR, SEATTLE HOUSING AUTHORITY; LUDWIG LOBE, CHAIRMAN, STATE OF WASHINGTON MEDICAL CARE ADVISORY COMMITTEE, AND MEMBER, ADVISORY BOARD TO THE STATE DEPARTMENT OF PUBLIC ASSISTANCE; ISAAC BANKS, DEPARTMENT OF HEALTH; AND ROGER THIBAUDEAU, DIRECTOR OF PLANNING, UNITED GOOD NEIGHBORS OF SEATTLE

Mr. SCHWABACHER. Senator Moss, Senator Magnuson——

Senator Moss. I don't believe he has arrived yet.

Mr. SCHWABACHER (continuing). Mayor Braman, ladies and gentlemen, as president of the Council on Aging for Seattle and King County, I am happy to welcome you to this community and to have the opportunity to discuss the needs of the elderly in this community and particularly those in the model cities area. Our agency is proud that it has been able to take an active part in the planning of services for the older people in the model cities area, but we are mindful of the fact that the planning process has only begun and much more needs to be done before we can truly say that we have made inroads into the problems of the elderly in the area. These elderly constitute 11,000 people, which is 20 percent of the population of the model cities area. The area is particularly unique in that it comprises a very diversified mixture of low-income elderly Negroes, Orientals, Caucasians, Indians, and homeless men.

We believe that the reasons for the high concentration of elderly in the model cities area are religious, family, and cultural ties and the fact that most are living on reduced incomes.

The needs of these people are like the needs of other elderly people, better housing, better medical care, increased income maintenance, household assistance for the homebound, and enriched life experiences.

For many years the Seattle community has had great concern regarding the elderly. This concern has resulted in action by many individuals and organizations in many different ways. Some examples are:

EXAMPLES OF EARLIER ACTION

(1) Multipurpose senior centers. Tallmadge Hamilton House, the oldest center in this community, was founded in 1958 and owes its

existence to the dedicated individuals who are interested in the elderly and also to the University District Kiwanis Club, which has supported it in spirit as well as financially. Lee House, another senior center, owes its existence to the Seattle Housing Authority, which has demonstrated great interest in older persons over the years. It has also been aided by the Rainier District Kiwanis Club. Lee House was the recipient of a 3-year U.S. Department of Health, Education, and Welfare demonstration grant to determine the social, psychological, and physical health needs of senior citizens attending a day center; to determine what a social worker-nurse team could do to meet these needs; and to determine if such a team would be effective in maintaining health and promoting independent living for the aging attending a day center. This meeting is taking place in Jefferson House, the newest of our senior centers. Once again, the Housing Authority has demonstrated its support of the elderly by making space here available.

(2) There are many private retirement homes in the Seattle area, including Four Freedoms House, operated by the Teamsters Union; Hilltop House, which is operated by the Baptist Church; The Josephinum Residence, which is operated by the Catholic Church, and many others.

(3) The Council on aging is an outgrowth of the Department of Aging in the old Health and Welfare Council of the Seattle Community Chest. For the past 12 years the Council has operated as the organization for planning and research for the problems of the older people and has also attempted to coordinate the activities for older people in this community. In 1966 a study of the older people in Seattle and King County, cosponsored by the United Good Neighbor Fund of King County and the Council on Aging, was published. This study outlines and details the problems of the older person in health, housing, income and retirement, personal and social adjustment, and recreation. We are providing your committee with a copy of this landmark study.

Senator Moss. That will be received and made a part of the committee files.[1]

Mr. SCHWABACHER. The study developed a great number of recommendations for action and programs to be put into effect for the welfare of older people in the five areas of concern I have just listed. Most of these recommendations look to the Council on Aging as the organization best equipped to put them into effect. The Council intends to use the study as its blueprint for planning for the elderly.

The model cities program can be of great value to the elderly. It dramatizes, as no other program can, to the whole Seattle community the problems of its elderly. Too, it can provide needed assistance to help us implement the recommendations of the 1966 study in the model cities area where the greatest number of the needy are concentrated. Recognizing the needs of the elderly can be of great value to the success of the model cities program. There cannot be good esprit in any community as long as the elderly, the parents and grandparents of the inhabitants, live in want and squalor and have no self-respect and dignity.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to the witness:)

[1] Excerpts appear in appendix 1, p. 217.

1. You testified that the Council on Aging has taken an active part in the planning of services for the older people in the Model Cities area. I believe that your experiences will be of help to other communities, and I would like to have additional details on (1) when the Council was first brought into the planning operations, (2) the kind of needs that the Council was able to point out because of its unique interests and body of information.

2. Is your Council still part of the United Good Neighbor Fund, or does it now draw funds from municipal or other sources?

(The following reply was received:)

COUNCIL ON AGING,
Seattle, Wash., November 15, 1968.

DEAR SENATOR MOSS: * * *

We are indeed grateful to you and your committee for the interest it is showing and we certainly wish you well in your efforts to better the conditions of senior citizens. On a separate sheet I am enclosing my answers to your questions concerning my testimony.

* * * * * * *

Sincerely,

MORTON L. SCHWABACHER, *President.*

[Enclosure.]

ANSWERS REGARDING THE TESTIMONY OF MORTON L. SCHWABACHER AT SENATE COMMITTEE ON AGING HEARING, OCTOBER 14, 1968, SEATTLE, WASH.

Question 1

(1) Upon the formation of the Model Cities project in Seattle, the Council on Aging for Seattle and King County, made known its interest in cooperating with the project, both verbally and in writing to city officials. We pointed out that the elderly population in the area represented approximately 20% of the total, and that planning to meet their needs should not be overlooked.

Although the Council (at that time) did not have a staff member that it could offer to loan to the Model Cities office, we did appoint several members of our Board of Directors to sit in with the Task Forces that were being formed, to act as observers and resource persons. The reason for this role was the ruling of the Model Cities program that only residents of the area could serve as voting members of the Task Forces, but that all interested persons could attend the meetings.

Once we had been granted the funds for an additional staff person by the United Good Neighbor Fund, we immediately hired a suitable candidate, and loaned her on a full-time basis to the Model Cities project. She will continue in a planning capacity with that agency until the end of 1968.

(2) The selected Model City area of Seattle contains the largest concentration of low-income elderly in the city, with a high proportion of these being single, isolated persons. Twenty per cent of the Model City population, or 11,120 are over 65 years of age. This elderly population is unique from several standpoints, for not only does it include a large number of low-income Negroes, but it also includes a considerable number of elderly Orientals, plus a group of elderly single men inhabiting the Skid Road-Pioneer Square Area of the city; all of whom have complex needs embracing health services, adequate housing, nutrition programs and leisure-time activities.

Over 2,000 of these elderly are receiving Old Age Assistance. Problems relating to inadequate income and financial management are overwhelming. A large proportion of the isolated elderly poor are in need of information on Social Security, Medicare, eligibility for Old Age Assistance, the "over 72" payment, legal aid, credit payments and budgeting. Many seek employment, but the hope of finding even part-time employment for this large group is unrealistic under the present system.

Although Medicare has removed some of the burden of debt incurred for catastrophic illness, much remains to be done in the health field—such a mental health services, lower costs for medication, dental care and optometric services. Maintenance of present health is very closely interrelated with all other factors affecting the well-being of older people. The "Seattle's Older Population" study of 1966 pointed out the lack of depth of health education programs, multiscreening centers and well-oldster clinics, and strongly recommended such programs be established to reach the older population.

DISSATISFACTION WITH HOUSING

A choice of living situations is not available to the low-income elderly families or individuals. The quantity of low-cost rental housing, both public and private, is inadequate. It has been estimated (in the previously mentioned study) that 60% of low-income elderly home owners would prefer other living arrangements. Many remain in their substandard homes because of the fear of losing their limited resources in a real estate sale and/or the inability to meet the high payments demanded for most apartments or other categories of housing, i.e. non-profit institutional retirement homes, commercial hotels, etc. Currently, 2,300 completed applications are in the hands of the Seattle Housing Authority, from those over 65 who meet the eligibility requirements for public housing. Presumably, many of these applicants have seen the facilities at Jefferson Terrace, a 300-unit high-rise development for low-income elderly, which is adjacent to the Model Cities area. Family care homes to provide substitute family living for those unable to maintain their own homes, are non-existent.

At present there is a lack of certain home services vitally needed to maintain the elderly in an independent living situation. Organized homemaker service, handyman assistance, hot meal plans or "Meals-on-Wheels" are not available to the low-income elderly in the Model City Area. Those who are isolated, without family or friends to assist in money management, the securing of medical care and obtaining decent housing, are oftentimes without the necessary protective services.

Recreational and leisure-time activities and facilities geared for the elderly are not widely developed in the Model Cities area. Those programs that do exist in the public housing areas are utilized mainly by the residents of the housing project, but rarely by the greater number who live elsewhere. Many of the people who have lived six decades or more in a work-oriented society, view social recreation as idleness.

Our current planning to meet these needs through the Model Cities program include the following component projects:

(a) a type of "half-way house" program for the elderly ill, released from hospitals or nursing homes, which would provide a homelike setting until they are ready to resume living in their own homes.

(b) a homemaker plan for the elderly that would recruit, train and employ eight to twelve men and women from the neighborhood, age 45 and older, to become homemakers for the elderly. The men would be utilized to wash windows, move furniture and make minor household repairs.

(c) a "Portable Parents" program, somewhat similar to the successful Foster Grandparent program. Persons over 60 would be recruited, trained and hired to serve as substitute grandparents for children in day-care programs and similar settings. They would offer a kind of tender loving care and warm, personal relationship with the child that is often lacking in the homes of the work-harried parents of the Model Cities area.

(d) a drop-in type of center offering a leisure time program and an effective information and referral service. Once established, there would be consideration of a noon hot-meal program as a part of the center's activities.

(e) development of a kind of health "depot" for the Skid Road-Pioneer Square area that would help meet physical and mental health needs and referral to a city de-toxification center for alcoholics.

(f) concerted effort toward the passage of more effective Medicare and Medicaid legislation that would make adequate provision for dental and optometric services. It is also planned to work in concert with other concerned agencies in reducing the cost of drugs and prescription medicines.

(g) a study of nursing home needs in the Model Cities area, since it is notable that few Negroes, Orientals or Indians are presently receiving these necessary services.

Question 2

Our Council is still a member agency of the United Good Neighbor Fund, and derives almost 90% of its budget from that source. We have never received any municipal or other governmental funds for our planning needs.

We are quite proud of the fact that the Good Neighbor Fund recognized our need to actively participate in planning for the elderly in the Model Cities area, and provided the necessary funds for the additional staff person. It is an interesting sidelight that this grant was for the last six months of the year (July 1–Dec. 31) but since we had already selected the individual who would be hired, in late May, we determined to immediately offer her services to the Model Cities and to pay

the additional 1+ month's salary from our very limited reserves. As a gesture of good faith on their part, the Model Cities officials agreed to pay this 1+ month's salary from their funds. So, in this sense, perhaps we have received some governmental funds!

COUNCIL ON AGING,
October 22, 1968.

DEAR SENATOR MOSS: Since the meeting of your committee here, on October 14, it has occurred to me that I should write to you, and clarify another matter that has come to our attention.

We understand that your committee held a hearing in Washington, D.C. earlier this year. At that time, Mr. William D. Bechill, U.S. Commissioner on Aging, testified before your committee. In the August-September issue of the periodical *Aging* (published by the Administration on Aging) it is reported on page 23, that Mr. Bechill stated:

"Related to this effort is a recent Title III grant to the King('s) County Model Cities Administration for the employment of a planning specialist for services to the aging."

While it is true that our agency *did* apply to AoA for a grant for this program, the funds that we are using for this purpose came from our local fund-raising federation, the United Good Neighbor Fund of King County. Early this spring, while the AoA was still reviewing our grant application, the UGN made the funds available and we hired the needed professional staff employee, and immediately placed her on the staff of Seattle's Model Cities Office. A few weeks later, we were told through the Washington State Council on Aging, that some Title III funds might be available to us for this purpose, but since we had already had the grant assurance from UGN we declined the offer.

We felt that the UGN grant to our agency was a further evidence of faith in Model Cities, on the part of the local community and of continuing concern for the needs of our elderly citizens.

It was a pleasure to appear before your committee, and we stand ready to assist you in any way possible, in the future.

Sincerely,

MORTON L. SCHWABACHER, *President.*

Mr. SCHWABACHER. I have tried to give a general, overall picture of conditions and problems of Seattle elderly. The speakers who follow me are knowledgeable in certain special fields and will give you specifics in those areas.

The first speaker is Mr. J. R. Adams, executive director of the Seattle Housing Authority.

Senator Moss. Mr. Adams, we would be very happy to hear from you and you may proceed in any way, if you want to put your statement in and comment on it, or you can read the full statement, whatever you would like to do.

STATEMENT OF J. R. ADAMS, EXECUTIVE DIRECTOR, SEATTLE HOUSING AUTHORITY

Mr. ADAMS. I would like to make a brief statement and then submit to you at a later date a full statement. Unfortunately, your request for such a statement came to me while I was out of town and I have not been able to prepare it in full.

Senator Moss. That will be perfectly proper. You may paraphrase it now and submit the full statement to us in time to be printed in the record, which will be open for at least 30 days.

(The prepared statement follows:)

PREPARED STATEMENT OF J. R. ADAMS, EXECUTIVE DIRECTOR, HOUSING AUTHORITY OF THE CITY OF SEATTLE

Senator Moss and honorable members of the Committee, thank you for the privilege of appearing before you here today.

My name is J. R. Adams and I am Executive Director of the Housing Authority of the City of Seattle. My remarks will be directed to the housing needs of the low-income elderly in Seattle and the extent of those needs—an area in which the Authority has had a direct and vital concern for the past ten or more years.

This building in which this hearing is being held today—Jefferson Terrace and Jefferson House—is evidence of that concern. This 17-story 300 unit apartment building for the low-income elderly was opened in July, 1967 but represents only a small start toward meeting the need for such housing that exists in the City of Seattle. I am delighted to know, Senator Moss, that you had the opportunity of visiting with one of the residents, Mrs. Nan Heider, in her apartment and to see for yourself what we have tried to incorporate in the way of design to help the elderly maintain independent living, not to mention the magnificent view of Puget Sound and the Olympic mountains which our Jefferson Terrace residents enjoy.

I believe the following, in outline form, will summarize for you, and for the record, the extent and nature of low-income elderly housing needs in the City of Seattle and relate it to what we are trying to achieve in our Model Cities program.

A. Housing need

1. *Total city.*—A special study commissioned by the Housing Authority in 1967 reported that:

a. Elderly households in Seattle number 51,413. This represents an increase of 5.4% over the 1960 count—roughly an annual increase of 1%.

b. Low income elderly households in Seattle number 29,843—elderly for this purpose represents head of household, age 62 and over.

2. *Model cities.*—The study commissioned by the Authority showed that approximately ⅓ of the city's elderly population reside in 3 general areas included in or adjacent to the Model Cities area and identified in this study as

a. Capitol Hill—Montlake.

b. West Central—Downtown.

c. East Central.

These same areas account for approximately 24,000 elderly persons or about 30% of the total elderly population in Seattle. The total population of these three areas represents about 15% of the total Seattle Population. The percentage of elderly population to the total in Seattle is now about 12 to 13%. We, therefore, have in the Model Cities area at least twice the percentage of elderly as will be found in the total city.

3. When Jefferson Terrace was opened to occupancy in the summer of 1967, 1,700 eligible elderly applicants applied for housing in its 300 units. The Authority currently is housing more than 1,500 low-income elderly families and has 2,400 elderly families on the waiting list. To help meet this need, 1,000 units for the elderly are now in construction and another 1,000 units are in process of development.

B. Housing condition

1. According to the 1960 census, substandard housing for all of the City numbered 19,479. Of these, almost 6,000 or 30% had a household head, age 65 or over. Stated another way, while the elderly comprise 12% of the population, more than 30% were housed in inadequate housing.

2. The average percent of substandard units by census tracts in Seattle is 11.5%. The average for the census tracts comprising Model Cities is 17.6%—about 50% higher than for the City as a whole. Specific information is not available as to the percent of elderly in the Model Cities area housed in substandard housing; however, the fact that better than ⅓ of the population in the area has an income at poverty or near povery level and that the average income of the elderly is under $1,600, would indicate that elderly occupy a substantial number of substandard units in the Model Cities area.

A study made by the Department of Public Assistance in 1965 showed that almost 2,000 recipients on Old Age Assistance reside in the Model Cities area. To this would need to be added a possible 1,000 whose income is derived from Social Security only.

C. Housing programs

1. Rent supplement:

a. Of 579 rent supplement units applied for under the FHA program and now in stages of pre-construction or constriction, 246 are located within the Model Cities area.

b. There is great need here for recruiting sponsors among church groups interested in developing this area to achieve a substantial increase in the number or rent supplement housing programs for elderly in the Model Cities area.

c. Possibly the lack of community response to the need has come about because of the complexities of the Federal program and the lack of the "seed money" so that interested sponsors could have the initial capital necessary to develop the program.

Model Cities through its capacity for attracting sponsors, motivate them and also to provide some supplemental funds for the necessary "seed money" can correct this situation.

2. Housing authority:

a. The Housing Authority is building 107 units at 17th and East Olive located in the Model Cities area. The Authority also is completing work on approximately 300 units adjacent to the Model Cities area and has approximately 200 more units—some now under construction, some to be started soon fairly close to the Model Cities area.

b. In addition, the Authority is engaged in a Leased Housing Program, at the moment on a 200-unit pilot basis. However, the Authority plans to program possibly 100 units a year for at least the next five years in keeping with a request from Model Cities.

D. Financial aid

1. A number of the elderly own their own homes, quite often substandard because of financial inability to provide proper maintenance. A recent study by the United Good Neighbors showed that at least 40% of these elderly would prefer other housing within their means.

2. A mechanism which would permit the exchange of the present ownership for an equity in new development or substantial rehabilitation without requiring monthly payments in excess of their financial ability, would be very desirable.

3. My understanding is that Model Cities has this approach under study. Here is where possibly church-sponsored programs could provide for a take-over by a cooperative and create the opportunity for ownership and also resident participation in Management and social planning.

E. Relocation

In response to the needs of the Model Cities programing and planning, the Seattle Housing Authority, to the best of its ability and in conjunction with any other aided housing programs, will provide housing to meet the relocation needs of elderly families—either through new construction, rehabilitation, leased housing, or other available units.

F. Other needs

Model Cities is developing, and to some extent has already developed, programs involving the participation of the elderly in day care, educational and recreational activities, youth centers, home visiting, homemaking and housekeeping. Residents of developments for the elderly might well serve as a valuable resource to Model Cities in providing and extending these services.

Through Model Cities assistance, continuing studies can be generated to provide more precise information on the needs of the elderly and effective programs to meet those needs.

I hope these facts which I have presented here will be helpful to your Committee in its deliberations, and again I thank you for this opportunity to present them on behalf of the elderly citizens of the City of Seattle and our Model Cities Program.

Mr. ADAMS. Senator Moss, I would first like to state that two other of your colleagues and at least two Members of the House of Representatives have indicated they would also like to live at Jefferson Terrace. We will accept the applications. I am not sure whether you will be able to get in because it is full and we have a waiting list of several hundred.

In the fall of 1966 when we could see that the construction of Jefferson Terrace would be completed probably in the summer of 1967, we started taking applications. By July of 1967 we had better than 1,700 applications on hand. The commissioners of the Seattle Housing Authority realized even as early as March of 1967 that there were far more applicants for Jefferson Terrace than we could possibly house, so on the basis of the applications then in existence, a large number of which did come from our central area, the housing authority applied for a reservation for 1,000 more apartments. That application was acted on favorably by the city council and the mayor of our city, and, subsequently, by the housing assistance administration.

We filled Jefferson Terrace by the end of September of 1967 and ended up with something like 1,400 applications on file which could not be served. As a result of this large number that were held over and even though we had applied for a thousand more apartments for the elderly, the board of commissioners felt that a more definitive study of the needs of the elderly in the city of Seattle should be made.

We were fortunate to be able to enter into a contract with the research division of the United Good Neighbors. They conducted a study which was printed in March of 1967, and I understand a copy of that has been made available to your committee. When the study was published, it was estimated that there were better than 51,000 elderly households in the city of Seattle. This represented a substantial increase of between 5,000 and 6,000 over that which existed in 1960.

It was also estimated that there were 29,843 low-income elderly households in this 51,413.

One-third of Elderly in Target Area

This same report indicated that three of the districts in the model cities area; namely, Capital Hill, Mountlake, West Central Downtown, and the East Central area, contained approximately one-third of the city's elderly population; These same areas account for approximately 24,000 elderly persons, or about 30 percent of the total elderly population in Seattle. The total population of these three areas represents only 15 percent of the total Seattle population. The percentage of the elderly to the total Seattle population at the present time is estimated at around 12 to 13 percent. We therefore have in the model cities areas at least twice the percentage of elderly as what we found in the total city.

According to the 1960 census, the substandard housing for all of the city numbered 19,479. Of these, 6,000, or 30 percent, had a household head whose age was 65 years or more. Stated another way, while the elderly comprise 12 percent of the population, more than 30 percent of the elderly are housed in inadequate housing. The average percent of substandard units by census tracts in Seattle is 11.5 percent. The average for the census tracts comprising the model cities area is 17.6 percent, about half again as large as for the city as a whole.

Specific information is not available as to the percent of elderly in the model cities area who are housed in substandard housing. However, the fact that better than one-third of the populace in the area has an income at poverty or near poverty level and that the average income of the elderly is under $1,600 per annum would indicate that the elderly

occupy a substantial number of substandard units in the model cities area.

A study made by the department of public assistance in 1965 showed that almost 2,000 recipients of old-age assistance reside in the model cities area. To this would need to be added possibly 1,000 more whose income is derived from social security only.

The housing programs that are currently being developed in Seattle to meet this indicated need include about 579 rent supplement units which have been applied for under the FHA program and are now in either construction or the development phase. Approximately 246 of these units are located within the model cities area. There is a great need for the development of responsible sponsors among church groups, lodge groups, and other nonprofit entities to do more work in the development of projects under section 221(d)(3) program with rent supplements. We feel part of the problem in getting sponsors is a lack of initial capital or, if you wish, seed money, to start. We think perhaps model cities, through its capacity for involving potential sponsors in their program, the ability and willingness to motivate people, will be able to find moneys which will assist in providing supplemental funds which are necessary for seed money to encourage a greater development of rent supplement programs.

As for the housing authority, we are currently building 107 apartments at the corner of 17th and East Olive. This is located in the model cities area. The authority is also completing work on approximately 300 other apartments which are adjacent to the area. We have another 200 units which we hope to have in construction in the near future.

Leasing Program on Pilot Basis

In addition to actually building and providing housing for the elderly, we are also engaged in the leasing program under section 23 of the Public Housing Act. We are at the present time doing this pretty much on a pilot basis. We have at the present time very close to 90 that are actually under lease. It appears at this early date that the leasing program will be of definite help and benefit to the city in providing more adequate housing for the families not only in the central area but also in the total city. It is our intent, in cooperation with the model cities program, to increase the leasing program by approximately 100 units each year for a period of 5 years.

A number of the elderly own their own homes. Quite often they are substandard, primarily because of the financial inability of the elderly person to provide the proper maintenance either in person or to hire it done. A recent study by the United Good Neighbors showed that at least 40 percent of these elderly would prefer other housing which was within their means. It is absolutely essential that in the near future we develop a mechanism which would permit the exchange of the present ownership for an equity in a new development or to provide moneys for substantial rehabilitation without requiring monthly payments by the elderly person which is in excess of his financial ability to pay.

My understanding is that model cities has this approach under study. It is here where possibly church-sponsored programs could provide for a takeover by a cooperative and provide the opportunity

for ownership and also to participate in the management and social planning that is necessary in such facilities.

There is also a relocation problem in the model cities area, and the Housing Authority is currently planning to meet that problem. At the request of the mayor of the city of Seattle, 100 units for elderly and 200 units for families have been reserved to be used for relocation purposes in the model cities area. We fully anticipate the construction on this will start within 12 to 18 months.

Thank you for permitting me to appear before your committee.

Senator Moss. Thank you, Mr. Adams, for your very enlightening and specific information about the housing problems of the elderly here in Seattle.

In making your selection of those whose applications could be accepted where you said you had 1,700, I think, submitted, what criteria did you use for tenancy?

Mr. ADAMS. The principal criteria was the date the application was made with us. We felt that that would be the fairest and the most accepted by the people who were directly involved; namely, the elderly themselves. Obviously, doing that in an inflexible manner would not perform the function that we wanted to perform for the city of Seattle. For example, one of the things we definitely wanted was an intermix of racial groups. If you left it entirely on an application date basis, it could have been entirely possible that the building Jefferson Terrace would have been occupied entirely by people of one race. We definitely wanted the intermix. Those two were the primary criteria we used.

We had one other. We had a number of two-bedroom apartments and, as we were hopeful of obtaining applications from married couples, we felt that we should reserve the two-bedroom apartments for the larger elderly families.

We also wanted a representative group of men to live in Jefferson Terrace as we felt the women would enjoy it and we knew very well the men would enjoy it. The greater percentage of the occupants of Jefferson are women.

Senator Moss. And you were able to work that out with the housing—what do you have, a council that would do that, or how would these be selected?

Mr. ADAMS. The fundamental responsibility for determining the criteria belongs to a board of commissioners of five individuals who were appointed for overlapping terms of 5 years each by the major of the city of Seattle. The board of commissioners determines the policy, then it is up to one of my colleagues, Louis Michaelson, to determine the procedure. This procedure is then submitted to the board for their review and then it becomes a basic policy of the housing authority.

Senator Moss. Thank you.

I think Mr. Oriol has a question.

Mr. ORIOL. Mr. Adams, I want to ask about the elderly person who owns a home, which is probably his or her major asset, but you mentioned the possibility that in such cases the home could be sold and used as equity in some other type of living arrangement. Are you talking about a sort of condominium apartment of some kind, a new kind of house? You said model cities is doing it. Do you mean Seattle?

Mr. ADAMS. I said model cities was considering it.

Mr. ORIOL. You mean in Seattle, not federally?

Mr. ADAMS. Just on a Seattle basis. It is an idea they are trying to formalize.

Mr. ORIOL. How would that work? Would there be exchange of ownership or would it be some type of equity in an apartment that could be exchanged later? Have you advanced that far in it?

Mr. ADAMS. No, I could not give you the details to the extent to which the task force has gone into thinking on this. I think at the end of the other presentations that we might call on Mr. Michaelson, my associate, and he could add some light.

Senator MOSS. Thank you, Mr. Adams.

Mr. MILLER. Mr. Chairman, before you leave Mr. Adams.

Your commenting about the desirability of men, in these housing situations prompts one question on my part. Have you found any differences in the desires of men as to the kinds of accommodations they want as opposed to those that are wanted by the single women?

SPECIAL NEEDS OF SINGLE OCCUPANCY

Mr. ADAMS. I think, yes; to a certain extent. Basically, the same requirements are needed; the same facilities are needed. But I think often with single men, and especially single men who have been somewhat transient in their employment—moving from place to place and having lived in a boarding room type of situation—they find that more often than not they probably would like to have a common eating facility where they could get prepared food. We have also run across a number who have talked to us who thoroughly enjoy "batching" and cooking. Some of them are exceptionally good housekeepers, but I think the worst housekeepers I have ever seen are some of the men.

Senator MOSS. Thank you, Mr. Adams.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to the witness:)

1. Your testimony indicates that in model cities areas the percentage of elderly people is about twice the percentage for that age group in the entire city. What are the reasons for this concentration of population?

2. In your description of difficulties encountered by potential sponsors of Section 231(d)(3) housing, you suggested that the Model Cities might provide supplemental funds "which are necessary for seed money to encourage a greater development of rent supplement programs."

I think this is a very important point, and I would like additional information on (1) your suggestions on the amount of such seed money payments; (2) the uses to which such funds would be put; (3) and suggestions for educating potential sponsors as to the possibilities for using such funds.

3. You will remember that you were asked for additional information about your statement that "it is essential that in the future we should develop a mechanism which would permit the exchange of present ownership in a new development or to provide moneys for substantial rehabilitation." We would very much like to have additional details on this proposal. I think you have raised a point of fundamental importance.

(The following reply was received:)

Question 1. Reasons for large percentage of elderly in the Model Neighborhood Area.

Probably the more outstanding reasons are:

A. The elderly in the area are long-time residents reluctant to move particularly with the lack of available facilities suitable for elderly.

B. The rent is less than they would need to pay elsewhere, although to a very large extent the accommodations are substandard. In my remarks I pointed out the extent of substandard conditions in the Model Neighborhood Area is at least 50% greater than prevails in the larger community and that 25% of the elderly live in substandard housing.

Question 2. Sponsors under Section 221(d)(3) Housing.

I pointed out in my remarks that Model Cities might be able to provide supplemental funds necessaryfor start-up or "seed" money. It has been estimated by reliable sources that only 4% of total development cost is required to carry out a housing program. The money would be used for pre-construction expenses including architectural and attorney fees, land option; organizational costs to reach the stage where a mortgage can be secured. The mortgage under this program could be 100% and would reimburse the sponsors for the costs mentioned immediately above. I would suggest as methods for educating potential sponsors at least the following:

A. A publicity and positive recruiting effort—selling campaign—on the part of federal and local government. There are many federal aids under the new Act—for example 80% loan at no interest for non-profit sponsors which are known only to professionals in the field.

B. Organization of housing seminars to be attended by concerned citizens and groups and sponsored by local, federal and community officials, or by non-profit groups engaged in housing.

C. A Housing Fair in every large community where the programs could be presented by graphic and other means to the citizens.

D. A greater involvement by local universities and colleges in the problems of the inner city.

Question 3. A mechanism permitting exchange of present ownership for an equity in a new development.

As I stated in my remarks, this approach is still under consideration by Mode Cities. The necessity for such a mechanism has been pointed out by citizens in the area—usually older citizens who own their own homes but are unable to maintain them. What appears to me to be a feasible approach would be to help these citizens establish a cooperative, provide through the 221(h) program for the purchase of their home, and to use the proceeds as an equity in the cooperative. Aside from the more obvious advantages or benefits that would result from such an approach, namely the provision of good housing and continued maintenance at a price within reach, the citizens would also have the opportunity to participate in the planning and management of the cooperative.

Senator Moss. Mr. Schwabacher, would you introduce the next member of the panel who is going to talk?

Mr. SCHWABACHER. The next member of the panel is Ludwig Lobe, chairman, State of Washington Medical Care Advisory Committee, and member of the advisory board to the State department of public assistance. Also, he was a member and cochairman of one of the divisions of our 1966 study on the elderly and he also is a past board member of the Council on Aging.

Senator Moss. Mr. Lobe, we would be glad to hear from you.

STATEMENT OF LUDWIG LOBE, CHAIRMAN, STATE OF WASHINGTON MEDICAL CARE ADVISORY COMMITTEE, AND MEMBER, ADVISORY BOARD TO THE STATE DEPARTMENT OF PUBLIC ASSISTANCE

Mr. LOBE. Mr. Chairman, thank you for asking me to testify before your committee. I submitted a statement to you. If you will allow me, I will talk to a few points out of it.

Senator Moss. Very well. It will be printed in full in the record.

Mr. LOBE. As to the study of the needs of minority groups for nursing homes, I believe that such a study would produce nothing we do not know already. We believe there are enough nursing homes in

the city, county, and State. We suspect that there aren't as many black senior citizens in such homes as white elderly in relation to the total populace.

It is with that in mind that we believe if you want to make a study you should determine the reasons for this phenomenon. At the same time a study of new ways for taking care of the elderly, either in their own home or in foster homes for elderly with homemaker service and medical service, and especially with such services on wheels as food, cleaning, and health help. We believe this has happened through the efforts on the part of Kiwanis Clubs and similar civic groups.

Very frequently the senior citizen is kept in a hospital simply because there is no other way of taking care of the person. We believe this again needs a good deal of study to know what can be done.

I should mention that we here in Washington have undertaken a study to see whether it is possible to go from a hospital to an intermediate facility before the particular elderly would go into a nursing home or could be returned to his own home. I think the study will be ready in the near future.

As to the question of day centers, which is question No. 2, it is my belief, and this is mostly personal experience in Tallmadge Hamilton House, that they are probably most valuable for our senior citizens' mental and physical health. The worst thing is being lonely for the elderly and companionship is all important. I think these centers provide that.

If you have a little time, I would be glad to take you through Hamilton House, where we have quite a number of weddings and parties.

In creating such centers. the emphasis should be on work activities to be directed by the elderly themselves rather than by supervisory personnel. In many instances a senior citizen feels much more valuable to a community and his own group if he is allowed to handle his own affairs.

On the other hand, Federal funds are needed, and though they are available through the Older American Act, I don't think they are sufficient for the need. I believe here in Seattle, like every other town, there is a tremendous need for these activity centers.

I come from the other part of the ocean, I was born there, and, as you know, there are many facilities, not homes, but public places where people can sit, play cards, play music, and during the development of cities this has developed much more rapidly than in this country. I believe we can take a look at how this is being done through labor unions, through all kinds of charitable organizations, church groups inexpensive coffeehouses, et cetera.

Public Assistance Inadequate

Question No. 3 was, public assistance procedures could be improved not only in model city areas but all over. Old-age assistance, in my opinion, and I think in the opinion of many of us, should come under the social security system for all. It should be funded by the system from social security and other taxes. The amounts to be paid should be adequate for average needs. They are not now. Whether it is social security or whether it is old-age assistance, they simply are not adequate for decent living.

In connection with the social security system extension, if this is possible, a negative income tax would probably be a step in the right direction.

Another point I would like to bring up, which is not in this prepared statement, is the possibility of providing work for people who are on public assistance, especially younger people—and I may add here that of all people on public assistance in the State of Washington only 15 percent could be considered employable, the other 85 percent, approximately, are either too old, too young, or too sick. But as far as the other 15 percent are concerned, or roughly 20,000 to 25,000 persons, I think some other way than welfare, nationally, must be found. To give a person for a long period of time, especially a young person, say, a divorced woman with a number of children, a certain amount of money without helping her to get out from under welfare is a waste of money. This particular person should be trained, if possible, and an effort should be made to get the children to be taken care of by the elderly, who should be paid for it, while the recipient either goes to school or has a job. At the same time pay the recipient a salary plus a grant for a certain period of time, until he or she can make considerably more than he or she would get under welfare. Otherwise, there is no reason why she should get off welfare. At the same time the elderly could take care of the children and make a little money on the side. But, unfortunately as it is now, the amount that is being earned by people on public assistance in a job is deducted from the public assistance grant and there is no incentive why these people should get off welfare.

I am not going to talk about housing. I think Mr. Adams has said everything I wanted to say, including the condominium matter.

Medicare and Medicaid

As to medicare and medicaid, I would like to speak not only for myself but also for my committee. This committee is a State committee and consists of 14 members, physicians, dentists, and others, consumers, nursing homes, hospital, and pharmacist representatives.

I think we are cognizant of the needs of the elderly and really also of the limitations in providing the needed service. And the limitations, no matter how long you are going to talk about it, are essentially finances, manpower, and delivery. I think these are limitations which will not be solved overnight. It will take a considerable period of time to have trained manpower and a delivery system for medical service. We figure it will be a minimum of 5 years and possibly longer, if we start today, and we don't even have the money yet. It will take, as I said, many years to provide high quality health service.

In the meantime, it seems to us that more medical service must be brought into the model city area or to other areas of the city or cities, because in the core cities there are very limited health services, especially here in Seattle. It takes planning and it takes cooperation of those interested, that is, the Federal and State governments, private sectors, physicians, and everybody else. I may say that not always do we get the assistance which we need from the Government. Our public assistance medical program here in this State happens to be open ended with a very stricly limited budget. I may also say that about 50 percent

of the public assistance budget is, in effect, a medical budget, nursing homes, medical and dental, and it is not sufficient. It is a long way away from even beginning to be an effective medical plan. We are trying to establish in this State priorities, but even the minimum priorities, because of last-minute Federal modifications, necessitate a huge cost increase for the State of Washington. Without the Federal Government finding ways to finance these programs and to cooperate with the States in costing these programs, the States, certainly here in Washington, will be unable to fully develop the medicaid program.

Federal Policy Shifts

Also, the respective Federal agencies must stop changing rules in midstream and funds must be appropriated by Congress for programs which are promised and established. It is demoralizing to have the States or cities initiate federally funded programs and then ask the States or cities to provide more of the necessary money.

Raising the hope of the people that manpower and funds are available in the near future is bad. It has happened with other programs. It has happened with the programs for the elderly, the Older Americans Act, aid to dependent children, which has been cut and is heavily damaging the budget here in the State of Washington.

When I talk about cooperation, one of the points is that this State has a costing provision; there is a budget law in this State that a director cannot exceed his budget, he cannot have any deficit financing. In addition to that, we are supposed to assure ourselves of the actual cost of hospital care, and other health care items.

Audits have been made by the intermediary for the Federal Government under the Social Security Act and the Federal Government, up to this date, has not released any of these audits, which means that the State of Washington may have to duplicate the effort, which will mean higher cost.

Lastly, while the model city areas are now in the forefront of attention, poverty, age, and need extend much further than that area. We cannot make a ghetto of the inner cities nor limit our attention to the elderly. We must create a true partnership and reasonable give and take between government, the private sector, and citizens. This means more planning and service. It also means more economies, because you have to have money to pay for it. I think the citizenship should be aware of the fact that poverty is a sickness in our social and economic life as deadly as any illness of man, especially in as affluent a society as ours.

I shall be very happy to submit any kind of material you desire, for instance if you want some statistics.

Thank you again for the opportunity to speak.

(The prepared statement follows:)

Prepared Statement of Mr. Ludwig Lobe

Mr. Chairman, Members of the Committee, thank you for asking me to testify before your committee concerning the "Usefulness of the Model Cities Program to the Elderly".

Four questions were submitted to me, and I would like to respond to these and elaborate on my answers.

1. Concerning a study of the needs of minority groups for nursing homes, I believe that such a need study would not produce anything we do not know

already. There are enough nursing homes in the city, county, and state. It is suspected that there aren't as many black senior citizens in such homes as white elderly in relation to the total populace.

Any study should, therefore, be directed towards determining the reasons for this phenomenon. Studies might also be directed toward finding other means to help the elderly of all races by such innovative programs as foster homes for elderly, homemaker service, and medical service, as well as such services (food, cleaning, and health help) on wheels by volunteer charitable and governmental agencies.

Frequently the senior citizen is kept in hospitals and nursing homes unnecessarily because there is nobody available to take care of him at home in any way. This is probably more often the case in the Model City area.

2. To the question of day centers, it is my belief, from many years of experience, that these are most valuable to our senior citizen for his or her mental and physical health. The facts are that the elderly, being lonely, must have meaningful companionship. Day centers can provide this. I hasten to add that in creating such centers, as in all so-called group activities for competent individuals, the elderly should not only attend but actually participate in developing and running such centers. There is a tendency to treat our senior citizens as if they had to be directed. Nothing is worse. The elderly are often as qualified as the well meaning professionals and semi-professionals. There should be, and here in Seattle there are, back-up services in Senior Centers, Inc., which provide consultation services of social workers, and nurses for all centers connected directly or indirectly with Senior Centers, Inc.

Federal funds are available through the Older American Act. More such funds are needed and the Act should be extended. I believe that the policy of grants by the federal government through the states to such civic organizations as the Senior Centers is desirable.

3. Public assistance procedures could be improved not only in Model City areas but all over. Old age assistance must come under the Social Security System for all, funded by the system from social security and, if necessary, other taxes. The amounts to be paid should be adequate for average needs. In connection with the Social Security System extension, a negative income tax would probably be a step in the right direction. We are now paying social security benefits, old age assistance and private pensions to most of our elderly and our needy. A negative income tax would be much more reasonable since it would automatically consider income from other sources such as rentals, interest, dividends, or even wages.

I would like to add that housing is a most necessary item in the Model City area. It is imperative that better housing be provided by subsidizing older home owners to rehabilitate and take care of their homes or by building new homes, apartments, and retirement homes. Such buildings should not be segregated for the elderly only, but should be low income housing for all needy, regardless of age. This way the senior citizen remains part of his community if he wishes.

Private ownership or even cooperative ownership in a condominium fashion should be explored.

4. As to Medicare and Medicaid, may I speak not only for myself but also for my committee, which consists of fourteen members, seven physicians and dentists, and seven others, consumers, nursing homes, hospital and pharmacist representatives.

As an advisory committee we are cognizant of the health needs of our elderly and, unfortunately, of the limitations in providing the needed services. The limitations are finances, manpower, and delivery.

It will take many years to provide high quality health services, not only for the elderly, but to all, regardless whether or not they are under Medicare or Medicaid. Relatively few people receive comprehensive high quality health care because of the above-mentioned limitations. It takes planning and cooperation between all interested in health, federal and state government as well as the private sector, physicians, dentists, hospitals, other health care agencies, industry, labor, and individual consumers.

We need health services in the Model City area badly. There simply is not now enough available. Before we can ask for high quality, we must have acceptable health care where now there is hardly any.

Our public assistance medical program cannot be open ended with a strictly limited budget. Therefore we have to establish priorities, and even the minimum priorities, considering federal modifications, necessitate a huge cost increase for the states. Without the federal government financing these programs, the states

will be unable to fully develop the Medicaid program. Also, the respective federal agencies must stop changing rules in midstream, and funds must be appropriated by Congress for programs which are promised and established. It is demoralizing to have the states or cities initiate federally funded programs and then ask the states to provide more and more of the necessary money.

This has happened with the O.E.O. programs, including those for the elderly, the Older American Act, Aid to Dependent Children, and others.

Lastly, while the Model City areas are not in the forefront of attention, poverty, age, and need extend much further than that area. We cannot make a ghetto of the inner cities nor limit our attention to the elderly. And we must create a true partnership and reasonable give and take between government, the private sector, and citizens. If this means more planning and services, it also means more economies, cooperation, and taxes. The citizenship should be aware of the fact that poverty is a sickness in our social and economic life as deadly as any illness of man, especially in as affluent a society as ours.

I shall be happy to submit other material, such as statistics, to you.

Thank you again for this opportunity to testify before you.

Senator Moss. Thank you, Mr. Lobe, for your very enlightening statement and one that does, indeed, give us an insight into many of the grave problems of administering welfare and assistance in a State like Washington and the uncertainties that make it so difficult, and certainly financing is one thing. We all recognize this great problem, and as to how we find a solution, I don't know, but that is one thing we must apply ourselves to.

Uniform Welfare Standards

This calls to mind an article that appeared in the Wall Street Journal, I think it was today, suggesting that all welfare payments be federally administered and be uniform the country over rather than have it vary from State to State. What comment would you have on that suggestion of the Wall Street Journal?

Mr. Lobe. Offhand, I would say it would be a damaging thing, because the standard of living in the State of Washington is certainly different from the standards in any other State, without mentioning any State whether it is better or worse, somewhere along the line. It seems to me we have the experience that it will not stop people from moving from one State to another. This is the No. 1 thing. Not very many people have come to the State of Washington because we have such a marvelous welfare system. Nevertheless, a number of people have come to the State of Washington, not because of the welfare system, but because they believe there are going to be more jobs or jobs for people who are not well educated. This has given rise to quite an increase in our welfare population in the last year, especially.

I don't think it is good to compare a welfare grant in a southern State which has a low cost of living with say, for instance, the State of Washington, which has a fairly high cost of living. I think it would be damaging to our people. I think it would be damaging to the State. It may be logical from an overall point of view of simplification, but I think it would be extremely illogical from the point of view of those who have to administer it as well as those who have to get the money; namely, the poor people themselves.

Senator Moss. As far as you have observed, there hasn't been any migration simply to take advantage of a higher welfare payment?

Mr. Lobe. No. I may go one step further. We undertook a study of the welfare system of the State of Washington, and again that has not shown there was a migration into the State for that reason. I don't think the State has paid that well and I just don't see it.

Senator Moss. I particularly liked your discussion on offering an incentive for people to get off welfare. Do you find any widespread incidents of people who just choose to stay on welfare and make no effort to get off if they are physically and mentally able to do so?

Fifteen Percent on Welfare Can Work

Mr. Lobe. I would say there are some, but they are a minority. I believe, from one of the studies undertaken a few years ago, it has not shown that people like to be on welfare. The 85 percent who are too young, to old, or too sick, there is nothing we can do about them. We just have to take care of them. I think we should take care of them in a manner which proves that this country will take care of their citizens whether they are old or young.

The other 15 percent, I would say the vast majority would like to get off, but how? It is extremely hard to get off welfare if your teeth happen to be bad or pulled and you go to see about a job and the man looks at you and says, "Well, I can't hire you as a businessman," or whatever it may be, or if you are an accountant and you are slightly myopic and you can't get glasses, this is the problem. There was a time, and there still is, I believe, where social workers or church groups would pay to get people to go to the dentist or to get glasses or to get jobs. But I don't think this is the problem. The problem really is that it is a wrong approach to go on for 10 or 15 years paying $250 to a mother and child and not try to get this mother back into the economic life, and at the same time, as soon as she does, stop payment, and only leaving her $50, figuring she has to have a babysitter, that she has to travel to and from, that she has to take care of her children. In other words, it is a failure of our system. Unfortunately, the State doesn't have enough money to establish a priority to do something about it, and that is why I would like to see some kind of Federal help in finding out whether this will pull people off welfare. I think it would.

Senator Moss. Thank you. I am glad to have that description in there.

My observation is that almost all people who are able to provide for themselves would prefer to be off welfare and have the feeling of independence and perhaps advance and earn still more is overriding. But the stereotype that we hear so often is that he depends on welfare and he wouldn't take a job if you handed it to him on a silver platter. I don't find that is accurate, and I am glad to have something in the record that sustains what my observation is, that people just don't act like that.

Mr. Lobe. Average people do not act like that.

Questions About Hospital Costs

Mr. Oriol. Mr. Lobe, you said it would be very expensive for the State of Washington to get the same hospital cost information that the Federal level is already requiring. When you say "expensive," do you mean hundreds of thousands of dollars?

Mr. Lobe. It could very well be. If you wanted to check out medicaid the way it should be checked out, I would say yes.

Mr. ORIOL. Is there anything in Federal legislation that forbids States to get that kind of information?

Mr. LOBE. I am glad you asked me that because I brought it along.

Mr. ORIOL. If it is not legislation, was it strictly a matter of administrative decision?

Mr. LOBE. I don't know. But I would like to call your attention to the report "Regional Meetings on Payment of Reasonable Costs for Inpatient Hospital Care," title V and XIX of the Social Security Act, issued by the U.S. Department of Health, Education, and Welfare in 1968. Somewhere on page 32, I believe, the question is, "What is the responsibility of the State agency for the audit of annual cost reports of hospitals in determining costs?" The answer: "The State agency is responsible for making arrangements for an audit during the funding and evaluating of any recommended action."

It then goes on to say that, "If the order under title XVIII can satisfy the requirements of titles V and XIX, with the exception of minor variations, what is to be done about minor variations?" et cetera. It answers: "The State should issue guidelines."

Now the plans for audits, and payments for them, will have to be coordinated under titles V, XVIII, and XIX. "The Department of HEW will issue information on the subject later. In the meantime, the cost of each individual audit can't be distributed between the three in proportion to the combined demands of Federal and State funds," et cetera. But, requests of the Department of Public Assistance to have the audit so there will not be additional costs, have so far fallen on deaf ears.

I believe that the Social Security Administration, if I can find it, refers to their regulation 1 to section 1106 of the Social Security Act in which it says that all information is secret, but I believe, and I think most of us believe, that that is not quite right and that certainly between State and Federal Government when we talk about expenses and budget we should have some provision to find out what we are paying. As it is now, we don't know what we are paying. I am only a member of the advisory committee not directly connected with the Department, but I know that we are wondering whether the State can afford medicaid at the same level as medicare. Hospitals, nursing homes, et cetera, we just can't afford it. It is highly doubtful.

Senator Moss. Thank you very much, Mr. Lobe. That was an excellent presentation. We appreciate it.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to the witness. Questions and replies follow:)

1. Question. Can you have public assistance under Social Security without having uniform rates? Would you recommend some kind of regional differentials?

Answer. I believe that one can have public assistance under Social Security without having uniform rates. The rates would have to be based on regional differentials. With modern electronic data processing, I don't believe this procedure would be difficult.

It would not be fair or advantageous to the federal or state governments, or to the recipients, to have the same money grants in a low income state or district as in a high income state or district. A grant based on a low cost of living district would probably be too little for a high cost district. The reverse could cause the recipient to squander money on unnecessary items.

If one considers negative income tax, then the situation changes somewhat since this has to be federally uniform, but one would have to subsidize high cost districts through block grants or other additional grants.

The proposals to have uniform assistance standards in all states may also create dangerous discontent and kill any possible initiative in low cost of living states because the recipient might get more money on welfare than he could get in the ordinary economic life of that particular state.

2. Question. What are the numbers of persons past age sixty-five in Washington who are served by (a) the Public Assistance Program, (b) the Medicaid Program? Do you have costs for such services to this population group?

Answer.

	Total	Nursing home care	Other
I. Number of persons age 65 or over:			
Receiving a grant or in a nursing home			35,200
Nonnursing home, medical only			2,800
Total			38,000
II. Medical expenditures for persons age 65 or over:			
Receiving a grant or in a nursing home	$2,685,000	$2,016,000	$670,000
Nonnursing home, medical only	160,000	1,000	159,000
Total	2,845,000	2,016,000	829,000
III. Cost per person aged 65 or over:			
Receiving a grant or in a nursing home	$76	$57	$19
Nonnursing home, medical only	57	1	56
Total	75	53	22

Additional Statement by Ludwig Lobe

Retired people on Social Security under the age of 72 are allowed a maximum amount of income from wages or salaries, while they may accumulate and receive an unlimited amount of rental, interest, dividend and certain other income. It seems to me that it would be much wiser to let retired people earn all they may and still pay the Social Security benefits; if for no other reason than that Social Security is supposed to be an insurance program and not a welfare benefit program. This would put back into the main stream very well educated and experienced workers and professionsals who otherwise for financial consideration, stay out of it.

It is unfair to allow certain kinds of income to not be considered while earned income is being deducted from Social Security benefits. This hurts the low income people in their old age; it does not concern those who accumulated capital.

As to the incentive programs for welfare recipients, I believe it to be important that people return to their maximum economic potential and to self-sufficiency. Cutting off welfare payments as soon as a person has a job or receives payment from outside sources due to labor will prevent such incentive. A working person spends less time taking care of family obligations and has expenses which those on welfare, staying at home, do not have; for instance, transportation, baby-sitting, keeping the house clean, etc.

I renew my suggestion that after a person has recieved the necessary training and has secured a job, such person should be kept on a declining percentage of welfare, regardless of salary, to reimburse the recipient for the additional expenses (social security and income taxes would be deducted) leaving amounts in excess of the welfare payments so as to enable such former recipient to pay off possible debts, to take care of neglected health problems, etc.

Another factor is education. In a time when science has progressed to the point of scientific ditch digging, jobs for people with a fourth or fifth grade education are less and less available. It is most important that the educational qualifications be taken into account and that any welfare office puts added emphasis on the possibility of extending an interrupted or non-existent education and possibly pay for such education in order to get this person off the welfare rolls. It seems to me that our own educational system, to a large extent, may be at fault and create welfare recipients simply by insisting that people stay in school above the minimum of their own interests when they are inclined towards manual work and would be more interested in working in shops as apprentices than staying in school dreaming and avoiding disciplines.

Lastly, a person whose family is on welfare and who cannot afford clothing and social contact which an urban society demands, will either become fiercely independent or utterly dependent or worse, become hostile to his surroundings which

deprive him of the average necessities of life. It should be considered that, especially in a modern urban society, the television and radio propaganda point out time and time again the need of these "necessities of life" be they clothing, smoking, drinking, cars, bicycles, television or what have you. This applies to the young and to the elderly who often find themselves deprived of many things they have been hoping for all of their lives. After all, it is only in the last ten years that the so called "necessities of life" have become important in the American society of alleged plenty. To be shoved aside at a certain age simply because of age and to be deprived of these "necessities", will in itself create a feeling of being an outcast in that society.

All these problems are not only those of the Model City areas, but of all communities in their entireties.

Senator Moss. Mr. Schwabacher, would you introduce our next member?

Mr. SCHWABACHER. The next member of the panel is Mr. Banks, representing Dr. Sanford Lehman, director of the Seattle-King County Department of Health.

Senator Moss. We are pleased to have you come and represent Dr. Lehman. You may proceed.

STATEMENT OF ISAAC BANKS, SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH

Mr. BANKS. Perhaps I should first point out that I am employed by the Seattle-King County Department of Public Health. I am on loan full time to the Seattle model cities program as a health planning specialist.

I was informed at 10 o'clock this morning that Dr. Lehman would not be here and I was to fill in for him, so I will attempt to do that by briefly summarizing some of the health needs or usefulness of the model cities program in relation to the health needs of the elderly.

The model cities health planning task force has reviewed and studied numerous matters that affect the well-being of the older residents of the model cities area. The health task force will systematically consider most of them in detail in future deliberations. Elderly residents and the Council on Aging have participated in the planning process regularly thus far and will continue to do so.

To briefly summarize, some of the needs as we see them are:

1. The availability of improved medical, dental, and allied health services to all model city area residents;
2. Improved hospital, extended care, and nursing home facilities in the model cities area;
3. Improved accessibility of health services to model cities residents, including the problem of transportation;
4. Fluoridation, including its particularly beneficial effect on preventing osteoporosis among the elderly who more often are debilitated by fractures;
5. More home health nursing services; and
6. Environmental health programs to improve upon the unhealthful living conditions where the elderly often live in single family residences, and substandard hotels and apartment buildings.

Existing hospital and extended care facilities: There are 11 licensed nursing homes within the model cities area with a total capacity of 340 beds. Two of these, with a capacity of 93 beds are private and

take only an exceptional recipient; two others can be classified as skilled nursing; the remainder, 170 beds exactly, are classified by the State department of public assistance as class III, or essentially semi-custodial.

Model Area Has No Extended Care Facilities

There are no facilities certified as extended care facilities under the medicare program in the model cities area, although there are three with a total capacity of 304 beds which are a short distance from the model city area boundaries.

There are eight licensed boarding homes within the model cities area out of a total of 20 within the county. The bed capacity of those within the model cities area is 128 as compared with the total capacity within the county of 2,093. However, it should be pointed out that those within the model cities area are all very old facilities and were coverted from residences and barely meet the minimum standards for licensure.

It should further be pointed out that of the 28 licensed boarding homes for the aged, seven are in the category of luxurious retirement homes, with a total capacity of 2,087 beds. It is therefore evident that there is a distinct shortage of custodial and residential facilities in the model cities.

Another need is that of expanded home nursing care programs. Through the model cities program we certainly hope to expand and improve the home nursing care through existing public nursing and home health aid resources that are presently serving in the model cities area. Through this activity's expansion, we hope to assist the elderly as follows:

Adjust to the problems of retirement;
Improve communication and family relationships;
Safety in living indoors and out;
Adjustments to changes in nutrition needs;
Adjustments to aging in general and a normal environment associated with age;
How to live on social security income;
Recreational activities;
Legal counsel for the aged;
The need to be independent and by becoming involved in community activities, specifically, the need to be needed.

With regard to health facilities and service as we view them in the model cities area, we have recognized the fact that although the facilities and health professionals are limited within these boundary areas, there is a prevalence of health facilities on manpower within 2 miles of the model cities area. As we view it, the problem is not one of inaccessibility from a geographic standpoint, but it is certainly one from a standpoint of economic accessibility. So the model cities program hopes to develop a prepaid health care plan for the model cities area residents, which will include health services for the aged. We have yet to design and develop the eligibility criteria, but will be doing this shortly.

Dental Care Inadequate

Another real problem area that the elderly has in the model cities area is one of obtaining adequate dental care. This is especially an acute problem when you look at the nursing home situation. The nursing home dental care is virtually nonexistent. Accordingly, we hope to develop a prepaid dental program sometime during the first operational year to provide dental care to the people most in need. At this point we are looking at the dental problems of children of the area. We are also looking at the problems of the elderly and how we might develop a dental program to bear on the specific needs of the elderly.

Another great health need as we view them in the model cities area which relates to elderly is that pertaining to environmental health hazards. We hear about the need for new housing, the need for condominiums, and what have you. But if one has the opportunity to go through the overcrowded substandard hotels that many of the elderly people live in, especially the single men in the Pioneer Square area of the model city area, we are concerned about how to improve the level of existing housing. Too often it is the older people who have problems with dilapidated housing, who have inadequate sources of income to restore them and maintain them in compliance with existing ordinances. We certainly think in any housing improvement program, that outright grants can be made available to people to maintain what they have in terms of their own housing and yet to be able to make it healthful and substantially sound so it is not a health hazard.

Thank you.

Senator Moss. Thank you, Mr. Banks, for your comments and for pointing out the needs as you see them from the point of view of the department of health here in this county. You have underlined some of the things that have been given to us by other members of the panel from the point of view of the department of health.

Mr. Oriol. Mr. Banks, the reason you are able to consider this group health program is because you already have a prepaid group health program in this area, don't you?

Mr. Banks. We do have a prepaid group health plan; in fact, we have several in this area, King County Medical, Blue Cross-Blue Shield. There are real problems in regard to improving title XIX, making it a much more comprehensive prepaid health care program. But to answer your question specifically, this is not the reason we have chosen a program approach in this area. We are concerned that in developing health programs in model cities that they should be as comprehensive and innovative as possible. So, we are planning to offer to those families who qualify for this plan the choice between Group Health Cooperative of Puget Sound and King County Medical, Blue Cross-Blue Shield, which are local physician and hospital related organizations.

Mr. Oriol. So you will have a private organization but will supplement that separately; is that what will take place?

Mr. Banks. I say, this is in the planning stage. We will anticipate participation from the State department on public assistance to lend support to this type of service. We have been successful at negotiating and to develop a plan that is much more comprehensive than is commonly available to the general community. The benefits are very

broad in the areas of mental health, alcoholism, drug addiction, and several areas of need that are not presently covered by title XIX.

Mr. ORIOL. Thank you.

Mr. MILLER. I have one question.

You made reference to nursing homes, on the one hand, and boarding homes, on the other. Does public assistance pay proportionately for nursing home care, on the one hand, and boarding home care, on the other? I raise this question because in some States in previous questions we have learned that public assistance programs paid so little for boarding home care that it was necessary for people who properly needed only boarding home care to go into nursing homes in order to be the beneficiaries of a higher payment schedule. Does anything like this prevail in the State of Washington?

Mr. BANKS. I would say it does exist to some extent. Many of the operators of the boarding homes as well as in nursing homes feel that S.D.P.A. money grants are inadequate to provide the scope of care that is needed as far as medical services. The difference in payment schedules, however, does exist.

Senator Moss. Thank you, Mr. Banks. We appreciate that very much. You gave good testimony.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to the witness:)

1. Your statement said that elderly residents have participated in the planning process thus far. How much consultation has taken place with the elderly. Is their recognition of unmet needs similar or very different from the recognition given by you and other professionals in the field?
2. May we have additional information on dental needs in the model city areas? We understand that dental problems rank very high among health needs of the elderly.
3. You put great emphasis on the need for home nursing care. Why, in your opinion, has there been such limited progress in this area? Could elderly individuals be trained to give at least some home services, possibly to other elderly individuals, in the target areas?
4. When information becomes available, we would like to have details on your plans for the prepaid group health plan and the prepaid dental care plan.

(The following reply was received:)

SEATTLE MODEL CITY PROGRAM,
November 22, 1968.

DEAR SENATOR MOSS: It was gratifying to hear that my presence at the Committee Hearing here in Seattle on October 14th, proved to be helpful in pointing out problems that appear peculiar to the elderly of the MN area. Following, are answers to questions in which you requested my response:

1. Since January 31, 1968 the Health Task Force has met on a weekly basis. These have been planning meetings where in all interesting citizens have been urged to attend and participate. Accordingly, we have enjoyed the attendance and participation by many citizens who fall into the elderly category. In many instances (the elderly) have stated their views as to the Health needs of the elderly as well as the general Model Neighborhood population. In some instances their recognition of unmet health needs does differ somewhat from that of the younger population. For instance, the elderly place a lot of emphasis on the need for more adequate transportation facilities to and from existing health facilities and manpower. Also, they place particular emphasis on the problem of having to go to King County Hospital and be subjected to long waiting periods prior to being seen by Health personnel. We are very hopeful that our first year demonstration program will make visible impact toward alleviating many of the problems confronting the elderly of the Model Neighborhood area.

2. One of the earliest problem areas clearly defined by the Health Task Force, was the fact that the greatest need in the Model Neighborhood area related to poor dental health. Although we viewed the needs as being greatest among children,

it is also evident that the need is great among the elderly. With regard to the elderly, the problem of poor dental care seems to be greatest in the nursing homes environment. This is because many of the elderly residents of nursing homes are suffering from serious physical and mental conditions that make it impossible for them to be treated in private dental offices. On the other hand, little if anything is being done presently toward the development of portable dental equipment that would allow private practicing dentists to provide effective dental treatment for the elderly in the nursing home environment. This is an area also, in which we hope will develop as part of health programs.

3. The Health Task Force recognizes the need to develop expanded Home Nursing Care Programs. Although, we have public health nursing services including bedside care services for all residents of Seattle and King County, it is recognized that the elderly make up the largest percent of bedside case loads. This is an effective program. However, to expand and make Homes Nursing Care more effective, we will have to investigate other sources of funding other than medicare. Hopefully our pre-paid health and hospital plan will contribute toward such a development. A very effective aspect of the Homes Nursing Care Program is the utilization of non-professional home health aides. Many of the home health aides are elderly individuals who in addition to providing effective bedside nursing care, are able in many instances to relate better to elderly patients. It is the home health aide classification that we have particular interest in expanding in order to provide more effective health care for elderly patients of the Model Neighborhood area.

4. As soon as the details of our health care program are available, I will make it a point to forward copies of such plan to you and your Committee.

Sincerely,

ISAAC L. BANKS, R.S.,
Health Services Coordinator.

Senator MOSS. Mr. Schwabacher, I believe you have one more man.

Mr. SCHWABACHER. Our final speaker is Mr. Roger Thibaudeau, director of planning, United Good Neighbors of Seattle.

Senator MOSS. Mr. Thibaudeau, we are very glad to have you.

Do you have a statement? You may proceed in any way you see fit.

STATEMENT OF ROGER THIBAUDEAU, DIRECTOR OF PLANNING, UNITED GOOD NEIGHBORS OF SEATTLE

Mr. THIBAUDEAU. Approximately 9 percent of the Seattle population is elderly. In spite of the substantial growth in the youth population, projections of our population indicate that the elderly population will keep pace and that in 1975 we will still have 9 percent of our population in this group. A significant proportion of our elderly live below the poverty level, many of them live in the model cities area. In 1965, a study revealed that at least 25 percent of the elderly in Seattle were living well below the poverty level. Moreover, that 24 percent had low morale and that the level of morale was related to low income and health problems.

Program needs of the elderly to maintain their active participation in community life are well known. Homemaker services, day centers, meals on wheels, low-income housing, protective services, employment opportunities, and health care, documented by a local study in 1965, are again confirmed by the model cities planning effort in 1968.

In fact, this community began to take the initiative on this problem a number of years ago to upgrade available services. This past year, 1,000 new units of low-income housing are being constructed by the housing authority, and last year the United Good Neighbors organized a major new multiservice agency to serve the elderly.

Limitations of Federal Programs

Our problem is not one of lack of information about what we need, nor the imagination to undertake new programs. As in many areas, it is a limitation in financial resources. But most important to this committee are the problems generated by funding mechanisms and priorities established at the Federal level which inhibit the local community.

Characteristic of the funding partnership between the Federal and the local community is its time-limited nature. The Older Americans Act, for example, provides 3-year funding for program development. Not only do we have to fit these programs into the Federal guidelines, but the local community has to pick up the full cost at the end of 3 years.

The Older Americans Act has helped to develop many programs throughout the State. But inevitably, many will be terminated at the end of 3 years because of the inability of the local community to pick them up. The mere act of closing down programs will cause frustration and anger among many elderly. The blame will not be directed at the withdrawal of Federal support but at the local community for having failed them.

I am not pointing at the Older Americans Act itself, but at the nature of the Federal local partnership which includes a number of programs. For example:

1. The Older Americans Act provides 3-year funding, at which time the local community must pick up the full cost;
2. Mental health-mental retardation matching fundings are available in a descending scale for 51 months and then the local community must pick up the cost;
3. The poverty program was originally a 90-percent Federal, 10-percent local matching share. It is now 80-percent Federal, 20-percent local, and I expect the local share will be expected to increase; and
4. Model cities is a 5-year program.

Local resources are just not available in the scale necessary to pick up all the programs that are generated and at the same time maintain and develop other programs.

The problem with the Federal-local partnership is that it is time limited and in this sense is not a partnership at all. It would be preferable to Federal support for local programs established on a permanent basis. The present arrangement is chaotic from a planning point of view and breeds frustration in the local community.

The seed money idea is also practiced by many national and local foundations. Groups that are committed to annual, stable funding support for local social welfare programs are left to deal as best they can with the aftermath of massive but temporary Federal funding efforts.

The model cities idea is a brilliant concept. It, no doubt, will result in remarkable environmental changes which will be permanent. It should spawn some interesting service programs in the social welfare field, but a question still unanswered is how will the program portion of the effort be sustained after the 5-year period.

Federal Versus Local Priorities

Another dimension of concern is the influence of Federal priorities which frequently override local needs and local priorities. The original concept of model cities was to have local communities experiment with new program approaches appropriate to their community. The emphasis on citizen involvement was a commitment to these citizen groups that we would abide by their choices. However, as thinking hardens at the regional and Federal level regarding their priorities, there is concern that this will skew programs in the direction of Federal designs rather than local ones.

This happened in the poverty program. Many have concern that it may also occur in model cities.

Our aspirations for what could be in the model cities area have been raised. Hopefully, they will be achieved in terms of local constructs rather than Federal ones.

Senator Moss. Thank you, Mr. Thibaudeau.

I believe you have raised here some very fundamental points. Can you give me any specifics on where you feel maybe the Federal priorities are overriding the local ones and, as you say, may direct us off to a federally oriented rather than locally oriented plan?

Mr. Thibaudeau. The homemaker services for the elderly under the poverty program in our community represented something that we needed very badly. Everybody recognized that we needed it and it was submitted through OEO and funded. When the cutback in OEO took place, our homemaker program was eliminated entirely. I have some conviction that it still remained high in our priorities. It was very difficult and would be normally, then, to go to the local community and say homemaker services are high in our priority but low in the Federal priorities, so the program was discontinued.

Senator Moss. And a better way to have handled it in your opinion would be to come to the local community and say, now, this much has to be cut for whatever reason and you establish the priority so whatever has to go off the bottom will be locally what you think has the least priority?

Mr. Thibaudeau. Yes, that's correct.

Senator Moss. That is a good point and I am glad to have it in the record. Locally your problem may be different here from other cities and other areas of the country.

Savings Made by Homemakers

Mr. Lobe. May I add to that, the homemaker program is a typical example of how you can keep people at relative little cost, in a home, either their own or anybody else's like a foster home, instead of putting them into a nursing home, class 1, 2, 3, or 4, whatever it may be, but, unfortunately, we can't do that.

Senator Moss. Thank you.

Now, the other thing that I wanted to mention particularly is your pointing out that the model cities program is gaged to a 5-year program with no authorization of Federal financial assistance beyond that point. I think your criticism is very well placed. If you get all these things started and underway and then the financial assistance falls off, the burden then comes all on the local level and the question is whether you would be able to pick it up and maintain it from there on.

In your opinion, how much of this model cities would collapse entirely if it were left entirely to local financing?

Mr. THIBAUDEAU. Well, we are not clear on the dimensions that are going to be developed in the model cities program. It would be hard to estimate. I think an example of this kind of thing is senior centers as an illustration. We did get funding from the Older Americans Act for the program. We had to be very modest in our ambitions because we felt a responsibility for picking up the funding at the end of the period. Now, this really limits your view of the future. It is unfortunate that the Older Americans Act might not be a permanent partnership in local programs. We don't have many illustrations of that. I would like to see more.

Senator MOSS. In your acquaintance with the Model Cities Act, which is again in the planning phases now, do I gather from your testimony you think it is really rather complicated and maybe it is too complicated to be implemented fully?

Mr. THIBAUDEAU. No, I don't think so. I am optimistic about it. I am quite sure that something exceptionally constructive is going to happen to us in Seattle because we have a model cities grant. In fact, we have already had some illustration of this in terms of new citizen participation. Several citizens who have had their first planning experience in Model Cities are going on to other community groups to assist them in other activities. From the standpoint of recruiting excellent volunteers for other tasks in the community, this has already been accomplished.

Senator MOSS. Very good. Thank you, Mr. Thibaudeau, and I thank the entire panel. This has certainly been very helpful to have you appear and, as I indicated, if any of you gentlemen who have not had much opportunity to prepare for this, want to submit any additional comment or documentation of any of the points that were made by you or the others, the record will be open for 30 days and such matter may be sent directly to the Special Committee on Aging and will be included in this record.

Thank you very much.

At this point we are approximately halfway through or perhaps a little more. We will take about a 7-minute break and stretch and then we will go right back to work.

[A short recess was taken.]

Senator MOSS. Come to order. We will resume our hearing.

We are again to have a panel of speakers representing the elderly in the model cities neighborhood.

To introduce the panel will be Mr. Larry Withers, executive director of the Council on Aging for Seattle and King County and on the panel will be Mrs. Ruby Dennis, Mr. William Cannon, Harold Billingsly and Earl George.

Will all those people come forward to the table now?

We are pleased to have you people come to testify for us today and particularly glad to have Mr. Larry Withers to make the introductions, as I indicated in the beginning, and if you have a prepared statement, you may put the entire statement in the record or comment on it, if you prefer to do it that way, but I don't want to restrict you. I want you to proceed the way you feel most comfortable about proceeding.

Mr. Withers.

Mr. WITHERS. Thank you, Senator Moss.

The first witness we would like to present is a resident of the model cities area and a member of the Subcommittee of Model Cities on the Aging, Mrs. Ruby Dennis.

Senator Moss. Mrs. Dennis, you may proceed.

STATEMENT OF MRS. RUBY DENNIS, SUBCOMMITTEE OF MODEL CITIES ON THE AGING

Mrs. DENNIS. Thank you very much.

I would like to mention here one of my pet problems, which is called medicare. I feel that the medicare should allow more for eyes and glasses and frames and more for dental care.

I feel that the housing, the Council on Aging should really try their best to push this house aid help because it is very much needed in the homes of the elderly. Pertaining to this housing, I think they should set a standard for rent for the elderly. I feel that whatever the public assistance is offering them they should add a little bit more to it so they may be able to have a little more to live on for themselves, because it is a hardship on them around the last of the month to call their friends and say, "Will you bring me some dinner tonight? My money is just out and I really don't have anything to get me anything with."

Well, of course, I think I really go out, I guess, for the elderly, anyway. I feel like the elderly should have the best myself because they really have made the way possible.

DANGERS OF ISOLATION

Then, too, I think another thing should happen. This is something that really worries me, and that is the condition of some of the elderly people who should really be in, I would say, a nursing home or boarding home, and they are in the terrace, in wheelchairs, they have heart conditions, and in the next day or two you hear they have been dead 3 days, 5 days, some 10 days. Now, in second unit from me, he started washing dishes one week and the last of the week he pays and he was there 5 days. I really think the public assistance, wherever it falls, should appoint someone to check these conditions. I really do. I don't see where people now should be in a unit not able to care for themselves and have to be going around in wheelchairs or in an apartment, subject to fire and burning themselves up. Why not have someone to check all these people? I think that is terrible. One lady went 3 weeks. You know that is just terrible. All right, so much for that.

I will say this, I am a member of the Subcommittee on the Aged and I am also retired from the Council. I was an L.P.N. with 17½ years of service.

Thank you very much.

Senator Moss. Thank you, Mrs. Dennis. I am happy to have you describe some of the problems and I agree with you and with what you have had to say. Our elderly people certainly ought to have a degree of independence and live as they want to live, but there isn't any reason why there can't be some constant communication so in the event they are in need or if their condition changes so they can no longer live alone, there should be provision made for transferring them to the kind of facility where they can get the best of care.

Now, you indicated you thought that eyeglasses and dental work ought to be included in medicare. That would really be more in medicaid. That is just a matter of terminology. But your feeling is that there are quite a number of people who are unable to provide this for themselves and have no way of getting eye care and dental care and therefore this ought to be expanded so there is a place where they can get it; is that right?

Mrs. DENNIS. I think so.

Senator MOSS. Thank you very much. I am sure in your work on the subcommittee that you are in close contact with the problem and you know exactly what the needs are. Thank you, Mrs. Dennis.

Mr. WITHERS. Senator Moss, the next resident of the area to testify on this panel is Mr. William Cannon, chairman of the Cherry Building Improvement Club and a member of the board of the Seattle Community Council.

Senator MOSS. Mr. Cannon, we are glad to have you, sir. Will you proceed?

STATEMENT OF WILLIAM CANNON, CHAIRMAN, CHERRY BUILDING IMPROVEMENT CLUB

Mr. CANNON. Thank you.

I am more concerned about medicare for the aged simply because of hospitalization and doctors charges, medicare does not allow sufficient money to the elderly for hospital care. Eighty percent, which extends over 60 days, isn't sufficient to cover the high rise in cost of hospital and doctor bills. I find unless they are able to have insurance other than just their social security it doesn't cover total cost. So many of the aged are not able to work and, therefore, when they come out of the hospital or from the doctor, they owe money and they are unable to pay. Some of them have State aid, but even with it you are still short. It is insufficient. In fact, I went through it in the last 2 weeks, I lost my wife. I happened to be able to have insurance to cover the 20 percent medicare was short, she was in the hospital a day and a half and it cost me $350. I had to pay $50 a day for her room and board and they are planning to go up to $70. Very few of the aged people are able to pay that kind of money, regardless of where they live or what they may have. Even if they own their home, it would soon eat up their property, so those are the things I am concerned about.

Housing is good, and we need that, but most of the housing bills are out of reach of the aged, except this place, Jefferson Terrace, we only have one Jefferson Terrace, which is overcrowded or a long waiting list. When it comes to other people over 65, too many of them have to dispose of their homes in order to live in apartments. The apartments are out of reach of the elderly.

We have a lot of problems. I think it is necessary that the Government should see that the rate of medicare should be raised for the aged and housing provided to suit their income.

I wasn't prepared for this. I was called unprepared because, as I say, I just lost my wife and I didn't have any plans for coming to the hearing. I was called because I do work with the community and I have been very active in the community in the central area.

Those are some of the problems that we have and I am very concerned about them because the average old person cannot afford to go to the hospital and pay doctor bills as they keep increasing the cost. I think that has to be looked into from the Government standpoint.

Senator Moss. Thank you, Mr. Cannon. Your personal experience as well as your observation, of course, underlines what you are saying for us that the hospital expenses have gone up so sharply that even though we have medicare now, which is something we didn't have 2 or 3 years ago, it still isn't adequate to cover and, as you say, old people can't afford to go to the hospital. If that comes about, we are almost back where we started before we finally won the battle on medicare, which was a long and arduous battle, of course, legislatively, to get as far as we are, but it should be and certainly has to be related to the realities of the costs and what the older people can afford to pay.

We all know that hospital care has just gone up and up in the last 10 years at least by leaps and bounds, so I think there is great validity to what you say.

You also mentioned the fact that there is not yet sufficient housing available at rates that are attainable for older people who are generally in very modest income circumstances, living on social security or a very modest income of some sort, and, consequently, if they are to be placed in adequate housing, it has to again be related to the income they do have.

I thank you for your firsthand testimony and keeping us reminded of what our objective must be on the legislative side.

Are there any questions from the panel?

Mr. WITHERS. I don't believe so.

Senator Moss. Thank you very much, Mr. Cannon.

Mr. WITHERS. Now, the third member of our panel, Mr. Harold Billingsly, who is also a resident of the model cities area and a member of the Lutheran Compass Club in the downtown area.

Senator Moss. Mr. Billingsly, we are glad to have you, sir.

STATEMENT OF HAROLD BILLINGSLY, MODEL CITIES RESIDENT

Mr. BILLINGSLY. Hon. Senator Moss, ladies and gentlemen, I hope to take you on a picture tour through skid row. I am living there now. I have listed some of the immediate needs of these men and also made a few comments. I have 10 immediate needs for transient people who are part-time employees and some are not employed at all. Sometimes I do wonder how they live.

The first on my list is bachelor housing. Most of this is my own, they don't even know I have written this, but I did let them look over it and they told me to mention the real need is bachelor housing. The Compass Center takes care of 10 percent or less of your indigent people who live on skid row. They don't have adequate facilities for all who need it.

The next is dayroom facilities. That would have to be under protection, I would say even under police protection. All the missions on skid row—the gentlemen do get a place to sleep in the evenings—in the morning at 6:30 they are dumped out in the street. They have no place to go, and naturally they are out in the street. There are no day rooms, reading rooms. Most of them are dressed in such a

nature that they would be misfits in a public library because of their dress and their unkempt appearances.

Food a Major Problem on "Skid Row"

Food is No. 3. I know most of them, quite a few of them, are "winos," things of that nature. Some of them don't eat for weeks. This morning, looking out of my window, I saw one man come along and it was pointed out to me he was eating out of garbage cans. This is the truth I am telling you. I am not coloring this.

Clothing is another real need for these men. They have their clothing on for weeks at a time without changing.

I have also listed here what the Compass Center does as a model understanding for these men to take care of them partially take care of their needs, and then counseling. All these men need counseling, both spiritual and physical understanding. These men need a mail call, an address. They have none. Some of them travel by train and by boxcar, so they do use the Compass Center. They need a mailing address and there are times over periods of months when they are on the road and when they come back to the Compass, the Compass does have their mail for them. It keeps it for them.

Next on the list is jobs. While they are at the center spot jobs come in and they are given to the men. They are not enough to take care of all the men. Most of the tenants are taken care of.

Then you have washrooms, showers, and toilets that are needed for these men to clean up, and also a laundry.

Now I would like to elaborate a little on the things the Compass Center gives as a model program and how they have taken care of a portion of this.

The housing—provides men with large wall lockers that can be locked, located in the dormitory—is open 24 hours a day, except Thursday from 7 a.m. to 10 a.m., when it is closed for cleaning. They provide beds with clean linen and also two towels given to each tenant. The dayroom, open 24 hours a day with TV in evenings and special occasions and reading material available, that is to tenants only.

The dayroom for nontenants is open from 7 a.m. to 6 p.m. That is 6 days a week. Reading material is available there.

Food: Emergency meal tickets are given to tenants and nontenants when needed. At the present time they have run out of their meal tickets for the nontenants.

Clothing: Emergency clothing is given to tenants and nontenants when needed. They have a small room where they have stored all clothing that is donated to the Compass Center. A gentleman will come in off the road, he will need a coat, a sweater, he is walking in the rain, maybe his clothes are wet, pants are torn or something of that nature. Maybe they need a jacket, something to keep them warm. They do provide that for them.

I also mentioned about the mail. The tenants' and nontenants' mail call by list of names filed alphabetically on a board in the nontenants' dayroom. If your name is listed on the board you have mail; you go to the window and get your mail.

The chapel service is not mandatory as it is in all your missions. It is held Sunday and Thursday at Compass Center.

The showers and toilets and washrooms on each floor are for tenants only. Showers, toilets, and washrooms are provided for nontenants in the basement.

Laundry facilities for both tenants and nontenants are provided, including an iron and ironing board. Nontenants can take a shower and have clothes laundered while showering. That means if they come off the road they can go down and clean themselves up and get their clothes laundered, as well as take a shower.

Women Not Cared For

These are the things the Compass Center has that come closest to the answers for the men on skid row. The Compass Center is nondenominational; all are treated as equal regardless of race, creed, or color. However, for the women, women on skid row still are not cared for. It is a pitiful thing.

The Millionaires Club has come closest to feeding these men adequately. If I may elaborate on the Millionaires Club, they feed at 8 o'clock in the morning and also at 4 and 5 o'clock at night. These men get out of these missions and they go up there and they do have a sort of a waiting room, they get a good breakfast, they have a hot cereal, milk, rolls. They are all donated by the businessmen. At 4 o'clock in the afternoon they are given a very adequate meal, cooked meal, on every day except Sunday.

I thank you, gentlemen.

Senator Moss. Thank you, Mr. Billingsly, for giving us your firsthand comments on the problems that exist on skid row, particularly as they pertain to the bachelor poor people.

How is the Compass Center operated? Who sponsors it?

Mr. Billingsly. The Lutheran Mission sponsors it, the Lutheran Church and United Good Neighbors. On Sundays each church will come in and after the service they do have a little festivity of food. On Sunday afternoon they do give the men a real nice warm meal. It is cooked by one of the churches and the Ladies Aid Society comes in from the churches, but the Compass Center itself is maintained by the Lutheran Church and United Good Neighbors.

Senator Moss. But it is a private charity sponsored primarily by the Lutherans.

Mr. Billingsly. The tenants there pay 70 cents a day for every day they are there, but if they do not have that money, they can stay there. They are very lenient that way. It is sponsored by the Lutheran Church and United Good Neighbors.

Senator Moss. Are they giving them any counseling service there now? You indicated there was a need for counseling. Are they trying to help the men in a way to get them employment or get them situated so they will not be traveling on the road?

Mr. Billingsly. One of the nice things I have had the privilege of doing, in the dormitory I live in, a black boy came in a week ago. This is actually a young fellow, this is not an older fellow, but a young fellow. We got to talking and the first thing you know he was interested in Forward Thrust. The boy is now living at the Fry Hotel. Forward Thrust took him out of the Compass Center and he is taking some course through Forward Thrust and he is living at the Fry Hotel.

I believe the DPA provided him for the first 2 weeks with adequate housing and food and also the Forward Thrust is providing him with his schooling.

Now, just 2 days ago, the same thing happened to another young man. I am sorry I didn't state this. At the Compass Center at this time there are quite a few younger men coming through. I am speaking of younger men below 23, 22, a lot of them are coming through the Compass Center.

Senator Moss. I see. This is fine if they can help get them directed.

Mr. BILLINGSLY. That is the counseling that has been given to them. It is real nice. It is working 100 percent. I see it working there.

Senator Moss. Thank you, Mr. Billingsly.

Are there any questions?

Mr. WITHERS. No questions.

Senator Moss. Apparently there are none. We do appreciate your coming to give us your first-hand views.

Mr. WITHERS. Senator, the final panelist here this afternoon is a man whom we feel is an outstanding example of a successful retiring gentleman. Mr. Earl George is a member of the Model Cities Advisory Committee and is also a member of the Council on Aging Extended Services Project Advisory Committee. In addition to these civic responsibilities, he is an avid reader, I know that, and he is also an expert amateur photographer. He is an all-round successful retiree and I would like to present Mr. Earl George.

Senator Moss. We are happy to have you, Mr. George.

STATEMENT OF EARL GEORGE, MODEL CITIES ADVISORY COMMITTEE

Mr. GEORGE. I hope I can live up to that introduction.

I want to say, Senator, I am very happy to be here.

First, he didn't give quite the kind of background that I wanted. First, I want to say I have been a resident in the model cities for 50 years; second, that I worked on pensions long enough to get one.

Now, the first pension law in the State of Washington was passed by initiative in 1939, and that pension called for $40 a month. Now, at that time we said we were putting a floor under pensions. Senator, I am not sure how far we are, today, off that floor.

I also am a trustee of the International Longshoremen and Warehousemen Pension Group which is my union. I am a trustee there and we have similar problems, so I have been in this field for quite a few years. One thing that I would like to stress, this is a result of my years in the trade unions, is the standards we live by. No. 1, and this I think is important, the city of Seattle has one of the highest cost of living indexes in the Nation. The last revision I saw of the budget, it takes $6,400 a year for this mythical family to maintain it. Now, the other side of that is even the best pension plans don't provide that kind of money for the more affluent. The poverty level is somewhere in the neighborhood of $3,000. Well, there is just one thing, in the last statistics there was only about 80 percent of the workers that get this budgetary figure. In the model cities area, I think since the time, I am arbitrarily picking a date, that the population has increased tenfold in that area, and according to some statistics the salary in that area generally is about 54 percent of the so-called average. Well, this causes serious problems, very serious problems.

I can cite many incidences of people, because of this figure, who cannot afford glasses, who cannot afford hearing aids, and who have problems of just making ends meet. It has been stressed, and I would like to restate it, that one of the basic needs of our pension groups is some type of supporting service, that is, I have one particular friend who is 82 with a fracture today. She would be in a rest home if I didn't do all her shopping for her. There are any number of cases of this kind within the community. There are two things more and then I will be through.

Problems in Communications

I mentioned the tremendous growth in the population and this causes serious problems in communications. I have worked in model city since its inception. I feel confident in my own mind that they haven't scratched the surface because these people are very difficult to get to and then when you get to them you have got to spend some time to get their stories, to get their thinking.

And then, Senator, I have a little pet project. I haven't got very far with it, but I think that we have got to develop a type of education that will teach people how to retire, what to do with their time, what to do with their hobbies, their creative activity and so on, so we can pool and make this a better place to live.

Thank you.

Senator Moss. Thank you, Mr. George. Your pet project happens to be one of mine, too. I think of all the areas where we need study and improvement is again preparing people for retirement. Actually it shouldn't be retirement in the sense of going to a rocking chair and staying there until they finally pass on, it is just a change of direction in activity. And if you can change the direction and still have interests and objectives to seek, why then retirement is——

Mr. George. A pleasure.

Senator Moss. Yes; a time of fulfillment rather than a time of loneliness and inactivity.

Mr. George. I am so busy I don't let those pains and aches catch up with me.

Senator Moss. Good for you, sir. I congratulate you and I do appreciate your comments and your insight into this matter and I congratulate you for devoting so much time and thought and effort in this field. I am sure your comments will be very helpful to our committee when we consider this whole record.

This has been a very interesting panel that has come forward here. The participants are people who are intimately and personally acquainted with the sort of thing we are trying to reach not only in the model cities planning program but also the whole general field of problems with which this committee deals.

Thank you very much. We appreciate your comments and we appreciate your coming.

Mr. Withers. Thank you, Senator Moss.

Senator Moss. We have a panel now representing the model cities program, consisting of Mrs. Lillian Phillips, chairman of the committee on aging; Mrs. Margaret Newcombe, director of extended services project, council on aging; OEO; and Mr. Murray Meld, assistant director of the model cities program.

Will those three people come forward, please.

Mr. Meld, because you have two charming ladies with you, we will let you sort of be the introducer and tell us in what order you would like to have each of these people respond here on this panel.

Mr. MELD. Thank you, Senator Moss.

I believe we might start with Mrs. Lillian Phillips. Mrs. Phillips is chairman of the committee on aging, which is part of the task force on welfare, and she is a volunteer in this program and has been with it from the very inception of this particular committee.

Senator Moss. Mrs. Phillips, we are very happy to have you. You may proceed, if you will.

STATEMENT OF MRS. LILLIAN PHILLIPS, CHAIRMAN, COMMITTEE ON AGING

Mrs. PHILLIPS. I think most of the needs of the elderly have been stressed, so I would just like to emphasize the programs that the committee decided to focus on for the elderly in the model cities area. We decided that our major goals would be to help the elderly to remain active and involved in the community, to live independently in their own homes if possible, to provide services when the physical or impairments of age make living independently impossible, to provide facilities for employment, increase accessibility of information regarding services to the elderly, to influence if possible the community stereotype attitudes toward elderly.

In order to achieve these goals, the subcommittee recommended five programs. The first one is foster homes for the elderly which will provide a homelike setting for those elderly unable to live alone but whose physical or mental condition will not warrant being placed in an institution, to provide a halfway home for elderly who need a few days of structural independent living before returning to their own homes.

The second program is household aid and handyman service, which will employ women 45 years of age and up to become experienced homemakers for the elderly. The handymen would do the heavy lifting, window washing, and general repairs that are too much for the homemaker.

Portable parents is a foster grandparents-type program of employment for people over 60 and give them an income. After training, the portable parents would be employed in the various day care programs, recreational programs, and on an all-call basis for special occasions such as when a mother needs to go to work and the child is ill.

DROP-IN SENIOR DAY CENTERS

Drop-in senior day centers will be a center where elderly are free to do their thing, to learn, to relate, to create, or to sit, look, talk, and listen. The need for a hot meal in these centers will be evaluated after a program now providing a hot noon meal has been in operation longer.

Surveys of the nursing home will be to find out why the elderly nonwhite is not using nursing homes and what care is being provided for those who need nursing home care and who are not getting it. It will also consider the possible cultural factors such as language barriers, food, and living preference, then if the need is determined

we will plan an action program that will help the elderly nonwhite to accept nursing home placement and help the nursing home make the placement a pleasant experience for all.

Senator Moss. Thank you, Mrs. Phillips, for your outlining of your planning.

I particularly liked your stress on the involvement, something to do, something that these elderly people are needed for, and the extent we can do our planning and utilize the great potential that we have to contribute, we will do something for them and at the same time we will help others in need of what the elderly people can provide in this area.

In the planning for model cities, as it goes forward, are you going to be able to include these various things here that you have told us about, do you think?

Mrs. PHILLIPS. Yes; we plan to and we intend to do our best to see that they are all implemented.

Senator Moss. Very good, very good.

Are there any questions?

Mr. MELD. I don't believe so.

Senator Moss. All right, thank you, Mrs. Phillips.

Are you going to be cleanup man and introduce the other lady first?

Mr. MELD. For a change I am not going to let the ladies have the last word. Our next speaker is Mrs. Margaret Newcombe, who is the executive director of extended services on aging. There was reference made earlier to this particular project. It was funded by the economic opportunity board here in Seattle and Mrs. Newcombe has participated very extensively in the planning in connection with the model city program.

Senator Moss. Thank you.

Mrs. Newcombe, we look forward to hearing from you. I see you have prepared a very fine, complete statement here.

STATEMENT OF MRS. MARGARET NEWCOMBE, DIRECTOR, EXTENDED SERVICES PROJECT, COUNCIL ON AGING

Mrs. NEWCOMBE. I am not going to read it all.

Senator Moss. It will all be in the record as though you had given it in full. We will ask you to comment on it and highlight it.

Mrs. NEWCOMBE. I see a lot of friends here, and I should mention here Mrs. Phillips really got her expertise on the elderly in our project. She started with it and graduated from it.

The test of the cake of the model city, I think will be, to mangle an old metaphor, the baking. If we end up being just the frosting on the top, a sort of afterthought, then I think it will have failed. Quite often we do end up just as the frosting on the top and not as part of the essential ingredients of the cake. We are hopeful that we can, indeed, be included in the model city right along with everything else.

I have been requested to speak on three specific subjects: The income needs of the elderly in the target area and the possible means of using the model city program to help increase income, the need for trained personnel in programs to reach the isolated elderly in essential urban area, and homemaker aids for the elderly in the model city area.

The income needs of the elderly of the model city area are stated very simply. They need more money. The residents of our model city

area are really what I would call our hewers of wood and haulers of water. They represent the hands that made this country possible. Their past employment experience is that kind of experience; they worked with their hands. They did domestic work, they did service work, they helped build the railroads, they were the miners, the lumbermen, the seamen, and the fishermen. This kind of work that we needed was covered too little and too late by social security, so by and large they are on the lowest rungs of the social security ladder. The model city planning people did envision employing the elderly in every single component of the elderly proposals. But even if we did, this would only begin to scratch the surface. It will never provide this extra income that these elderly people need. It will help and it will show society one important thing, that the elderly can produce and can contribute to the community, so we hope, as Mrs. Phillips says, it will change the stereotype thinking about elderly, but it won't meet the vast majority of the income needs. I can see one way to do it and that requires legislative action. I don't really care how you do it as long as you make a floor, as Mr. George has said, that provides peace of living for these people who worked for you and no longer can work for themselves.

Mr. Lobe mentioned negative income tax or it could be guaranteed annual income. At the very least, I think you have to tie social security to the cost of living. That seems to me the least you can do. These incomes are stationary and the cost of living is, as we know, not. Now, you hear talk by Congressmen from time to time about increasing the earning allowances from the $1,680 per year they can earn. This doesn't seem to me to touch the problem in the model city area at all. They are lucky if they get $1,680 to begin with, let alone earn another $1,680. There is talk too of increasing this $40 payment you get after 72 if you don't get a State, local, or Federal pension of any kind. This again seems to me, well, maybe it isn't fair to call it lip service, but it is certainly not going to help. Because if they depend on the $40 minimum they get, they are going to have to have public assistance and as soon as they get the $40 minimum, the public assistance is going to be cut that precise amount. I am sure it is no surprise to you that when social security was raised 13 percent this last March those who had to have supplementary old age assistance in order to live lost precisely the amount of the raise from their grant. So they were no better off. It may be one way of paying the State, but it is not helping the individual on social security.

Earnings for OAA Recipients

I think much more to the point, and Congress could do something about this, is to allow the person on old age assistance to earn more than the $10 a month allowed them now. Presently, they can earn the first $10 free and clear and half of the next $40, which means in order to earn an additional $30 in 1 month they have to earn $50 and give back $20. Now, at $10 a month free and clear, you can't even find yourself a steady babysitting job once a week or you will be over that amount. We are always saying they should earn, they need to earn and feel a part of the community, and yet we make it almost impossible for them on old age assistance to have any kind of continual job. I suggest that we could call old age a disability in our

society and that we are least raise this earning allowance to the disability allowance; this allows the first $20 free and clear and half of the next $80 which eventually adds up to $50. So these are two areas I think that Congress could consider.

The next subject is the need for trained personnel to work in central urban areas. This is a hobby of mine and of my advisory committee. We are quite well versed in this. We think it is important if you are going to reach the people where they live that you use the people who live there to reach them. We have made strong representations to both public and private agencies in this area to reexamine their hiring practices, and reexamine their employment practices in order to hire recipient aids to deal with the recipient groups. For you know it is awfully hard if you haven't been poor and you haven't been deprived and you haven't been unmotivated to understand those people who have.

We have used senior case aid to work in our project. They have done a marvelous job. They do need supervision, they do need training, but give them that and they can perform miracles. I just want to brag a little bit about our caseworker aids and tell you something of what we did. They were all over 60. They came from the recipient group. First we used them to knock on doors, door to door, block after block to find the elderly. At that time they knocked on more than 50,000 doors. They completed 10,500 questionnaires on the elderly. Since that time they go to all senior clubs, all gathering places, King County Out-Patient Hospital, Good Will, to try to meet the elderly where they gather and give what we call instant referrals. If it is a complicated referral, then they bring it back to our professional case work staff and they work it out together. But, looking around this room seeing several of our caseworker aids, past and present here, I want to say that they do a marvelous job giving instant referrals. In fact, they gave more than 7,000 informational interviews and referrals this past year. They made 1,500 visits to the senior gathering places and they have made more than 1,000 home visits.

Now, we are not the only ones that follow this up. The National Council on Aging, as you know, has 12 Projects Find throughout the country which has done very much the same thing using people over 60 and from low-income levels. I think if we could get this factor into all public and private agencies dealing with the public we will do a good thing.

Out of the 10,500 questionnaires we completed we have directly assisted 2,500, in other words, about 25 percent of those we reach need our help. One of the ways we served them was with our homemakers, household aids to the elderly. You have all heard from the beginning of this testimony to the end, and I can only really repeat that this is a need, it is a vital need. It has been shown and documented in hundreds of ways, from the State Department of Public Assistance to Senior Centers in our project, that people want to remain independent in their own home. Everybody agrees this is the optimum living condition, to remain in your own home. As we grow older there are some things we can't do and they may be very simple things, but when we can't manage them, our children, our neighbors, or our friends say, "Well, you have to go to a nursing home." Now, the fear of nursing homes is just as strong as a desire to remain in-

dependent and, as I say, a simple thing can keep them, keep us from being independent in our own home.

I think of one very simple example we had, a disabled woman who lost both her legs and was in a wheelchair. She lived in a house. Our household aid went there to help her and the household aid came back and objected. She said, "Everytime I go there I have to empty that stinking garbage can. She surely must have got rid of the garbage some way before I came. Why do I have to do this?" Well, we discovered that this poor woman literally waited for whoever came to the door to empty her garbage can, which was out the back door and down by the alley and she had to wait for a mailman, a neighbor, or the drugstore boy to empty the garbage. So we called up the Seattle Garbage Co. and we asked, "Would you go up to the back door?" Yes, they would, so we moved the garbage can to the back door. We got a long stick with a crook in it, so she could, lift the lid and put the garbage in. She felt 100 percent more independent, but it required somebody to go there and work it out. And this is the whole basis, I think, of the homemaker service, to help people to be independent. There are so many little ways. Now what happens? We served about 250 people, under household aid service, all of whom were below the level of $1,600 a year income. Many of them were on public assistance. We got their grants upgraded to include a grant for household assistance. But there is a limit to the top grant. So one person got $4 a month, one person got $9, one person got $12. They said, "Go find your own household aids." You try to find someone to come in and work for you for $4 a month, $9, $12, or even $25. It is hard to do.

Household Aid Program Contemplated

So in the model city proposal we will set up its own household aid component. The component will do the scheduling, the hiring. We suggest that public assistance departments also should schedule and hire their own household aids for the elderly, but if not public assistance, some public agency should have this job. The principle that counts the most in all that we are doing in model city for the isolated elderly person living alone is to combat loneliness, for loneliness is the most prevalent disease of old age. The handyman and the homemaker can bring that warm human touch that we all need.

I have, as I mentioned, given you quite a lot of documentation.

Thank you for the chance to appear.

(The prepared statement follows:)

Prepared Statement of Mrs. Margaret Newcombe

Income needs of the elderly in target areas and possible means of using the Model Cities program to help increase income.

Nationally nineteen million Americans are age 65 or older. Projections indicate the older population will increase to twenty-five million by 1985. In the quarter century between 1960 and 1985 the older population will increase by almost 50 per cent. Presently, over five million elderly exist on incomes too meager to live decently. In recent years, economic growth and improved social programs have reduced the poverty roster for the population generally, but the number of older people who are poor has remained almost unchanged. Nonwhite families are almost three times as likely to be poor as are the white aged of the same family status. Older members of minority groups are faced with multiple problems that include a vicious circle beginning with inadequate education and continuing with low pay and possible exclusion from social security coverage. Oftentimes services

for the elderly are either ineffective or less effective than they should be because attitudes toward aging and the aged in an essentially youth-oriented society are not favorable.

A profile of the aging population of the Seattle Model City area is not unlike the national picture. It consists of a large number of low-income persons, living in a high density area in an urban setting, yet many times isolated from the mainstream of their own community and the adjacent downtown community.

The selected Model City area in Seattle contains the largest concentration of low-income elderly in the city, with a high proportion of these being single, isolated persons. Twenty per cent of the Model City population, or 11,120 are over 65 years of age. This elderly population is unique from several standpoints, for not only does it include a large number of low-income Negroes, but it also includes a considerable number of elderly Oriental persons, plus a group of elderly single men inhabiting the skid road area of the city; all of whom have present complex needs embracing health service, adequate housing, nutrition programs and leisure time activities.

Over two thousand of these elderly are receiving old age assistance. Problems relating to inadequate income and financial management are overwhelming. A large proportion of the isolated elderly poor are in need of information on Social Security, Medicare, eligibility for old age assistance, the over-seventy-two payment, legal aid, credit payments and budgeting. Many seek employment, but the hope of finding even part-time employment for this large group is unrealistic in the present system.

While the Model City plan for the elderly does envisage employing the elderly themselves, this will touch only a small group and certainly will not overcome the inequalities of income among the elderly at large.

Employment will not be the economic solution for those in this group who face rising living costs with stationary income.

Cost-of-Living Rises Under Social Security

Legislative action seems the only reasonable alternative here, legislative action that at the very least will tie Social Security payments to the rising cost of living, or legislative consideration of more permanent solutions to the diminished income of the aged, such as a guaranteed basic income for the elderly. Whether you do this by a negative income tax, guaranteed annual income, or a realistic floor for Social Security payments is certainly open to argument, but what is not open to argument is that the elderly do form one of your largest segments of those in poverty and that many have arrived there through no fault of their own.

We hear some talk in the House and in the Senate about increasing the exempt earning allowances for those on Social Security, or increasing the amount paid to those over 72 who have no other local, state or federal pensions.

These are, in my opinion, nothing but lip service to "doing something for the elderly" and do not begin to touch the real problems.

We cannot see that it will be much help, in this area, to increase the amount of earnings a person on Social Security is allowed to make above the $1,680 limit without deduction from their Social Security Payments, because most of the elderly here would be lucky if their entire income for the year totalled that amount, or if they could earn anything like the $1,680 allowed. It would be more to the point to increase the minimum Social Security payments to a living amount per month.

Or it would be more to the point to talk about raising the amount old age recipients can earn and not be in danger of losing this supplementary assistance. At present, the old age assistance recipient is allowed to earn only ten dollars a month free and clear. Half of the next earnings, up to forty dollars, may be retained, which means any old age assistance recipient who could think of not only earning extra money but extra self-respect, must earn fifty dollars in order to retain thirty dollars, the other twenty dollars being deducted from his welfare grant. This is so small that the elderly woman cannot even think of doing regular babysitting, say every Saturday, without being in danger of having her grant reduced.

Federally, Congress could decide to put the old age assistance recipient on the same level as those receiving disability assistance, as society now views old age, who can say that it is not a disability, which would at least allow the old age assistance recipient to keep the first $20 earned per month, plus half of the next $60, or $50 a month out of $80 earned. This at least offers some hope of fairly regular, if marginal, employment that would make a meaningful addition to his or her income.

And it seems a mockery to talk of increasing the Social Security pittance now paid to those over 72 who receive no other pension. The present amount, $40 per month, is too low to live on and, when received, only reduces the amount of state welfare supplementary payments by a like amount.

Is it any surprise to the committee members to learn that when Social Security payments were increased 13 per cent in March of this year, state welfare payments were reduced to each old age assistance recipient by the precise amount of the Social Security raise?

We are aware that the incidence of poverty tends to be high among families headed by females only, and we know that women tend to outlive their husbands. A recent statistical study [1] in King County made the not surprising discovery that among the 34,522 single, unrelated individuals with incomes under $1,500 a year, nearly half, or 15,645 of these individuals were 65 years of age or over. Again, one-third of the single unrelated individuals in this income bracket were women over 65.

Need for trained personnel in programs to reach isolated elderly in central urban areas.

One of the most important lessons we have learned in our experience is that it is advantageous to use members of the recipient group to reach and to communicate with the recipient group. This group needs training and supervision, but it can be immensely valuable in working with the indigenous members of the community.

Direct Services in Neighborhoods

If we are ever to reach and move the large segment of the elderly population that needs both information and referral services as well as direct service, then we must reach them where they are, in their own neighborhood and in their own milieu. We must use their words, we must understand their approach, we must know their background, their limitations and their strength. Word-of-mouth, face-to-face communication works best. Satellite or neighborhood stations, manned by people from the neighborhood, where red tape is at a minimum and where the opportunity to speak to one of their own are important.

The people we must reach will not come downtown to our offices, our fifteen-minute appointment schedules. The fear of red tape, of the establishment, of a busy professional having time to listen to their often-halting story, is a real obstacle.

We have been slowly evolving subprofessional positions in many professions. The practical nurse, the nursing aide are examples in the nursing profession, for instance.

Members of the recipient group have much to offer us, not just as sounding boards, but as active members of our employee group. They speak the language; they have been there; they know what it means to be poor, to be old, to be fearful, to be disregarded. It is the rare person who has not been poor, not been deprived, who has not been motivated, who can really understand and communicate this understanding to the person who has. And until you can "tell it like it is, man", you'll have a hard time reaching the very persons you must find.

There are dangers in using unprofessionals. Many tend to become overhelpful, overdirective, overidentified. Many have a hard time learning how not to become so personally involved that they reinforce the dependency needs or fall victim to the manipulative skill of the client. In our experience, not only the original orientation training must be skillfully planned, but continuing in-service education and close supervision is a must.

Given this support and training, the recipient nonprofessional can perform miracles. Certainly we feel and cannot stress too strongly, that public and private agencies should reorganize their staffing patterns and re-examine their hiring practices to include aide positions and career opportunities for the recipient group.

In the Model City proposal for the elderly, positions have been made available in every section for the use of the recipient group members

It is suggested that the elderly, both men and women, be employed as portable parents, an extension of the foster grandparent idea, but used in the community and not the institutional setting. They are seen as working in the multi-service centers as special out-reach aides for the elderly providing information and referral services. They would be employed, along with younger women, as special homemakers and as handymen for the elderly in their homes.

[1] Selected poverty statistics—King County (Supplement to Evaluation of Central Area Motivation Program, Rept. No. 3), United Good Neighbor Fund Planning Division, Jan. 31, 1966.

Positions for the elderly should be made available in all human service areas throughout the Model City, and outside it, as recreation aides, safety aides, public assistance aides, and so on, just as younger persons and adults should be used to serve their recipient groups.

Evidence. There is abundant evidence that employing members of the recipient group to work with and reach their own peers is productive.

The National Council on Aging, in cooperation with the Office of Economic Opportunity, operated twelve Projects Find throughout the country in the past year which demonstrated the worth of this particular approach.[2] In the past six months these projects employing the older poor employed 300 older persons, contacted 46,263 households; interviewed 23,004 older persons; made 11,460 referrals for help; provided 11,540 direct services, opened 49 information and referral outreach offices.

In our own community action program, the Extended Services of the Council on Aging, we have employed a total of 55 elderly poor in the past two years to act as outreach aides in reaching the elderly and in assisting to provide services for them, being employed first as door-to-door canvassers and, in the second year, as aides to the professional caseworkers.

These older aides knocked on 50,000 doors; completed 10,448 questionnaires on those 60 or over; made 1,576 visits to senior clubs and other gathering places; gave 7,448 individual information interviews and referrals; made 1,218 home visits.

Of the 10,000 persons who completed the questions, a total of 2,535 elderly* persons received some form of assistance from the project staff.

When you consider that all our case aides were 60 years of age or older, ranging up in one case to 83 years, that their average yearly income before employment was $1,100 a year, and that some of them were able to find other jobs outside the project after working and training with us, I think you will find this an impressive record.

In our project, they work four hours a day, four days a week, as we find this part-time work particularly suited to their energies. The number of working hours and pay, which has been consistently upgraded, was calculated to bring their total yearly earnings just under the, at first $1,500 a year, and now the $1,680 a year they can earn and still retain full Social Security.

Success of Foster Grandparents

The success of the Foster Grandparents programs throughout the country, and specifically here in our own area at the Fircrest School for the Retarded, emphasizes what a difference meaningful employment can make to the older citizen, as well as documenting the beneficial effect on those with whom they work.

The Fircrest Foster Grandparents, all of whom were recruited from the poverty income guidelines and are over 60, show remarkable personal growth and satisfaction. Quoting from the Narrative Quarterly Report of the Program, December 31, 1967:

"It was interesting to note that practically all of the grandparents felt the additional income was most beneficial. Several stated they feel more independent and secure." Three of the grandparents were able to buy new clothing; one grandparent had renewed an interest in two hobbies that required funds to purchase craft supplies; another grandparent reported she was now able to "prepare good meals" and occasionally have someone in to eat with her; another was able to keep her car; two others noted their appetite had improved and they had achieved needed weight gains; several noted a more favorable self-image, and others reported broadening their social activities.

"I have several new friends among the Foster Grandparents, which makes me very happy." "It's good to keep active and busy." "I haven't missed a day of work since I started here." "Nothing I've done before has given me so much satisfaction." "The love I have for these children fills a large gap in a lonesome life." "The need being great for 'TLC' gave us incentive and desire to do our best." "The children give me the feeling of being needed."

The effect of this "extra" touch on the children is also startling. At the time of its refunding, when the project was less than a year old, the benefits for the

[2] Report of Operations During Second and Third Quarters OEO Contract No. 2468, July 1-Dec. 31, 1967, National Council on Aging.

*An additional 2,865 were processed for Senior Transit Passes.

children were measured in tangibles, as well as intangible benefits. They showed increases in weight, fewer respiratory attacks, increased mobility, better verbal communication and increased ability to help themselves.

Homemaker-home aides for the elderly in Model City area.

The desire to remain in their own home setting is as strong among the aging as is their fear of nursing home placement. Model City elderly residents are no exception. They are also subject to the general experience of deteriorating health, increasing loneliness, diminished income and loss of status that face all of us as we grow older.

The Model City Subcommittee on Aging, planning a series of interlocking programs that will prevent premature nursing home or institutional placement, places particular emphasis on provision of household aide assistance that will help the elderly to remain independent in their own home setting as long as possible.

The need for the service is well established and documented by many agencies working within the city. The State Department of Public Assistance reports that as many as 200 people in King County could leave Class III and IV nursing homes if appropriate supportive home service were made available.[3] Medicare's Home Health Agency in Seattle, under the Visiting Nurses Association, reports there are people they cannot serve, that as many as 20 per cent of the people they were serving at the time of the report would have to be dropped to comply with the new regulations.[4]

Senior Centers, Inc., report 20 per cent of their members use the housekeeping service available to them. It should be noted that the majority membership of the three centers is above the poverty-line income levels.[5]

Half of Elderly Live Alone

"Seattle's Older Population" reported that over half the elderly in Seattle live alone and that when they are forced to move, more than one-fourth forced to move list inability to maintain the home as a contributing cause leading to the move. In the same survey, more than 25 percent of those surveyed expressed a desire for help with household chores.[6]

Evaluations of the household aide service from the Extended Services Project show that even the minimum service, three hours a week, had a beneficial effect on the morale, health and independence of the recipients. Eighty-five percent of those receiving the E.S.P. services (or 214 clients) responded to a questionnaire and of these, 83 percent indicated they were satisfied with the service received, 67 percent felt their morale had improved, and 46 percent even felt their health had improved.

In the 1966 study of Seattle's older population, the United Good Neighbors and Council on Aging report that "the optimal housing situation for older people is to continue in independent living for the longest practical period they can." [7]

The same report indicates that "while lip service is given to a primary need for supportive services to promote and prolong independent living, in reality little is done about providing such services. These include such supports as housekeeper service, meal service either communally or to the home, friendly visiting, homebound therapy of different types, transportation assistance, et cetera." [8]

Since that report, the Extended Services Project, Council on Aging, a community action program serving low-income elderly, demonstrated the need for such a service, and interest in this need has been generated to the Council of Planning Affiliates, U.G.N., and the State Department of Public Assistance. However, at this writing, the C.O.P.A. plans revolve around an increased homemaker service for families with children through the Family Counseling Service, and the S.D.P.A. interest is only in the planning stage, severely hampered by lack of funds and by the caseload restriction which they are unable to meet.

From July 1966 to June 30, 1967, the Extended Services Project trained three classes of household aides, totalling 29, recruited from women over 45 and from poverty-level incomes, and provided housekeeping, cooking, marketing services for 253 elderly people.

[3] ESP Evaluation Report, p. 19.
[4] Ibid.
[5] Ibid.
[6] Seattle's Older Population, Study Committee on Aging, August, 1966. Council on Aging, UGN Planning Committee. P. 6.15.
[7] United Good Neighbors: "Seattle's Older Population" p. 41.
[8] Ibid: p. 4.2.

The office of Seattle-King County Economic Opportunity Board, Inc., produced an evaluative report on these Homemaker Services in February 1968. The conclusions and recommendations are as follows:

One, a separate housekeeping service for the elderly is necessary to supplement the para-professional nursing service now available under Medicare.

Two, housekeepers should be trained and supervised by an agency. It is not an adequate solution to have elderly people try to find and hire their own housekeepers.

Three, King County needs a minimum of 84 trained housekeepers available to serve the low-income population.

Four, as a beginning, the S.D.P.A. should hire housekeepers to serve recipients of old age assistance, disability assistance and assistance to the blind.

HOMEMAKER FOR ELDERLY PLAN

The Homemaker for the elderly plan would recruit, train and employ from eight to twelve women from the neighborhood, 45 years and up, to become experienced homemakers for the elderly within the area. The handyman would wash windows, move furniture, make minor household repairs. The employees would be offered two types of continuing employment with the Homemakers, one which would offer four hours work per day for five days a week, and one offering eight hours work per day divided into two shifts, five days a week. They would be paid $1.60 an hour, plus carfare, plus O.A.S.I. deductions for their first four months of training, and would be upgraded, after they had served four months, to $1.75 per hour thereafter.

Emphasis in the Homemaker course of training would be on helping clients to become more, not less, independent, with introduction of self-help techniques, helping the client to gain confidence in her ability to resume household tasks, budgeting of resources, rearrangement of safety and household traffic patterns, special aides for the visually and physically handicapped.

The Homemakers themselves would not be available for heavy household cleaning, moving of heavy furniture, scrubbing down walls nor wsshing windows where this required standing on chairs, steps or other articles. Little personal care would be offered and care would be taken not to step into the para-medical or para-nursing functions.

They would provide such services as shopping, meal planning, light cooking, ordinary household cleaning, personal laundry and ironing, taking laundry to the laundromat or using a home washing machine, and other tasks of this nature which the recipient was unable to perform, and which are necessary to keep that person independent in her own home.

Heavier tasks would be, hopefully, the work of the handymen, who could also undertake minor repairs.

The improved morale of those who received E.S.P. household aide assistance is a bonus not to be lightly regarded. For many of the old, the most serious dehabilitating disease is that of loneliness and isolation from the community. The Homemaker, and her partner, the Handyman, provide the regular, human warm contact that so many of our elderly need.

Senator MOSS. You do indeed have a very complete documentation and your oral presentation was equally good and we appreciate it very much. So much of what you pointed to are the things that we need to present in the report we will be putting together on the planning of the model cities. This homemaker program that you were describing at the end and it has been largely discontinued or totally perhaps, could that be spelled out in economic terms as well as these human terms that you were using about the feeling of independence?

Mrs. NEWCOMBE. Well, it costs more to keep somebody in a nursing home obviously than it does to keep them in their own home. If you want the cost in dollars and cents, it has one disadvantage, the elderly person in their own home is going to live more so it must cost a little more.

Senator MOSS. It wouldn't exactly be a drawback.

Mrs. NEWCOMBE. No.

Senator Moss. That is exactly what I wanted to see if we could put in the record. Actually in dollars and cents if we removed it away from just the human factors, in dollars and cents would it be cheaper to go on in their own home with a little supplementary aid, homemaker service, than to move to a nursing home where they must have all things.

Mrs. NEWCOMBE. It also saves, Senator, I would say, on hospital and medical care because people living alone don't eat properly. The household aid going in can help them to want to eat properly and give them nutritional advice to prepare a meal so they don't get dizzy and fall down and break their hip and end up in a hospital for 2, 3 months. So there is another practical as well as human saving.

Senator Moss. I surely do compliment you on your fine testimony.

Mr. Norman Sprague, of the National Council on the Aging, is here, and I believe he has a question he would like to propound.

Mr. SPRAGUE. With your home aids and your homemakers and your handymen, are they going to be 60 and over or 45 and over?

Mrs. NEWCOMBE. Our program, I can only speak for ours, we started at 45 for women, whether there would be enough for men who perhaps had to support a family I wouldn't know. But we felt this gave them a sort of continuing career to work toward so when they got 60 and they don't want to work 5 days a week they could drop down and still have additional income.

Mr. SPRAGUE. Mrs. Phillips, you referred to 45 and over for both men and women in your employment program, didn't you?

Mrs. PHILLIPS. I think I probably did. I did not think about the men; I was thinking of men at 60 years of age. When I mentioned 45, I was thinking of women only.

Mr. SPRAGUE. You were. There is a problem with middle-aged men being able to get jobs if they once lose them, isn't there?

Mrs. PHILLIPS. Right.

Mr. SPRAGUE. Thank you.

Senator Moss. Thank you very much.

Before we hear the next one, I want to ask Congressman Brock Adams if he would like to come up and sit with us here. We have another fine witness to hear and then we may have a word with you if you care to give it, but you can sit here at the table.

Thank you, Mrs. Newcombe.

We will now hear from Mr. Murray Meld.

If you will proceed, sir.

STATEMENT OF MURRAY MELD, ASSISTANT DIRECTOR, MODEL CITY PROGRAM

Mr. MELD. Mr. Chairman, Congressman Adams, and members of the committee, our executive director, Mr. Walter R. Hundley, is attending a meeting in Washington, D.C., and regrets not being able to be present today. On his behalf, and on behalf of the rest of the model city staff, I want to thank you for this opportunity to testify. I would like to use the time available to me to tell you of some of the special problems faced by older people in our model neighborhood area, then to tell you some of the plans and programs we have projected in our 5-year comprehensive plan, and finally to cite a number of

problems which will remain unattended because knowledge and resources are lacking. We hope we can address ourselves to these in the second and third year of planning, even as we hopefully go ahead to implement our present plans. I shall try to avoid repeating what other witnesses have previously presented, but would be glad to add available documentations on any point in which you have further interest.

I must mention that our report, and I will submit a copy for the record, is still in draft form and has yet to be officially endorsed by the citizens advisory council. Its proposals are still fluid and subject to improvement. We welcome your visit as a most timely opportunity to submit some of these ideas to broaden scrutiny, to meet the test of outside, independent appraisal and to hear the views of other members of the community who are testifying today.

First, I'd like to point out what dictated our decision to include the needs of the aging in the overall model city program. People over 65 represent almost 20 percent, one out of five, of the total population in the area. Even with the dramatic pressures and issues voiced by more youthful members of the community, we have no choice but to be responsive to the voiceless cry of our older families, who, overall, comprise the single, largest group of low-income families in the area. The fact is that two-thirds of all low-income white families, one-third of all low-income Negro families, and one-third of all other low-income families are headed by persons 65 years or older. In the aggregate, these represent about 3,500 families headed by elderly persons. In the roominghouse and cheaper transient hotel districts, the proportion of older persons is even higher.

Poor Self-Perception of Health

One of the more obvious qualities of the low-income elderly in the area is their physical disability and poor perception of their health. In a recent study in which they were asked to rate their own health on a graduated scale, more than three times as many low-income than non-low-income heads of households rated their health as poor. Yet we know that medical services are frequently inaccessible, inadequate, and intermittent, and usually limited to times of emergency or crisis. Lack of knowledge of health facilities, fear and hesitation to investigate symptoms, and lack of transportation to physicians or clinics are some of the problems they must face. Provision for dental care, for prophylaxis and prevention is practically nil.

In the model city planning we have proposed a system of 10 neighborhood health stations, starting with two in the first year, with paraprofessional health aides and readily available transportation, to break down some of the social and physical barriers that stand between our older people and their utilization of health care. We have not made any headway as yet on the problem of dental care.

We have noted the concentration of low-income elderly in the model neighborhood area. Old-age assistance recipients are concentrated in six of the 17 census tracts. Since 1960 the proportion of model neighborhood residents has increased by 50 percent.

The model city plan calls for joint participation of welfare personnel, indigenous to the area, with health aides in the neighborhood service centers. It also calls for a one-stop social services complex, strategically located in the area.

Demonstration of Direct Income Grant

More basically perhaps, the plan asks for the establishment of a demonstration direct income grant program on a test group of 1,000 model neighborhood welfare recipients. Part of that test group should consist of older people. Earned income would be encouraged; 50 percent of it could be kept under the plan. With careful research design and controls, we would like this proposed program to be tested as an alternative to the present categorical programs. Parenthetically, I might point to the special problem of income maintenance as it applies to some Oriental elderly for whom a cloudy immigration status or lack of covered employment would discourage an application for OAA or social security.

There are a number of other goals and programs which the welfare task force proposed:

To increase communication and understanding between welfare department staff and the MC clients, as measured by increased participation in the welfare process by MC recipients.

To this end, the plan asks that the Washington State Advisory Council be expanded to include five clients from the MN and other clients from across the State.

The plan also calls for a number of legislative changes to add dignity and self-esteem to recipients:

(*a*) Repeal of Federal Public Law 90–248 (1967 amendments to the Social Security Act).

(*b*) Repeal of the State law requiring 1 year's residence in the State to qualify for public assistance.

(*c*) Removal of the administrative "maximum grant" of $325 per month regardless of family size.

(*d*) Removal of administrative interpretation of eligibility requirements that now require an undignified, investigatory "continuing eligibility" process, an affidavit of eligibility would be substituted.

(*e*) Provision for choice of physician and other medical services for all welfare recipients.

In calling for a general upgrading of services for the elderly, the M.N. plan puts forth the following goals:

(*a*) Assist the elderly in the M.N. to remain active and involved in the community to the extent of each individual's ability to do so.

(*b*) Assist the elderly in the M.N. to live independently, in their own homes, if possible.

(*c*) Provide protective or supplementary services when the physical or mental impairments of age make independent living impossible.

(*d*) Provide opportunities for employment for those elderly who are physically and mentally capable of such activity and who desire to continue to work and contribute economically to their community beyond retirement age.

(*e*) Increase the accessibility of information regarding services for the elderly within the M.N.

(*f*) Influence positively the community's stereotyped attitude toward the aged and alter the community's perception of the "appropriate" role for the aged by demonstrating their continued usefulness to society and potential for achieving self-gratification, independence, and sense of security.

Rather than take the time of this committee for a detailed description of some of these projects, I would like to place into the record a photocopy of the appropriate pages of the report.[1]

Special Housing Programs

However, I would like to call your attention to some special problems of the aging as they pertain to housing. Mr. Adams of the Seattle Housing Authority has already discussed the subject of housing and has done so most ably, I'm sure, but let me add one or two items for your consideration.

The rent/income ratio is 20 percent higher in the M.N. than it is in the rest of Seattle. Rent payments of the elderly are often as high as 40 percent of total income. One-fourth of the people on public assistance must pay rent that exceeds rent allowances, necessitating sacrifice of food, clothing, medicine, and other budgeted items.

In the model city plan we are calling upon the State department of public assistance to use its authority and financial influence to insist on decent housing for welfare recipients.

With regard to another group of older persons we call your attention to the fact that approximately 1,500 of the elderly own their own homes, a high percentage of which are substandard. A survey among them shows that 40 percent would prefer at this time to rent or to make other arrangements. We believe that they should have this choice, if this is what they want. But they should have other options as well. The plan proposes the rehabilitation of some 1,500 housing units by 1973 by a number of measures which would secure, coordinate, and concentrate available Federal programs.

The neighborhood development program approach, as authorized in the Housing Act of 1968, will be used in selected areas of the M.N. Areas identified for this approach to date include Skid Road, the International District, and Cherry Hill. This program will be used to provide:

Grants to low-income elderly owner-occupants or loans scaled to owner's ability to pay and secured by a lien payable on resale or death;

"Write-down" of rehabilitation costs as a form of subsidy;

Sale of property to a nonprofit corporation to rehabilitate, then lease back to the owner for life.

In cooperation with existing M.N. agencies such as Operation Equality of the Seattle Urban League and SCORE of CAMP, the FHA 221 (h) program is planned to rehabilitate 200 units per year for 5 years.

In the private sector, a community renewal corporation will be set up composed of M.N. residents, wholly owned by them, and seeded by the C.D.A. This corporation will:

Contract with the city engineering department and park department to provide daily, intensive cleanup and beautification in the M.N.;

Provide employment for at least 50 M.N. residents in constant daily care of streets, parks, parking strips, empty lots, alleys, et cetera, in the M.N.;

[1] Excerpts appear in app. 1, item 3; see p. 226.

Through demonstrated upgrading of attractiveness and cleanliness of the M.N., involve residents in programs of maintaining and cooperating with the effort.

An M.N. fix-it wagon program will be established in contract with S.O.I.C. to provide a roving truck with four skilled and trainee housing repair specialists. They will make minor repairs to households for the cost of materials only. Low-income residents will be given priority.

The plan, further on, cites legislation prepared by the executive office of the State of Washington for submission to the 1969 legislature which includes:

Authority given to the city to acquire land and make it available for C.D.A. purposes at a "write-down" to M.N. residents;

Limited tax abatement on improvements made in blighted areas;

Authority given to the welfare department to withhold rent where the unit does not comply with the housing code;

A State home ownership fund to help low-income families buy housing;

A revised Washington State Building Codes and Standards Act;

Authority to set State uniform rules and regulations for minimal decent housing and sanitation standards.

The city demonstration agency will encourage local ordinances which would effect:

Revision of the housing demolition ordinance to ease conditions under which dilapidated buildings may be demolished;

A thorough study and revision of the housing code, to be undertaken during the first year;

Strengthening the city's fair rent committee, appointed by the mayor, and inclusion of the M.N. residents in its membership.

Wide Array of Related Proposals

These, Mr. Chairman, represent some of the basic problem-solutions and programs arrived at by our citizen task forces in the course of Seattle's 9-month planning effort. There are others, no less important, but impossible to cover without exhausting your time and patience. They include an expansion of the OEO-sponsored legal services program, the organization of tenants to insure greater equity in tenant-landlord relationships, a program of consumer education, and greater legal protection. These, of course, are steps along the way, but they do not add up to a full program of protective services. Toward that goal, we must work some more, perhaps even harder.

We are also pressing for road improvements and crossing guards which will protect, if not separate, vehicular and pedestrian traffic so that the relatively high proportion of pedestrian traffic victims can be reduced. These, the provision of shelters at bus stops, the establishment of a senior center in the central part of the area, and other proposals give you some idea of not only the possibilities for program "pay off" but the great potential for improving the quality of life for our older citizens which the model neighborhood program promises.

I would be less than candid, however, if I did not share with you some basic concerns we have as we look ahead to the funding and implementation of our comprehensive 5-year plan. The first of these has to do with the availability of money itself. You will note in the fiscal tables which make up part II of the plan that many of the proposals are extensions and enlargements of already existing Federal programs in health, housing, welfare, et cetera. The $3 or $4 million which Seattle can hope to expect as supplemental grant funds, impressive as that amount is, will be used primarily as provided in the model cities legislation, for innovative programs for which there is no existing funding source. A prepaid health and hospital insurance program, or the capitalization of a housing development corporation, or any other major new program departure, takes a considerable piece out of these supplemental funds.

Since we must look to existing departmental sources, we must ask you to help us and these departments, most of whom have been very cooperative, to develop greater flexibility in grant and funding procedures. There are administrative and legislative strictures on the use of these funds that restrain these departments, with the best intentions in the world, from doing some of the things we shall be asking them to do. We are not suggesting open-ended bloc grants necessarily, but neither can we nor they develop "escape velocity" if the usual and customary quotas and grant review procedures are followed. What might be possible, and I hope your committee will encourage such a development, is legislation to give the departments goal-oriented budgeting procedures, using broader categories such as "model cities training", "model cities employment", et cetera. This would enable a banking of funds in a cooperative pool with Model Cities Administration in the Department of Housing and Urban Development acting as the broker or middleman.

The other requirement is one we are sure you appreciate; namely, the overall adequacy of appropriations for the next 2 or 3 fiscal years. Our plan, if it has any validity at all, is a comprehensive plan. Its pieces are linked in an integrated interdependent whole. To sacrifice some of its elements because funds are lacking, or because fiscal retrenchment tightens and restricts procedures snd choices, will cripple and even obviate other components. It is therefore our sincere hope that Congress will not force upon us the bibilical dilemma of choosing between two halves of the same baby. The plan must be funded whole, or it will prove to be lifeless.

The model city staff, the State and local agencies with which we have worked, and the members of the task forces who have worked so hard during these past 9 months to bring forth the draft of this plan—a copy of which I am happy to present to your committee [1]—appreciate your dedicated interest and your coming to Seattle. We hope that you will not only help us bring this new and structurally remarkable creature to life, but that you will help us to "make it fly."

Senator Moss. Now I finally know what that badge means that I have seen around here, "make it fly."

Mr. MELD. I would like to pin you and Congressman Adams.

We have a local banker who said to us, "If you want to make that darn bird fly, why don't you get some wings on it," and, Senator, that is exactly what we are asking you for.

[1] Draft appears in app. 1, p. 217.

Senator Moss. Thank you, Mr. Meld, for a very comprehensive and detailed explanation of the great deal of planning and effort that has gone into the model cities planning program here in Seattle and we are glad to have you point specifically to the areas where there must be some assurance that we will have continued support congressionally, funding and in other areas if this is to be successful.

Like you, I think it would be the greatest tragedy if the program were curtailed to the extent that it would not be a viable program and, as you point out, there is some danger that this might happen. It would be a great setback, not only because of the effort of all the people who have gone into it, but the hopes of the elderly people and others who have been looking forward to this as a chance to move on and develop our cities into model cities in these United States, and Seattle has been a leader in the effort to do this.

That is the reason we came here, the very first field hearing, because we knew you were far along and were doing a very excellent planning job and we are very concerned about this matter.

Now our committee has the viewpoint of the elderly and we look to that particularly, but we are concerned with the whole program, too, as it affects all the people within the area and so we are glad to have your comments. I think they are well-timed for us.

I am not sure that I have any specific questions.

Do you have any questions?

Mr. MELD. No questions.

Senator Moss. Thank you, Mr. Meld, Mrs. Newcombe, and Mrs. Phillips for helping us to make a good record here, something that we now will take on with us as we go back after hearings in other cities and try to do our part in this matter to make sure that we do have something that will fly in Seattle.

Mr. MELD. Thank you for honoring us by coming.

Senator Moss. Thank you, indeed.

(The chairman, in a letter written shortly after the hearing, addressed the following questions to the witness:)

1. Your statement says that since 1960 elderly Model Neighborhood residents have increased by 50 per cent. What are the reasons for this sharp increase?
2. How far along are your plans for the Demonstration Director Income Grant Program? What special features might be necessary for the elderly? Would your incentives for earned income be along the lines suggested by Mr. Lobe?
3. Your statement indicates that you would place into the record a photocopy of appropriate pages from your report. We do not find these pages here and would like to have an additional copy.
4. We would like to have additional discussion of your recommendation that legislation be enacted to give the departments goal-oriented budgeting procedures, using broader categories, such as "model cities training, model cities employment, etc."

(The following reply was received:)

SEATTLE MODEL CITY PROGRAM,
November 22, 1968.

DEAR SENATOR MOSS: Thank you for your good wishes in connection with our Model City Program and thank you again for giving us the opportunity to testify before your Committee. You will be pleased to know that our Comprehensive Five-Year Plan was passed unanimously by City Council this morning and is on its way to the Department of Housing and Urban Development.

In response to the four questions on which you asked for further comment:

(1) The *proportion* of older people for the rest of the MN population, rather than the *number* of older people increased by 50 percent. This sharp increase is accounted for mainly by housing development for the elderly such as Jefferson

Terrace and Hilltop House, the increase in the number of nursing and convalescent homes, together with an overall decline in the total number of households in the area.

(2) The Direct Income Grant Proposal is one of the elements in our First-Year Action Program. The enclosed pages will answer your query in full detail.[1]

(3) Photocopies of the pages referred to in the testimony are enclosed.

(4) An example of the kind of legislation which would give Departments the authority to do joint funding along the lines of our recommendation was the unsuccessful Title IV of the "Intergovernmental Cooperation Bill (Muskie) on the Joint Funding Simplification Act, supported by the Bureau of the Budget in the last Congress.

I trust this additional material will complete the record. Again, my sincere best wishes to you and your able staff.

Very truly yours,

MURRAY B. MELD, *Assistant Director.*

Senator Moss. I am so pleased that Congressman Brock Adams was able to join us. I know he has had a difficult time getting here. We had hoped he could be here through all of the hearings, but we are glad that he was able to come now.

I will ask the Congressman if he has any comment that he would like to make at this time or suggestions to us. We are nearing the end of our witness list at this point.

STATEMENT OF HON. BROCK ADAMS, A REPRESENTATIVE FROM THE STATE OF WASHINGTON

Congressman ADAMS. I am sorry I wasn't here. I caught that 8:25 out this morning and I was in Chicago 3 hours waiting for another one to come through.

Senator Moss. The story of my life.

Congressman ADAMS. I want to say it is a pleasure to be here this afternoon and I had hoped I would be here by 1. I am very pleased to be in this building. It has been built since I was elected to Congress, but I was one of the attorneys for the housing authority who condemned this property so this building could be built, and it took us three trials and two trips to the Supreme Court to clear the way for its construction. So, I want you ladies and gentlemen sitting here, who are living in it now, to know that a number of us have worked hard and long to make this project a reality.

I was pleased to see your witness list and pleased to see that you have had members of the model city here. We have had an active program; but I think, like all cities, it has been somewhat inadequate in terms of trying to put together all the problems of our central city. I have made some notes from the excellent statistics available on the model cities areas, and the census revelas that a high proportion of individuals in the central cities are over the age of 65.

We are pleased to have this facility and I am pleased to be here today. I will submit a further statement, and you were very kind to invite me and I appreciate it.

Senator Moss. Thank you, Congressman. We do hope you will submit a statement we can include in the record which is going to be open for 30 days to complement and go with the very fine statements that we have received here today.

[1]See app. 1, p. 226.

Your reference to this great building—I spoke at the beginning of this—I had the opportunity of visiting one of the apartments in this building and it took me so much with its fine appointments, but particularly its location high above the city and looking out that I have put my name on the application list and I may become one of your constituents if they might decide to retire me one of these days.

PREPARED STATEMENT OF CONGRESSMAN BROCK ADAMS

Mr. Chairman. President Johnson, in his message on aid for the aged, asked the U.S. Department of Housing and Urban Development "to make certain that the model cities program give special attention to the needs of older people in poor housing and decaying neighborhoods."

I am pleased to state, Mr. Chairman, that Seattle, as one of the cities selected for the model city planning grant, has given special attention to President Johnson's request. We realize that there is much to be done, and we have now at least begun to work to meet the needs of the elderly in our city.

In Seattle, the elderly comprise 19 percent of those living in model city neighborhoods. Therefore, in planning our model city, we must take into consideration services for these older people. We must develop programs in areas such as housing, physical facilities, employment, income, education, medical care, transportation, recreation, and culture.

In addition to the fine programs discussed here, we must also begin to consider some of the other especial problems faced by our elderly citizens. For example, we must attempt to provide a health screening program to discover illness in its early stages and thus prevent long hospital stays which are often so costly and so demoralizing for elderly patients.

We must attempt to expand urban mass transportation in the model city neighborhood since elderly people rely heavily on public mass transit. This transportation problem is one we tend to overlook in regard to our senior citizens. Yet, it is of vital import to them to have the independence and freedom of mobility provided by a good mass transit system.

We must attempt to look into the possibility of establishing continuing education programs for the elderly. For example, courses in consumer education could prove most timely and helpful since it is often our senior citizens in these areas who fall prey to the credit-buying hoax.

Finally, we must give special attention to the relocation of the elderly citizen when planning our model cities. The elderly suffer most from being uprooted and taken out of familiar and secure surroundings. So, we must attempt to alleviate their fears by providing necessary counseling when relocating the elderly.

We have made a start in some of these important areas. The administration on aging of the Department of Health, Education, and Welfare has reported to me that they feel that Seattle's City Demonstration Agency (CDA) should be commended for their sound planning efforts especially regarding the elderly. The AoA has also stated that programs and developments in Seattle such as this—the Jefferson House Senior Center—are looked to as models to be followed in other parts of the country.

In Seattle's model city plan, much attention has been given to the needs of our elderly citizens. The CDA has made special recommendations for halfway homes or foster homes for our senior citizens, for homemaker services, for foster-grandparent activities, for establishment of an additional senior center in the model neighborhood, and for a study to determine the need for expansion or establishment of additional nursing homes. In addition, a recent grant has enabled the King County Model Cities Administration to employ a planning specialist for services to the aging.

As you can see, Mr. Chairman, we are attempting to show our senior citizens in Seattle we believe they are important members of our community. As I mentioned earlier, we have made a good start, but there is still much to be done.

Mr. Chairman, we do have quite a way to go as other witnesses have testified before this committee. But, we have made a start.

I would like to praise the CDA in Seattle for what they have done so far, for initiating model programs for the rest of the country to follow, and I would like to encourage them to continue in the same imaginative and constructive way in considering the needs of a very important group of citizens—our senior citizens.

Senator Moss. We had, in addition, scheduled here Mr. Derril Meyer, of the Washington State Nursing Home Association, and Mr. A. A. Smick and Miss Margaret Whyte of the Washington Council on Aging. These three people were unable to attend today, but will submit written statements that will be included in the record. We had hoped to hear from them orally, but it will be in the record and, after all, as I tried to stress at the beginning, the real point is to make that record and make it as complete as we possibly can, not to overlook either criticism nor to overlook any of the hopeful and plus points in the planning that is going on. I think we have had an excellent hearing today and made a very good record here.

(The statements follow:)

PREPARED STATEMENT FROM STATE OF WASHINGTON COUNCIL ON AGING

OCTOBER 16, 1968.

Hon. FRANK E. MOSS,
Chairman, Subcommittee on Housing of the Elderly, Special Committee on Aging, U.S. Senate, Washington, D.C.

DEAR SENATOR MOSS: I am extremely sorry that circumstances were such that neither Margaret Whyte, our executive secretary, nor I were able to appear at your hearing in Seattle on October 14 on "Usefulness of the Model Cities Program to the Elderly." I'm sure our State Council on Aging was well represented as several Seattle people who were on the panel are members of the State Council or have actively participated in the work of the State Council, as well as carrying major roles in their local community in developing services for the elderly.

I do want to take this opportunity to provide information about the State Council on Aging and our role of coordination with the Model Cities program in planning services for the elderly.

The Washington State Council on Aging established by law within the Department of Public Assistance, is an eighty member citizen council which studies, interprets, and promotes programs to meet the needs of the elderly. Twenty-five of the members reside in King County. One of our major functions is to help local communities establish local Councils on Aging which carry major responsibility for planning and implementation of services on aging within their immediate boundaries. The Seattle-King County Council on Aging is the first of such local Councils in the State. It has been an effective planning body since its inception in the early 1950's.

When Seattle was selected as a Model City area, the State Council staff and our AoA Regional Representative conferred with staff of the Seattle-King County Council on Aging and Senior Centers, Inc. regarding the necessity of early planning with Model Cities to assure that needs of older persons be given adequate consideration in the planning process. Mr. Schwabacher, whom you heard from at the Hearing, is chairman of the Metropolitan Area Committee of the State Council on Aging as well as president of the Seattle-King County Council on Aging. In this dual role he gave Model Cities high priority in local planning and was instrumental in securing funds for the local Council to permit them to hire and loan to Model Cities a staff person to work with the Task Force exclusively on planning for services needed by the aging.

The State Department of Public Assistance received a Title 1115 grant from the Department of Health, Education and Welfare to loan staff to the Model Cities area for comprehensive planning for social services. State Council staff participated in preparing the application for the grant and in outlining special needs of the elderly which the Social Services staff should consider in working with the planners. We recommended that planning for the needs of the older adult in the Model Cities area should be fully integrated with the existing planning and service agencies, e.g., Seattle-King County Council on Aging, Seattle Housing Authority, Seattle Senior Centers, Inc., Columbia Club, and other agencies serving the older person in the central area. We urged that special attention be given to 1) planning for protective services—both legal and social—for those older persons who manifest a degree of incapacity or limited ability to manage their own affairs; 2) opportunities for part-time employment for older persons to supplement inadequate income and to utilize wasted talents, i.e., sheltered industries or

senior service corps; 3) wider choice of group living arrangements at moderate cost as well as provision for rehabilitating currently occupied pricate homes to make them more livable and safe for older persons; 4) home delivered means to prolong independent living through more adequate nutrition and social contact; and 5) neighborhood health clinics for physical evaluation of the older adult and for mental health services.

The loaned staff from the local Council on Aging worked closely with the Social Service planner, loaned by the Department of Public Assistance, and her task force in developing recommendations for the elderly. These recommendations were analyzed by the State Council. We made suggestions for funding recommended services, and encouraged the Department of Public Assistance to expand specific services to the elderly on a demonstration basis.

We urge that services and opportunities to meet the needs of older persons in the Model Cities areas in Seattle and any city of the state be well integrated with city-wide planning for the elderly; that existing services on the outskirts of the area be fully utilized and expanded as needed to meet the needs of the older people in the area before developing duplicate or even similar services which will overlap.

We are anxious to see passage of the amendments to the Older Americans Act which we believe would strengthen the role of the Administration on Aging and would expedite planning and implementation of local programs, services and opportunities for our increasing population of retirees. Employment and volunteer opportunities for community service by the older person as well as service centers and other programs for the elderly would function more smoothly and at less administrative cost if coordinated and administered through one department which is specifically charged with concern and action with the aging.

Again may I express deep regrets that Miss Whyte and I coud not be present for the Hearing.

Sincerely,

A. A. SMICK, *Chairman.*

PREPARED STATEMENT OF GEORGE A. FORSYTH, EXECUTIVE DIRECTOR, WASHINGTON STATE NURSING HOME ASSOCIATION

We regret that Mr. Derril D. Meyer, President-Elect of the Washington State Health Facilities is unable to be present for the hearing.

Model Cities

This Association, representing more than 250 health care facilities in the state of Washington and 16,700 of the 21,000 beds, has not had the opportunity to go into the relationship of nursing homes and convalescent centers in the Model Cities program in depth.

However, it is the opinion of those who have given the matter some consideration that having nursing homes and convalescent centers well located to serve the community's interest is extremely important.

There is a growing tendency, because of the cost of delivering health care, to concentrate on large health care units which are sometimes not located in the areas best suited to serve community needs.

This organization plans to devote considerable attention to studying the needs of the individuals in our communities as they relate to the best manner in which nursing homes and convalescent centers can supply those needs. We note that there is a growing tendency by some to minimize the usefullness of the medically orientated facility and as a result in some cases, those who need this type of service reach it too late to be of real assistance.

Intermediate Care Facilities

There has been considerable difference of opinion over the new Intermediate Care Facility. Some have said that it is nothing more than a personal care unit, while others have contended that it is a light medically orientated nursing home.

This Association has studied the matter and gone into the problem of the ICF in depth. We are including for the record our "Special Report" entitled, ICF—What Type of Facility? [1]

The conclusion which was reached by the Association committees after study show that the best interests of the individuals needing this type of service, the taxpayer, the State and the industry can best be met by including nursing service of the type provided in HEW Interim Policy No. 23, as published in the Federal Register, September 12, 1968.

[1] In Committee files.

Senator Moss. The committee now goes on, as I announced before, to other cities where we will have similar hearings in other parts of the United States, so that when we have it all put together we think we will have a record that we can make a report on and submit to our colleagues of the Congress to assure that we do the proper things that we need to as a legislative body to insure the adequate planning of our model cities and then the implementation of that planning. All of us are so conscious of the need of doing that in these times when the shift of population has gone on at such a rapid rate and where we have critical areas of concentration of deprived people which is primarily the core centers of our great cities like this great city of Seattle. I think that completes our witness list today. We thank you all for being here. It indicates you are interested that you came and listened to these fine witnesses today and we thank you all.

The hearing is now recessed.

(Whereupon, at 4:25 p.m., the committee recessed subject to call of the Chair.)

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL FROM WITNESSES

ITEM 1: EXCERPT FROM "SEATTLE'S OLDER POPULATION, A STUDY OF ATTITUDES, NEEDS, AND RESOURCES IN KING COUNTY".*

SECTION II. RECOMMENDATIONS AND SUMMARY OF MAJOR CONCLUSIONS

Recommendations that follow were arrived at after thorough study and discussion by the committees, and were presented at a community Health and Welfare Institute held May 26, 1966. The committees considered those data, studies, and literature that were relevant to community planning activities. The main concern of the committees was to advocate needed programs which could be acted on currently, and which would enhance maintenance of independence and meaningful participation of the elderly in community life. No consideration of priorities was undertaken by any committee in drawing up its list of recommendations.

GENERAL (CONCURRED IN BY ALL COMMITTEES)

1. That additional part or full-time senior day centers be established throughout the county and particularly in the downtown area. That such centers provide a full range of services as expeditiously as possible. That the Council on Aging continue as it has in the past to explore with service clubs, other organizations, and agencies opening and staffing of such centers.
2. That the legislative committees of the United Good Neighbors and Council of Planning Affiliates, and the Council on Aging urge the legislature and State Department of Public Assistance to take advantage of recent Social Security Amendments for older persons, particularly with regard to protective services.
3. That these legislative committees and the Council on Aging support a more realistic, adequate and flexible budgeting procedure for those on old age assistance and for the medically indigent.
4. That the Volunteer Bureau of the United Good Neighbors study the feasibility of a volunteer transportation program with and for older persons with a view to inaugurating such a program on a continuing basis. That the Council on Aging enlist support towards fare reduction for older persons using public transportation county-wide, particularly during off-hours.
5. That the Council on Aging continue to study ways and means of maintaining independence of and preventing institutionalizing older persons as long as feasible. That the Council work through existing community agencies to encourage greater participation in services to older people to prevent deterioration and to rehabilitate to the extent possible.
6. That the Council on Aging study and take action on proposed legislation to alleviate property tax burden for limited group of homeowners 65 and over which is on the November 1966 ballot as a referendum. That this committee bring this measure also to the attention of the Planning Committee and Council of Planning Affiliates for support.

HEALTH

1. That plans for establishing a medical multi-screening center be developed. This center would be available to everybody in a community. It would be used for routine case finding as well as for the establishment of the patient's "medical profile." A system of health maintenance and periodic screening would be devised. The program should be linked closely to medical care; referral by physicians would

*See p. 160 for statement of Morton Schwabacher.

be the basis of the operation. Staffing would include teams of medical and paramedical personnel such as radiologists, nurses, social workers, nutritionists. Health education would be an important component of the program. Effective use of the center facilities would be interpreted to health professionals as well as to the prospective "consumers" of the services. Laboratory procedures could either be performed at the center or subcontracted locally.

Advantages of such a center currently in operation [1] were formulated as follows: the high quality and large quantity of laboratory testing, performed at great speed and reduced cost, enables the physician charged with the care of a person to:

a. Conduct more thorough health evaluation;
b. Find unsuspected morbidity conditions;
c. Take care of emotional needs of the patient since time had been saved through the availability of extensive test results.

2. That an alternate procedure to alleviate health needs, as identified by the committee and the consultants, would be the establishment of "Neighborhood Well Oldster Clinics." Physical screening as well as psychological health care would be supplied.

3. That stepped up respiratory disease clinics and emphysema prevention programs would reduce the occurrence of incapacitating conditions. That health education relative to prevention of diseases of the circulatory and respiratory systems should also stress the danger of cigarette smoking and of air pollution.

4. That screening of eye conditions should be linked to health education, emphasizing the physiological changes of sight and hearing capacity with advancing age. Expectation of these changes is an important factor of preparing for maintenance of optimum function level.

5. That health education campaigns with emphasis on preventive care should be conducted. Studies have shown that health problems are the main motivating factors to obtain screening tests. Incentives for "well persons" to submit to medical screening are necessary. Such incentives might be supplied through health campaigns conducted within industries and geared to workers approaching retirement age.

6. That dental health education should stress the necessity of denture adjustment and care of gums after loss of natural teeth. Dental care for persons in poor health should be undertaken.

7. That health supervision for aged persons taking medication is important. Studies have shown that the following medication errors are frequently made:

a. Wrong type of medication taken for specified health conditions;
b. Improper quantity of medication;
c. Improper frequency for expected results;
d. Ignorance of purpose of medication.

8. That there is an apparent necessity to establish methods to reach the older population. Methods currently used by public and voluntary agencies in the community should be explored at first. Integrated efforts should be attempted.

9. That a vigorous health education program to interpret to the public what health services are unavailable through Medicare is important. Encouragement of supplemental medical insurance is suggested.

10. That the limitation of health manpower has to be considered in the planning of broadened health care, inclusive of preventive care. Expansion of training facilities and substitution for health professional of "assistants" trained for specific tasks closely supervised is recommended.

11. That extension of home care services with participation of a health team is recommended.

HOUSING

1. That the Council on Aging continue to explore with interested groups and contractors ways and means of providing alternate housing for older persons to provide some choice in available housing. Alternates mentioned by respondents include rooming and boarding houses, residential hotels, retirement homes at reasonable price, mobile park, etc.

2. That the Council on Aging look into the feasibility of (1) working with the Safety Council on producing and disseminating literature on home and apartment safety measures and installations; and (2) work on a possible program with service clubs, Neighborhood Youth Corps, unions, Housing and Urban Development Agency, etc., on developing programs to maintain and rehabilitate dwelling units of older persons to prevent blight and encourage use of safety installations.

3. That the Council on Aging together with appropriate private and public agencies become informed about and review boarding and rooming house licens-

[1] Collen, Morris F., M.D., *Periodic Health Examinations using an Automated* Multitest Laboratory, Mar. 7, 1966, Journal of the American Medical Association, vol. 195.

ing requirements and procedures. That study be made of "intermediate care" or half-way house, where limited non-medical supervision is supplied, and appropriate action taken to provide this type of housing.

4. That the Council on Aging together with other interested agencies such as the Volunteers of America, Department of Public Assistance, etc., develop an effective program of foster-home finding as another opportunity for maintaining independent living arrangement.

5. That the Council on Aging plan for a permanent housing information unit to provide for consultation on all phases of older people's housing problems, keep the Housing Directory up to date, keep informed on all current housing legislation, and suggest or develop further research and data on housing needs of older persons.

6. That the Council on Aging look particularly into opportunities for housing for older men living alone.

INCOME AND RETIREMENT

1. That the Planning Committee and the Council on Aging request appropriate Federal and State government bodies to examine and establish adequate minimum retirement income requirements for older persons. That a realistic minimum income be provided to all persons 65 or over, and be reviewed periodically, That such aid should be given through existing government agencies.

2. That the appropriate Federal agencies review and adopt measures to afford income tax relief to retirees 62 and over who now do not qualify for tax exemption privileges of those 65 and over. That the income tax structure be so revised that payment of taxes will not reduce net income of the older persons to near the poverty level.

3. That the Council on Aging through an appropriate committee study the matter of rent subsidies if and when a congressional appropriation is made and incorporate this information in the housing information unit.

4. That a part-time employment and supplemental income be developed by a community action program under the sponsorship of the Council on Aging. (It is understood that such a program is in the planning stage for funding by the Office of Economic Opportunity.)

5. That the Council on Aging actively encourage establishment of more pre-retirement programs in cooperation with unions and industry.

6. That the Council on Aging assess the effect of Medicare on income and medical costs for older people and that plans be developed for those areas of medical need not covered for the medically indigent.

PERSONAL AND SOCIAL ADJUSTMENT

1. That the Committee commends to either a voluntary or public agency to actively engage in a planning or demonstration project on full scale protective services for older persons. That meanwhile the Committee work with the Council on Aging to set up a group of retired executives from various fields, such as lawyers, businessmen, accountants, insurance underwriters, realtors, etc., who would be available to various public and private agencies, as well as individuals, for advice in their respective fields.

2. That request be made to the United Good Neighbors to consider increased financing for agencies dealing with the older population.

3. That the extended services project on aging funded by the Office of Economic Opportunity include hard-to-reach elderly in its casefinding program. This project should provide in its evaluative work more specific information on the nature and kinds of problems and needs this group has, and document it for further community action.

4. That programs which help to maintain the elderly in independent living situations are preferable to institutional care. That while there will be a need for institutional care for some older persons, some are in institutions out of default. That *failure* of the community to develop preventive and social services now will require supporting far more costly and less suitable institutional arrangements in the future.

5. That the vulnerable group of men either single or widowed, living alone, in rooming houses or domiciliary hotels in the fringe of the downtown area need reaching-out services from existing health, education and welfare agencies.

6. That the Planning Committee support on a demonstration-research basis the introduction of a social work component in a non-profit nursing home to demonstrate whether rehabilitative and constructive social work can effect alleviation and even upward change in the lives of older persons.

7. That a communal noon meal demonstration program is an appropriate one for the Council on Aging to develop with a service, church, or government organization, preferably near the downtown area with opportunity for short-time social activity before or after. In this connection, the Committee also suggests that consideration be given to a home meal service program.

8. That the Council on Aging in its own bulletin and through correspondence and follow up with the Council on Churches and the King County Medical Society mention in their mass communication to clergymen and doctors of the need to be aware of the emotional and personal adjustment problems of the age group 65 to 69.

9. That the Council on Aging again undertake updating of its directory of activities. That it also produce a "flier" type brochure for neighborhood distribution that will briefly and simply give information on how to get information about programs and activities for older persons.

10. That the matter of communication and personal contacts with older persons is a prime factor in their adjustment. The Committee makes no specific recommendation about this except to alert all groups to stress this point and to suggest that all organizations of whatever nature encourage efforts to educate all ages to this important factor of living.

11. That the new housekeeper-homemaker program funded by OEO should have continuing community support. That the Committee recommends that there should be more supportive services such as housekeeper-homemaker program, meal service, personal counseling in the home, friendly visiting, friendly telephoning, boarding home and foster home finding, etc.

12. That the Council on Aging continue its own activities of training and establishing groups in the fields of friendly visiting and telephoning, recreational and social activities, leadership and volunteer courses, etc.

RECREATION

1. That the Council on Aging should act as a clearing house for recreational activities; that there is a need for more coordination.

2. That the Seattle Council on Aging take leadership in calling together representatives of interested groups, such as Park Departments, day centers, etc., to explore the area of male-oriented programs. That the Council suggest ways of strengthening and broadening the scope of activities to motivate the participation of men in all programs for aging.

3. That the Council on Aging develop an effective publicity program to inform older people about the availability of existing activities.

4. That the Council on Aging together with the Seattle Park Department, Volunteer Bureau, and other groups, take leadership in exploring the possibility of training volunteer trip leaders in the responsibility of conducting one-day tours.

5. That the Council on Aging, together with the Park Departments, explore the possibility of organized camping for older persons with other interested agencies, such as Salvation Army, Volunteers of America, Jewish Community Center, etc.

6. That the Council on Aging interest unions, employee groups, lodges, organizations of all sorts, to plan for their membership programs for the retirement age. That the Council on Aging develop with other recreational groups ways of involving people who are involuntarily isolated from activities through physical or psychological handicaps.

7. That the Volunteer Bureau of United Good Neighbors place an emphasis on volunteer projects in which the older citizen can participate.

8. That the Council on Aging explore possibilities of recreational fee and transportation fare reductions for older persons as is done for children 12 and under. That efforts be made with adult education departments of the public school districts and institutions of higher learning to determine existing policy on fee reduction for older persons, and if none, explore possibility of instituting such reduction.

9. That the Committee bring the need for recreational therapy in proprietary nursing homes to the attention of the community.

10. That continuing education in recreation and leisure time activities for all ages, particularly middle-aged adults, be undertaken by the Park Department.

II. Summary of Major Conclusions

Review of community resources, pertinent literature, other community studies and the Seattle survey data provide guidelines in planning community services for the older population. Data selected for inclusion in the following sections were chosen for relevancy to planning.

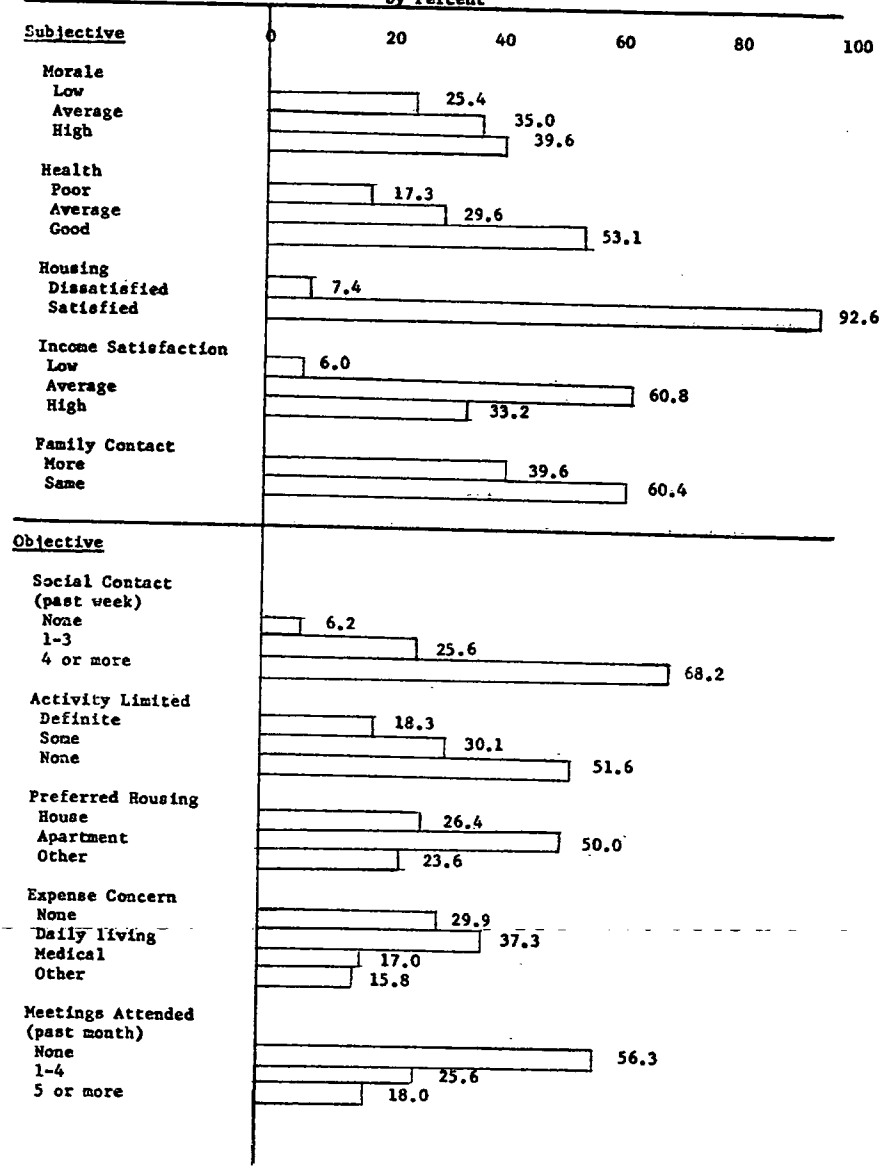
Overall, the data showed the majority of respondents were satisfied with the present living situation. In reporting self-perceived attitudes, a substantial majority were satisfied with their housing, health, had average or high morale, no activity limitations, and reported enough income to make ends meet. These positively expressed attitudes may relate to the respondents' historical and ethnic background, lack of knowledge about or demand for social intervention, or an expedient acceptance of the aging process and present conditions.

However, further examination of the factual data reveal areas in which problems do exist. The evidence clearly indicates the need for positive action on some fronts and the even more urgent need for planning to meet future needs. No community can afford to sit complacently by when a segment of its population shows up with serious problems.

While population estimates through 1985 show that the older population in King County will remain in about the same ratio to the total population as today (about 9 percent), the number twenty years from now will be more than half again as large, or about 140,000 persons. A profile of characteristics by age groups is presented in Section I. This shows differences and similarities between the older old and the younger old.

Another picture of the findings can be charted (see Figure 1) with respect to respondent's self-evaluation and what he factually reports he is experiencing in similar areas. Calling the first subjective evaluation and the latter objective evaluation, it can be seen that both evaluations are fairly consistent. When the negative factors are translated into numbers, there are sizeable blocks of persons who do need the community's attention and action. The estimated 1965 population of Seattle for those 65 and over is a little more than 71,000 persons. Therefore, even 6 percent at some disadvantage involves over 4,000 people.

Figure 1. Respondents Subjective and Objective Responses by Percent



All the foregoing recommendations to face and meet problem areas were intended to enhance maintenance of independent living conditions as long as feasible. Supportive and innovative services hopefully will tend to alleviate deterioration and to prevent institutionalization insofar as possible. Primary focus of the committee thinking was on comprehensive, coordinated services to permit the older population to live at its optimal level as consistent with its ability to do so.

Economic and health status are the most significant variables in the life satisfaction of older persons. Of these two, data indicate income is the more predictive of satisfactory adjustment. High income satisfaction was reported by one-third

of the respondents and good health by over one-half of them. While only 6 percent reported they found it "impossible to make ends meet," other data such as source of income, comparison with contemporaries, insurance holdings, concern about expenses indicate that there are people on marginal or submarginal incomes. The 61 percent reporting they have "just enough to get along on" may be living on an inadequate amount of cash income. But if they owned their home and had acquired most of the perquisites for daily living, apparently they reported no major deprivation income-wise. The income factors are analyzed in Section V.

Maintenance of present health condition is very closely interrelated with all other factors affecting the well-being of older people. While Medicare will lift some of the burden of heavy medical expenses, until an assessment can be made as to the effects of this legislation, no one can foretell what its impact will be. Maintenance of present health is very closely interrelated with all other factors affecting the well-being of older people. More positive steps in establishment of multi-screening test centers and well-oldster clinics, more health education directed towards older people's medical and dental needs, support for broadening the base and scope of State medical services through legislation and adequate budgets should be taken now.

Survey data suggest that the maintenance of social relationships is a factor in personal adjustment. A strong relationship existed between such social contacts and attitudes on health, recreation, morale, and even housing. It is well worth noting that even though a person was in poor health, if the number of social contacts was high, morale was high. Another major factor in adjustment and maintenance of independent living is the great need in this area for community supportive services, such as transportation, home meal service, home aides, etc.

In the field of housing many factors from the data support the need for providing housing other than a house or apartment at a reasonable cost. This is particularly true for those who feel or report some anxiety about this present dwelling arrangement.

For those who are hard-to-reach or isolated involuntarily, there should be concern and planning. These people may have a need to be involved in community activities and resources; they may need help towards self-motivation; or may need services brought to them until their problem can be resolved.

In the recreational field, data indicated a disproportionately larger number of women than men participated in social activities. Development of male-oriented programs should be of concern to recreation and social organizations. Another activity highly correlated with good morale was traveling. In view of the salutory effect of "getting away," it is hoped that availability of reasonably priced trips can be expanded and strengthened. Another need is for coordinated and effective publicity about activities and items of interest for older persons in local and city-wide newspapers, radio, and TV.

The following sections develop in detail the work of the committees and the data analysis.

ITEM 2: MATERIAL SUBMITTED BY MR. LOBE*

WASHINGTON STATE DEPARTMENT OF PUBLIC ASSISTANCE: POSITION PAPER ON QUESTIONS RAISED BY THE U.S. SENATE SPECIAL COMMITTEE ON AGING, SEATTLE, WASH., OCTOBER 14, 1968

A. Need to determine costs of services provided under title XIX (medicaid)

For those services for which cost determination is feasible, it is highly desirable that medical vendor rates under Title XIX be firmly related to costs. In addition it is imperative that standards be evolved as to the types and levels of costs to be incorporated into such vendor rates. Failure to do so would be unfair to the taxpayers and, in the long run at least, to the vendors themselves.

In particular, rates for inpatient hospital care present peculiar problems to the medical assistance program. The Department of Health, Education and Welfare has ruled that such rates are to be the same as those used under Title XVIII (Medicare). This regulation effectively removes from the State agencies the discretion and the responsibility to determine whether in fact rates are related to reasonable costs and places these agencies in an untenable position from the standpoint of interpreting and defending their program. In the State of Washington at least, some of the Title XVIII audits of inpatient hospital costs are now made available to the State Department of Public Assistance. Not only would it be desirable for all such audits to be shared with the agency responsible for adminis-

* See pp. 171–180 for statement of Mr. Ludwig Lobe.

tering Title XIX but the State should have the right and the responsibility to challenge costs that appear unreasonable in type and/or amount as well as to question apparent lacks of economy in operation. The Washington State Department of Public Assistance is currently spending about $2 million per month for inpatient hospital care and as costs increase will undoubtedly be spending more in the future. With expenditures of this magnitude, it is unconscionable that public accountability for rates cannot be firm and specific.

B. Federal participation in title XIX expenditures

Given the present Federal-State tax structures, Federal participation in medical assistance is desirable since it permits the States to mount a more comprehensive and progressive program than would be possible on the basis of State funds alone. It is imperative, however, that the "ground rules" be firm for a sufficient period of time to permit sensible and responsible long-range planning by the States. For example, reductions in the Federal matching percentage after a State has implemented in good faith programs structured on a higher rate of Federal participation cannot but appear capricious to the electorate and State legislators. Similarly the imposition, particularly within State fiscal periods, of unanticipated and costly regulations is not conducive to sound program development or to constructive relationships with the public and the Legislature. The State of Washington, for example, does not have an open-end appropriation and new Federal constraints within a biennium whether in the form of reductions in funds or of increases in requirements can only be met by program cutbacks not intended by the Legislature in funding the Department. Finally, exploration of alternative methods of Federal grants-in-aid that would permit more flexibility in State programs would not only be timely but is probably long overdue.

C. Co-ordination of titles XVIII and XIX with the objectives of responsible control of costs and realistic interrelationships between the two programs

Although the Department's position on this question is implicit in the answers to questions 1 and 2, its importance warrants explicit and broader re-statement. If adverse public reaction is to be averted it would appear imperative that responsible and reasonable efforts to control costs be demonstrable and that such efforts under the respective titles be co-ordinate rather than at cross purposes. In addition since in theory Title XIX is an assistance and Title XVIII an insurance program, it is important that concepts and regulations suitable for the latter not be transferred uncritically to the former. Whatever the ultimate objectives under Title XIX, it is unrealistic not to relate the current program to those services and clientele that the public is presently willing to support. The medical programs cannot—and should not—be considered in isolation but rather in the context of the many other demands on public funds and the social conscience.

D. Full spectrum of health services for the aged

Typically the social, psychological and physical needs of any particular aged person vary over time (longitudinal variation). In addition the needs at a given time of any particular cross-section of the aged population vary among individuals (latitudinal variation). In order to meet these varied needs adequately and constructively, it is highly desirable that a wide spectrum of health and related services be available to the aged, irrespective of their community or income group.

These services fall into two major types:

1. Those designed to enable the individual to remain in or return to his or her own home, e.g., friendly visitors, meals-on-wheels, personal and household services, visiting nurse services, assistance in transportation and errands.

2. Those designed to provide a variety of sheltered care arrangements, e.g., family-type and group-type boarding homes, family foster homes, intermediate care facilities, skilled nursing homes.

In addition, of course, care in hospitals and extended care facilities is necessary for acute episodes of illness.

In general—and tragically—the most critical areas of unmet need are in services designed to permit the individual to remain in or return to his or her own home. Many communities are without such services and in few, if any, communities are such services provided in adequate quantity or variety. From the standpoint of the psychological and physical health of the aged, few programs could have higher priority than the accelerated development of such services for both small and large communities.

E. Changes in public assistance programs for needy employables, specifically to meet all health and educational needs until employed and to continue grant payments on a sliding scale basis when employed

This proposal and the various different but related proposals currently being circulated pose difficult problems of social and economic policy. Although the Department is much interested in thorough exploration of experimentation with such proposals, a definite position as such is premature at this time.

Some of the important problems are:

1. Effects on motivation to self-support.—The problems of motivation involve not only persons who would in any event be receiving grants but those who might be attracted to public assistance by the services offered or the supplemental grants available while employed. In addition problems of equity—as well as motivation—for independent but low-income and/or poorly educated persons would undoubtedly arise. The relative attractiveness of partial as opposed to complete self-support might also be affected.

2. Scope of service.—Although the extent and type of health services to be provided would occasion some difficult problems,[1] probably the major procedural and substantive problems would be associated with the extent and type of training and the relationship of such training to the educational opportunities available to others in the community.

3. Inter-action of supplemental grants and wage rate structures.—In general the suggested bases of paying supplementary grants (other than on the basis of budgetary need, however defined) have been arbitrary and in addition, the possible inter-action with wage rate structures has not been fully explored. Payment of supplementary grants on any large scale may result indirectly in subsidizing certain industries and/or employers with possible adverse effects on the chances of complete self-support for the individual employees involved.

Thus although the economic and social habilitation or rehabilitation of marginally employable recipients is a high-priority goal and extended services and supplemental grants are *prima facie* attractive, the full impact—particularly the long-range impact—in our complex economy is not yet clear.

F. Use of older persons to help with child care and home making in younger households

Increased use of older persons in this capacity would expand a needed community resource and at relatively low cost. In addition many of these older persons by fulfilling a "grandparent" role could exercise a stabilizing influence on unsettled or broken families. Finally such functions could be psychologically beneficial for older persons and help in maintaining their active participation in society.

It would not appear desirable to allow for additional earnings exemptions in Old Age Assistance for older persons helping with child care and homemaking since differential exemptions by type of employment would be inequitable. The desirability of increasing the earnings exemption in OAA regardless of type of employment should be assessed in the context of other public welfare needs.

G. Development by older persons of their own group activity programs rather than imposition on them of programs developed by others

Certainly older persons should have maximum freedom in developing their own activity programs though consultation should be available to them. In addition since older persons differ among themselves in health, interests and educational and social backgrounds, emphasis should be placed on developing varied rather than standardized programs.

H. Keep older people in their own community and homes if feasible

See answer to question 4.

The community as well as the older persons themselves would benefit from their remaining therein as long as appropriate services are available to meet their needs.

I. Uniform public assistance grants nationwide

Even with allowances for regional differences in the cost of living, it is questionable whether uniform grants nationwide would be beneficial. Conditions, problems and social priorities vary among the States and uniform grants would not allow for such diversity. Uniform grants would merely involve an additional constraint on the States' abilities to plan responsibly and to allocate their tax moneys according to their own goals.

[1] E.g., are all health needs of all family members—no matter how minor or relevant to employability—to be covered? Is receipt of assistance to be contingent on utilization of services?

J. Housing needs

Probably the greatest housing needs are for relatively low-cost but adequate units for sale or for rent, particularly for large families. The spiraling of shelter costs has caused hardship for many assistance recipients and other low income families. Even with periodic updating of grants, it is difficult to maintain shelter standards at a current-cost level, particularly in the areas of most rapid population increase.

K. Possibility of special programs generating "ghetto" areas

It would, of course, be deplorable if special programs in health, welfare, education and housing generated or rigidified boundaries of deprived groups or subgroups within the parent culture. Such "ghettoization" is not, however, inevitable and hopefully service programs with emphasis on vertical mobility and integration into the larger society would, in fact, operate in the opposite direction.

ITEM 3: MATERIAL SUBMITTED BY MR. MURRAY MELD*

Model City Plan Discussion of Direct Income Grant Program

1. Project

Direct Income Grant Program (Income Maintenance).

2. Identification

Goal I, Program Approach (b).

3. Status

New Program.

4. Citizen planning role

Citizen participation in plan development and implementation through Welfare Task Force and Model City Advisory Council.

5. Geographic coverage

Within MN boundaries, with recipients concentrated in two census tracts to facilitate evaluation of demonstration.

6. Population affected

Direct involvement during the first year of 1,000 MN families. Multiplier affect keenly felt among greater MN population (MN enterprises, etc.) through 1) CDA efforts to keep money circulating within MN and 2) as recipients exercise opportunities for upward mobility provided by coordination of supportive and employment services. (See Welfare and Employment and Economic Development plans)

7. Administering agency

Washington State Department of Public Assistance.

8. Regulatory provisions

Program accounting by CDA—See Administrative Plan. In addition to usual accounting precautions, intensive monitoring is planned to provide comprehensive cost/benefit evaluation of Direct Grant Program in conjunction with use and effectiveness of employment and supportive services.

9. Project content and scope

A demonstration project commencing July, 1969 providing direct grants to selected welfare candidates in lieu of existing modes of support. Base rate of support: $4,000/year/family of four, plus $100/year for each additional dependent up to a maximum total grant of $4,700/year.

Apart from basic eligibility requirements, all rules and regulations regarding budget and income are suspended.

Phase I of program involves adequate financial support for recipient.

Phase II involves excercising of incentives for employment provided by coordinate CDA projects. Pro-rated matching grants will replace flat rate subsidy maintaining at least base rate support. Portion of total income (independent earnings and subsidy) will be held in abeyance.

Phase III—for lump sum payment at time at which independent earnings are sufficient to warrant independence from Welfare subsidy. Participants will be

* See pp. 205-212 for statement of Mr. Murray Meld.

given priority in provision of supportive and employment services and in career-ladder employment generated by coordinate CDA projects.

10. First year costs/funding source

$2 million—Dept. of HEW.
$2 million—Washington State Dept. of Public Assistance.

11. Problem addressed

The multi-faceted failure of existing welfare machinery to provide either the means or the incentives for recipient movement toward financial independence. Current support is, for a variety of reasons, only equal to or even below the poverty level, severely limiting the affectiveness of even experimental career development programs.

12. Expected timing and impact

Implementation: July, 1969.
Duration: 5 years, subject to continual evaluation plus findings of "Manhattan Project" study of Welfare System.
Impact: Projected net migration toward financial independence of 500 families by Year II, 1,500 families by Year V.

13. Evaluating means

Evaluation by CDA program accounting section (See Administrative Plan) and based upon long term (5 year) cost/benefit comparison with control group (non-demonstration welfare recipients).
Further, census tract orientation of demonstration will allow coordinated evaluation within a defined geographic area of inter related measures of community stability and economic/social mobility, ie., employment rate, crime rate, average income, home ownership, health and education level, etc.

14. Generated projects

Pending completion of "Manhattan Project" study and evaluation of direct grant demonstration, possible re-organization and change in emphasis of state public welfare programs.

15. Coordinated projects

Required coordination with CDA projects for supportive services, employment services, and career-oriented employment opportunities generated by CDA programs; Comprehensive Health and Social Services, Child Day Care Program, Day Care Homes, Foster Grandparents Program, etc.

16. Citizen operational involvement

Participation through evolution of program planning in Welfare Task Force, and through CDA Advisory Council. MN residents also to serve on state-wide SDPA Advisory Board.

* * * * * * *

(*e*) The welfare department, as the principal source of funds to indigent persons, should give guidance, direction, and coordination to all programs of service to low-income persons in the community. Services, however, are fragmented and uncoordinated. As indicated earlier, more than 30 private and public agencies offer services in and for the MN at present. The problems described in this document, however, are constantly and alarmingly rising, not diminishing. The lack of coordinated planning and delivery of services makes the MN resident more cynical and hopeless about the system's response to him and therefore more hopeless about himself.

Basic causes

(*a*) The welfare department must be responsive to the public and its funding arm, the State Legislature, which are still punitive and tax-conscious in their attitude toward the poor.
(*b*) The welfare department budget has always been too small for adequate funding.
(*c*) Administrative problems and tradition have been so overwhelming and time-consuming that little attention has been given to a thorough re-examination of the whole welfare system. Indeed, extremely few innovative programs have been developed by the SDPA since its inception. New ideas and programs have all followed from permissive and funded national legislation or HEW policy rulings.

Deficiencies in existing services

Apart from those deficiencies inherent in the discussion above, the factor of citizen suspicion toward welfare must be strongly reiterated. Most citizens still think that most welfare recipients are "cheaters", and even the less reactionary citizen resents others receiving money "for nothing" when he works regularly himself.

This very serious drawback, however, could be overcome if the entire structure of the welfare system were to undergo re-examination leading toward a new structure that would aggressively offer meaningful assistance to the poor while at the same time aggressively reducing welfare rolls by fitting clients back into the mainstream of society. For some reason, this task has not been undertaken and is a central program deficiency.

Also deficient is a State-led coordination of SDPA, private industry, and private agency plans and programs to make welfare more dignified while reducing its costs.

GOALS AND PROGRAM APPROACHES

Goal I

The first goal is to eliminate poverty in the MN (see Initial Condition I).

This goal may seem altruistic in the extreme, but there is no reason in our highly productive and affiuent society why anyone who desires to leave the ranks of the poor should not be able to. To set a lesser goal would make the Model City Program guilty of the same deficiencies we are examining.

Objectives

1. To develop and strengthen the economic base of the MN: provide jobs for 10 percent of family heads now on welfare. (This objective and its program approaches are discussed fully in the Employment and Economic Development section. In addition, the Education plan envisages about 500 jobs for MN residents in its action programs, the Health plan envisages about 150 jobs, and the other plans will produce a total of approimxately 500 jobs.)

2. To develop and strengthen job training and job upgrading programs for low-income residents of the MN, providing slots for 17 percent of family heads now on welfare. (This objective and its program approaches are also outlined in the Employment and Economic Development plan. Special emphasis here is placed on coordination with the SDPA in implementing the CDA proposals. In addition, the CDA will coordinate with the SDPA and the WSES is strengthening the existing welfare department training program to provide real career ladders and meaningful jobs for trainees.)

3. To provide a guaranteed annual income at an amount above the poverty level for those unable to enter the labor market. (It is estimated that the program approaches for Objectives 1 and 2 will ultimately reduce the welfare population by 60 percent. An experimental program in income maintenance therefore becomes feasible.)

Program approaches

(*a*) *Coordination of agencies.*—Using this approach, the CDA would coordinate its plans for job development, job training, and economic development with SDPA, CEP, WSES, and other manpower systems affecting the MN. Stipends for those in training would be increased to competitive pay levels. See the Employment and Economic Development plan for a full description.

(*b*) *Direct income grant.*—This approach calls for establishment of a demonstration Direct Income Grant program for 1,000 MN welfare recipients. The demonstration would begin in the first year with direct grants of $4,000 for a family of four with $500 increments for each additional family member. Apart from basic eligibility requirements, the normal SDPA rules and regulations regarding budget would be suspended. To provide incentive to leave the system, demonstration families would be allowed to keep 50 percent of earned income beyond the direct grant. Payments would be automatic each month, with adjustments made yearly. An audit and check on eligibility could be made on the same computerized basis as is used by the Internal Revenue System. An evaluation program would select a control population and provide the basis for determining whether the entire welfare system would adopt this program or a modified program or whether this program in fact does not lead to greater incentives and lowering of welfare rolls.

(*c*) *Child day care program.*—A comprehensive child day care program for 5,000 preschool children is essential to make economic growth possible in the MN. It is indispensable to freeing low-income and marginal-income parents for

job upgrading and training. Parents should have 24-hour quality child-care facilities available in order to take full advantage of job opportunities. The program is also projected to provide employment for up to 300 MN residents, an economic boost in itself. In its first stages, the program would provide up to 10 Day Care Centers and 60 Day Care Homes. Ultimately, the Seattle Public Schools are planned to incorporate day care in their regular program, utilizing their facilities. The efficiency, economy, and coordinated direction necessary in this area can best be achieved by using the institution best equipped to implement it. This strategy also legitimizes in the public mind the real role of day care in our social system.

Goal II

The second goal is to provide public assistance to Model Neighborhood residents in such fashion as to heighten dignity, status, and self-esteem among recipients.

Objectives

1. To increase communication and understanding between welfare department staff and MN clients, as measured by increased participation in the welfare process by MN recipients.
2. To provide MN recipients the tools to influence the welfare system and the larger community in matters affecting their lives; in short, to increase recipient power capability from present powerlessness to 100 percent effectiveness in 5 years.

Program approaches

(*a*) *Advisory Council Representation.*—The Washington State Advisory Council to the Department of Public Assistance could be expanded to include five clients from the MN and other clients from across the state. At present the Governor appoints this body from lists of middle-class social, civic, and charitable activists in the state. Clients have never been considered for membership.

(*b*) *Aid to ADC Motivated Mothers Council.*—Staff, office and supplies could be provided to the ADC Motivated Mothers Council to better enable them to monitor the welfare program in the MN, help evaluate the Demonstration Direct Income Grant Program, and help monitor the CDA-sponsored welfare programs. The work program would be to organize, educate, and assist all MN clients in coping with the welfare system and in discovering means to become independent of welfare.

(*c*) *Legislative change.*—Negative legislation and administrative policies should be reformed to give dignity and heightened self-esteem to recipients. Specific changes would be:

Repeal of Federal Public Law 90–248 (amendment to the 1967 Social Security Amendments).

Repeal of the State law requiring 1 year's residence in the state to qualify for public assistance.

Removal of the administrative "maximum grant" of $325 per month regardless of family size.

Removal of administrative interpretation of eligibility requirements that now require an undignified, investigatory "continuing eligibility" process (an "affidavit of eligibility" would be substituted).

Provisions for choice of physician and other medical services for all welfare recipients (see Health plan).

Establishment of work-study and full fellowships for young recipient heads of households who can qualify for and benefit from college training (the biased assumption should not be made that all recipients are qualified only for training or jobs).

Goal III

The third goal is to reconstruct the welfare system into a human development system that attacks the causes of poverty as vigorously as the effects.

Objective

To bring about a State-level "Manhattan Project" type of welfare study in the State of Washington during 1969.

Program approach: Systems analysis of SDPA

A contract would be made with Rand Corporation, Battelle Corporation, or a similar firm for a systems analytic study of SDPA and its relation to the total economy.

The type of study needed is one that begins with no assumptions about what is, but rather commitment to what can be. It should study welfare in relation to the total economy, study why the economic order is unable to distribute wealth more equitably, and develop new roles for each in relation to the other. One logical outcome may very well be that the SDPA should become a part of the State Department of Commerce and Economic Development. Only in such a perspective will welfare become human development.

Goal IV

The fourth goal is to provide adjunctive social services to the SDPA in a coordinated, efficient system that meets MN clients' needs.

Objectives

1. To provide all social services in a "one-stop" facilities complex for MN residents.
2. To reduce the level of women having no prenatal care and giving premature birth by 16 percent.
3. To increase programs and services to the elderly by 400 percent.

Program approaches

(*a*) *Neighborhood Service Center.*—A Neighborhood Service Center Organization would be set up to develop and operate outposts for rendering of services of major public and voluntary agencies in neighborhoods, to coordinate such services, to make them easily available to the individuals and families living in the MN, to adapt items to the needs and desires of the users, and to bridge the gap between people in neighborhoods and more centrally located services.

Seventeen public and private social service agencies, including the State Department of Public Assistance, have shown an interest in experimenting with a joint approach to providing direct fast-response service, training, and evaluative components to neighborhood social service centers manned by residents and located in each of the eight school districts and in the two smaller communities of the International District and Pioneer Square areas.

Two sets of staff for each center will allow them to remain open 65 to 75 hours per week with a full complement of staff. Transportation will be provided for clients.

An administrative board composed of participating agency representatives and residents on a 50/50+1 resident basis will hire the director, set and modify goals, evaluate the effectiveness, and guide operation of the centers.

As structures are available and as the program matures, a central housing for all of the supporting social service agencies will be located in the Multiservice Center now proposed for 22nd Avenue South and South Jackson Street. The central facility is conceived as having a special usefulness in putting the professional personnel into the heart of the community they serve and into direct communication with one another.

See the Health plan for a description of the Neighborhood Health Stations. It is expected that the Health Stations and Neighborhood Service Centers will share space, facilities, and resources. Both will be open 24 hours.

(*b*) *Upgraded services for the elderly.*—The purpose of this approach will be to:

Assist the elderly in the MN to remain active and involved in the community to the extent of each individual's ability to do so.

Assist the elderly in the MN to live independently, in their own homes, if possible.

Provide protective or supplementary services when the physical or mental impairments of age make independent living impossible.

Provide opportunities for employment for those elderly who are physically and mentally capable of such activity and who desire to continue to contribute to their community beyond retirement age.

Increase the accessibility of information regarding services for the elderly within the MN.

Influence positively the community's stereotyped attitude toward the aged and alter the community's perception of the "appropriate" role for the aged by demonstrating their continued usefulness to society and potential for achieving self-gratification, independence, and sense of security.

The following are some of the projects that would be included under this approach.

1. A homelike setting would be provided for those elderly unable to live alone but whose physical or mental condition does not warrant being placed in an institution. This might include "Halfway Homes" for elderly patients who cannot

leave a hospital or extended-care facility unless they have someone to assist them in their first few days at home.

2. The "Homemaker for the Elderly" plan would recruit, train, and employ from eight to 12 men and women from the neighborhood, 45 years and up, to become experienced homemakers for the elderly within the area. The handyman would wash windows, move furniture, and make minor household repairs.

3. The Portable Parents program (a foster grandparent-type program) is designed both to provide part-time employment for persons over 60 in the Model Neighborhood and to give the children there in need of emotional and physical support an extra measure of tender, loving care, creating a warm, personal relationship on a child-grandparent level. This program will also educate the general public to recognize that elderly citizens have skills, ability, and work potential that are of value to the community and will demonstrate to other community agencies the wisdom of building in permanent part-time jobs for senior citizens.

After a training period, the older persons would be employed in the various proposed day care programs, recreational and play areas, on an oncall basis for special occasions, in youth centers, and for home visits when the child is unable, through illness or accident, to attend these centers and when the mother is absent at work.

The success of the traditional type of institutional Foster Grandparent programs throughout the country, and specifically here in our own area at the Fircrest School for the Retarded, suggests that experience gained through these could be expanded less formally and on a neighborhood level.

4. A general recommendation, concurred in by all committees of "Seattle's Older Population Study, 1966" urged that additional senior day centers be established throughout King County and particularly in locations adjacent to the downtown area. There are various types of effective center plans in operation offering a range of services that include multifaceted programs down to a single instructive drop-in center.

After due consideration of the unique problems of the group to be served, the Subcommittee on Aging of the Welfare Task Force advocates that a drop-in, leisure-time program for the elderly be made available in the center proposed by the Arts and Culture Task Force. Since other task forces are developing a full range of social services to be delivered in four centrally located Neighborhood Service Centers, the Subcommittee on Aging does not wish to duplicate these efforts by proposing additional multiservice plans or centers.

However, a need for basic leisure time activities complemented by an effective information and referral service geared to the problems of the elderly has been determined. In the third year of the plan, if study so indicates, a hot meal program will be implemented.

5. Nationally, only 2.8 percent of all men and women in homes for the aged are Negroes. It has not yet been determined whether this is representative of the proportion of Negroes in nursing homes in the MN; nor has it been determined whether, in fact, less than a proportionate share of the elderly persons in nursing homes in the MN are Negro. The Subcommittee on Aging feels, however, that there may be a strong tendency for the elderly Negro citizens in the MN to remain outside nursing homes. In the first year a study of nursing home needs in the MN will be made. On the basis of that study, coordination with the Employment and Economic Development Task Force will attempt to build nursing homes owned and managed by Negroes.

GOALS AND PROGRAM APPROACHES

Goal I

Goal I is to substantially increase the supply of new housing in the MN. (See Initial Condition I.)

Objectives

1. To add 5,500 new rental and sale units for low- and moderate-income families.

2. To use indigenous private enterprise as builders, managers, and owners of the new units.

Program approaches

(*a*) *Housing Development Corporation.*—The CDA will form a private, nonprofit Housing Development Corporation (HDC), with appropriate subsidiaries, to stimulate the building of housing in and for the MN. Stockholders will be industry, government, and MN residents. Development, design, ownership, and manage-

ment of the housing will be in the hands of multiple MN corporations and private housing groups.

Fiscal management will be in the hands of a Board of Managers consisting of the Mayor, a City Council representative, three representatives from contributing private industry and labor, the CDA director, and the Model City Advisory Council chairman.

Policy and administration will be handled by a Board of Directors elected by all MN residents who hold a $5 share in the HDC.

The CDA Citizens' Task Force on Housing will screen all plans and projects of the corporation and send them to the Model City Advisory Council for final approval. This continues the current practice for any new programs proposed for the MN.

(For a full description of the HDC, see Appendix IV.)

(*b*) *Demonstrations.*—The Housing Task Force is now planning, and the HDC will plan, several developments designed to demonstrate new concepts in land use, building technology, home ownership, and citizen involvement. These demonstrations will be models showing how to achieve more intensive use of the land and yet provide open space. One example now being planned will use town houses, an entirely new concept in Seattle. One demonstration of 50 units is planned for the first year.

The model developments will:

Reach the poor.
Be on a small scale.
Provide for open space.
Provide for larger families.

They will also provide the opportunity to progress from tenancy to ownership through the home-ownership provisions of the 1968 Federal Housing Act and the Seattle Model City HDC. The opportunity to engage in a variety of cooperative enterprises from child care and educational and training programs to participating in the organization, development, and management of the enterprise is another feature. The use of self-help wherever possible is planned to achieve equity and to reduce operating costs.

The models will show how such developments can be made compatible with the community and will assist other sponsors in the social planning aspects of housing development.

Although cooperative organization is currently favored, condominiums or lease with option to buy are other possibilities.

The Seattle Housing Authority has shown interest in sponsoring the model now under consideration, with the Housing Task Force serving as co-client. This particular proposal will provide for initial rental and eventual purchase of individual units from the Authority.

(*c*) *Development of funding sources.*—The following funding sources will be developed:

Seattle Model City Housing Development Corporation (described above).
Regional Development Fund (being established by private enterprise).
State Development Corporation (See "Employment and Economic Development").

(*d*) *Relocation.*—The complete relocation plan will be submitted with the One-Year Action Program. Its work program proposes to relocate 1,000 families in the first year (see Appendix V).

Goals for relocation planning, as set forth by the Housing Task Force, include:

To provide housing of adequate quality and design and to provide open spaces to increase pride in the area.

To make possible a plan for home ownership if families desire it.

To plan rehabilitation and new construction to locate displaced persons in or near the same blocks in the larger MN or in another part of the city or suburban area, according to their desire.

To locate low-income residents in areas of mixed economic grouping (not all poor together) and mixed housing types and sizes of units (not all large families together).

To help families relocate in neighborhoods with access to necessary MN social services.

To secure funds for all displacements due to MN-planned improvements (whether by public or private action).

To gain adequate payment for land so that no one suffers a loss.

Goal II

Goal II is to improve the condition of existing housing and reduce the number of substandard units (See Initial Condition II).

Objectives

1. To secure changes in Housing Code enforcement procedures to provide effective, prompt enforcement, including removal of dangerous buildings.
2. To rehabilitate approximately 1,500 units by 1973.
3. To encourage and strengthen a tenants' organization.
4. To improve unkeep and maintenance standards of homes, yards, alleys, and streets to a level better than the city average.
5. To enlist support of agencies such as the welfare department in using their funding policies to enforce standard housing conditions.
6. To secure, coordinate, and concentrate the various Federal programs available for rehabilitation.

Program approaches

(*a*) *Study.*—Continued study is planned of MN conditions and residents' needs and desires for types of housing. The continued cooperation of the city's Planning, Building and Conservation, and Engineering departments is expected, but specialized technical assistance will also be needed for some studies.

(*b*) *Neighborhood development.*—The Neighborhood Development Program approach, as authorized in the Housing Act of 1968, will be used in selected areas of the MN. Areas identified for this approach to date include Skid Road, the International District, and Cherry Hill.

This program will be used to provide:

Grants to low-income elderly owner-occupants or loans scaled to owner's ability to pay and secured by a lien payable on resale or death.

"Write-down" of rehabilitation costs as a form of subsidy.

Sale of property to a nonprofit corporation to rehabilitate, then lease back to the owner for life.

(*c*) *Housing loans.*—In cooperation with existing MN agencies such as Operation Equality of the Seattle Urban League and SCORE of CAMP, the FHA 221 (h) program is planned to rehabilitate 200 units per year for 5 years.

(*d*) *Leased housing.*—In cooperation with the Seattle Housing Authority, the FHA Section 23 leased housing program, which is authorized at present for 100 homes per year, is projected to increase to 300 homes per year for 5 years.

Approaches (c) and (d) are planned to rehabilitate homes *in* and *outside* the MN. Concomitant CDA activities will enhance the ability of MN residents to migrate from the MN if they desire.

(*e*) *FACE.*—The HUD-sponsored FACE Program (Federally Assisted Code Enforcement) is planned for use throughout the MN on a phased basis. Two neighborhoods are scheduled for the first year, and two more each year for the life of the program. Neighborhood priorities and the amount and extent of public improvements required were decided by residents.

(*f*) *Local participation in construction.*—The work of rehabllitation using all of the tools mentioned above will be performed by indigenous contracting firms that have already been brought into existence or strengthened by CDA activities. These contractors have agreed to give priority in employment and training to MN residents. (Also see "Employment and Economic Development.")

(*g*) *Local participation in inspection.*—The City of Seattle has agreed to augment its building inspection staff with MN residents as regular staff and trainees to speed the additional technical data gathering necessary to implement the Federal-assisted programs.

(*h*) *Private-sector participation.*—Continuous contact, already developed, will be maintained with such companies as U.S. Gypsum, Armstrong Cork, and Boise Cascade so that the latest developments in rehabilitation systems, new materials, and component assemblies may be made available. Changes and benefits resulting from these programs will include:

Lower rents for needy families.

Decent standard housing.

Arrest of blight.

Availability of necessary social services through the facilities of the Seattle Housing Authority.

Feasible home ownership.

Accommodations for large families.

Reduction of overcrowding.

(*i*) *Training—care of property.*—Training programs will be conducted in care and upkeep of property; counseling and advisory service will be provided on rehabilitation methods, costs, labor resources, and management. (See Appendix IV.)

(*j*) *Training—owner/tenant relations.*—A training program will be conducted on responsibilities of owners and tenants; assistance will be given in development and support of tenant organizations. (See Appendix IV.)

The aims of this approach are to:

Study and revise the Housing Code.

Develop legislation to give tenants the same legal standing and protection as owners.

Develop legislation to provide for escrow rental payment until code violations are corrected.

Goal III

Goal III is to provide more choice in housing and to enable minority residents of the MN to select housing throughout the city and its suburbs.

Objectives

1. To bring about a change in attitude in both the MN and the larger community.
2. To increase the percentage of minority residents outside the MN from its present 5 percent to 15 percent.

Program approaches

(*a*) *Open Housing.*—Strategies will be initiated to make city, county, and Federal Open Housing legislation a dynamic reality. (See "Social Action" component of the HDC, Appendix IV.)

(*b*) *Human Rights Commission.*—CDA will make efforts to strengthen the role and activities of the Seattle Human Rights Commission.

Goal IV

Goal IV is to secure rights for tenants equal to those of owners. (See Initial Condition IV.)

Objectives

1. To amend present statutes governing landlord-tenant relationsips so that punitive action on the part of owners is restricted and access to the courts by the tenants is more readily available. (See Law and Justice section.)
2. To amend present statutes to provide for escrow rental payments until code violations are corrected.
3. To encourage and strengthen a tenants' organization.

Program approach: Tenants' organization

There is currently a tenants' organization in the MN struggling to exist without skilled staff or resources. It is highly motivated and includes the very tenants described in this document. It is planned that the tenant organization staff person(s) be part of the Seattle Model City Housing Development Corporation staff.

Goal V

~~Goal V is to increase home ownership in the MN. (See Initial Condition V.)~~

Objective

To reduce the gap between the extent of home ownership in the city and in the MN by 75 percent in 5 years.

Program approaches

(*a*) See the program approaches described under Goal I.

(*b*) *Financing.*—Improved financing methods will be used. (See Appendix IV.)

(*c*) *Community economic base.*—The economic base of the community will be improved by developing indigenous housing entrepreneurs through the Housing Development Corporation. (See "Employment and Economic Development".)

(*d*) *Land bank.*—A "land bank" will be set up to make construction sites available to the HDC and to neighborhood corporations developed by the HDC to sponsor and develop housing.

Goal VI

Goal VI is to develop and maintain a prideful community environment in the MN.

Objective

To ensure the stability, maintenance, and acceptance of the changes brought about by the Model City Program.

Program approaches

(*a*) *Renewal corporation.*—A Community Renewal Corporation will be set up, composed of MN residents, wholly owned by them, and seeded by the CDA. This corporation will:

Contract with the City Engineering Department and Park Department to provide daily, intensive clean-up and beautification in the MN.

Provide employment for at least 50 MN residents in constant daily care of streets, parks, parking strips, empty lots, alleys, etc., in the MN.

Deficiencies in public services

This report is the result of approximately 7 months of planning with citizens of the MN. A problem area that most of the citizens have agreed on is that municipal services presently provided are inadequate. Numerous problems of environmental health significance exist because of the City's failure to carry on a more effective surveillance and monitoring program. Many residents state that they have given up calling about conditions of rat infestations, illegal dumping of refuse in alleys and vacant lots, unsafe and deteriorated housing, abandoned junk cars, etc., "because the City won't do anything about it; even when an investigation is made, seldom is anything done." It is quite apparent that many residents of the target area are not sympathetic to City Hall. The inadequate services provided contribute to this situation.

GOALS AND PROGRAM APPROACHES

Goal I

The first goal is to bring the health levels of MN residents up to and above the standards prevailing in the rest of the city with regard to general physical, dental, and mental health. (See Initial Condition I.)

Objectives

1. To reduce the difference between the infant mortality rate in the MN and the infant mortality rate in the rest of the city by 75 percent.
2. To reduce the difference in premature birth rate between the MN and the rest of the city to zero.
3. To reduce the difference in venereal disease rate between the MN and the rest of the city by 75 percent.
4. To reduce to zero the difference in decayed-missing-filled dental rates between MN children and the rest of the city.
5. To reduce to zero the difference in rate of completed immunizations between MN children and the rest of the city.
6. To reduce to zero the difference between the MN and the rest of the city in proportion of mothers who deliver with little or no prenatal care.
7. To reduce to zero the difference between MN children and the rest of the school population in number of school days missed due to illness.
8. To reduce to zero the difference between MN residents and the rest of the city in number of workdays missed owing to illness.

Program approaches

(*a*) *Comprehensive health services.*—Comprehensive health services will be made available to *all* MN residents by developing health facilities located in the MN.

A Multiservice Center will be developed to provide comprehensive medical and dental services, including emergency, first aid and outreach. The facility will be adjacent to and will use the services of one of the hospitals in the MN so that the most complete facilities will be available. Supportive services such as counseling, psychological testing, and public health nursing will all be located in the facility so that referrals will be instantaneous—including immediate transportation to another facility if required. Prevention will be emphasized as much as treatment.

(*b*) *Accessible treatment.*—In addition to the Multiservice Center, ten Neighborhood Health Stations will be developed as first-stop and outreach facilities on the neighborhood level. Existing structures in the MN will be used, and the Health Stations will share space with other MN service programs such as Day Care Centers and Recreation Centers. The stations will be staffed with paramedical personnel who will be charged with screening, emergency first aid, and health education. Referrals to the parent Multiservice Center or another facility will be immediate, and transportation will be provided instantaneously by someone on the indigenous outreach staff. Essential to the operation of both the Multiservice Center and the Neighborhood Stations is a corps of outreach workers or health

advocates who will aggressively recruit persons with health problems into the facilities for treatment, provide follow-up, offer transportation, and assist in the health education program. The Health Stations will operate on a 24-hour basis.

(c) *CDA/Health Department program linkages.*—The Seattle-King County Health Department at present is active in preventive, environmental, and educational health programs. It is charged officially with the responsibility for these programs. Special attention and allocation of the required resources to the MN has not been possible owing to the Countywide responsibility and limited resources. It is expected that the CDA-generated support and the Health Department's experience and resources will provide a combination capable of achieving the stated goal.

Goal II

The second goal is to increase the quality, quantity, and utilization of health services by MN residents to and above the levels in the rest of the city. (See Initial Condition II.)

Objectives

1. To reduce to zero the difference between MN families and the rest of the city in the proportion of family disposable income spent for health care.
2. To upgrade the economic base of MN families. (See Employment and Economic Development section.)
3. To increase by 50 percent the number of physicians servicing and available to the MN.
4. To provide health care to MN residents, including low-income residents, on the same free-choice-of-doctor basis as is the case of most city residents.

Program approaches

(a) *Health insurance.*—This approach calls for prepaid, comprehensive health insurance plans to be developed with experienced health insurance carriers for residents of the MN. One prospective carrier is a hospital-health insurance facility and would include indigenous outreach workers in its coverage. The other two are sponsored by King County Medical Association and would also use indigenous workers for outreach and education.

It is envisaged that with the use of this program the need for special services such as the Multiservice Center and Health Stations will be ended in about 20 years. Every MN resident will then have ready access to a physician of his choice on a full-fee or subsidized basis.

(b) *Dental insurance.*—The local chapter of the American Dental Association has submitted a proposal to the CDA to provide dental services to MN residents on a free-choice-of-dentists basis and at reduced rates. The details are in process of finalization at this time and will be part of the One-Year Action Program.

(c) *Health Advisory Council.*—This council will be elected from each of the ten neighborhoods in the MN to provide a program and policy advisory resource to the CDA and the Health Department.

Goal III

The third goal is to improve the quality of the environment throughout the MN by eliminating environmental conditions that are detrimental or potentially harmful to health. (See Initial Condition III.)

Objectives

1. To upgrade the level of MN environmental health programs 200 percent.
2. To provide new programs of environmental health to effectively reach, involve, and affect the MN and its residents.

Program approaches

(a) *Vermin control.*—This approach involves planning, developing, and implementing a concentrated program of rat control and extermination in selected areas of the city where the most disadvantaged citizens live in substandard housing. Major emphasis will be focused on permanent control measures supplemented by systematic extermination measures as required in the MN and adjacent waterfront areas. As much as possible, specially trained residents of the rat-infested areas will be employed in all phases of the project.

Education, health facilities, and services will be provided to improve the skills of residents in good residential sanitation practices.

Handling of garbage and refuse around residential premises will be improved, with priority given to proper collection, storage, and disposal.

Improved coordination of municipal agency functions will be sought in carrying out the elements of this approach (e.g., Health, Engineering, Building, Park, Fire, and Police Departments).

(*b*) Improvement of housing and commercial buildings.—(See Housing section.)

(*c*) *Improvement of streets, public utilities, alleys, and vacant areas.*—(See Physical Planning and Environment section.)

(*d*) *Detoxification Center for Alcoholics.*—(See Appendix III and Law and Justice section.)

STRATEGY

Strategy among goals

In order of significance, the goals fall in the following rank order—Goal II, Goal I, Goal III.

In order of difficulty of achievement (time, effort, and money) the rank order is the same: Goal II, Goal I, Goal III.

The three goals are broadly stated and obviously interrelated. Positive steps toward the accomplishment of any one will have considerable impact on the attainment of the others. Ostensibly the first necessary step is the entry and involvement of the MN resident in the mainstream of the health-care system. Once the MN resident has entered the system, he must be convinced that positive changes will result. This cannot be accomplished until the present system is changed.

Thus a health system change is the first step; its ingredients are prepaid health insurance for all, free choice of physician, shortcutting of the referral system, employment of MN residents as health workers, involving them in health-system policy decisions, and providing immediate in-the-neighborhood health care.

Strategy within goals

To achieve the above, it is felt that the highly visible, immediate-impact health insurance program is first priority. The cooperation of the medical community and insurance carriers has already been secured. Further negotiations with the State welfare department are necessary to assure allocation to this project of welfare funds budgeted for medical care for the indigent. The program would only include approximately 1,000 to 1,500 families in the first year (4,000 individuals), but that number will have meaningful visibility and impact.

The Neighborhood Health Stations will be highly visible, but with somewhat less impact. They can also be started in the first year, however, beginning with three such stations.

The environmental health program, in conjunction with the intensified clean-up and beautification program discussed in the Housing and Physical Planning and Environment sections, should have high visibility impact and immediate economic benefits. This program will begin in the first year and should achieve its objective within the 5 years of the program.

The Multiservice Center will require further study, planning, and coordination and is not expected to begin operation in the first year. The activities of the Neighborhood Health Stations, however, will be oriented toward its eventual existence as the headquarters for MN-based health services.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1: LETTER FROM DR. HAROLD F. NEWMAN, DIRECTOR, GROUP HEALTH COOPERATIVE OF PUGET SOUND

DEAR SENATOR MOSS: Mr. William E. Oriol, Staff Director, has asked me to convey my viewpoints to you regarding care of the aged in the Seattle Model Cities Area.

Group Health Cooperative of Puget Sound—a hospital-based, group practice prepayment plan serving some 110,000 people in the Seattle area, is one of a number of existing agencies and organizations in this city which have submitted proposals for solving the problems of the residents of the Central City Area.

Like many of the existing agencies, Group Health's principal facilities are located in the heart of the Model Cities area. Seattle has a unique opportunity to work with existing health resources to develop adequate care for its indigent and the elderly indigent, provided the necessary funding is forthcoming. Modification and expansion of these organizations, plus involvement of the Central Area residents not only as recipients but as employees of these organizations, is planned. The whole idea is to bring all Model Cities residents back into the "mainstream" of life so that they can have free access to all the health resources available to the rest of the community. We do not envision special clinics for the poor or special facilities for the elderly, but an adaptation and modification of plant and program so that the common as well as unique needs of these populations can be provided for.

I believe it is a mistake to build special facilities and separate organizations for the poor and the elderly. This type of plan leads to categorical funding by Federal agencies, and costly duplication and unnatural separations of our people. The needs of all our people must be reocgnized and met but this should be done, whenever possible, through expansion and development of existing resources. New resources should be developed only when voids exist.

Our Seattle proposal emphasizes a teamwork approach with the resources available to the middle and upper class being extended to the poor, and the facilities and care available to the young and middle-aged being extended to the elderly. Modifications will have to be made to meet special needs, but this can be done with less cost and more efficiency than through development of new and separate organizations.

Thank you for giving me this opportunity to comment.

Sincerely yours,

HAROLD F. NEWMAN, M.D.,
Director.

ITEM 2: STATEMENT OF JAMES T. MEAGHER, SEATTLE, WASH.

DEAR SENATOR MOSS: If there had been time for everyone to speak at the hearing in Seattle, Washington, on "Usefulness of Model Cities Program to the Elderly," October 14, 1968, I would have said the following:

"Older people, who have worked for many years to pay for their own homes, like to remain in those familiar surroundings as long as possible and hate to be uprooted. In general, elderly people dislike change. For this reason, it is my opinion that the single most valuable service that could be offered to the elderly in the Model Cities area would be a permanent household aide and handyman service to enable them to stay in their homes until such time as they require hospitalization, or until they die."

ITEM 3: STATEMENT OF FLORENCE DAYTON, SEATTLE, WASH.

DEAR SENATOR MOSS: If there had been time for everyone to speak at the hearing in Seattle, Washington, on "Usefulness of Model Cities Program to the Elderly," October 14, 1968, I would have said the following:

"The Senior Citizens living in Yeseer Terrace Housing Authority, living singly—receive $111.00 combined Welfare and such Social Security as they may receive. $53.00 of this goes for rent, leaving a balance of $58.00 for all other purposes. I suggest that this is not enough to live on."

ITEM 4: STATEMENT OF HELEN B. ANTHONY, SEATTLE, WASH.

DEAR SENATOR MOSS: If there had been time for everyone to speak at the hearing in Seattle, Washington, on "Usefulness of Model Cities Program to the Elderly", October 14, 1968, I would have said the following:

"As the representative of low-income elderly of King County on the OEO Board, I have done some research on the needs of the low-income elderly *who have some skills*. Three needs seem to me to be evident and not too hard to meet, but so far I have been unable to get any action on implementing them. They are:

"1. A project for the sale of good, modern items made by the elderly in their homes. Because of non-communicable illness (heart, arthritis, broken hip, polio) or because a spouse needs care or because of other reasons, the person cannot go out to work. However, he or she can make beautiful things at own time and convenience. The person who makes things is not necessarily a good salesman even if a market could be found. Therefore, I propose that a professional in merchandising be appointed to do two things: 1. advise the craftsman of the saleability of his work (for instance, crocheted underwear is "in" this year; ceramics should be made in modern design instead of chickens, etc.) and 2. set up a trade fair where buyers might see the products, or individually make contact with buyers "where the money is." Most efforts along this line are amateurish and unsuccessful.

"2. Small shops in low-income areas where elderly men and women might easily walk and work a few hours each day. The men could repair houses and the women could alter clothes (bought at thrift shops). Suggest six workers so that if one or two do not feel like working any day, there will be others. Workers should be paid from small charges made for the work. These shops would serve the public as well as give employment, making elderly persons feel busy and needed.

"3. An employment agency based on "employ the experienced elderly". Like Manpower or Kelly Girls, experienced elderly could be called in for short-time emergency services in which they were formerly skilled. Again an *experienced* employment agency person should be in charge, knowing how to place the right person with the right employer and building up confidence in the agency. Employers could pay a small fee to pay expense of operation after the initial priming."

ITEM 5: STATEMENT OF IRL E. LAGRANGE, JR., SEATTLE, WASH.

DEAR SENATOR MOSS: If there had been time for everyone to speak at the hearing in Seattle, Washington, on "Usefulness of Model Cities Program to the Elderly", October 14, 1968, I would have said the following:

"It is imperative our elderly are helped and our "sick society" in general. One elderly man carrying groceries home to his apartment was attacked and robbed by two younger people. One held him while the other took what little money he had and his bag of groceries and then they fled. I believe the danger is right here at home and not in Vietnam. What is the matter with our young people? Why have they no respect for the rights and property of others? Thank you for your interest and help to build a better society."

Appendix 3

INFORMATION REQUESTED ON CHICAGO MODEL CITIES PROGRAM

OCTOBER 8, 1968.

Mr. HARRY M. OLIVER, Jr.,
Chairman, Chicago Commission for Senior Citizens,
Chicago, Ill.
(Attention: Mr. Robert Ahrens.)

DEAR MR. AHRENS: The Senate Special Committee on Aging has begun an inquiry into "the Usefulness of the Model Cities Program to the Elderly." Copies of statements made by federal representatives at our first hearing are enclosed to give you some idea of the matters discussed at the time.

The work of the Chicago Commission for Senior Citizens in the Chicago Model Cities program was discussed at the hearing by Mr. Taylor. The Committee has also received other information indicating that you are considering or implementing innovative components of special interest or help to the elderly. For our hearing record, we would like to have information on your overall plan of action, together with replies to the following questions:

1. Do the elderly in Chicago model city areas have high concentrations of population in the target neighborhoods? If not, how do you plan to serve them? Are federal policies flexible enough in this area?

2. How are you able to coordinate with other federal programs meant to serve the elderly or the population in general?

3. Your "Demonstration Proposal for a City-Wide Nutrition Program for Chicago's Elderly" is of special interest to the Committee. Do you believe that it can be made to work in close coordination with model cities efforts? If not, what more can be done?

4. The Committee is in possession of a copy of your "Proposal for a Multiphasic Instrument to Study Social and Cultural Needs of the Elderly." Do you believe that such an instrument can be of direct help in planning for the elderly in model city areas? Is there a way of advancing objectives of the Model Cities program even while you are perfecting your multiphasic instrument?

We will, of course, be happy to hear from you on any other matters that should be brought to our attention. We would like to have a reply by November 15 for inclusion in a later transcript of a model city hearing.

Sincerely,

FRANK E. MOSS,
Chairman, Subcommittee on Long-Term Care.

CHICAGO COMMISSION FOR SENIOR CITIZENS,
Chicago, Ill., November 13, 1968.

Senator FRANK E. MOSS,
Chairman, Subcommittee on Long-Term Care, Special Committee on Aging, U.S. Senate, Washington, D.C.

DEAR SENATOR MOSS: We are happy to respond to your inquiries into Chicago's Model Cities Program as it affects the elderly.

We hope that this information will be helpful to you and the U.S. Senate Special Committee on Aging in its inquiry into "the usefulness of the Model Cities Program to the elderly."

We have been candid in our reply and wish to note that the Chicago Model Cities Program is still in the planning and preparation stages so that it is not in all instances possible to provide fully specific or definitive answers.

First, let us respond to your request for information on the Commission's "overall plan of action."

The Commission is the agency of Chicago's municipal government charged with coordination of activities for the elderly in the Model Cities Program. A

staff member of the Commission has been appointed for liaison purposes with the central administrative staff of the Model Cities Program.

We have agreed with that central staff on certain key aspects of the overall role that the Commission will play in this program. In addition to providing necessary data about the elderly, we will suggest guidelines and possible programs, meet with them periodically to review the progress of the full Model Cities Program and serve as a central resource when feasible and where required.

The Commission will have the opportunity to participate in review of all Model Cities proposals, so that we may suggest possible revision or addition of program components to serve the elderly, to the agencies or neighborhood Model Cities Planning Councils who make these proposals.

We are planning to meet with the Councils for the four Model Cities Target Areas to present data for their consideration and to request that each appoint a Task Force to study and report on the problems of the elderly. Although the Councils are appointed from the indigenous population of the Model Cities Target Areas and many older people are on them, none represent sources of special knowledge or special concern about problems of the elderly.

We are submitting with this letter our estimation attached, made in August, 1968, of suggested guidelines and possible programs for the elderly in the Model Cities neighborhoods of Chicago, prepared for the Model Cities central staff at their request. Earlier we presented them with the documentation about the older people who live in these neighborhoods and the perception of their needs that we had gained from these data.

Conceivably, having neighborhood Task Forces study problems of the elderly (should the neighborhood Councils agree to this), and having all agencies who make proposals at least encounter the Commission for suggestions about how to include the elderly, can have considerable and important residual effect on broadening knowledge about the elderly and their needs.

It will require considerable skill on the part of the Commission staff to bring off these neighborhood and agency encounters successfully, since their reason is or will be deficiencies noted in planning for the elderly, and their purpose to seek establishment of programs that may run either counter to or behind presently perceived priorities of the neighborhood Councils and/or agencies.

The Commission hypothesizes that a successful strategy may be to relate need to need, as the Foster Grandparents Program (which the Commission administers in Chicago) has done so successfully for its participants—the elderly, the young and the institutions. For example, if day care centers for the young are seen by others to be a high priority need and program, the Commission may seek to establish programs to recruit, train, supervise and provide supportive services to elderly persons who would staff them.

It should by now be clear to all that the elderly and their problems, for a complex variety of reasons, tend to become invisible to and forgotten by others. A Commission such as ours, and similar agencies elsewhere, must for some years to come accept and learn to play effectively and gracefully the task of being for the elderly occasionally a nag, sometimes a policeman and always an educator, looking toward the day when specific guidelines, special program components and earmarked funds for older people are quite unnecessary because the elderly are, as a matter of fact and justice, automatically thought of and fully included in all efforts that benefit people.

Until this happens, the elderly and agencies such as ours who work in their behalf must seek the help of the Congress by asking it to make specific reference to and provide specific funding for the nation's older people in every appropriate piece of legislation.

In 1969 the Commission will undertake two programs that may well produce results of benefit to the Model Cities Program. It will begin a series of public hearings in Chicago neighborhoods to learn more about concerns and problems of the elderly from the elderly themselves. Most likely these hearings will be in neighborhoods with the highest concentrations of older people. These are among neighborhoods that the Model Cities Program has had to neglect.

In the fall of 1969 the Commission will co-sponsor a conference on "The City and Aging," with the Center for Continuing Education of the University of Chicago. It is intended chiefly for key administrators and planners of those city departments and agencies that are age-comprehensive (not for the elderly only) in their duties and progress, to provide them with information and to motivate them toward inclusion of the elderly in all of their planning.

Turning now to the other questions you have raised, we will state them again as we provide the answers.

Your Question: Do the elderly in Chicago Model City areas have high concentrations of population in the target neighborhoods? If not, how do you plan to serve them? Are Federal policies flexible enough in this area?

The 1960 census figures for Chicago and its Standard Metropolitan Statistical Area are as follows:

1960 population	All Chicago SMSA	All city of Chicago	All ring of SMSA
Age 60 to 64	263,879	170,743	93,136
Age 65 and over	534,991	346,575	188,416
Total	798,870	517,318	281,552

Population projections for 1970, rounded to the nearest thousand, as made by the Population Research and Training Center and Community Inventory of the University of Chicago in May, 1964 (also the source for the 1960 census figures above), are as follows:

1970 projection	All Chicago SMSA	All city of Chicago	All ring of SMSA
Age 60 to 64	291,000	166,000	123,000
Age 65 plus	604,000	367,000	238,000
Total	895,000	533,000	361,000

The population age 65 and over in Chicago's Model Cities Study and Target Areas, approximated on the basis of 1960 census tracts as figured by the Commission, is as follows:

Neighborhoods	Study area	Target area
Uptown	29,888	6,786
Mid-South	17,269	2,634
West	24,733	3,878
Near-South	13,939	8,989
Total	85,829	22,287

Based on the 1960 census data cited above, some 24.7% of Chicagoans age 65 and over reside in the Model Cities Study Areas, but only 6.4% live in the Target Areas. Again, approximating with figures based on the 1960 census data and tracts, as calculated by the Commission, people age 65 and over constitute the following percentages of total population in the Model Cities Target Areas.

Neighborhood target areas	Total population	Percentage age 65 and over
Uptown	53,285	12.73
Mid-South	50,712	5.19
West	103,514	3.74
Near South	114,376	7.86

This population data about Chicago's elderly is fundamental information which, when coupled with certain other facts that are known about the Nation's elderly, inadequate though they may be, provides at least a basis on which to begin to plan, namely:

1. *The population age 65 and over is growing in size.*—According to *Aging* Magazine, No. 147, January, 1967, published by the Administration on Aging, U.S. Department of Health, Education, and Welfare, the United States population age 65 and over grew from 3.100 million in 1900 to 6.600 million in 1930. It was estimated (see below) to be 19.246 million on July 1, 1968.

2. *Most people age 65 and over are white.*—The U.S. Department of Commerce (*Current Population Reports*, Population Estimates, Series P 25, No. 406, October 4, 1968) states that on July 1, 1968 there were 19.246 million Americans age 65 and over of which 1.519 million were nonwhite. Of this latter figure, 1.389 million were Negro. The same publication, No. 398, July 31, 1968, states that "The Negro population is much younger than the white population, reflecting the effects of both higher birth rates and higher death rates."

Of the 346,575 people in Chicago age 65 and over by the 1960 census count, 306,847 were white and only 39,728 were nonwhite.

3. *A disproportionate number of people age 65 and over are poor.*—The Social Security Administration defines the poverty level for non-farm individuals age 65 and over at $1,565 a year and near-poor at $1,890. It sets the poverty level for two-member non-farm families age 65 and over at $1,970 per year, while near-poor is defined at $2,665.

The following figures are derived from an article, "The Shape of Poverty in 1966," by Mollie Orshansky in the *Social Security Bulletin*, March, 1968, Volume 31, Number 3.

	Number	Percent
Heads of families age 65 and over	6,929,000	
Those who are poor	1,538,000	22.2
White heads of families age 65 and over	6,371,000	
Those who are poor	1,277,000	20.0
Nonwhite heads of families age 65 and over	558,000	
Those who are poor	261,000	46.8
Living alone age 65 and over	4,878,000	
Those who are poor	2,697,000	55.3
White living alone age 65 and over	4,490,000	
Those who are poor	2,400,000	53.5
Nonwhite living alone age 65 and over	388,000	
Those who are poor	297,000	76.5

Orshansky states in the article that "Included among the 45 million Americans designated poor or near poor in 1966 were 18–28% of the Nation's children and from 30 to 43% of the aged. . . ."

4. *The most desperately poor of all people are those age 65 and over.*—The Orshansky article cited above also states that:

"A majority of the aged live alone or with just one other person. In 1966, two out of five households consisting of one aged person or an elderly couple fell below the poverty line, compared with but one in seven of all other households. Families headed by aged persons generally have lower incomes than younger households of the same size because they are less likely to include a steady earner, and because the public programs that help many of the aged almost always pay less than the earnings they are intended to replace.

"On the average, aged couples or persons living alone must get along on less than half the money income available to a young couple or single person—a difference greater than any possible differential in living requirements."

5. *The most desperately poor people of those age 65 and over are Negroes.—Current Population Reports*, Series P 23, No. 26, July, 1968, "Recent Trends in Social and Economic Conditions of Negroes in the United States," published by the U.S. Department of Commerce states that ". . . it should be noted—and stressed—that Negroes generally remain very far behind whites in most social and economic categories. Compared to whites, Negroes still are more than three times as likely to be in poverty, twice as likely to be unemployed and three times as likely to die in infancy or childbirth. In large cities, more than half of all Negroes live in poor neighborhoods."

6. *Most people age 65 and over live in the central cities of metropolitan areas.*—Living arrangements of the aged non-institutional population in America in March, 1967, cited by Orshansky, *Social Security Bulletin*, October, 1968, Volume 31, Number 10, in her article, "Living in Retirement: A Moderate Standard for an Elderly City Couple," indicate that of 17.937 million Americans age 65 and over in March, 1967, 6.048 million lived in central cities, 4.897 million lived in suburbs and another 2.792 million lived in other urban areas.

According to the Administration on Aging publication Number 410, May, 1966. *Facts About Older Americans*, 1.048 million people age 65 and over resided in Illinois in mid-1965. As cited earlier, 1960 census figures for Chicago and its Standard Metropolitan Statistical Area indicate a population age 65 and over of 534,991 or 51.07% of the 1965 state figure.

7. *Most people—of all ages—who live in poverty areas of the central cities are Negro.* The *Social Security Bulletin* of March, 1968 cities the paper, "Characteristics of Families Residing in Poverty Areas Within Large Metropolitan Areas," presented by Arno I. Winard to the annual meeting of the Population Association of America, April, 1967, as follows:

"About ¼ of the white poor and ⅔ of the nonwhite poor resided in central cities of metropolitan areas. Yet, for the Nation as a whole, the white poor outnumbered the nonwhite even in the central cities. There were about 5½ million white persons counted poor in central cities and 4 million nonwhite. Because of the well established difficulties of Negroes—whatever their income—in finding housing, a larger proportion of them, both poor and non-poor, are clustered in what may be termed poverty areas of large cities than is true for the white population."

If the percentages of the number of elderly who are poor (30% to 40%) apply to Chicago as in the Nation, and there is no reason to believe otherwise, then between 103,973 to 138,830 of Chicago's 346,575 residents age 65 and over (by 1960 census figures) are poor. If *all* of the people age 65 and over who live in the Model Cities Target Areas are poor (22,287), then either a minimum of 16.1% or a maximum of 21.4% of all of the elderly poor in Chicago could possibly be involved in Model Cities programs, almost all of these are likely to be Negroes, many of whom will be among the most desperately poor.

From many—perhaps most—standpoints, it is desirable for a city to begin these programs in neighborhoods with the severest blight and greatest concentrations of poverty. Where else would you begin?

It would be eminently desirable to base some programs for the elderly in the Study Areas for Model Cities and to extend yet other programs from the Target Areas to elderly in these surrounding larger study zones. Federal policies, however, limit Model Cities participation to only 10% of the population of a city. Programs are thus effectively limited to Chicago's Target Areas and denied to the higher concentrations of older people who, though also poorest of the poor, live outside the boundary lines that have been drawn.

With the composition of the Nation's elderly by race being what it is, with residential living patterns being what they are, and with ghettos and poverty areas being the chief focus for establishment of special services and the channeling of funds, it is apparent that programs to reach representative numbers and groups of the elderly population, and particularly the elderly who are poor, must be rethought and conceived anew on a city-wide and even metropolitan basis, and that federal policies must be revised to permit and encourage this kind of realistic response to the facts.

Failure to do this has kept the "war on poverty" from helping most of the Nation's elderly poor. One such failure is enough.

Your Question: How are you able to coordinate with other federal programs meant to serve the elderly or the population in general?

The Illinois State Plan to implement Title 3 of the Older Americans Act designates the Chicago Commission for Senior Citizens as the agency to review all Chicago proposals (with the right to disapprove any) that seek funding under this title. The Commission is often involved, at the request of community groups and agencies, in providing them with advice and counsel on the drafting of such proposals. We are working with the Illinois State Council on Aging (the State Office) to establish more formal and what we conceive to be more thoughtful procedures for fulfilling this responsibility.

Regional officials of various Federal agencies give valuable service on serveral committees of the Commission and there is, in some instances, program consultation and coordination on an informal basis. We are not involved in any manner, short of what we have stated above, in any procedures for Federal grants to other agencies for programs for Chicago's elderly.

We have established a card file for after the fact recording of such programs, particularly in Illinois and especially in Chicago, so we may be fully aware of what programs exist, as they may have valuable information to report as well as service to give. We have sought appropriate information for this purpose from the Illinois State Council on Aging, the Administration on Aging of the U.S. Department of Health, Education, and Welfare and from the Science Information Exchange of the Smithsonian Institution.

It would be beneficial in many ways if we were regularly advised of, and could then provide comments on, any proposals to establish or alter federal or federally supported programs for the elderly in Chicago.

As we consider this question in all its implications, it is clear that there is a need to find ways of doing much more to improve coordination, communication and

procedures that relate municipal, state and federal governments and their programs.

Your Question: Your "Demonstration Proposal for a City-Wide Nutrition Program for Chicago's Elderly" is of special interest to the Committee. Do you believe that it can be made to work in close coordination with Model Cities efforts? If not, what more can be done?

The Chicago Commission for Senior Citizens' Nutrition Program for Chicago's elderly population will serve the four Model Cities Target Areas as well as Chicago's designated Neighborhood Service Pilot Program Area. We are committed to do so by our contract with the Administration on Aging. Since our Nutrition Program requires the development of many adjunct supportive services, it can be anticipated that we will have recourse to the Model Cities Program to respond to unmet needs as these are elicited, and that in turn we will serve as a vital resource for other participating groups, agencies and organizations.

Most of the 35 groups of elderly who will participate in the Nutrition Program will be located outside of Model Cities areas, not only because the population concentration of elderly is outside of these areas, but also because the 35 groups will be chosen for research purposes to represent the universe of Chicago's 500,000 plus citizens age 60 and over.

We should perhaps point out that the Chicago Nutrition Program is structured primarily to study the effectiveness of different city-wide service delivery systems as well as the feasibility of maintaining this effort after termination of the research and demonstration period. Since the Chicago Commission for Senior Citizens is not likely to absorb this direct service in its own activities permanently, the Chicago Model Cities Program will be one of several possible sources of support and assistance in transferring the service to another administering agency.

Your Question: The Committee is in possession of a copy of your "Proposal for a Multiphasic Screening Instrument to Study Social and Cultural Needs of the Elderly." Do you believe that such an instrument can be of direct help in planning for the elderly in Model City areas? Is there a way of advancing objectives of the Model Cities Program even while you are perfecting your multiphasic instrument?

The single most critical need of the Chicago Commission for Senior Citizens as a planning (and also direct service) agency is for comprehensive and significant information on the elderly population it hopes to serve. As we have noted in our "Proposal for a Multiphasic Screening Instrument to Study Social and Cultural Needs of the Elderly," the lack of this information about the elderly makes planning for them often tantamount to guesswork, and at best to trial and error exploration.

We would like to call your attention to those aspects of our proposal to develop the Multiphasic Screening Instrument which distinguish it from other efforts to assess the needs of the elderly. *Not just another survey tool,* the Multiphasic Screening Instrument proposes:

(*a*) Assessment of an older person's cultural and social welfare status in profile form, specifying the relationship between such relevant factors as income, housing, employment, etc., as well as a definition of the *diagnostic* limits which might be attributed to these factors.

For a given individual, a rating scale assessment is made of housing conditions, income level, health status, community participation, etc. How these factors affect each other and how they affect the older person is measured against a set of criteria and by appropriate statistical methods in such a manner that the person's priority needs are identified, danger signals are elicited and responsive action can then be taken.

(*b*) The individual profiles described above can then be cumulated by appropriate statistical methods in order to derive neighborhood profiles. In this instance, the relationship between variables, and the determination of those variables which have the most impact, establish the needs on which to determine priorities for a given neighborhood. Similarly, the relative level of functioning of different neighborhoods establishes the basis for community or city-wide priorities.

(*c*) More general benefits of the approach proposed by the Multiphasic Screening Instrument would be comprehensiveness and systematization of data collection which would, in turn, permit meaningful comparison and interpretation.

As to the potential of this research tool to further the objectives of the Model Cities Program in Chicago and elsewhere, it seems to us that much can be accomplished.

First, to be accurate, the instrument must be administered to all the elderly of a research target area. Therefore, an element of intense case finding is intro-

duced at the outset. We call your attention to the fact that case finding is a critical unmet need with respect to the elderly, a need which has occasioned such programs as Medicare Alert, Project FIND and others.

Secondly, administration of the instrument presupposes not just a superficial head-count, but rather an individual, in-depth evaluation of existing needs and problems, solutions for which can best be sought from the total attack methods of a program such as Model Cities.

Finally, if the Model Cities Program is to have the impact we all desire for it on our urban areas as a whole, above and beyond its target area demonstrations, it is to be hoped that the tools, experience and residual knowledge gained with the Model Cities Program will be transferable to other parts of the city. Initial testing and validation of our Multiphastic Screening Instrument in Model Cities areas would arm the Chicago Commission for Senior Citizens with the factual wherewithal to pursue long-range and city-wide goals for the elderly.

Relentless in our pursuit of much needed benefits for the elderly, the Chicago Commission for Senior Citizens develops employment opportunities for the elderly In its proposals, if at all possible. The Multiphasic Screening Instrument is no exception. Its research and development phases call for the training and employment of elderly persons, subsequently to be absorbed by local and external agencies as case aides. Needless to say, this component also meets specifications of the Model Cities Program.

In conclusion, to the extent that accurate, in-depth information about the elderly is now as inadequate in Model Cities areas as elsewhere, planning must often be inferior and sometimes wholly inappropriate. To the extent that intense case analysis and case finding is carried on in the process of developing the Multiphasic Screening Instrument, to this extent will planning for people produce the services and goals that are responsive to their real needs.

With all best wishes.

Sincerely,

ROBERT J. AHRENS, *Executive Director.*

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